AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members: J Gonda, G Little, K Dolton, L Jones, B Barlow, Councillor R Walker, Councillor R Shori, J Aspinall, S Taylor, Councillor A Simpson (Chair), S Hashmi, Dr J Schryer, P Walker, D Lythgoe and Councillor T Tariq

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:	Wednesday, 17 July 2019
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 - 8)*

Minutes of the meeting held on 21st March 2019 are attached.

4 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.

5 INTEGRATED SAFEGUARDING PARTNERSHIP UPDATE *(Pages 9 - 34)*

Tony Decrop, Assistant Director Children's Social Care will report at the meeting. Report attached.

6 CHILD DEATH OVERVIEW PANEL *(Pages 35 - 40)*

Maxine Lomax Deputy Director of Nursing NHS Bury CCG, will report at the meeting. Report attached.

7 TRANSFORMATION BOARD UPDATE

Dr Jeff Schryer will report at the meeting.

8 STRATEGIC COMMISSIONING BOARD UPDATE *(Pages 41 - 50)*

Dr Jeff Schryer will report at the meeting. Presentation attached.

9 COMMON STANDARDS FOR POPULATION HEALTH *(Pages 51 - 120)*

Lesley Jones, Director of Public Health will report at the meeting. Report attached.

10 HWB STRATEGY UPDATE

Lesley Jones, Director of Public Health will provide members with a verbal update at the meeting.

11 URGENT BUSINESS

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

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Agenda Item 3

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: Thursday 21st March 2019

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Interim Executive Director Communities and Wellbeing, Julie Gonda; Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor; Executive Director of Children and Young People, Karen Dolton; Representing the voluntary sector Sajid Hashmi; Cabinet Member for Children and Families, Councillor Sharon Briggs; Dan Lythgoe, Pennine Care NHS Foundation Trust

Also in attendance:

Jon Hobday, Public Health Consultant
Michael Hargreaves Senior Commissioning Manager, Bury CCG
Kym Marshall, Healthy Young Minds.
Representing Geoff Little, Mike Woodhead, Chief Finance Officer, Bury CCG
Chris Woodhouse – Improvement Advisor
Tracy Evans – Project Lead, Bury Council

Apologies:

Councillor Rishi Shori, Leader of the Council
Geoff Little, Chief Executive, Bury Council
V Hussain – GMFRS
P Walker - GMP

Public attendance: There was 2 members of the public present.

HWB.407 DECLARATIONS OF INTEREST

Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith's assistant at the Greater Manchester Health and Social Care Partnership Board. Councillor Simpson is also employed by the NHS.

HWB. 408 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 12th February 2019 be approved as a correct record.

HWB. 409 MATTERS ARISING

- **Readmission rates**

Chief Officer/Managing Director Bury & Rochdale Care Organisation reported that the readmission rates at the Fairfield General Hospital are in line with national averages. Readmission rates at the Oldham site are higher, this in part, is due to the complexities of the patient seen there.

- **Loneliness Update**

The Chair of the HWB provided an update on the loneliness event and thanked Members of the Board and/or officers for their support in facilitating the event. Further work will be undertaken to identify those people in need of support, the support available and any gaps in provision.

HWB. 410 PUBLIC QUESTION TIME

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

HWB. 411 DRAFT GM SUBSTANCE MISUSE STRATEGY

Jon Hobday, Public Health Consultant attended the meeting to update the Board with regards to the Greater Manchester drug and alcohol strategy as well as the approach taken in the Borough to address the issues raised.

This will be the first ever Greater Manchester drug and alcohol strategy setting out a collective ambition to significantly reduce the risks and harms caused by drugs and alcohol and help make Greater Manchester one of the best places in the world to grow up, get on and grow old.

The Public Health Consultant reported that it is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum - approaching £500 per resident.

Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to domestic abuse, violent crime and public disorder.

The Public Health Consultant reported that there has been a long term downward trend in drug and alcohol use amongst adults and young people. Locally our treatment services are more recovery focused than they used to be and that more people are successfully completing treatment, but there is much more to be done.

Questions were invited from those present and the following issues were raised:

Responding to a question from the Chair, the Public Health Consultant reported that prevention and early intervention is imperative to tackling substance misuse. Services, including the Bury Lifestyle Service, have been encouraged to look and identify early signs of alcohol and substance misuse. Data is available to identify the neighbourhood hot spots where substance misuse in particular is a problem. It is envisaged that the roll out of neighbourhood working will lead

to the development of an appropriate and proportionate approach in tackling these issues.

In response to a Member's question, the six priorities identified within the GM strategy will be adapted to the specific requirements/need in the Borough, good practice will be shared across the region.

It was agreed:

The Board notes the information in the presentation and would like to put on record its support for the regional and local work being undertaken to address drug and alcohol related issues.

HWB.412 SIGN OFF – LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING

Michael Hargreaves Senior Commissioning Manager, Bury CCG attended the meeting to provide members with an update in relation
The Children and Young People's Local Transformation Plan for Mental Health and Wellbeing is a "live" document which is required to be refreshed on an annual basis.

Given the substantial rewrite of the LTP in March 2017, which was approved by Health and Wellbeing Board in 2017 and 2018, it is recommended from the Bury LTP Implementation Group that the refresh for this year will be a lighter touch with updates for the most part limited to:

- The Action Plan
- Activity, Resource and Finance
- Monitoring and Measurement

This approach has been mirrored by the majority of other CCGs in Greater Manchester.

The Senior Commissioning manager highlighted to Board members the following associated risks:

1. Delivery of identified schemes to ensure full and effective use of transformation financial allocations for 2019/20 and beyond. The CCG and LTP Implementation Group will need to work with wider partners to ensure timely delivery of agreed schemes and effective and timely use of the available resource.

2. There is a risk that some of the roles identified for investment may not be straightforward to recruit into. This risk is considered to be moderately low by our core providers but may require alternative planning if recruitment issues materialise.

3. There is a risk that due to resourcing challenges throughout the system some GM workstreams will not progress at the pace originally intended. This is being mitigated to an extent by the employment of a GM CYPMH Commissioning Lead on a full time contract.

Questions were invited from those present and the following issues were raised:

Members raised concerns in respect of support provided to and in schools in the Borough. Responding, the Senior Commissioning Manager reported that the local development plan will improve capacity and knowledge in the system as well as providing a commitment to provide advice and support via the Healthy Young Minds service to those working in schools.

The Commissioning Manager reported that a commissioning strategy will be developed for all stakeholders, the strategy will include how services link together. The Commissioning Manager acknowledged that service provision is not always seamless and there is confusion, as to which services are provided and by whom.

Members discussed the national target for treating children with a diagnosable mental health condition and the CCGs indicative trajectory of at least 32% of patients receiving treatment from an NHS community funding mental health service. Responding the Commissioning Manager reported that this figure is only indicative and not a measure of the full range of support provided by other partners, including Healthy Young Minds and Early Break.

It was agreed:

The Board agrees to:

- Acknowledge that the refreshed document is a working draft and remains an iterative process leading up to final publication by the end of March.
- Gives permission for the chair to sign-off the final refreshed plan with executive support from finance and commissioning to agree plan for final publication.
- Note the identified risks.

HWB.413 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) ANNUAL UPDATE

Jon Hobday, Public Health Consultant attended the meeting to provide an overview of the developments and a summary of the proposed next steps to the development of the Bury JSNA**.**

There is a work plan that is regularly reviewed which acts as the guide for what work needs to be prioritised, completed and added to the JSNA. This has been a new development and enables staff to prioritise which documents are updated.

As well as the new documents being added to the JSNA there has also been a number of behind the scenes developments including

- Training of new staff.
- Development of structural and presentation ideas of how the Bury JSNA can be more user friendly

The Public Health Consultant highlighted a number of proposed developments for 2019/20, including:

- A full refresh/update of the existing documents contained within the work plan, changes to the website are proposed.
- Development of more detailed neighbourhood profiles to support key decisions at a neighbourhood level.
- A move for the JSNA to fit more to the life course. There will be 3 main level summaries which will be categorised into Starting Well, Living Well and Aging Well, ensuring alignment with Bury's Single Outcomes Framework.
- Integration of Piktochart infographics and Tableau dashboards embedded within the JSNA.

Questions were invited from those present and the following issues were raised:

Members discussed the expanding the role of the JSNA and current funding arrangements.

The Director of Public Health reported that it is a statutory duty of the Board to produce a JSNA with good quality data and intelligence, this is currently undertaken with limited resources. The Board should look to engage partners in giving greater consideration to how the JSNA is resourced, given the information is invaluable to the development of neighbourhood teams and commissioning as a whole.

It was agreed:

The Health and Wellbeing Board endorse the ongoing developments of the JSNA.

HWB.414 BETTER CARE FUND (BCF) AND IMPROVED BETTER CARE FUND (IBCF)

Tracy Evans Project lead, Bury Council, attended the meeting to provide members with updated performance information for the better care fund and improved better care fund. The presentation provided information in respect of the BCF metrics which include:

- Non-elective admissions - The admissions target of 5,662 for this period was not achieved with 5,874 actual admissions.
- Permanent admissions - The admissions target was reviewed and a 20% reduction in permanent admissions into residential care was agreed. The target of 628 has been achieved with 570 admissions in this period. This is due to the positive impact of the care at home zones and the increased discharge to assess provision
- Effectiveness of reablement - The target of 85.4% of customers still at home 91 days after discharge is designed to promote excellence in the service and reduce re-admissions. Although it has dipped slightly this period it is still on target.
- Delayed transfers of care (DToC) - delayed transfers of care (delayed days) from hospital Performance on DTOC continues to reduce, although the target for this period has not been achieved. There were 516 delayed days in December, which equates to 17 delays per day.

There is no requirement to report iBCF to Better Care Fund this quarter, although information is still being collated through individual projects locally and regionally.

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

Questions were invited from those present and the following issues were raised:

In response to a Member's question, the Interim Executive Director, Communities and Wellbeing reported that there has been a great deal of work undertaken to reduce the DTOCs within mental health services, this has been a focused piece of work and is now embedded in practice within CMHT and the Irwell Unit and as a result, the DTOC remain low.

It was agreed:

The performance information for the better care fund and improved better care fund be noted.

HWB.415 TOBACCO CONTROL DELIVERY PLAN

Jon Hobday Public Health Consultant presented to members an overview of the Tobacco control delivery plan.

Tobacco is the biggest cause of preventable death in the UK today, and a key cause of inequalities in Bury. The ambition is to inspire a smoke-free generation and improve the health and wellbeing of all Bury residents. Reducing smoking prevalence in Bury is a key action in the Locality Plan, and a stated ambition in the Primary Care Health and Wellbeing strategy.

The Tobacco Control Delivery Plan outlines how – with a strategic, partnership-based approach – how key stakeholders can effectively impact tobacco use across the Borough: reducing ill-health and early deaths in the population and improving lives of Bury residents.

Questions were invited from those present and the following issues were raised:

The Director of Public Health reported that it is essential that support to stop smoking is embedded across partner organisations, from the acute sector to primary care and including the integrated neighbourhood teams. In order to reduce smoking prevalence it is essential that there is systematic support to help people stop and targeted work is undertaken to tackle the illicit tobacco trade.

Members discussed e-cigarettes. The Public Health Consultant reported that the recently undertaken child survey has provided interesting data in respect of teen smoking; 9% of children have tried cigarettes, 14% have tried e-cigarettes, 2% would consider themselves to be regular smokers and 4% would smoke e-cigarettes regularly.

Responding to a Member's question, the Public Health Consultant reported that the target to reduce smoking in pregnancy from 11.6% to 6% is an ambitious

target. Every pregnant woman will be offered support across multiple formats. The Director of Public reported that historically engagement with maternity services has been problematic, the issues is now been driven at a wider GM level and as such there seems to be wider ownership of the issue.

It was agreed:

The Board approves the Tobacco Control Delivery Plan.

HWB. 416 PENNINE CARE FUTURE OPERATING MODEL

Julie Gonda, Interim Executive Director Communities and Wellbeing presented an update report in respect of the decision by PCFT Board to concentrate its business solely on the delivery of mental health and wellbeing services. The proposal is that the Northern Care Alliance under the legal entity of Salford Royal NHS Foundation Trust will be the designated interim provider for a period of two years.

The CCG commissions a range of community services. The total contract value for these services in 2018/19 was circa £18 million. Bury Council also commissions a range of public health services with a current contractual value of £5.6 million.

Questions were invited from those present and the following issues were raised:

Members discussed the risks associated with the transfer, the decision not to go out to tender, the wider transformation agenda and the move away from an internal market place within the NHS.

Dan Lythgoe, representing Pennine Care assured the Board that engagement with staff commenced before the decision was taken by the Trust to concentrate on solely mental health services. The engagement has been undertaken jointly with representatives from the Northern Care Alliance.

It was agreed:

That the Interim Executive Communities and Wellbeing be thanked for her attendance.

HWB.417 TRANSFORMATION PROGRAMME BOARD CHAIR'S REPORT

Mike Woodhead in the Dr Jeff Schryer presented a report providing an overview of the work undertaken by the Transformation Programme Board.

It was agreed:

Health and Wellbeing Board is recommended to note the work of the Health and Care Transformation programme Board

Councillor Andrea Simpson
Chair
(Note: The meeting started at 6pm and finished at 7.55pm)

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Agenda Item 5

Bury Health and Wellbeing Board

Title of the Report	Multi Agency Safeguarding Arrangements
Date	5 July 2019
Contact Officer	Tony Decrop
HWB Lead in this area	Karen Dolton, Julie Gonda, Paul Walker

1. Executive Summary

Is this report for?	Information x	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To update the Board on the new multi-agency safeguarding arrangements following legislative changes.		
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	Priority 1 and 2		
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	Priority 1 & 4		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the new multi-agency safeguarding arrangements and details contained within the document		
What requirement is there for internal or external communication around this area?	The published arrangements have been agreed by the three statutory partners, and presented to the Adult & Children's Safeguarding Boards. The arrangements have also been sent to the Department for Education. The arrangements are also published on the new Bury Integrated Safeguarding Partnership Website		
Assurance and tracking process – Has the	The new arrangements have been		

report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	shared with relevant lead members and cabinet and CCG Clinical Governance and the Joint Executive Team.

2. Introduction / Background

The multi-agency safeguarding arrangements are required as part of working to safeguard children 2018 (Department for Education). The three statutory safeguarding partners in Bury, namely the LA, CCG and GMP have agreed to join the Local Safeguarding Children Board and Adult Board together to form Bury Integrated Safeguarding Partnership.

The arrangements were required to be published by 29 June 2019 and the new arrangements will come into being in September 2019. The Local Safeguarding Children Board will cease to exist as the requirement is that the three statutory partners will work together to safeguard children, the Adult Board statutory functions will be carried out by the new Partnership.

The new arrangements adhere to the both the Care Act 2014 and the Children and Social Work Act 2017

3. key issues for the Board to Consider

The Board may want to consider how best it can work along-side the integrated partnership in order to maximise joint effort and avoid any duplication.

4. Recommendations for action

To note the New Arrangements and the establishment of the Bury Integrated Safeguarding Partnership

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

2019-20 Budget agreed by Partners.

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

CONTACT DETAILS:

Contact Officer: Tony Decrop

Telephone number: 0161 253 5501

E-mail address: t.decrop@bury.gov.uk

Date: 5th July 2019

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Bury Integrated Safeguarding Partnership

Safeguarding Arrangements for adults and children

Contents Page

Foreword

Bury is a proud borough, rich in heritage with mills which powered the industrial revolution to the famous markets and black pudding. More recently Bury has been recognised as a place where entrepreneurs set up home. The town is proud of its past and wants to ensure the people in Bury have the best services they can now and in the future. The new partnership arrangements for safeguarding adults at risk and children will bring together the three main safeguarding partners of the Local Authority, Clinical Commissioning Group and Greater Manchester Police as well as other partners to work together and ensure those in need have services that help and enable them to lead a safe and happy life.

The partnership across adult and children's health and social care services are developing new joined up commissioning arrangements which will contribute to safeguarding work. These commissioning arrangements will sit under the "One Commissioning Organisation" and be supported on an operational level by the "Local Care Organisation"

Protecting and keeping people safe is a great responsibility and one that can only be done by working together effectively and holding each other to account in an open and honest manner.

This document will be reviewed on an annual basis, or if there are major legislative or policy changes that require it to be reviewed.

		
Geoff Little **Bury Council and Accountable Officer Bury CCG**		**Superintendent Paul Walker** **District Commander** **Greater Manchester Police**

There can be no greater priority for public services than the protection, safeguarding and improvement of outcomes for children and adults at risk. The duty placed upon the three key agencies, Police, Local Authority and Clinical Commissioning Groups, as a golden opportunity to review all safeguarding arrangements across Greater Manchester. This must be with the aim of improving effectiveness, efficiency and consistency.

These plans are simply the start of the process and the Partnership looks forward to develop the plans and arrangements over the coming months in a constructive and ambitious approach. The professionalism and dedication evident in partners in each of the 10 local authority areas, will be crucial in making Greater Manchester a safer place to live and an area in which the life outcomes are continually improving.

Introduction

A co-ordinated approach is needed to help and protect children and adults at risk through collaborative working across organisations and agencies. This is crucial so that practitioners are able to recognise, respond and fulfil their safeguarding responsibilities.

In Bury, we are creating new all age safeguarding arrangements which will be known as the Bury Integrated Safeguarding Partnership (BISP). This independent Partnership will set out how the organisations involved in safeguarding adults and children will work in a collaborative way to put adults at risk and children central to the work that is carried out.

This document provides clarity regarding:

- The safeguarding partners
- Local values and principles
- The legal framework and the underpinning policies and procedures
- Safeguarding roles and responsibilities
- Responsibilities around information sharing and information governance
- Funding responsibilities
- Dispute resolution and escalation processes
- Partnership arrangements including relationships with wider partnerships and boards

Safeguarding Partners

The three statutory Safeguarding Partners as set out in the Care Act 2014 and Working Together 2018 are the Local Authority, the Clinical Commissioning Group and the Chief Officer for the police. They have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children and adults at risk in the local area. Bury's Integrated Safeguarding Partnership has brought together the partners working with adults at risk and children. The arrangements must be underpinned by equitable and proportionate funding.

The lead representatives and those they have delegated their authority to, are able to:

- Speak with authority for the safeguarding partner they represent
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements

Safeguarding partners will agree on ways to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others and implement local and national learning including from serious child safeguarding incidents and Safeguarding Adult Reviews. To fulfil this role, the safeguarding partners must set out how they will work together with any relevant agencies.

The three safeguarding partners will also decide how the new arrangements will operate including deciding who the relevant partners will be and the role that they will fulfil on the Partnership.

In these arrangements the Local Authority will be represented by Karen Dolton, Executive Director for Children, Young People and Culture and Julie Gonda, Director of Adult Services. The Clinical Commissioning Group will be represented by Cathy Fines, Clinical Director. Greater Manchester Police will be represented by Superintendent Paul Walker.

Relevant Partners

The safeguarding partners are those that the government has agreed will be responsible for safeguarding within a local area, however it is important that the other expertise across a range of agencies and the independent relationships that agencies have with each other are maintained and the skills are brought together to help and protect those vulnerable children and adults at risk.

The list of relevant partners will change over time and it will be the responsibility of the safeguarding partners to determine how regularly their list will be reviewed.

The Local Authority, CCG and Police will be represented on the Strategic Group and both Business Groups. They will also be involved, where appropriate, in the sub groups.

Both the Care Act 2014 and Working Together 2018 require the three safeguarding partners to name other agencies to become relevant partners. Once designated as a relevant partner/agency they are under a statutory duty to co-operate with the published arrangements.

- Schools and colleges are a vital partner and the Partnership will build on the established relationships. There will be senior representation from Education and Learning Bury Council on the Business Groups. All Bury schools and educational establishments, regardless of size or type, are named as Relevant Agencies by the Integrated Partnership. In addition a new schools, colleges and adult learning sub group will be created and build on the work of the previous sub group.
- CAFCASS is a key partner and they will be required to attend the Children's Business Group.
- Public Health will be required to attend the Strategic and both Business Groups.
- Community health, mental health and secondary care services, delivered by Pennine Care and Pennine Acute will be required to attend both Business Groups
- The National Probation Service and CRC will be required to attend the Adult Business Group.
- Six Town Housing will be required to attend the Adult Business Group.
- Greater Manchester Fire and Rescue Service will be required to attend the Adult Business Group.
- The Voluntary Community and Faith Alliance will be required to attend the Strategic and both Business Groups. Early Break will be required to attend the Children's Business Group and One Recovery to the Adults Business Group.
- The Community Safety Partnership will join both Business Groups as required.
- Bury Youth Offending Team will be required to attend the Children's Business Group.
- Bury Healthy Young Minds will be required to attend the Children's Business Group.

The list of relevant agencies is intentionally focussed at a strategic, agency-based level – it is not intended to be an exhaustive list of all bodies and individuals which come into contact with children, young people and adults at risk.

Organisations, agencies and practitioners should be aware of, and comply with, these arrangements set out by the partnership. Organisations and agencies who are not named in the relevant agency regulations, whilst not under a statutory duty, should cooperate and collaborate with the safeguarding partners particularly as they may have duties under section 10 and/or section 11 of the Children Act 2004 and sections 42-45 of the Care Act

The National Context

In 2016 Alan Wood recommended the abolition of Local Safeguarding Children Boards and their replacement by a stronger statutory partnership of the key statutory agencies, namely Police, Clinical Commissioning Groups and Local Authorities – who would in turn determine local safeguarding arrangements.

The recommendations were outlined in The Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 guidance, which required local areas to publish new multi-agency safeguarding children arrangements led by the named three statutory agencies.

The Care Act 2014 places a statutory duty on Local Authorities to have established Safeguarding Adult Board which include the Local Authority, Police and Clinical Commissioning Group.

The Local Context

These arrangements cover Bury Local Authority footprint and the children and adults at risk who live within the boundaries. It also covers those children that the authority has responsibility for those who live elsewhere.

The statutory responsibility for keeping children and adults at risk safe remains with the safeguarding partners, however there is an acknowledgement that all citizens, practitioners and organisations should be enabled to influence the development of policy and practice.

In GM there will be an opportunity to undertake further work to understand how some of the work done by the partners locally might be delivered at cluster or GM level to ensure that all local areas share and benefit from good practice.

The Section 11 requirements of The Children Act 2004 remain in place and the Safeguarding Partners will use these to understand the wider issue of safeguarding in Bury to ensure children are safeguarded.

The Bury safeguarding partners are developing The Engine Room, this is a new initiative to strengthen communities and improve outcomes for people in Bury through a central hub.

About Bury

Life expectancy is affected by many factors such as: socioeconomic status, employment, income, education and economic wellbeing; the quality of the health system and the ability of people to access it; health behaviours such as tobacco and excessive alcohol consumption, poor nutrition and lack of exercise; social factors; genetic factors; and environmental factors such as overcrowded housing.'

Population

189,628 (Dec 2018)

19% (or 43,113) 0-17 year olds;

81% (or 146,515) 18+ years

Child data:

1496 Open referrals

Child in Need Plans 391

Child Protection Plans 192

Children in Care 339

Life expectancy:

Men 78.5 years

Women 81.2 years

This is lower than the national average

Lifestyle:

Almost 2 out of 3 (64.3%) adults are overweight

As are over 1 in 3 10-11 year olds

GRAPHICS TO BE ADDED

Life expectancy is affected by many factors such as: socioeconomic status, employment, income, education and economic wellbeing; the quality of the health system and the ability of people to access it; health behaviours such as tobacco and excessive alcohol consumption, poor nutrition and lack of exercise; social factors; genetic factors; and environmental factors such as overcrowded housing.

Vision, Value and Principles of Bury Integrated Safeguarding Partnership

This sets out in a broad context what we want to achieve as a partnership.

The Vision

- The Bury Integrated Safeguarding Partnership is committed to the aim of building safe, healthy, resilient communities by proactively protecting and supporting our most vulnerable residents.

The Values

- Safeguarding is everyone's responsibility. Bury Integrated Safeguarding Partnership will support every resident via flexible and responsive services when they are needed.
- People living in Bury will be safe, healthy and will be able access services when needed. In order to achieve this the Partnership will actively listen, positively respond to concerns of abuse and be to open to challenge and change.
- Every resident of Bury will free from abuse, neglect and crime, enabling them to enjoy happy, safe, healthy lifestyle in which they can achieve their full potential.
- Child and adult safeguarding services will be informed and developed by listening to and working with children, young people and adults.

The Principles

- **Empowerment**: People are supported and encouraged to make their own decisions and informed consent

  "I am asked what I want to happen and my views inform what happens"

- **Prevention**: It is better to take action before harm occurs

  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"

- **Proportionality**: The least intrusive response appropriate to the risk presented

  "I am sure people are working in my best interests, as I see them and will only get involved as much as needed"

- **Protection**: Support and representation for those in greatest need

  "I am helped to stop and report abuse. I get help to take part in the safeguarding process to the extent that I can and to which I am able"

- **Partnership**: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me"

- **Accountability:** Accountability and transparency in delivering

  "I understand the role of everyone involved in my life"

How We Will Achieve These - Evaluate | Assure | Learn

Our new partnership and sub group structure will ensure the work that is undertaken safeguards the most vulnerable people in Bury, both children and adults. Each agency is inspected by different regulators and will evaluate and self-assesses their own work to inform how well they are doing. The Partnership will build on this rather than duplicate and will hold to account and challenge the impact each agency is making to improve the lives of people within Bury.

Within Bury there is a well-established audit programme which has been led by the Quality Assurance and Performance sub group. The all age Quality Assurance and Performance sub group will revise the Quality Assurance Framework and terms of reference along with the suite of indicators so that practice can be evaluated and the impact measured. The sub group will capture the key performance indicators from partners and other strategic forums such as the Health and Well-Being Board in order to identify and respond to the emerging themes within Bury.

The Partnership will also learn from local, regional and national reviews of practice relating to children and adults. The new all age Case Review Group will ensure that reviews are conducted according to the national guidance and that shared learning takes place. In addition, there will be opportunities to align to the work of the Manchester Standards Board where regional learning can be shared.

Based on the priorities set for 2019/20 the Partnership will develop a performance dashboard which includes key performance indicators in order to review and consider safeguarding performance and horizon scan for areas of risk and assurance.

Thresholds

Children

The thresholds of need in relation to children are being updated at the time of writing. As safeguarding is everyone's business it is important that everyone understands safeguarding as a concept and that roles and responsibilities are clear.

Children will move between these levels of vulnerability according to their particular circumstances and so it is essential that changes in need are identified and service response is flexible. The model is intended to ensure children and families are not excluded from help in an arbitrary manner. The aim is the early identification of children who require additional help and the provision of services to prevent children moving towards higher levels of need and to reduce the level of need wherever possible. The boundaries between the levels are not hard and fast and children may present with needs at different levels. Inter-disciplinary discussion and coordination will ensure appropriate services are arranged. The guidance sets out how this will be done.

Children may enter any band at any age or stage of development and may move between bands as their circumstances and needs change.

- Level 1 represents children with no identified additional needs. Their needs are met through universal services (such as health visiting or general practitioner).
- Level 2 represents children with additional needs that can be met by targeted support by a single agency or practitioner (such as speech language therapy).
- Level 3 (Team Around the Family, TAF) represents children with additional needs that can be met by targeted support by a multi-agency support package.
- Level 4 (Child in Need, CIN) represents children with significant needs that persist and have not been met by targeted support.

- Level 5 (Safeguarding/Looked after Children) represents children with complex and enduring needs at the highest level of vulnerability that will be met by multi-agency support from specialist services led by Social Care.

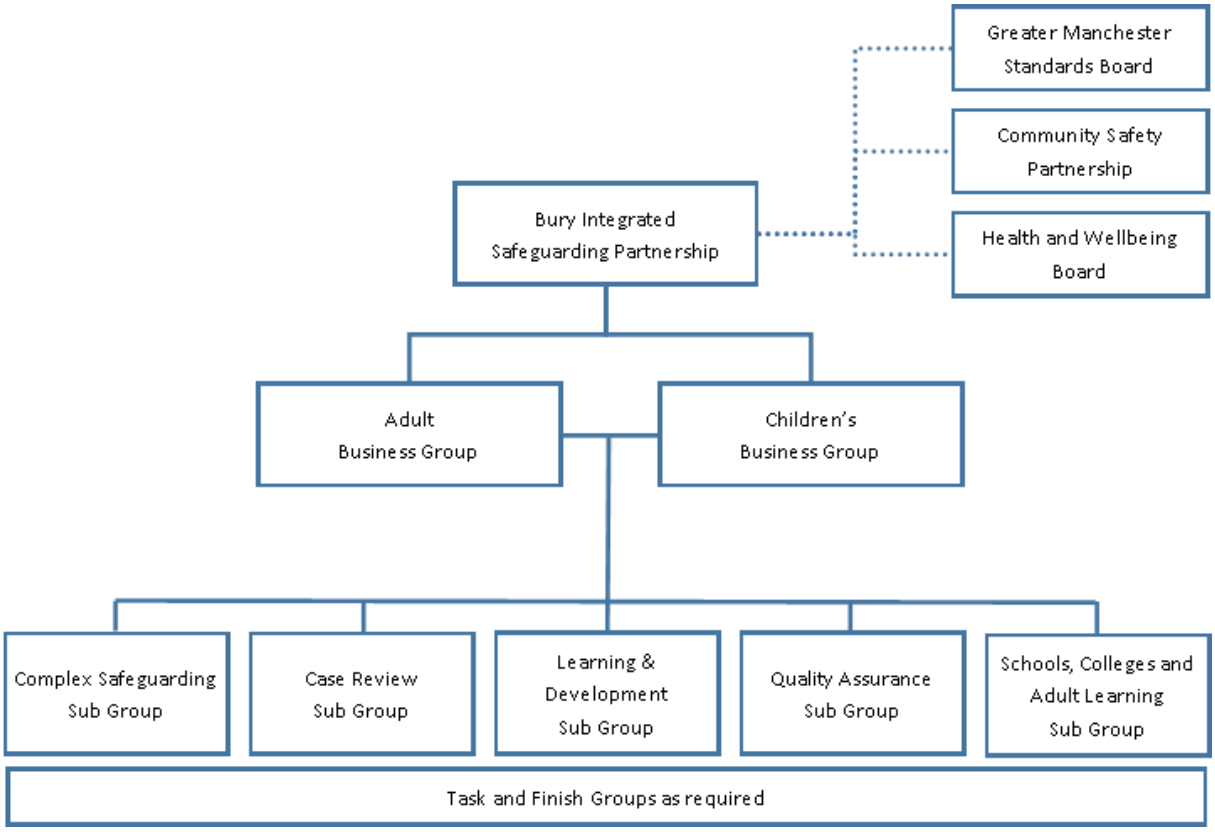
Adults

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult, or if they lack capacity or have substantial difficulty in understanding the enquiry, their representative or advocate prior to initiating a formal enquiry under section 42, right through to a more formal multi-agency plan or course of action. Whatever the course of subsequent action, the professional concerned should record the concern, the adult's views, wishes, and any immediate action taken and the reasons for those actions.

	Data Definitions
Safeguarding Concern	A sign of suspected abuse or neglect that is reported to the council or identified by the council.
Safeguarding Enquiries	The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.
Section 42 Safeguarding Enquiries	The enquiries where an adult meets ALL of the Section 42 criteria. The criteria are: (a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs) and; (b) The adult is experiencing, or is at risk of, abuse or neglect and; (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Structure

The Bury Integrated Safeguarding Partnership has a holistic focus and therefore the structure has a joint adults and children's strategic Partnership with separate business groups. The sub groups and any task and finish groups will also be joint. Where needed there may be single role task and finish groups and these will ensure that issue relating to child and adult safeguarding have been considered.



The subgroups will have a high level sponsor allocated from the strategic group to provide a direct link between the relevant sub-group and the strategic group to ensure the strategic objectives are advanced and that sub-groups work is valued.

Each of the sub groups will have a revised work plan informed by the priorities set out by the Strategic Group and which will align some aspects to the work of the Manchester Standards Board (for children). There will be various opportunities as the Greater Manchester Combined Authority supports each Local Authority to achieve the best standards.

There are local bodies such as the Health and Wellbeing Board, the Community Safety Partnership, the SEND Board, the Complex Safeguarding Board (GM level) and the Starting Well Board where much work is being undertaken and the aim is to collaborate and avoid duplication where possible.

There are local protocols which will be updated as the Partnership progresses.

Accountability for safeguarding will remain with the statutory partners, where possible the Partnership will aggregate up safeguarding themes to be developed at a Greater Manchester or GMP cluster level.

The Strategic Partnership

The role of the Strategic Partnership is to:

To act as a strategic leadership group that engages and coordinates services to safeguard and promote the welfare of children and adults at risk in Bury

- To identify and respond to new safeguarding issues and emerging threats
- To promote and embed learning from local and national learning including from serious child safeguarding incidents and quality assurance activity
- Conduct any safeguarding adults review in accordance with Section 44 of the Act
- To develop a strategic plan which will be maintained by the Adults Business Group
- To oversee the work of the Business Groups
- Write an annual report

The Business Groups

- The main responsibilities of the Business Group is to:
- Develop and drive the implementation of the Business Plan on behalf of the Partnership
- Ensure that the work of the Integrated Partnership is clearly understood and actions implemented
- Ensure a cross-agency responsibility and accountability for safeguarding children & young people and adults and risk is understood and challenged when required
- Maintain the strategic plan aligned to the priorities

The Sub Groups

All sub groups will support the work of Partnership which is:

- To co-ordinate what is done by agencies for the purpose of safeguarding and promoting the welfare of children and adults at risk in Bury;
- To ensure the effectiveness of what is done by each such person or body for those purposes.

Complex Safeguarding Sub Group

The sub group should develop an integrated response to complex safeguarding for both children and adults at risk.

Complex Safeguarding is used to describe criminal activity (often organised), or behaviour associated to criminality, involving vulnerable children and young people, where there is exploitation and/or a clear or implied safeguarding concern. The sub group as delegated by The Bury Integrated Safeguarding Partnership will support the Greater Manchester 2021 vision that Greater Manchester will be a national centre of excellence for complex safeguarding.

Complex safeguarding for adults has a different definition, this sub group will also cover adults at risk as there may be issues of neglect, exploitation and other vulnerabilities that require an integrated response.

The sub group will ensure that and all age approach is adopted and where possible the Voice of the Child/Customer/Patient is considered in the work that is undertaken.

Quality Assurance and Performance Sub Group

The sub group should quality assure the effectiveness of safeguarding arrangements across Bury with the aim of promoting continual improvement.

To provide the performance information which will assist in setting strategic priorities; provide an opportunity for professional challenge and identify opportunities for multi-agency/single agency audit. A new suite of indicators will be compiled that is meaningful from an all age perspective.

The Quality Assurance Sub Group will specifically monitor and evaluate the effectiveness of what is done by the Integrated Safeguarding Partnership partners individually and collectively to safeguard and promote the welfare of children and adults and advise them on ways to improve. In achieving this, the Sub Group will:

- Make constant reference to the aims set out in the Integrated Safeguarding Partnership Business Plan
- Use and promote the principles and methods set out in the Quality Assurance Framework.

The sub group will ensure that an all age approach is adopted and where possible the Voice of the Child/Customer/Patient is considered in the work that is undertaken.

Case Review Sub Group

For adults: there is a legal duty to undertake a Safeguarding Adult Review of cases where an adult at risk has died or suffered serious harm, the criteria for such reviews is set out in the Care Act 2014.

For children: where a child has suffered abuse or neglect of a child is known or suspected and the child has died or been seriously harmed consideration should be given to whether a Child Safeguarding Practice Review is appropriate as set out in Working Together 2018, this includes the need to conduct a Rapid Review.

The sub group will ensure that an all age approach is adopted and where possible the Voice of the Child/Customer/Patient is considered in the work that is undertaken.

Learning and Development Sub Group

The Learning and Development Sub Group will ensure that single agency and multi-agency training on safeguarding and promoting welfare is provided in order to meet the local need.

The sub Group will:

- Have sight on and contribute to developments on the multi-agency policies and procedures
- Ensure the workforce of Bury is effective in safeguarding children, young people and adults at risk of or experiencing abuse and neglect
- Ensure provision of high quality multi-agency safeguarding learning and development
- Enable and promote safeguarding learning & development across partners and providers
- Ensure staff are competent to respond to safeguarding concerns (at a level consistent with their role) via the provision of high quality cross sector training
- Ensure the implementation of the Multi-Agency Training Strategy is fit for purpose in light of current need

The sub group will ensure that an all age approach and the Voice of the Child/Customer/Patient is considered in the work that is undertaken.

Schools, Colleges and Adult Learning Sub Group

The Schools, Colleges and Adult Learning Sub Group will develop strategies and actions to meet schools, colleges and adult education statutory duties of safeguarding and promoting the safety and welfare of children and vulnerable adults.

The sub-group will ensure that where possible the voice of the child or adult is considered in the work that is undertaken.

The Rapid Review Process

The Bury Integrated Safeguarding Partnership will establish a local Rapid Review Group which is required under Working Together 2018, this will consider whether notifiable incidents meet the criteria for a local or national child safeguarding practice review. The Rapid Review Group will be composed of members of the Case Review Group.

The aim of this rapid review is to enable safeguarding partners to:

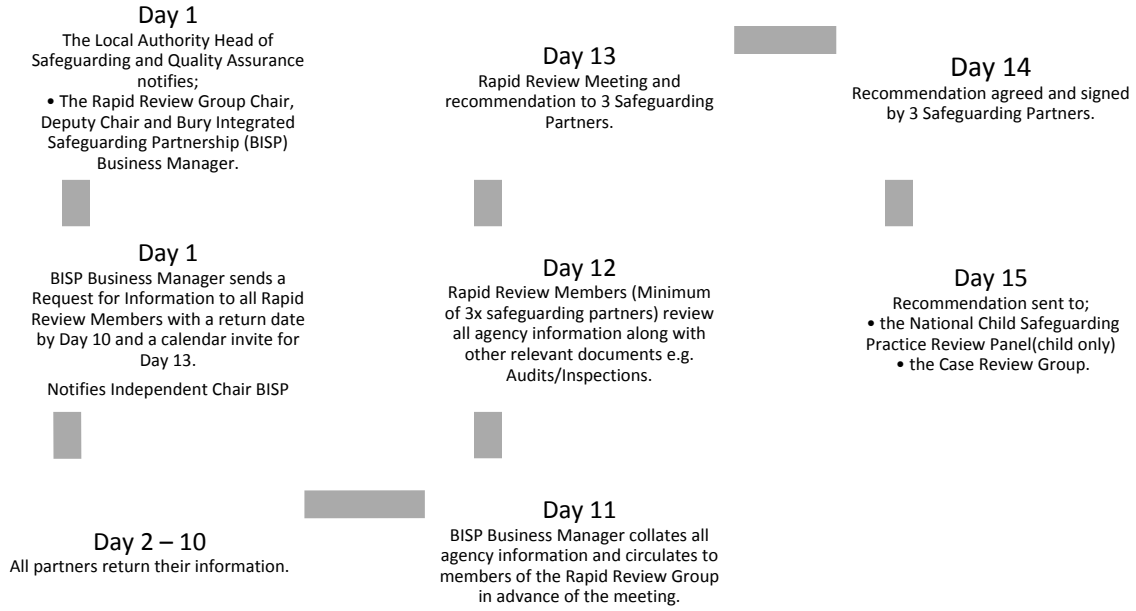
- Gather the facts about the case, as far as they can be readily established at the time
- Discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately
- Consider the potential for identifying improvements to safeguard and promote the welfare of children
- Decide what steps the Partnership should take next, including whether or not to undertake a child safeguarding practice review

A Rapid Review Process Flowchart below shows how cases should be referred to the Rapid Review Group and how that group will respond within 15 days of becoming aware of the incident. All recommendations will be shared with the Panel, Department for Education and OFSTED.

The Rapid review process will be subject to change as processes are streamlined and mirrored across all Greater Manchester boroughs. In addition the process for Safeguarding Adult Reviews will be revised in the future to ensure both processes will be combined.

The Local Authority Head of Safeguarding and Quality Assurance agrees with safeguarding partners that the criteria for a notifiable incident is met & notifies the National Child Safeguarding Practice Review Panel within 5 days of becoming aware of the incident.

The SAR process will change and align, as this is good practice.



Safeguarding Practice Reviews/Safeguarding Adult Reviews

The safeguarding partners will:

- Have regard to any guidance the National Panel(children) publishes or national guidance
- Make arrangements to identify and review safeguarding cases and commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken
- Promptly undertake a rapid review of the case, in line with any guidance published by the National Panel or national guidance and as soon as the rapid review is complete, they should send a copy to the National Panel (children only)
- Have clear processes for how they will work with other investigations and work collaboratively with those responsible for carrying out those reviews
- Agree with the reviewer(s) of practice reviews, the method by which the review should be conducted
- Seek to ensure that practitioners are fully involved in practice reviews, and that families, including surviving children/adults are invited to contribute to review
- Ensure the final report of includes a summary of recommended improvements and an analysis of any systemic or underlying reasons why actions were taken or not in respect of matters covered in the report
- Consider carefully how best to manage the impact of the publication child/adult, family members, practitioners and other closely affected by the case
- (Child only) Should inform the National Panel and the Secretary of State of the reasons for a delay of a local child safeguarding practice review, set out any justification for any decision not to publish either the full report of information relating to improvements and have regard to any comments from the National Panel and Secretary of State in respect of the publication
- (Child only) Send a copy of the full report of the local child safeguarding practice reviews to the National Panel and Secretary of State and OFSTED

- Take account of the findings from their own local reviews and from all national reviews, highlight findings from reviews with relevant parties and regularly audit progress on the implementation of recommended improvements

Roles and Responsibilities

Relationships

The new arrangements aim to build positive relationships with other areas in Greater Manchester so that relevant information can be shared in a timely and proportionate manner and ensure constructive positive challenge to improve safeguarding offer in Bury.

It is also the aim that a resolution process is in place to resolve any disagreements between agencies quickly in order that the best outcome for children and adults is achieved.

Information and Communication

The safeguarding partners will:

- Be aware of their own responsibilities under the relevant information law and have regard to guidance provided by the Information Commissioner's Office when issuing and responding to requests for information
- Communicate regularly with their relevant agencies and others they expect to work for them
- Ensure that the child/adult voice is considered through all policy, practice and activity.

Individual agencies and roles

The safeguarding partners will:

- Consider how they will secure the clinical expertise of designated health professionals for safeguarding children and adults at risk within their arrangements
- Make arrangements to allow all schools, colleges and other educational providers in the local area to be fully engaged, involved and included in the safeguarding arrangements, this will be through a schools, colleges and adult learning subgroup

Assessment and services

The safeguarding partners will:

- Agree with their relevant agencies the levels for the different types of assessment and services to be commissioned and delivered
- Publish a threshold document, which sets out the local criteria for action in a way that is transparent, accessible and easily understood

Data and intelligence

The safeguarding partners will:

- Use data and intelligence to assess the effectiveness of help being provided to children, families and adults at risk
- Use the Joint Strategic Needs Assessment to help understand the prevalence and contexts of need, including specific needs relating to disabled children and those relating to abuse and neglect, which in turn should help shape services

Training

The safeguarding partners will:

- Consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission

Scrutiny and Assurance

The safeguarding partners will:

- Monitor the effectiveness of the arrangements for child protection conferences
- Ensure scrutiny is objective, acts as a critical friend and promotes reflection to drive continuous improvement
- Publish a report at least once in every 12 month period to set out what they have done as a result of the arrangements, including child safeguarding practice reviews and safeguarding adult reviews, and how effective these arrangements have been in practice
- Agree arrangements for independent scrutiny of the report they must publish at least once per year
- Make sure the report is widely available and the published safeguarding arrangements should set out where the reports will be published
- Report any updates to the published arrangements in their yearly report and the proposed timescale for implementation

Funding

The safeguarding partners will:

- Agree the level of funding secured from each partner, which should be equitable and proportionate, and any contributions from each relevant agency, to support the local arrangements
- Make payments towards expenditure incurred in conjunction with local multi-agency arrangements for safeguarding and promoting the welfare of children and adults at risk

Independent Scrutiny

The Partnership is retaining the role of the Independent Chair. The Independent Chair will provide the safeguarding partners and the Greater Manchester Standards Board with assurance that the new arrangements are working effectively.

The safeguarding partners are keen to ensure that scrutiny comes in a variety of ways. They will use existing forums and events to engage and understand the issues that children and adults at risk face when using services and work to ensure that the right services are responsive to individual need.

Independent scrutiny is part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.

The Quality Assurance and Performance Sub Group will develop a new suite of all age indicators that will form the baseline of how the Partnership scrutinises the work and measures impact. This will also include information and data from LGA Peer Reviews, Audit Days, Case Reviews, Learning Reviews. In addition the Partnership will work with the cluster of local authorities aligned with Greater Manchester Police to develop further scrutiny arrangements.

In addition to the above the Partnership will hold an annual assurance workshop that brings partners together to showcase the work they are doing that makes a difference to safeguard children and adults at risk and also any preventative work that is being undertaken.

The Independent Chair will be appointed by the Integrated Partnership Business Manager as necessary to provide a point of escalation where other avenues have been exhausted. It is expected that partners will work together to resolve any professional challenges and disputes locally and guidance is provided by Greater Manchester Safeguarding Partnership 'Resolving Professional Disagreements/Escalation Policy' and supporting local Professional Challenge and Escalation Procedures and Standards.

The Partnership expects that organisations will adhere to their own whistle-blowing policies as appropriate. For more information see the GM whistleblowing guidance.

Funding

Partnership working is the key to ensuring safeguarding children and adults at risk is right. Organisations and agencies should decide clearly how the arrangements will be funded for this current year and have combined the budgets from the adults and children's safeguarding boards.

Safeguarding partners have agreed their funding contributions for 2019/20 only and this will be reviewed for the following year. This funding will contribute to the running of the Partnership and functions and will directly fund posts as deemed appropriate.

In addition, individual safeguarding partners will contribute to the development and delivery of the training programme, communications, marketing, events and adult and child safeguarding reviews.

Funding arrangements will be subject to an annual review and there will be further consideration and discussion regarding future funding rounds.

If any safeguarding partners do not fulfil their funding responsibilities as identified in the arrangements the dispute resolution process will be initiated.

Income

Agency	Contribution
Local Authority	£84,101.50
Clinical Commissioning Group	£43,098.50
Greater Manchester Police	£23,700.00
Schools Direct Grant	£40,000.00
Others	£3,527.20
Income from training	£7,500.00
Total	£201,927.20

Proposed Expenditure

Staffing	£172,000.00
Independent chair fees	£15,000.00
Other expenditure	£11,000.00
Buildings/legal/comms	£13,000.00
Total	£211,000.00

There has been to date a reserve and this has been used to appoint independent reviewers for Serious Case Reviews. The first Partnership Group will need to consider the budget and finance for these going forward.

There will be some variation in these figures over the next 12 months as the Child Death Overview Panel functions move from the safeguarding board. The budget in future years will be aligned to the priorities as outlined in the business plan.

Annual Report

Transparency for the people we work with and for practitioners is crucial. The Bury Integrated Safeguarding Partnership will publish an annual report covering how we work holistically in dealing with safeguarding (this is a statutory requirement under the Care Act 2014).

The report will include what the Partnership has done as a result of the arrangements and cover:

- Evidence of the work undertaken by the safeguarding partners and relevant agencies, including training, and an analysis of the difference it has made for children and adults at risk. This will include those care leavers who have moved on to receive care and support from adult services
- Progress on agreed priorities
- A record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national practice reviews, including any resulting improvements
- Ways in which the partners have sought and utilised feedback from children and their families and adults at risk to inform their work and influence service provision

During the next 12 months the new partnership will continue the work in implementing The Graded Care Profile 2 and Signs of Safety to further embed the 'all age' model in our practice.

Voice of Child and Adult

Engaging in various ways is key to understanding whether the work the Partnership is doing is making an impact and making a difference to their daily lived experience.

The Partnership will engage through the various existing forums and work at developing new ways to engage with all, especially those who are harder to reach.

Partners are committed to engaging at an individual, service and strategic level. We will work with established groups and forums where children and young people can have their say, share their views and experiences, challenge and support local decision makers and shape and influence strategic planning, commissioning and service provision at an individual, service and strategic level. These include:

- Corporate Parenting Board
- Youth Cabinet and The Circles of Influence annual event
- Junior and Senior Children in Care Council (and regional meetings)
- Consultations through Six Towns Housing Roadshows
- Views of adults through "Making Safeguarding Personal" consultation fed to Board
- Focus Groups for adults and children
- Children's Rights and Advocacy
- Care Leaver Forum
- Young People's Benchmarking Forum (GM)
- Children and Young people engagement in interview panels

Emerging issues, themes, impacts and outcomes of engagement will be fed into the sub groups and work plans may be changed to work with these issues.

Information Sharing and Governance

Practitioners should have the ability and willingness to share appropriate information if it is reasonable and proportionate to helping and protecting those we work closely with. Sharing information with other organisations and practitioners should not be a barrier to good practice, the arrangements should cover the processes and principles for sharing information with other organisations and partners and includes third party providers to which have delegated functions.

Locally, safeguarding partner organisations will have their own information sharing protocols, this document will serve as the protocol under the new arrangements and should be read with the Greater Manchester Safeguarding Partnership agreed guidelines which includes the Caldicott Principles.

The Greater Manchester guidelines outlines the Seven Golden Rules for information sharing:

- Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately;
- Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case;
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;
- Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;
- Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.
- The 'Seven Golden Rules' will help support your decision making so you can be more confident that information is being shared legally and professionally.

Information Storage

As the Integrated Partnership is hosted by Bury Local Authority, they will act as data controllers for information associated with the new arrangements, on behalf of safeguarding partners.

This will include the list below which is not exhaustive:

- Underpinning partnerships and groups (agenda, minutes, papers)
- Business functions (training, communications, performance)
- Funding
- Safeguarding practice reviews and local learning reviews child death reviews (where appropriate)

Any paper historical information related to old serious case reviews/safeguarding practice reviews or child death reviews will be archived and stored by Bury Council on behalf of the safeguarding partners. If needed these will be scanned and archived electronically over time.

Freedom of Information

The Freedom of Information (FOI) Act 2000 gives a right of access to the information public authorities' hold. The Bury Integrated Safeguarding Partnership arrangements are considered to be a public authority for the purposes of Freedom of Information.

The safeguarding partners acknowledge that they remain subject to the requirements of FOI arrangements and have a statutory duty to respond individually to the requests they receive.

Each partner will assist and co-operate with the others (at their own expense) to comply with information disclosure requests relating to the Integrated Partnership.

Bury Council will lead on any FOI requests relating to the Integrated Partnership arrangements and any requests will be processed by the Bury Council Information Governance Team.

All safeguarding partners should direct any FOI requests made regarding the Integrated Partnership on to Bury Council without delay and within 24 hours.

Subject Access Requests will be processed in accordance with legal and statutory obligations. If a request relates to more than one safeguarding partner a joint response will be issued by Bury Council after liaising with the relevant partners.

Legal Framework

The legislation relevant to safeguarding and promoting the welfare of children is set out below and should be read in conjunction with Working Together to Safeguard Children 2018.

- Children Act 2004
- The Care Act 2014
- Education Acts including Education Act 2002, Education and Skills Act 2008 and Education Act 1996
- Children Act 1989
- Mental Capacity Act 2005
- Provision of services for children in need, their families and others
- Co-operation between authorities
- Emergency protection powers of Exclusion requirement
- Police protection powers
- Legal Aid, Sentencing and Punishment of Offenders Act 2012
- Police Reform and Social Responsibility Act 2011
- Childcare Act 2006
- Crime and Disorder Act 1998
- Housing Act 1996
- The Children and Social Work Act 2017
- The Child Safeguarding Practice Review and Relevant Agency Regulations 2018

There are local policies, procedures and key documents inherited from the Local Safeguarding Children and Adults Boards that are relevant, these will be reviewed within a specified timeframe. These will be available on the website as they are reviewed and agreed.

Agenda Item 6

Bury Health and Wellbeing Board

Title of the Report	New Child Death Overview Panel Arrangements (CDOP)
Date	17th July 2019
Contact Officer	Maxine Lomax Deputy Director of Nursing NHS Bury CCG Maxine.lomax@nhs.net
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information ☐	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	The responsibility for CDOP sat with the safeguarding board for children but under the new multi agency safeguarding arrangements the responsibilities have been transferred to the LA and the CCG There have been a number of working groups across GM and the consensus is the arrangements stay essentially as they are now and over the next 12 months some changes be enacted The key change is the governance and the advice in GM is for that to sit with the H&WB Board and the arrangements to be published as part of the Board information		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbei			

ngboard	
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	
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	The Board are asked to recognise the changes in legislation and governance arrangements from the Local Safeguarding Children Board to the Health and Well Being Board and to endorse the new arrangements
What requirement is there for internal or external communication around this area?	The arrangements have already been published on NHS Bury CCG website and alongside the local Multi-Agency Safeguarding Arrangements on the Bury Integrated Safeguarding Partnership The Board are requested to agree publication on the H&WB Board area of the Bury Council website
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No

2. Introduction / Background

Overview

The Bury, Rochdale and Oldham (BRO) CDOP has been set up by Child Death Review (CDR) Partners, the Bury, Oldham and Heywood, Middleton, Rochdale CCG's and Bury, Oldham and Rochdale Council's to review the deaths of children under the requirements of the Children Act, 2004 and Working Together to Safeguard Children, 2018. The tripartite approach covers a population of 641,846.

Purpose

The purpose of the BRO CDOP is to undertake a review of all child deaths (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) up to the age of 18 years, normally resident in Bury, Oldham and Heywood, Middleton, Rochdale, irrespective of the place of their death. The BRO CDOP will adhere to the statutory guidance: Child Death Review Statutory and Operational Guidance (England) 2018: https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england .

CDOP Responsibilities

- To collect and collate information about each child death, seeking relevant information from professionals and, where appropriate, family members;
- In line with the revised statutory guidance the BROCDOP will oversee the development and embedding of processes where all child deaths will be reviewed by the health care provider and the review will include all multiagency professionals who may have knowledge of the family and involvement in their care.
- To explore the discrete role of the Designated Doctor for Death in the next 12 months
- To analyse the information obtained, including the report from the CDRM, in order to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future child deaths;
- To make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children;
- To notify the Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected;
- To notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it identifies any errors or deficiencies in an individual child's registered cause of death. Any correction to the child's cause of death would only be made following an application for a formal correction;
- To provide specified data to NHS Digital and then, once established, to the National Child Mortality Database;
- To produce an annual report for CDR partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process; and
- To contribute to local, regional and national initiatives to improve learning from child death reviews, including, where appropriate, approved research carried out within the requirements of data protection.

3. key issues for the Board to Consider

Governance and Accountability

- The Child Death Review Panel is accountable to the Health and Wellbeing Boards in Rochdale, Oldham and Bury
- An annual report will be provided to the Health and Wellbeing Board and exception reporting when required to other Partnership Groups and Boards
- An information sharing protocol is in place for the activity of CDOP

4. Recommendations for action

- The Board are asked to recognise the changes in legislation and governance arrangements from the Local Safeguarding Children Board to the Health and Well Being Board and to endorse the new arrangements

- The arrangements have already been published on NHS Bury CCG website and alongside the local Multi-Agency Safeguarding Arrangements on the Bury Integrated Safeguarding Partnership
- The Board are requested to agree publication on the H&WB Board area of the Bury Council website

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

The CCG and the LA required to implement the new arrangements. The cost of the administration support has already been identified.

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

CONTACT DETAILS:

Contact Officer: Maxine Lomax

Telephone number:

E-mail address: maxine.lomax@nhs.net

Date: 4th July 2019

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Health and Social Care Reform

The Bury Health and Social Care "One Commissioning Organisation"

NHS Bury Clinical Commissioning Group

Bury Council

Why are we doing this?

Bury population will continue to grow. Proportion of that larger population who are 65+ will also grow

Financial gap of £25m across CCG and Council this year

Despite amount of money being spent outcomes for Bury people not acceptable

Health life expectancy

- Bury men 58.5 vs 63 nationally
- Bury women 62.2 v 63.3
- Most deprived parts of Bury 53.1 men and 54.2 women

NHS Bury
ical Commissioning Group

Bury COUNCIL

The Opportunities

To close financial gap and improve outcomes we need to re
balance:-

- From late intervention in hospitals and residential care
- To early intervention in communities

GM Devolution – a once in a generation opportunity to do th

£19m investment in transformation and freedoms to innova

NHS
Bury
ical Commissioning Group

Bury
COUNCIL

What we've done over the last 12 months

- Appointed a Joint Chief Executive, Joint Chief Finance Officer, Joint Communications Lead
- created a Joint Executive Team of the CCG and Council top management
- Operated a One Commissioning Organisation Partnership Board (shadow Board)
- Engaged with and learned from GM and other GM localities including Tameside
- Involved our staff in design of the proposals
- Co-produced the SCB proposal with political and clinical leaders including the Leader, Deputy Leader and CCG Chair
- Used our legal and governance expertise

NHS Bury ical Commissioning Group

Bury COUNCIL

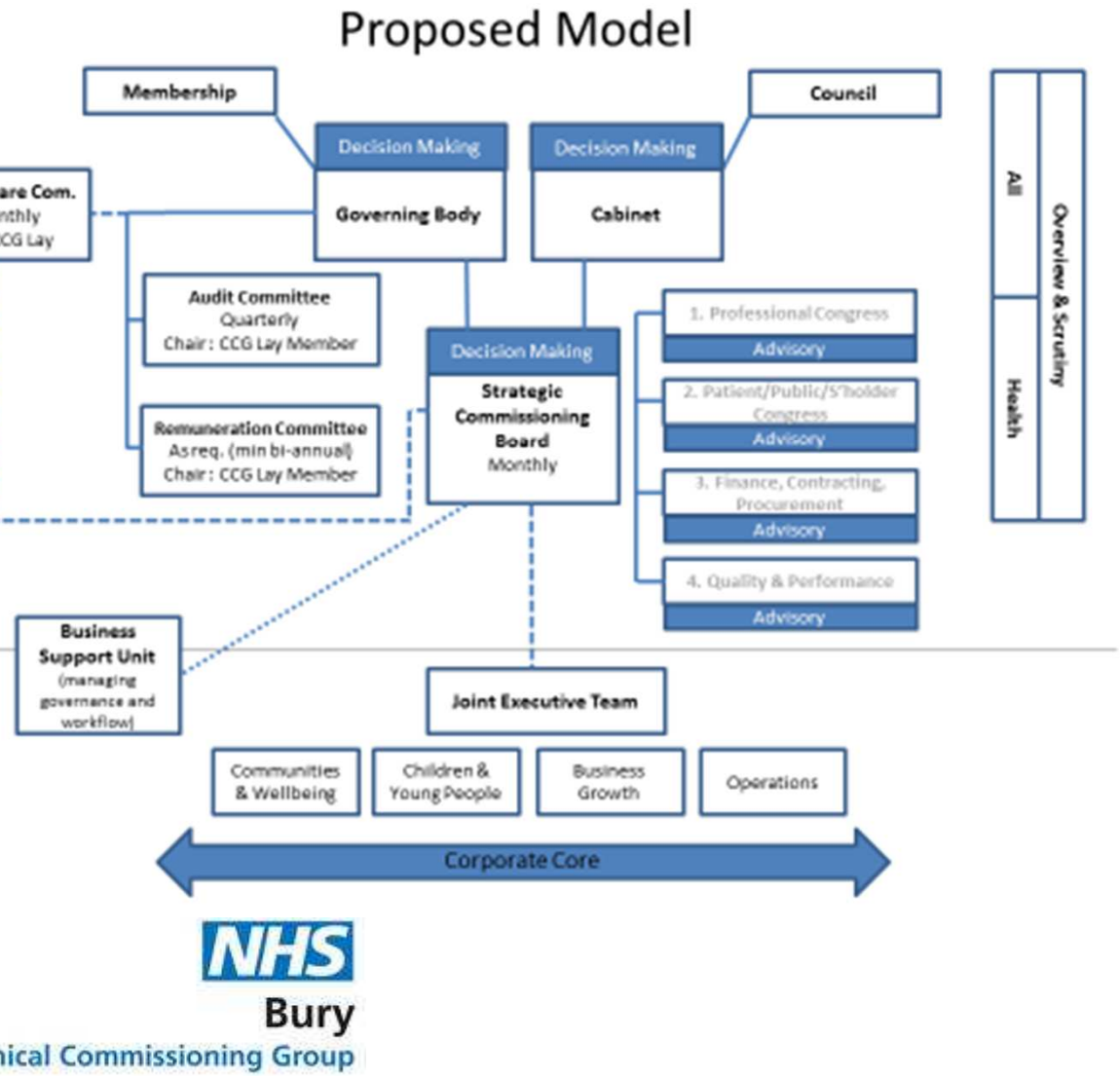
What this means

A “Strategic Commissioning Board” providing leadership and governance of Health and Social Care Commissioning and promoting alignment with wider Council and Public services by inclusion of all Council functions on the “Strategic Commissioning Board”

NHS Bury Clinical Commissioning Group

Bury Council

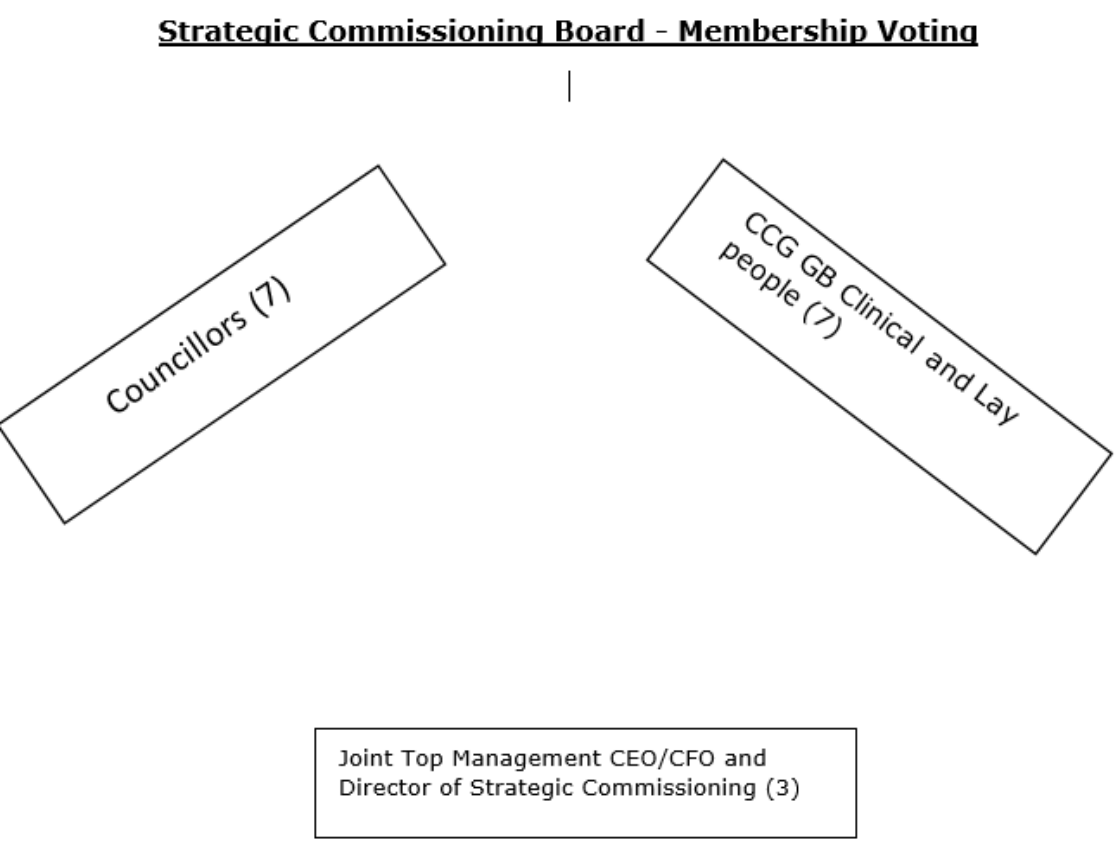
Proposed governance



- Established as Joint Committee - will replace existing statutory bodies of t Cabinet
- Will have delegated executive powers over health, social care and health related functions
- Alignment of wider Council, CCG and public services
- Bound by legislation governing condu of meetings, members and procedura by the Constitution

Bury COUNCIL

Voting



- Balance of membership and votes
- Aim - consensus decision making
- Simple majority if need to vote
- Chair's casting vote

NHS Bury ical Commissioning Group

Bury COUNCIL

Approvals Process

Paper to Council on 10th July and Cabinet in September

Paper to CCG Governing Body 24th July, and then Membership for Approval, and NHSE Approval

SCB go live October 2019

NHS
Bury
ical Commissioning Group

Bury
COUNCIL

CCG and Council Governance

Strategic Commissioning Board will deal with all health and care related matters and issues that impact on the wider health and wellbeing of the people of Bury

Not losing organisational powers – retaining Cabinet and Council, CCG Governing Body and Membership

Sharing powers to gain powers

- Influencing spend and actions of the NHS
- Influencing spend and actions of the Council

Work within the legal confines of the Council's Constitution and CCGs Constitution

Detail to be developed and to come back for consideration

NHS Bury ical Commissioning Group

Bury COUNCIL

Management arrangements

A single commissioning function comprising integrated health and social care commissioning teams, supporting the Boards decision making and enacting its commissioning decisions and working with communities and wider Council and public service partners

A single joint leadership and staffing, with a single approach and single budget, working as one, for common purpose

Initially (from 1 April 2020) the Bury OCO will include commissioners for:

- CCG
- Adult Social Care
- Public Health
- Children and Young People
    - SEND, Disability, Personal Budgets

NHS Bury Clinical Commissioning Group

Bury Council

Agenda Item 9

Bury Health and Wellbeing Board

Title of the Report	Common Standards for Population Health in Greater Manchester
Date	17th July, 2019
Contact Officer	Lesley Jones, Director of Public Health
HWB Lead in this area	Lesley Jones, Director of Public Health

1. Executive Summary

Is this report for?	Information ☐ x	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To make the Board aware of the development of the common standards for public health and approve adoption for use in Bury.		
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	All		
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	All		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the report To approve adoption and use of the standards in Bury		
What requirement is there for internal or external communication around this area?	Internal communication with partners will be required to benchmark against standards and ensure standards are delivered.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No		

2. Introduction / Background

A suite of **Common Standards for Population Health in Greater Manchester** has been developed to support Greater Manchester localities to improve health outcomes for local people. In 2018 the Greater Manchester (GM) Population Health Programme Board endorsed the development of population health common standards with the aim of reducing unwanted variation in population health outcomes across our city-region's health services, and to increase uptake of activities which are proven to be effective.

Endorsed by Greater Manchester Directors of Public Health Group, GM Common Standards for Population Health have been co-designed by public health practitioners and subject matter experts from all 10 Greater Manchester localities, using existing standards and evidence-based guidance to describe the activities required to improve population health. Standards have been developed for 7 key areas of population health:

- mental health and wellbeing
- oral health
- sexual and reproductive health
- drug and alcohol services
- physical activity
- health protection
- tobacco control

Further to the topic-based standards listed above, a suite of standards has been developed for prescribed and non-prescribed local authority public health functions. These detail headline standards for prescribed functions that are outlined in the Public Health Ring fenced Grant Guidance for 2018/19 to Local Authorities. In addition to the prescribed functions, standards are included relating to *Drug and Alcohol services*, *Tobacco Control*, *Mental Health and Wellbeing* as these are also key functions related to the Public Health Grant and are of significance to the improvement of population health outcomes.

All Common Standards for Population Health have been consolidated into a pack (attached) designed to enable local areas to review their current activity, find the ways in which they are securing the best health outcomes for their people, and to identify additional activities which might be introduced to ensure continuous improvements for the health of local people.

The standards described in the pack link to the Greater Manchester Population Health Outcomes Framework which, along with the accompanying tableau based on-line Dashboard, is used by all GM localities as part of the single integrated assurance and improvement process (Locality quarterly assurance meetings). The Framework / Dashboard provides localities with headline data, trends, benchmarking and locality outcome trajectories for key Population Health outcomes which adversely impact upon the health and wellbeing of the Greater Manchester population.

Although there is no compulsion for localities to adopt and implement GM Common Standards for Population Health, it is recommended that the Standards be used by localities as a tool to review and assess current local activity to support the health of local people. The standards have been shared with Bury Council's Director of Public Health.

The suite of population health common standards will expand under the guidance and leadership of Greater Manchester Directors of Public Health Group to incorporate additional population health themes in due course. An established GM Common Standards Network Group will systematically review and update the standards as required.

3. key issues for the Board to Consider

Application of these standards in Bury will require collaboration across partners and services to support benchmarking and quality improvement.

As the commissioning landscape evolves, the standards have the potential to be incorporated into future contracts.

4. Recommendations for action

1. To note and comment on the common standards
2. To approve the use and application of the standards in Bury
3. To request future benchmarking report against the standards with recommendations.

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

None

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

Adherence to standards aims to reduce inequality & inequity.

CONTACT DETAILS:

Contact Officer: Lesley Jones

Telephone number: 6762

E-mail address: l.jones@bury.gov.uk

Date: 17.07.19

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Health and Social Care Partnership

Greater Manchester Common Standards for Population Health

Introduction

In March 2017, following a review of the current public health system across Greater Manchester, Greater Manchester Health & Social Care Partnership agreed to a set of proposals to facilitate the creation of a unified population health system to support the delivery of the Greater Manchester Population Health Plan at pace and scale.

This included a commitment to the reduction of unwanted variation in standards and outcomes and an ambition to see a more consistent adoption of evidence-based practice and the use of benchmarking data. This confirms the vision to drive improvements in population health across and within Greater Manchester (GM) and through the 10 GM localities, reducing inequalities and setting outcomes that are aligned to place based priorities.

The creation of a Greater Manchester Population Health Outcomes Framework (and accompanying on-line Dashboard) enables us to focus upon the key Population Health outcomes which adversely impact upon the health and wellbeing of the GM population and seeks to place focus and emphasis on a number of key indicators.

The Greater Manchester Population Health Outcomes Framework has been developed in partnership, and through a process of engagement and co-design, with key stakeholders from across the health and social care system and the wider Public Service. The Framework, formally signed-off by the Greater Manchester Population Health Programme Board in March 2018, contains a suite of outcomes and output measures which are integral to the single integrated assurance process.

Greater Manchester Common Standards for Population Health

In order to reduce variance, enhance consistency and improve population health outcomes across GM, a programme of work has been undertaken to develop a suite of core **Common Standards for Population Health in GM**. Existing and new GM task groups have worked to consolidate existing standards, evidence and guidance to develop a suite of evidence-based standards for key areas of Population Health activity. The Standards are designed to support localities to achieve the best health gain for their population, and to reduce unwanted variation in population health outcomes across Greater Manchester.

There is no compulsion for localities to adopt and implement GM Common Standards for Population Health. However, this document provides localities with an evidence-based tool to enable population health / public health practitioners to review current local activity and identify any gaps in evidence. This first publication includes standards for the following 7 population health themes and additional standards will follow in due course:

- Mental Health and Wellbeing
- Oral Health
- Sexual and reproductive health
- Drug and Alcohol service standards
- Physical activity
- Health Protection
- Tobacco Control

GM Common Standards for Population Health have been developed through a process of co-design and agreement with subject matter experts and representatives from all 10 GM localities. They draw on existing standards such as those produced by NICE and Primary Care, and the development of new standards that will drive improvements in outcomes and quality. Each suite of Standards describes the activity required in any defined place / locality to support continuous improvement in population health outcomes.

Details of all GM groups been consulted and contributed to the development of these standards are recorded in this document. Links to evidence-based guidance (such as NICE, PHE and other professional bodies) are embedded for reference.

Each suite of topic-based standards provides a clearly defined outcome and method for measuring impact though it is acknowledged that for some standards appropriate impact measures are yet to be defined. Phase 2 of the development of the GM Population Health Outcomes Framework seeks to develop additional measures / metrics.

GM Common Standards for Population Health will be reviewed and updated regularly by the GM Common Standards Network Group* should existing evidence / guidance change. The group will meet again following the publication of PHE / ADPH Core Principles for Quality Improvement in Public Health: *What Does Good Look Like. (expected 2019).* Further Population Health common standards will be developed for additional population health themes as required.

**GM Common Standards Network Group is chaired by a Consultant in Public Health and consists of lead officer(s) for each topic-based suite of GM Population Health Common Standards.*

Greater Manchester Common Standards for Population Health: Prescribed and non-prescribed local authority public health functions

In addition to topic-based standards, a suite of GM Common Standards has been developed for prescribed and non-prescribed local authority public health functions. These detail headline standards for the prescribed functions that are outlined in the Public Health Ring fenced Grant Guidance for 2018/19 to Local Authorities.

Headline GM Common Standards for Population Health are intended to provide guidance on action to be taken by localities in each prescribed and priority non-prescribed areas. In addition to the prescribed functions, standards are included relating to *Drug and Alcohol services*, *Tobacco Control*, *Mental Health and Wellbeing* as these are also key functions related to the Public Health Grant and are of significance to the improvement of GM population health outcomes.

Headline Population Health GM Common Standards have been chosen based on sound evidence and reasoning on how we can best meet the prescribed function and seek to achieve population health improvement for residents within Localities and across GM.

Self-evaluation matrix

To support localities to review current activities a simple self-evaluation matrix is embedded throughout this document. Positioning current activity using this scale will help professionals identify areas for improvement and to track progress over time. Again, there is no compulsion to use this matrix and localities may wish to use alternative methods to assess and review local activity.

Score	Assessment	Findings / Conclusion	Action Required
1	Standard not met	Significant gaps / weaknesses exist (generally non-compliant)	Actions are identified to secure improvements and move towards compliance.
2	Standard partially met	Some gaps / weaknesses exist (partial compliance)	Evidence is signposted in support of areas of compliance. Actions are identified to secure improvements and achieve compliance.
3	Standard fully met	Very few or no gaps / weaknesses exist (compliant)	Evidence is signposted in support of areas of compliance.

Greater Manchester Population Health Common Standards

Table of contents

1. Greater Manchester Common Standards for prescribed and non-prescribed public health functions

	Local Authority Function	Population Health Common Standard	SCORE			Measurement
			1	2	3	
PRESCRIBED FUNCTIONS	**Statutory Post**	Locality has a named Director of Public Health	☐	☐	☐	Named Director of Public Health / Population Health
	Sexual health services - STI testing and treatment	Timely open access to STI advice and treatment service (appointment offered within 48 hours)	☐	☐	☐	New HIV diagnosis rate / 100,000 people aged 15+
		Personalised risk reduction support and information for all who attend sexual health services & their partners	☐	☐	☐	
		Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups	☐	☐	☐	
	Sexual health services - Contraception	All under 18s within a locality are encouraged to access a sexual & reproductive health service or GP before engaging in sexual activity	☐	☐	☐	Total Prescribed Long Acting Reversible Contraception (LARC) (Excluding Injections)
		Open access to specialised services for young people up to the age of 19	☐	☐	☐	
		All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use Long-acting Reversible Contraception (LARC) as their form of contraception	☐	☐	☐	
		For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception	☐	☐	☐	
	NHS Health Check programme	All eligible individuals aged 40-74 to be offered an NHS Health Check once in every 5 years, with pilot areas prioritising people at greater risk, and for each individual to be recalled every 5 years if they remain eligible	☐	☐	☐	Under 75 mortality rate from CVD considered preventable
		All identified at high risk to receive the advice and support to manage that risk	☐	☐	☐	
	Public Health advice to NHS Commissioners	Public Health specialist advice and support is available to NHS Commissioners, integrated commissioners and care organisations in all Localities and at a GM level	☐	☐	☐	n/a

PRESCRIBED FUNCTIONS	**National Child Measurement Programme**	Completion of the National Child Measurement Programme with above average uptake	☐	☐	☐	Prevalence of overweight children (including obese) as measured by NCMP
		Documented service offer for children and families identified as being overweight, obese or underweight identified through the NCMP	☐	☐	☐	
	Prescribed Children's 0-5 services	Commissioning and delivery of the national 0-5 Healthy Child Programme in line with agreed targets	☐	☐	☐	Breastfeeding Initiation
						Proportion of 5 year old children free from dental decay
						% of children achieving a good level of development at the end of reception
NON-PRESCRIBED PH FUNCTIONS	**Drug and Alcohol**	All localities to demonstrate how they are meeting the local needs for the take up and the outcomes of its drug and alcohol treatment services	☐	☐	☐	Alcohol-related hospital admissions (narrow definition)
	Tobacco	All pregnant women who smoke are referred to services which can help them to quit during their pregnancy	☐	☐	☐	% of women who smoke at time of delivery; Smoking prevalence in adults - current smokers (APS)
		Publicised arrangements in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products)	☐	☐	☐	
	Oral Health	Commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded within children's services	☐	☐	☐	Proportion of 5-year-old children free from dental decay
	Mental Health and Wellbeing	Localities to (1) support GM Suicide Prevention Strategy & GM/Locality suicide prevention action plans in place and adopt Mentally Healthy Schools and Colleges principles	☐	☐	☐	Suicide Prevalence
	Physical Activity	Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests.	☐	☐	☐	% of GM population who are Active or Fairly Active
			☐	☐	☐	% of physically inactive adults (>30 minutes per week)

2. Greater Manchester Common Standards - Mental Health and Wellbeing

Mental Health & Wellbeing

Outcome measures affected in GM Population Health Outcomes Framework:

4.10 Suicide Prevalence

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and wellbeing of GM residents.

We propose a whole system approach that includes involvement from the independent and third sector, to improve the mental health and wellbeing of individuals and their families, supported by resilient communities, inclusive employers and services that maximise independence and choice.

• Children and Young People's mental health forms an integral part of our overall strategy. We will use the opportunities through devolution to collectively respond to the challenges outlined within Futures in Mind and in doing so transform the provision of services for the young people in GM.

• We will promote employment for people with mental health problems and provide timely and effective support to help people stay in employment through building on the current GM Working Well whole population approach.

• We will support those most vulnerable in society to help reduce the risk of developing poor mental health, and those with existing mental health conditions from deteriorating further. In doing this we will build on GMs existing approach to supporting people with complex needs with a particular focus on looked after children, child sexual exploitation, those with learning difficulties and disabilities.

This document provides a list of standards and measures and core outcomes linked to the Greater Manchester Mental Health Strategy and GM Health and Social Care Partnership Population Health Plan. Commissioners, providers and health and social care professionals are asked to:

• Review current practice against these standards
• Identify gaps in the evidence and implement these standards
• Develop actions to address these gaps and provide evidence and feed into the development of local transformation plans
• Agree a small number of KPIs to feed into the performance frameworks for local care organisations.

Greater Manchester Common Standards for Mental Health and Wellbeing					
Improving the Health of the GM Population and Reducing Health Inequalities across GM "I" Statement: *"I will live a long and healthy life in Greater Manchester "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	2	3	
Support the delivery of the GM Suicide Prevention strategy and the 10% reduction in suicide rates (baseline 2016/7) by 2020	All Localities will have a suicide prevention action plan in place.	☐	☐	☐	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population
Reduction in self harm and suicide	All health and social care staff frontline staff to receive the following training as part of workforce development mental health awareness, suicide awareness and mental health literacy training	☐	☐	☐	Presence of mental health and suicide awareness training and mental health literacy within local health and social care transformation plan
					% of workforce who have received defined training
					Staff feedback confirming mental health/suicide training
Public mental health, parity of esteem and health inequalities is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision	Joint strategic needs assessment (JSNA) to adequately address mental health and the public health outcomes framework. JSNAs should include parity of esteem, health inequalities and address mental and physical health needs of children and young people	☐	☐	☐	***Locality Transformation Plans for Health and Social Care address:***
					Public mental health: primary/secondary prevention and recovery interventions
					Parity of esteem: Annual Health Checks, Smoking, Weight, Drugs & Alcohol
					Health inequalities: Healthy Equity Audit for people with SMI
					The impact will be measured by:
					The reduction of specific physical health problems
					Increased physical health assessments

Greater Manchester Common Standards for Mental Health and Wellbeing					
STRATEGIC OUTCOME: Give every GM child the best start in life **"I" Statement:** *"I will make sure that more children in GM of all ages and backgrounds will have better wellbeing and good mental health"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	2	3	
Mentally Healthy Schools and Colleges	Develop strategic framework based on whole school /college and approach with principles that focus on leadership and management, curriculum, working with students and parents, staff development and wellbeing, targeted interventions for Children and Young People at risk of poor emotional and mental health alongside universal mental health promotion approaches	☐	☐	☐	% of schools and college in the borough participating in recognised whole school / college programme and Hospital admissions as a result of self-harm (10-24 years)

Greater Manchester Common Standards for Mental Health and Wellbeing					
STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential **"I" Statement:** *"I will maintain good mental health and wellbeing and have access to timely early preventative interventions"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Mental health and wellbeing should be embedded across all the local authority's areas of responsibility, including housing, education, community safety and planning.	All Local Authorities will have at least one elected member mental health champion	☐	☐	☐	Number of LAs with at least one mental health champion
					Number of mental health champions in LAs
Individuals return to, or remain in work	Support to retrain, retain or gain employment will be part of care plans for all accessing primary, secondary MH services and commissioned VCSE mental health services	☐	☐	☐	Reduced gap in employment rate for those in contact with secondary mental health services and the overall employment rate *(PHOF 1.08iii)*
					Secondary mental health to measure:
					Length of time people are off work
					Percentage of successful return to work
					Primary care to:
					routinely record Employment / benefit status
					make appropriate connections /referrals to services
Improved quality of life for the individual with SMI including greater independence, improved health, greater choice of options on where and how to live and lessened dependence	People with SMI will be supported to find secure accommodation	☐	☐	☐	% of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support

Greater Manchester Common Standards for Mental Health and Wellbeing					
STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential *(continued)* **"I" Statement:** *"I will maintain good mental health and wellbeing and have access to timely early preventative interventions"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Improvement the physical health of people living with mental health problems	Robust pathways between mental health services and life style interventions e.g. smoking, weight management, dental and oral health and physical activity	☐	☐	☐	Excess under 75 mortality rates in adults with serious mental illness: ratio of observed to expected mortalities (expressed as a percentage)
Prevention of physical ill health, increasing early detection of illness and reducing premature morbidity, enabling people to live healthier and longer lives.	All mental health staff will receive competency-based behaviour change training to address physical health needs are assessed and responded too.	☐	☐	☐	% of mental health staff receiving competency-based behaviour change training to address physical health needs
Multi-faceted campaigns including anti-stigma, targeted work with organisations and BAME communities	All Statutory organisations and key partners will sign up to the Time to Change programme	☐	☐	☐	% of time to change workplaces in the borough
	Any local surveys to include questions relating to attitudes to mental ill-health and mental wellbeing	☐	☐	☐	

Greater Manchester Common Standards for Mental Health and Wellbeing					
STRATEGIC OUTCOME: Age Well – Every adult will be enabled to remain at home, safe and independent for as long as possible **"I" Statement:** *"As my needs change I will talk about my feelings, keep active, learn, ask for help and participate in social and community life to maintain good mental health "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Reduction in social isolation and Loneliness	Develop local social prescribing offer targeting older people that addresses social isolation and loneliness	☐	☐	☐	% of adult social care users who have as much social contact as they like *(Public Health Outcomes Framework 1.18 Social Isolation)*

STRATEGIC OUTCOME: Enabling resilient and thriving communities **"I" Statement:** *"As my needs change I will talk about my feelings, keep active, learn, ask for help and participate in social and community life to maintain good mental health"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Improved access to interventions that promote social activities and strong social networks to improve levels of mental wellbeing in the population	All localities will facilitate / commission a range of interventions that enhance social interaction (capital) such as arts, music, creativity, learning volunteering and timebanks	☐	☐	☐	The proportion of people who use services and carers, who report that they have had as much social contact as they would like *(Adult Social Care Outcomes Framework)*

Greater Manchester Common Standards for Mental Health and Wellbeing

GM Common Standards for Mental Health and Wellbeing have been co-designed by the following Greater Manchester groups using national guidance.

- GM Adult Mental Health Board
- GM Children's Mental Health Board
- GM Mental Health and Wellbeing Group
- GM Suicide Prevention Executive

Guidance	Link
The British academy for humanities and social sciences "IF YOU COULD DO ONE THING..." Nine local actions to reduce health inequalities	http://www.britac.ac.uk/sites/default/files/If%20you%20could%20do%20one%20thing%20-%20full%20report.pdf
Joint Commissioning Panel for Mental Health: Guidance for Commissioning public mental health services	http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf
DH: No Health Without Mental Health: Implementation Framework	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf
DH: Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
Mental Health Foundation: Mental Health and Prevention: Taking local action for better mental health	https://www.mentalhealth.org.uk/publications/mental-health-and-prevention-taking-local-action-better-mental-health
PHE: Measuring and monitoring C&YP mental wellbeing: A toolkit for schools and colleges	https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf
Centre for Public Health: A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh) Blackburn with Darwen	http://www.cph.org.uk/wp-content/uploads/2015/07/REACh-Scoping-Study-BwD.pdf
LGA: Being Mindful of mental health June 2017	https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing

Guidance	Link
NHS: England Five Year Forward View -Mental Health	https://www.england.nhs.uk/?s=five%20year%20forward%20view&paged=4
NHS England: Improving the physical health of people with mental health problems: Action for mental health nurses	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532253/JRA_Physical_Health_revised.pdf
Mental Health Foundation: Mental Health and Prevention: Taking local action for better mental health	https://www.mentalhealth.org.uk/publications/mental-health-and-prevention-taking-local-action-better-mental-health
NHS: Stepping Forward to 2020/21: The mental health workforce plan for England	https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf
DH: The Mental Health Core Skills Education and Training Framework	http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework
PHE (2015) Promoting children and young people's emotional health and wellbeing	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

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3. Greater Manchester Common Standards for Oral Health

Outcome measures affected in GM Population Health Outcomes Framework:

(4.02) Proportion of 5 year old children free from dental decay

As poor oral health is almost always preventable, these standards seek to set a level of self and professionally led care to establish good oral health. These standards are derived from well-established, nationally published guidelines with a strong evidence base including Commissioning Better Oral Health (PHE, 2014) and NICE.

The document forms part of the common standards suite of population health measures. It links fits within the population health and prevention Theme 1 of the Greater Manchester Health and Social care plan but also contributes to the themes of enabling better care, transforming care in localities and standardising acute hospital care.

Standards for dental services have been outlined within the GM plan for dentistry "Putting the mouth back in the body, 2017-2021" and complement the oral health standards below:

- Improving access to general dental services
- Improving cancer survival rates and earlier diagnosis
- Ensuring a proactive approach to health improvement and early detection
- Improving outcomes for people with long-term conditions
- Improving outcomes in childhood oral health
- Proactive disease management to improve outcomes

Greater Manchester's strategic priorities are as follows:

1. Everyone can eat speak and socialise without the pain or discomfort of dental disease.
2. People can access dental care when needed.
3. Differences in oral health between individuals and groups across GM are reduced.

This is document provides a list of standards and measures, and a core outcome linked to the GM Population Health Outcomes Framework. Commissioners, providers, and clinicians are asked to review current practice against these standards and identify any gaps in evidence. Actions should be developed to address these gaps with supporting evidence and KPIs developed to feed into the performance framework for Local Care Organisations.

3. Greater Manchester Common Standards for Oral Health					
STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM **"I" Statement:** *"I will live a long and healthy life in Greater Manchester"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**3**	**3**	
Oral Health is embedded within Health and Social Care	Oral Health is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision.	☐	☐	☐	Presence of Oral Health in plans for Health and Social Care transformation.

Greater Manchester Common Standards for Oral Health					
STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life **"I" Statement:** *"Every GM child can grow up able to eat speak and smile free from pain and distress of dental disease*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Children are protected from dental disease by the use of fluoride and protection from excess sugar	LA's commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded with children's services.	☐	☐	☐	% children under the age of 11 taking part in evidence based preventive programmes in locality
	All health and social care practitioners promote use of fluoride & good diet and uptake of dental care	☐	☐	☐	% 5 year old children in each borough with experience of dental decay
	Parents, Carers & individuals take good oral hygiene & diet and access dental care when needed	☐	☐	☐	

Greater Manchester Common Standards for Oral Health					
STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life **"I" Statement:** *"Every GM child can grow up able to eat speak and smile free from pain and distress of dental disease*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Children are protected from dental disease by the use of fluoride and protection from excess sugar	LA's commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded with children's services.	☐	☐	☐	% children under the age of 11 taking part in evidence based preventive programmes in locality
	All health and social care practitioners promote use of fluoride & good diet and uptake of dental care	☐	☐	☐	% 5 year old children in each borough with experience of dental decay
	Parents, Carers & individuals take good oral hygiene & diet and access dental care when needed	☐	☐	☐	
Children have access to good preventive programmes in dental practices & other settings	Dental teams deliver quality prevention & access to treatment & promote health & wellbeing	☐	☐	☐	% children aged 0-15 receiving fluoride varnish in previous 12 months at a dental practice
All children receive the dental care they need	All Children within a locality are encouraged to visit a dentist before the age of 2 and are having appropriate levels of contact with a dentist during childhood	☐	☐	☐	% children under the age of 2 who have visited a dentist
					% children visiting a dentist in previous 24 months
					Waiting time for hospital admissions for dental General Anaesthetic

Greater Manchester Common Standards for Oral Health					
STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential **"I" Statement:** *"I will maintain good oral health and access dental care"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Services improve health and wellbeing	Healthy Living Dental practices are delivering a health and wellbeing offer	☐	☐	☐	Number of healthy living dental practices
All people can access dental care	All Adults, including those with additional needs have access to holistic dental health care	☐	☐	☐	% people who report difficulty in finding a dentist (GP patient survey) Reduced differences in % people visiting a dentist in the previous 12 months between geographical areas & vulnerable groups
Good Oral Health amongst the adult population with a long-term condition	Oral health is included within relevant care pathways to ensure that people with long term conditions get the care that they need	☐	☐	☐	% newly diagnosed patients with diabetes signposted for a dental check.

Greater Manchester Common Standards for Oral Health					
STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible **"I" Statement:** *"As my needs change I will continue to maintain good mouth care and access appropriate dental care with appropriate support to be able to eat, speak and socialise and remain independent for as long as possible "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Dental services seek to improve health and oral health	Healthy Living Dental practices are delivering a health and wellbeing offer	☐	☐	☐	Number of healthy living dental practices
Programmes are in place to address poverty & wider determinants of health	Localities have considered oral health within plans to tackle Child Poverty	☐	☐	☐	% children living in poverty
					Presence of oral health in local plans to tackle child poverty
Risk factors for oral cancer are reduced	Healthcare professionals identify potential risk factors for cancer and chronic conditions and all people offered guidance and support to reduce that risk.	☐	☐	☐	Smoking prevalence in routine and manual workers
					Incidence of oral cancer diagnosis.
					Alcohol attributed mortality rate

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Greater Manchester Common Standards for Oral Health

GM Common Standards for Oral Health have been co-designed by the following Greater Manchester groups using national guidance.

- Greater Manchester Local Dental Network
- Managed clinical networks
- GM oral health steering group and within the GM Health and Social Care Partnership

4. Greater Manchester Common Standards for Sexual and Reproductive Health

Guidance	Link
PHE Guidance: Commissioning Better Oral Health	https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities
PHE Guidance: Delivering Better Oral Health	https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
Healthy Child programme	https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
PHE guidance Commissioning better oral health for vulnerable older people	https://www.gov.uk/government/publications/commissioning-better-oral-health-for-vulnerable-older-people
NICE guidance NG48: Oral health in Care home residents	https://www.nice.org.uk/guidance/ng48
NICE guidance NG 30: Oral health Promotion: General Dental Practice.	https://www.nice.org.uk/guidance/ng30
NICE guidance PH 55: Oral Health: Local authorities and partners	https://www.nice.org.uk/guidance/ph55
PHE Guidance: Commissioning Better Oral Health	https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities
Mouth Care Matters	www.mouthcarematters.hee.nhs.uk
GM Toolkit: Healthy Living Dentistry toolkit	http://www.cpgmhealthcare.co.uk/dental.html
GM Toolkit: Medical Histories do Matter	http://www.gmhsc.org.uk/wp-content/uploads/2018/04/Putting-The-Mouth-Back-in-the-Body-The-Dental-Contribution-FINAL.pdf
GM Toolkit: Baby Teeth do Matter	https://www.nwpgmd.nhs.uk/sites/default/files/Request%20Access%20to%20Baby%20Teeth%20Do%20Matter.pdf

Sexual health

Outcome measures affected in GM Population Health Outcomes Framework:

Latest Value New HIV diagnosis rate / 100,000 people aged 15+
Total Prescribed LARC (Long Acting reversible Contraception) excluding Injections rate / 1,000

Poor sexual and reproductive health, including the ongoing transmission of HIV, has major impacts on Greater Manchester residents, and despite the progress made, there are still high rates of HIV and STIs in the conurbation. Continuing challenges include the rising rates of some sexually transmitted infections, the continuing transmission of HIV and continuing inequalities in outcomes. Almost half all HIV diagnoses in GM are late, which lead to poorer outcomes for the individual and increased risk of onward transmission. Further demands on services are anticipated with the potential introduction of pre-exposure prophylaxis (PrEP) and immediate initiation of anti-retroviral therapy (ART).

The vision for Greater Manchester is that:

- all residents have the knowledge, skills and confidence to make informed choices about their sexual health, reproduction and relationships;
- sexual and reproductive health services are accessible, sensitive and appropriate for all;
- improved outcomes in sexual and reproductive health, bringing Greater Manchester to among the best in the country;
- working together to eradicate HIV in a generation

Our ambition is for a holistic system to ensure good sexual and reproductive health for all Greater Manchester residents with clear pathways, common standards and expectations set within it enabling people to access what they need, at a consistently high quality, when and where they need it. This includes guidance for health and care providers to recognise that adults over the age of 50 can remain sexually active and have sexual healthcare needs that may go unrecognised. In addition, we aim to help people be more open about their sexual and reproductive health and reduce the stigma associated with poor sexual health outcomes. These reforms of the system aim to have the following impacts on the region:

- GM population will be able to exercise personal choice and self-management regarding sexuality, sexual health and contraception.
- Significantly reduced prevalence of STIs & HIV in GM, particularly amongst targeted, higher risk communities.
- Ensure that we are prepared for emerging challenges in sexual health including multidrug resistant gonorrhoea.
- Improved health and life expectancy for people living with HIV within GM, thus improving the quality of life for people living with HIV and reducing the cost to the sub-region's health and social care system.
- Maintain open access to sexual and reproductive health services, giving people the choice of where to attend.
- Agreed standards across the system to ensure that no matter where people gain access to the system, they are able to obtain the right, high quality care.
- Deliver a more consistent primary care offer, especially for reproductive health.

4. Greater Manchester Common Standards for Sexual and Reproductive Health

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM
"I" Statement: *"I will live a long and healthy life in Greater Manchester "*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Sexual & Reproductive Health is embedded within Health & Social Care	Sexual & Reproductive Health is a strategic consideration within overarching plans for health and social care transformation and is embedded within service provision.	☐	☐	☐	Presence of Sexual & Reproductive Health in plans for Health and Social Care transformation.

STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life
"I" Statement: *"I will make sure that every GM child will has the best start in life and will develop well "*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Maintain the uptake of syphilis, HIV and Hepatitis B testing in pregnancy	All pregnant women are screened for infectious diseases in line with NHS screening guidelines	☐	☐	☐	% of uptake

Greater Manchester Common Standards for Sexual and Reproductive Health					
STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential **"I" Statement:** *"I will maintain good health and wellbeing and will have good and equitable access to information, support and services"* **"I" Statement:** *"I will have swift access to the service(s) I need"* **"I" Statement:** *"I will be offered choice and support to make an informed decision regarding contraception"* **"I" Statement:** *"I will have access to the testing and treatment I need"* **"I" Statement:** *"I will be given information and advice about reducing my personal risk of sexual health issues "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Positive patient experience	Inclusion of questions around sexual & reproductive health in all annual patient surveys (surveys, focus groups)	☐	☐	☐	Patient survey
Patient supported following an HIV diagnosis					
Delivering a responsive service					
48 hour access to STI treatment and advice for symptomatic patients	100% offer within 48 hours	☐	☐	☐	Clinic data
Improve cervical cancer screening uptake	80% of women uptake cervical screening	☐	☐	☐	NHS England uptake data

STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential *(continued)*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Reduction in unwanted pregnancies	All under 18s within a locality are encouraged to visit a sexual & reproductive health service or GP before engaging in sexual activity and are having appropriate levels of contact with these services during adolescence	☐	☐	☐	Rate per 1,000 (15-17 year olds)
	All schools to provide an up-to-date and appropriate age-related RSE programme	☐	☐	☐	tbc
	Open access to specialised services for young people up to the age of 19	☐	☐	☐	No. of clinic sessions available per week with staff trained to work with young people across Greater Manchester
	All young people to have access to school based drop-in sessions	☐	☐	☐	School nurse drop-in sessions available in every secondary school
Increase in uptake of long acting reversible contraception (LARC)	All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use LARC as their form of contraception	☐	☐	☐	Rate per 1,000 (15-44 year olds)
	For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception	☐	☐	☐	Audit (tbc)
Reduction in new and late diagnosis of HIV	Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups	☐	☐	☐	Number of new diagnoses and % of which are late
	Evidence of training re Blood Borne Viruses for Primary Care every 3 years	☐	☐	☐	Training to GPs/Pharmacies for advice and onward referral

STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential *(continued)*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Improve Chlamydia detection rate	Achieve the agreed population level Chlamydia detection rate and meet PN standards	☐	☐	☐	Rate per 100,000 (15-24 year olds) and maintain PN rate of 0.6
Reduction in the prevalence of STIs and onward transmission	Improved digital offer including self-assessment of risk, campaigns	☐	☐	☐	Number of new diagnoses and rate per 100,000 residents

STRATEGIC OUTCOME: Age Well – Every adult will be enabled to remain at home, safe and independent for as long as possible **"I" Statement:** *"I will maintain good health and wellbeing and will have good and equitable access to information, support and services"* **"I" Statement:** *"I will have swift access to the service(s) I need"* **"I" Statement:** *"I will be offered choice and support to make an informed decision regarding contraception"* **"I" Statement:** *"I will have access to the testing and treatment I need"* **"I" Statement:** *"I will be given information and advice about reducing my personal risk of sexual health issues "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Reduction in prevalence of STIs and reduction in new and late diagnosis of HIV	Older people will have their diverse/various sexual health and wellbeing needs recognised in the delivery of health service in primary and secondary care and in specialist sexual health services	☐	☐	☐	To be defined
Reduce physical, psychological, social, cultural and relationship issues that relate to sexual activities of older people	Health and care staff across all sectors to have evidence-based education about the sexual health needs and difficulties that older adults may encounter. The programs of education should take account of the physical, psychological, social, cultural and relationship issues that impact on sexual activities and intimacy.	☐	☐	☐	To be defined

STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods **"I" statement:** "I will live, work and play in a strong and thriving community and neighbourhood"					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Reduction in abortions and repeat abortions	LARC offered post-abortion	☐	☐	☐	Rate per 1,000 (15-44 year old women) and % of who are under 25
Reduction in repeat STIs	Provision of personalise risk reduction support and information	☐	☐	☐	% re-infected within 12 months

GM Common Standards for Sexual and Reproductive Health have been co-designed by the following Greater Manchester groups using national guidance.

- GM Sexual Health Strategic Partnership Board
- GM Sexual Health Commissioners Group
- GM H&SCP Common Standards Network Group

Guidance	Link
NICE Guidance - Sexually transmitted infections and under-18 conceptions: prevention [PH3]	https://www.nice.org.uk/guidance/ph3
NICE Guidance - HIV testing: increasing uptake among people who may have undiagnosed HIV [NG60]	HIV testing: increasing uptake among people who may have undiagnosed HIV
NICE Guidance - Sexually transmitted infections: condom distribution schemes [NG68]	https://www.nice.org.uk/guidance/ng68
NICE Guidance - Harmful sexual behaviour among children and young people [NG55]	https://www.nice.org.uk/guidance/ng55
NICE Guidance - Contraceptive services for under 25s [PH51]	https://pathways.nice.org.uk/pathways/contraceptive-services-for-under-25s
NICE Quality Standards - HIV testing: encouraging uptake Quality standard [QS157]	https://www.nice.org.uk/guidance/qs157
NICE Quality Standards - Contraception Quality standard [QS129]	https://www.nice.org.uk/guidance/qs129
NICE Pathways - Preventing sexually transmitted infections and under-18 conceptions overview	https://pathways.nice.org.uk/pathways/preventing-sexually-transmitted-infections-and-under-18-conceptions
NICE Pathways - HIV testing and prevention overview	https://pathways.nice.org.uk/pathways/hiv-testing-and-prevention
NICE Guidance - Long Acting Reversible Contraception [CG30]	https://www.nice.org.uk/guidance/cg30
BHIVA guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals (2016)	http://www.bhiva.org/guidelines.aspx

Guidance (continued)	Link
BHIVA guidelines for the treatment of HIV-1-positive adults with antiretroviral therapy 2015 (2016 interim update)	http://www.bhiva.org/HIV-1-treatment-guidelines.aspx
BHIVA guidelines for the management of HIV infection in pregnant women 2012 (2014 interim review)	http://www.bhiva.org/pregnancy-guidelines.aspx
UK National Guideline for the Use of HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE) 2015	http://www.bhiva.org/PEPSE-guidelines.aspx
Greater Manchester Sexual & Reproductive Health Strategy	In development
RCGP - Sexually Transmitted Infections in Primary Care	http://www.rcgp.org.uk/clinical-and-research/a-to-z-clinical-resources/sexually-transmitted-infections-in-primary-care.aspx
Faculty of Sexual & Reproductive Health - Contraception Guidelines	https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/
Faculty of Sexual & Reproductive Health - Management of SRH Issues Guidelines	https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/management-of-srh-issues/
NHS Cervical Screening Programme (CSP)	https://www.gov.uk/topic/population-screening-programmes/cervical
NICE Guidance - Antenatal care for uncomplicated pregnancies [CG62]	https://www.nice.org.uk/guidance/cg62/ifp/chapter/screening-and-tests
FPA the sexual health charity – Older People Policy	https://www.fpa.org.uk/sites/default/files/older-people-policy-statement.pdf

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5. Greater Manchester Common Standards – Drug and Alcohol service standards

Drug and alcohol services

Outcome measures affected in GM Population Health Outcomes Framework:

(10.01) Admission episodes for alcohol-related conditions (narrow definition)

Drug and Alcohol Common Standards have been developed by GM substance misuse commissioners for the services they commission. As such they are 'service standards'. There is not direct reference to important wider system elements such as hospital-based Alcohol Liaison Nurses as typically these are not directly commissioned by local authorities. However, the need for clear pathways between hospital and community-based services to prioritise improving outcomes for people with co-existing drug, alcohol and mental health problems is clearly addressed. Similarly, brief interventions that would be delivered by partner agencies are not directly considered but the need for drug and alcohol services to link with Public Service Hubs, Place Based Teams and targeted services is. GM substance misuse commissioners fully appreciate that the next stage in the process of developing these service standards is to work with providers to ensure implementation.

The vision is to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol:

- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- A place where people who drink alcohol choose to do so responsibly and safely.
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

We will achieve the vision by:

- Recognising that substance use is diverse and complex, and collectively responding to changing patterns of substance use and behaviour to provide the most effective route to recovery from all types of substance misuse.
- Rooting our approach in prevention and early intervention, anticipating future cost and escalating demand on services, and ensuring responses are appropriate to levels of need and health risk.
- Basing our approach to treatment and harm reduction on a growing evidence base, and a shared understanding of challenges, opportunities and changing circumstances - ensuring that we share learning, expertise and resources.
- Using asset-based approaches to enable long-term and sustained recovery from all types of substance misuse.
- Adopting a whole-person approach to working with complex families and individuals and integrating provision with wider delivery models tackling Complex Dependency.

5. Greater Manchester Common Standards for Drug and Alcohol service standards

Strategic Priority: Prevention and Early Intervention

STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life

"I" Statement: *"I will live in a place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse."*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Reduce alcohol exposed pregnancies and eliminate new cases of Foetal Alcohol Spectrum Disorder (FASD).	Services will provide specific pathways for pregnant women that support them to remain alcohol free during pregnancy	☐	☐	☐	Reduction in the number of alcohol exposed pregnancies
	Services will provide additional focus for women with significant and complex needs who are at high risk of using alcohol whilst pregnant	☐	☐	☐	
A targeted approach to young people, adults and families most at risk of harm from drugs and alcohol	Services will provide targeted early interventions for high risk young people	☐	☐	☐	Number of high risk young people engaged (NDTMS risk profile data)
	Services will provide support for high risk families	☐	☐	☐	Availability and uptake of family support: Number of families supported per local area (Local Audit and Data)

Strategic Priority: Reducing drug and alcohol related harm

STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential

"I" Statement: *"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
A place based approach that prioritises early help	Services will be linked to Public Service Hubs, Place Based Teams and targeted services.	☐	☐	☐	Clear evidence of service pathways and processes in place to identify and address the needs of those most at risk. (PSR Local Audit & Self-Assessment Tool)
	Services will work closely with primary care and other health and social care agencies established to help meet the complex and overlapping needs of children, young people, adults and their families, including pathways for pregnant women.	☐	☐	☐	
Reduce the number of deaths caused by drugs and alcohol	Services will offer access to relapse prevention after exit	☐	☐	☐	Reduction in number of drug related deaths and alcohol mortality rates (PHE data)
Develop a GM approach to understanding and reducing drug and alcohol related deaths.	Services will guarantee that those who need to re-enter treatment are able to do so	☐	☐	☐	Local audit approach to be developed as part of GM approach
	Naloxone will be available for all opiate users regardless of treatment status across GM	☐	☐	☐	

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASUREING OUTCOME
		1	2	3	
Address the impact of drug and alcohol on our most vulnerable people	Services will deliver targeted interventions for those with the most complex needs and work with PSR hubs to do so	☐	☐	☐	Clear evidence of joint working and integration with PSR hubs (Local Audit. PSR team self-assessment tool) (Local Audit)
	Service care plans should identify the full range of an individual's complexities to facilitate joint working and support from other agencies	☐	☐	☐	Clear evidence of care plans identifying need
	Services will offer women only provision, including group support	☐	☐	☐	Clear evidence of provision and uptake. (Local Audit including service user feedback)
	Services will align and integrate working with women's centres and other organisations that work with vulnerable women	☐	☐	☐	Clear evidence of joint working. (Local Audit including service user feedback)
	Services will have agreed transitional pathways between all young people's and adult services	☐	☐	☐	Clear evidence of pathways. (Local Audit)
	Services will be part of a multi-agency response to safeguarding	☐	☐	☐	Clear evidence of engagement in safeguarding processes. (Local Audit)
	Services will target complex families in partnership with other agencies	☐	☐	☐	Clear evidence of engagement with complex families. (Local Audit)

Strategic Priority: Reducing drug and alcohol related harm
Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential
"I" Statement:*"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Prioritise improving outcomes for people with co-existing drug, alcohol and mental health problems	There will be reciprocal arrangements for joint support between substance misuse and mental health services.	☐	☐	☐	Protocols between mental health and substance misuse for supporting adults and young people with coexisting mental health and substance misuse issues. (Local Audit)
	There will be clear pathways between hospital and community based services inclusive of recovery support.	☐	☐	☐	Clear evidence and uptake of pathways. (Local Audit)
	Community based services will facilitate access to inpatient, detox and residential rehab provision.	☐	☐	☐	Uptake and successful completion of provision (NDTMS data) Provision will meet CQC requirements. (Local Audit)
	An individual's mental health will be assessed appropriately before discharge from inpatient, detox and residential rehab services.	☐	☐	☐	Requirement through GM Tier 4 framework.
Focus on blood bourne viruses to help achieve the strategic aims of eliminating HIV and Hepatitis C as public health issues	Services will screen and test for BVBs, offer vaccinations, and support clients to start and complete treatment (e.g. for Hep C)	☐	☐	☐	Uptake of screening, testing, vaccination and support. (NDTMS data)
	Needle Exchange facilities will be available and accessible throughout GM.	☐	☐	☐	Mapping of provision and monitoring of needle exchange data (Local Audit)
	Services will meet the specific needs of image and performance enhancing drug users.	☐	☐	☐	Monitoring of needle exchange data and engagement. (Local Audit)

Strategic Priority: Reducing drug and alcohol related harm

Strategic Outcome: Live Well - Ensure every GM resident is enabled to fulfil their potential

"I" Statement: *"I will live in a place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life."*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Improve the physical health of adults with drug and alcohol problems through screening, early identification and onward referral	Services will conduct routine and ongoing physical assessments for those in treatment.	☐	☐	☐	Monitoring of screenings and referrals (Local Audit / NDTMS data)
	There will be will be clear referral pathways linking treatment services with primary care and the wider health system	☐	☐	☐	
Reduce drug and alcohol related fires	Services will make referrals to the Greater Manchester Fire and Rescue Service for 'Safe and Well' home assessment visits	☐	☐	☐	Monitoring of referrals and home visits (Local Audit /GMFRS data)
Improve recovery outcomes through a detailed understanding of the different needs of our treatment populations	Services will ensure the effective stratification of treatment populations in line with national guidance so that pharmacological and psychological interventions are appropriately targeted.	☐	☐	☐	Monitoring of recovery outcomes (Local Audit / NDTMS data)
	Services should deliver asset based continuous assessment	☐	☐	☐	Local audit

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Clearly link treatment systems to key support services (e.g. mental health, housing and homelessness, employment, education and training)	Treatment systems will evidence clear pathways to and from key support services	☐	☐	☐	Local Audit + NDTMS data
	At a neighbourhood level, we are focusing on helping people to help themselves through developing integrated place based services that are responsive to local need, build on the assets of the community and create capacity to deliver change. These integrated teams will work to improve individual and community resilience by understanding individual needs in the context of the family and their community.	☐	☐	☐	Local Audit
	Ensure that residential rehab and detox have pathways and links back into community and recovery services with appropriate information sharing	☐	☐	☐	Local Audit + NDTMS data
Promote wellbeing and recovery by clearly linking treatment systems with voluntary and community based organisations	Services will promote approaches that focus on people's assets, reduce stigma and encourages people to help themselves and others in recovery communities	☐	☐	☐	Local Audit + NDTMS data
	Services will maximise the role played by local people and the VCSE in supporting long term sustained recovery	☐	☐	☐	Local Audit + NDTMS data
Services will connect with communities of identity and ensure that barriers to seeking advice and engaging in treatment are removed	Communities of identity will be engaged in the co-production and co-design of services	☐	☐	☐	Local Audit

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Ensure recovery is visible in our communities and throughout treatment journeys	Services will ensure that those in successful recovery are clearly visible to their peers as examples of hope and what is achievable.	☐	☐	☐	Local Audit
	Services will conduct treatment exit plans which assess recovery support required	☐	☐	☐	Local Audit + NDTMS data
Involve those with lived experience in the design and delivery of person and community centred approaches	To support rehabilitation and build recovery in our communities, we involve service users and people with lived experience in the design and delivery of drug and alcohol services.	☐	☐	☐	Local Audit

Strategic Priority: Reducing drug and alcohol related crime and disorder

STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods

"I" Statement: *"I will live in a place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol."*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
The development of a set of common offers that clearly identify "what works" in reducing drug and alcohol related offending	Services will participate in the development and endorsement of common GM offers across police custody, courts, community orders and *Through The Gate* to create consistent GM approaches	☐	☐	☐	Clear evidence of GM agreement and application (including interaction between services)
Maximise every opportunity to address offending behaviour that is driven by the use of drugs and alcohol	Ensure criminal justice and treatment agencies work closely together to improve the effectiveness of out of court disposals and community sentences, such as drug, alcohol and mental health treatment requirements.	☐	☐	☐	Increase in the number of Out of Court Disposals and Community Sentence Treatment Requirements. Reduction in repeat appearances. Court data + data from NPS/CRC
	Work closely with prisons in the resettlement of offenders to improve continuity of care	☐	☐	☐	Reduction in the number of people returning into prison custody. Court data + data from NPS/CRC
	Ensure suitable post prison offer for people who have become abstinent in prison	☐	☐	☐	Audit of availability and monitor provision
Work with criminal justice partners to ensure that responses to young people's drug and alcohol related offending are appropriate to their needs.	Ensure local agencies review how to take every opportunity to identify young people at an early stage and work together to put in place appropriate support.	☐	☐	☐	Reduction in young people's reoffending
Focus on targeted geographical problem-solving approaches which involve our communities.	Work with Community Safety and local partners to develop local strategies which address open use of drugs and drug and alcohol related anti-social behaviour.	☐	☐	☐	Improved public confidence

5. Greater Manchester Common Standards – Drug and Alcohol service standards

Guidance	Link
Advisory Council on the Misuse of Drugs	
'Hidden harm' report on children of drug users (2011)	https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users
Recovery from drug and alcohol dependence: An overview of the evidence (2012)	https://www.gov.uk/government/publications/acmd-recovery-from-drug-and-alcohol-dependence-an-overview-of-the-evidence-2012
What recovery outcomes does the evidence tell us we can expect? (2013)	https://www.gov.uk/government/publications/acmd-second-report-of-the-recovery-committee-november-2013
How can opioid substitution therapy (and drug treatment and recovery systems) be optimised to maximise recovery outcomes for service users? (2015)	https://www.gov.uk/government/publications/how-can-opioid-substitution-therapy-be-optimised-to-maximise-recovery-outcomes-for-service-users
Prevention of drug and alcohol dependence (2015)	https://www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence
Reducing opioid-related deaths in the UK (2016)	https://www.gov.uk/government/publications/reducing-opioid-related-deaths-in-the-uk
Department of Health	
You're welcome - Quality criteria for young people friendly health services (2011)	https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services
The Green Book: Immunisation against infectious diseases (2014)	https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
Widening the availability of Naloxone (2016)	https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone
Drug misuse and dependence: UK guidelines on clinical management (2017)	https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

Guidance (continued)	Link
National Institute for Health and Care Excellence (NICE)	
CG51 Drug misuse in over 16s: Psychosocial interventions (2007)	https://www.nice.org.uk/Guidance/CG51
CG52 Drug misuse in over 16s: Opioid detoxification (2007)	https://www.nice.org.uk/Guidance/CG52
PH4 Substance misuse interventions for vulnerable under 25s (2007)	https://www.nice.org.uk/Guidance/PH4
PH6 Behaviour change: General approaches (2007)	https://www.nice.org.uk/Guidance/PH6
PH7 Alcohol: School-based interventions (2007)	https://www.nice.org.uk/Guidance/PH7
TA114 Methadone and buprenorphine for the management of opioid dependence (2007)	https://www.nice.org.uk/guidance/ta114
TA115 Naltrexone for the management of opioid dependence (2007)	https://www.nice.org.uk/guidance/ta115
CG100 Alcohol-use disorders: Diagnosis and management of physical complications (2010)	https://www.nice.org.uk/Guidance/CG100
CG110 Pregnancy with complex social factors: a model for service provision for pregnant women with complex social factors (2010)	https://www.nice.org.uk/Guidance/CG110
PH24 Alcohol-use disorders: Prevention (2010)	https://www.nice.org.uk/Guidance/PH24
CG115 Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (2011)	https://www.nice.org.uk/guidance/CG115
CG120 Psychosis with substance misuse in over 14s: Assessment and management (2011)	https://www.nice.org.uk/guidance/CG120
QS11 Alcohol-use disorders (2011)	https://www.nice.org.uk/guidance/QS11
PH43 Hepatitis B and C testing: people at risk of infection (2012)	https://www.nice.org.uk/Guidance/PH43
QS23 Drug use disorders in adults (2012)	https://www.nice.org.uk/Guidance/QS23
PH50 Domestic violence and abuse: Multi-agency working (2014)	https://www.nice.org.uk/Guidance/PH50

Guidance (continued)	Link
National Institute for Health and Care Excellence (continued)	
PH52 Needle and syringe programmes (2014)	https://www.nice.org.uk/guidance/PH52
TA325 Nalmefene for reducing alcohol consumption in people with alcohol dependence (2014)	https://www.nice.org.uk/guidance/ta325
NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (2015)	https://www.nice.org.uk/guidance/ng5
QS83 Alcohol: Preventing harmful use in the community (2015)	https://www.nice.org.uk/guidance/qs83
Alcohol care teams: reducing acute hospital admissions and improving quality of care (2016)	https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?id=2603
NG33 Tuberculosis (2016)	https://www.nice.org.uk/guidance/NG33
NG58 Coexisting severe mental illness and substance misuse: Community health and social care services (2016)	https://www.nice.org.uk/guidance/ng58
NG64 Drug misuse prevention: Targeted interventions (2017)	https://www.nice.org.uk/guidance/ng64
National Treatment Agency	
The role of residential rehabilitation in an integrated treatment system [with 'Findings' analysis] (2012)	http://findings.org.uk/count/downloads/download.php?file=NTA_25.txt
Medications in recovery: Re-orientating drug dependence treatment [with 'Findings' analysis] (2012)	http://findings.org.uk/count/downloads/download.php?file=Strang_J_27.txt
Novel Psychoactive Treatment UK Network	
Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances (2015)	http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf
Harms of synthetic cannabinoid receptor agonists (SCRAs) and their management (2015)	http://neptune-clinical-guidance.co.uk/wp-content/uploads/2016/07/Synthetic-Cannabinoid-Receptor-Agonists.pdf

Guidance (continued)	Link
Public Health England	
Medications in recovery: best practice in reviewing treatment (2013)	https://www.gov.uk/government/publications/treating-drug-dependence-recovery-with-medication
People who inject drugs: infection risks, guidance and data (2013)	https://www.gov.uk/guidance/people-who-inject-drugs-infection-risks-guidance-and-data#common-infections-among-pwid
Routes to recovery from substance addiction (2013)	https://www.gov.uk/government/publications/routes-to-recovery-from-substance-addiction
Developing local substance misuse safeguarding protocols: Information on developing local joint protocols between drug and alcohol services, and children and family services (2013)	https://www.gov.uk/government/publications/developing-local-substance-misuse-safeguarding-protocols
New psychoactive substances: A toolkit for substance misuse commissioners (2014)	https://www.gov.uk/government/publications/new-psychoactive-substances-toolkit-for-commissioners
Non-medical prescribing in the management of substance misuse (2014)	https://www.gov.uk/government/publications/non-medical-prescribing-in-the-management-of-substance-misuse
The role of addiction specialist doctors in recovery orientated treatment systems (2014)	https://www.gov.uk/government/publications/role-of-addiction-specialist-doctors-in-drug-and-alcohol-services
Optimising opioid substitution treatment: turning evidence into practice (2014)	https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/optimising-opioid-substitution-treatment-turning-evidence-into-practice
Preventing drug-related deaths: turning evidence into practice (2014)	https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/preventing-drug-related-deaths-turning-evidence-into-practice

Guidance (continued)	Link
Public Health England (continued)	
Improving access to hepatitis C treatment: turning evidence into practice (2014)	https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/improving-access-to-hepatitis-c-treatment-turning-evidence-into-practice
Services for image and performance enhancing drug (IPED) users: turning evidence into practice (2014)	https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/services-for-image-and-performance-enhancing-drug-iped-users-turning-evidence-into-practice
Treating substance misuse and related harm: turning evidence into practice (2014)	https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice
Alcohol and drug treatment quality governance (2015)	https://www.gov.uk/government/publications/alcohol-and-drug-treatment-quality-governance
Service user involvement in alcohol and drug misuse treatment (2015)	https://www.gov.uk/government/publications/service-user-involvement-in-alcohol-and-drug-misuse-treatment
Substance misuse services for men who have sex with men involved in chemsex (2015)	https://www.gov.uk/government/publications/substance-misuse-services-for-men-involved-in-chemsex
Preventing drug and alcohol misuse: international evidence and implementation examples (2015)	https://www.gov.uk/government/publications/preventing-drug-and-alcohol-misuse-effective-interventions
The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An Evidence Review (2016)	https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review
Understanding and preventing drug-related deaths (2016)	https://www.gov.uk/government/publications/preventing-drug-related-deaths

Guidance (continued)	Link
Public Health England (continued)	
People with co-occurring conditions: commission and provide services: Guidance on commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions (2017)	https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services
Take-home Naloxone for opioid overdose in people who use drugs (2017)	https://www.gov.uk/government/publications/providing-take-home-naloxone-for-opioid-overdose
Alcohol and drug misuse prevention and treatment guidance collection (last updated 2018)	https://www.gov.uk/government/collections/alcohol-and-drug-misuse-prevention-and-treatment-guidance#guidance-for-commissioners-and-providers-of-alcohol-and-drug-services
Strategies	
Greater Manchester Drug and Alcohol Strategy (2018)	In development
The Government's Alcohol Strategy (2012)	https://www.gov.uk/government/publications/alcohol-strategy
National Drug Strategy (2017)	https://www.gov.uk/government/publications/drug-strategy-2017

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6. Greater Manchester Common Standards – Physical Activity

Outcome measures affected in GM Population Health Outcomes Framework:

- **% of children aged 5-15 meeting national physical activity guidelines (At least 60 minutes (1 hour) of moderate to vigorous intensity physical activity (MVPA) on all seven days in the last week)**
- **% of GM children aged 2-15 who are active or fairly active**
- **% of GM population who are Active or Fairly Active**
- **% of physically inactive adults (current method)**
- **% physically active for at least one hour per day seven days a week**

The ambition is everyone in Greater Manchester to be more active to secure the fastest and greatest improvement to the health, wealth and wellbeing of the 2.8m people of Greater Manchester.

Greater Manchester (GM) Moving: The Plan for Physical Activity and Sport (2017-21), is the comprehensive framework to reduce inactivity and increase participation in physical activity and sport that is aligned to the Greater Manchester Population Health Plan priority themes and wider reform agenda. Its shared purpose is to positively change the lives of people across Greater Manchester through physical activity and sport. Building from our strengths and through system wide collaboration, we will double the rate of past improvements, reaching the target of 75% of people active or fairly active by 2025.

The 12 key priorities/drivers to achieve the above are:

1. Lead policy, legislation and system change to support active lives, ensuring that physical activity becomes a central feature in policy and practice related to planning, transport, health and social care, economic development, education and the environment.
2. Provide strategic leadership to secure system change for physical activity and sport across the life course, with person centred, preventative approaches in an integrated system.
3. Ensure that children aged 0-4 have the best active start in life with physical literacy prioritised as a central feature of starting well.
4. Make Greater Manchester the best place in England for children, young people and young adults aged 5-25 to grow up, developing their life chances through a more active lifestyle, with a focus on reducing inequalities.
5. Increase physical activity and sport across the adult population, reducing inequalities and contributing to health, wealth and wellbeing.
6. Make active ageing a central pillar within the Greater Manchester Ageing Hub supporting the Greater Manchester ambition for an age friendly city region, which will lead to better health, wellbeing and independence.
7. Develop more active and sustainable environments and communities through active design and infrastructure.
8. Maximise the contribution of the physical activity and sport sector to economic growth across Greater Manchester.
9. Build the knowledge, skills and understanding of the workforce across Greater Manchester to embed physical activity, make every contact count and develop a diverse workforce fit to deliver the ambitions of Greater Manchester Moving.
10. Ensure that evidence, data and insight inform the development of policy and practice to support active lives.
11. Embed high quality evaluation into all Greater Manchester Moving work, developing quality standards, helping to understand impact, learn and improve, and support advocacy.
12. Deliver high quality marketing and communications to support messaging and engagement of people from priority audiences in active lives.

6. Greater Manchester Common Standards – Physical Activity

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM
"I" Statement: *"I will live a long and active life in Greater Manchester no matter my gender, social class, ethnicity or ability"*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Increase participation in physical activity within the underrepresented groups.	Physical Activity is a central feature (re-engineered) in policy and practice related to planning, transport, health and social care, economic development, education, and the environment.	☐	☐	☐	Presence of Physical Activity plans within the named fields of planning, transport, health and social care, economic development, education, and the environment
	Each area in GM will adopt a Making Every Contact Count approach: all frontline staff are able to talk about the risks associated with being inactive.	☐	☐	☐	% of GM meeting 30-149 and 150 minutes per week of moderate level physical activity broken down by underrepresented groups: (Gender / Social class / Ethnicity / Disability)
	All commissioners and providers focus on reducing inactivity where significant inequalities exist.	☐	☐	☐	

STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life

"I" Statement: *"I will ensure that every GM child will have the best active start in life and will develop their life chances through a more active lifestyle"*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Young people aged 0-4 will be physically active	Every parent will be supported to understand and embrace the recommended levels of activity for their babies and children, supporting physical literacy and good health	☐	☐	☐	% of children in early years meeting CMO recommended levels of activity
	Every early year's settings will embed physical literacy as part of their approach to learning, wellbeing and school readiness.	☐	☐	☐	% of Early Year Settings with physical literacy frameworks % Number of Schools meeting Ofsted guidelines
Children and young people aged 5 - 25 have enhanced life chances through an active lifestyle.	Every school, college and university will support and enable children and young people to meet 60 minutes per day of physical activity.	☐	☐	☐	% of schools completing the daily mile % of children meeting 60 minutes per day of physical activity % of adults meeting - and 150 minutes per week of moderate level physical activity.
	Every community will offer a range of high quality spaces and opportunities for young people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests.	☐	☐	☐	

STRATEGIC OUTCOME: Live Well – Ensure every GM resident is able to fulfil their potential
"I" Statement: *"I will maintain an active lifestyle and will have good and equitable access to information, support and services"*

OUTCOME	COMMON STANDARD	SCORE 1	SCORE 2	SCORE 3	METHOD OF MEASURING IMPACT
Increased physical activity across the adult population.	Every employer will support and enable their employees to meet 150 minutes per week of physical activity	☐	☐	☐	% of adults meeting 30-149 and 150 minutes per week of moderate level physical activity. % of adults inactive % of workplaces completing the daily mile. Number of providers who are industry
	Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests.	☐	☐	☐	
	Every provider, health professional and influencer in the lives of adults will understand, advocate for, and support the role of activity in healthy, happy, successful lives.	☐	☐	☐	

STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible **"I" Statement:** *"I will able to be active and independent for as long as possible "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
More older adults live active lives leading to better health, wellbeing, socialisation and independence	Physical activity will be embedded in to age friendly community work, creating a range of high quality spaces and opportunities for people to live active lives.	☐	☐	☐	% of adults meeting 30-149 and 150 minutes per week of moderate level physical activity
	Every provider, health professional and influencer in the lives of older adults will understand and advocate for the role of activity while using person centred conversations	☐	☐	☐	

STRATEGIC OUTCOME: Enabling resilient and thriving communities and neighbourhoods **"I" Statement:** *"I will live, work and be active in a strong and thriving community and neighbourhood"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
All planning, design and layout of urban and rural places and spaces across GM will inspire, encourage and support active lives	Every Local Plan, Planning decision, residential and commercial development will meet GM Active Design standards	☐	☐	☐	KPI's from GM Spatial Framework
	Every infrastructure development will meet the standards for walking and cycling/active travel identified in 'Made to Move'.				
	Community, leisure and activity spaces will be high quality, with a broad offer to appeal to a wide range of needs and demands, meeting required standards of to encourage engagement and reduce inequalities.	☐	☐	☐	Implementation of the boroughs playing pitch and indoor facility strategies

6. Greater Manchester Common Standards – Physical Activity

GM Common Standards for Physical Activity have been co-designed by the following GM groups using NICE Guidance; National Strategy; GM Strategy:

- GM Physical Activity Commissioners Group (represented by all ten localities)
- GM Sports Managers Network (represented by all ten localities)
- GM Active (represented by all thirteen Leisure Trusts)
- GM Active Aging
- Director of Public Health - Oldham
- Planning & Health Group
- GM Walking and Cycling Commissioner
- GM Early Years

Guidance	Link
GM Moving	http://www.greatersport.co.uk/_media/uploads/5247c0d2-54a5-47f4-b166-1e20f2cbaaff.pdf
Sport England Strategy - Towards an Active Nation	https://www.sportengland.org/active-nation/our-strategy/
DCMS Strategy - Sporting Future: A New Strategy for an Active Nation	https://www.gov.uk/government/publications/sporting-future-a-new-strategy-for-an-active-nation
GreaterSport - Changing Our Lives Together	http://www.greatersport.co.uk/about-us/our-strategy
PHE - Everybody Active Everyday	https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life
NICE - Physical Activity Guidelines	https://pathways.nice.org.uk/pathways/physical-activity
Active Lives Survey	https://www.sportengland.org/research/active-lives-survey/
Made to Move	https://www.greatermanchester-ca.gov.uk/downloads/download/131/walking_and_cycling_report

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7. Greater Manchester Common Standards – Health Protection

Outcome measures affected in GM Population Health Outcomes Framework:

- **MMR vaccination rate**

Health protection seeks to prevent or reduce the health impact from infectious diseases and environmental hazards such as chemicals and radiation. This is achieved through altering the environment to reduce spread or exposure; the design and provision of health services to prevent, detect and treat infectious diseases; surveillance of health effects and effective response to incidents and outbreaks. Health protection therefore covers follow up of individual cases; outbreak management; surveillance; emergency planning, resilience and response; infection prevention and control; environmental public health; and immunisation.

There is an opportunity to set and raise common standards through taking a GM system wide view of arrangements to identify and share best practice as well as opportunities for more efficient and effective ways of working. These are a set of core common standards for health protection, infection prevention control and EPRR for the developing ICOs / LCOs to create a culture of continuous improvement.

We will work with the LCO Network to ensure common standards are embedded within evolving accountable care systems for reducing long term risk, business as usual and for responding to emergencies within our localities. We want our communities to be empowered and enabled to take action individually or collectively to manage risks and prepare for the consequences of emergencies. In addition to the activity undertaken by the wider public health workforce, there are many individuals and volunteers in our communities that represent a huge resource for peer group health advice, support and community liaison.

Health protection issues and indicators are included in other common standards including sexual health and drugs and alcohol services. These are not duplicated by inclusion here. These standards do not include screenings or civil contingency arrangements outside public health.

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM **"I" Statement:** *"I will live a long and healthy life in Greater Manchester "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Minimise the harm caused by outbreaks and incidents	A written protocol / plan is in place for the management and governance of local outbreaks and incidents	☐	☐	☐	Sector Led Improvement review / PHE national stocktake
	Roles and responsibilities of all organisations in outbreaks and public health incidents are clearly defined, agreed and documented	☐	☐	☐	
	Incident Management Team structure and responsibilities are defined	☐	☐	☐	
	Responsibilities for commissioning and paying for interventions in outbreaks and public health incidents are agreed and documented	☐	☐	☐	
	Process for capturing and embedding learning from outbreaks and public health incidents is in place	☐	☐	☐	
	Activation and escalation processes are documented for outbreaks and public health incidents	☐	☐	☐	
	Arrangements are in place to collect samples (swabbing, blood and stool samples etc) if required in outbreaks and public health incidents	☐	☐	☐	
	Arrangements are in place for environmental monitoring and sampling (food, water, premises etc) in outbreaks and public health incidents	☐	☐	☐	
	Arrangements are in place for the delivery of clinical interventions (antivirals, antibiotics, vaccines) in outbreaks and public health incidents	☐	☐	☐	

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM **"I" Statement:** *"I will live a long and healthy life in Greater Manchester "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Minimise the harm caused by outbreaks and incidents	IPC service in place for primary care, social care and other settings (including: tattoo parlours, nurseries, hospices, domiciliary care, prisons, dental, private enterprises and any care provider outside hospital) in line with NICE Quality Standard 61, IPS quality assurance audit and RCN IPC commissioning toolkit	☐	☐	☐	Rate of health care associated Gram Negative Blood Stream Infections (Fingertips) MRSA C. difficile
	Locality plan is in place and being implemented across the health and social care economy to tackle Gram Negative Blood Stream Infections in line with NHS Improvement resource	☐	☐	☐	Rate of health care associated Gram Negative Blood Stream Infections
	Health and Social Care providers comply with the code of practice on the prevention and control of infections and related guidance	☐	☐	☐	Routine audits of social care providers
	Providers contribute to relevant surveillance systems to allow early detection of outbreaks	☐	☐	☐	
Reduce harms and longer term risks from Antimicrobial resistance	Antimicrobial Stewardship arrangements and initiatives are implemented to reduce inappropriate antibiotic prescribing in line with NICE QS121 on Antimicrobial stewardship and GMMMG strategy	☐	☐	☐	sepsis CQUIN indicators Total number of prescribed antibiotic items per STAR-PU by Clinical Commissioning Group (CCG); proportion of trimethoprim class prescribed antibiotic items as a ratio of trimethoprim to nitrofurantoin

STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life **"I" Statement:** *"I will make sure that every GM child will has the best start in life and will develop well "*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Children are protected against key diseases by immunisation	Arrangements are in place enable providers of vaccination to call and recall for immunisations as recommended in the national schedules, to achieve the national ambition for each programme and when appropriate inform the local CHIS department.	☐	☐	☐	MMR vaccination rate (2 doses at age 5) (COVER)
					Seasonal influenza vaccine uptake in children of primary school age
					Pertussis vaccine uptake in pregnant women
	Babies born to Hepatitis B positive mothers receive a full course of Hep B vaccine and testing at 12 months.	☐	☐	☐	Rates of timely completion of HBV vaccination in high risk babies: COVER.
					Rates of HBV testing in high risk infants at 12 months
Spread of common infections amongst children is reduced through hand and respiratory hygiene	Promotion of hand and respiratory hygiene in early years settings and schools	☐	☐	☐	Local audit
	Provision of hand hygiene facilities in a range of setting including schools and childcare facilities	☐	☐	☐	

STRATEGIC OUTCOME: Live Well – Ensure every GM resident is enabled to fulfil their potential **"I" Statement:** *"I will make maintain good health and wellbeing and will have good and equitable access to information, support and services"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Adults in risk groups are protected against key infectious diseases by immunisation	Reduce respiratory disease by ensuring high rates of protection in the most at-risk groups through the influenza and pneumococcal vaccination programmes	☐	☐	☐	Flu vaccination rate in clinical risk groups Pneumococcal vaccination rate in clinical risk groups Flu immunisation for pregnant women
Transmission of Hepatitis B and Hepatitis C within GM is minimised	Prevent new HBV and HCV infections through ensuring adequate coverage of needle and syringe provision in communities to reduce the risk of sharing injecting equipment (and alternative measures in prisons)	☐	☐	☐	NICE PH52 coverage estimates
	Prevent new HBV and HCV infections by achieving high rates of HBV vaccination coverage in all high-risk groups	☐	☐	☐	Persons entering substance misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination: National Drug Treatment Monitoring System
	Increase testing for HBV and HCV in primary care and secondary care for all patients within higher risk groups for infection, including those from intermediate and high-risk countries (NICE PH43).	☐	☐	☐	Number of HBV and HCV tests (and proportion testing positive) in key laboratories
	Clinical pathways in place for HBV and HCV from testing to treatment completion with appropriate data collection to enable quality improvement	☐	☐	☐	Offer and uptake of HCV testing in adults currently or previously injecting - both newly presenting to, and all in, drug treatment: National Drug Treatment Monitoring System.

STRATEGIC OUTCOME: Live Well – Ensure every GM resident is enabled to fulfil their potential (continued) **"I" Statement:** *"I will make maintain good health and wellbeing and will have good and equitable access to information, support and services"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Reduce transmission of TB, including drug resistant TB	GM commissioners and providers work to TB service specification developed by Greater Manchester TB collaborative group and in line with NICE guidelines	☐	☐	☐	TB incidence (three-year average) https://fingertips.phe.org.uk/profile/tb-monitoring
	Participation in TB quality initiatives including cohort review	☐	☐	☐	Cohort Review
	Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds	☐	☐	☐	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (Fingertips)
	Age appropriate BCG provision to risk groups aged up to 16	☐	☐	☐	Service implemented and rate of uptake

STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible **"I" Statement: *"I will able to be safe and independent for as long as possible"***					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Older adults are protected against key infectious diseases through vaccination	Reduce preventable illness by ensuring high rates of protection through the vaccination programme	☐	☐	☐	**Flu vaccination rate in over 65s**
	Implementation of recommendations in the Greater Manchester Age Friendly Strategy	☐	☐	☐	Shingles vaccine uptake rate in the eligible cohort
					Pneumococcal vaccination rate (those aged 65 years and over)

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM **"I" Statement: *"I will live a long and healthy life in Greater Manchester "***					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
People in GM live and work in areas with good air quality	Health is included as key consideration in local plans to reduce exposure to air pollution in line with NICE Guideline NG70	☐	☐	☐	Modelled estimates of population-weighted annual average $PM_{2.5}$ concentrations

7. Greater Manchester Common Standards – Health Protection

GM Common Standards for Health Protection have been co-designed by the following GM groups using NICE Guidance; National Strategy; Greater Manchester Strategy:

- GM Health Protection Confederation
- GM Infection Prevention Control Collaborative
- GM Civil Contingencies Resilience Unit
- GM HSCP Screening and Immunisation Team

In addition to the above GM groups the GM Common Standards were reviewed at a GM Workshop on 16th March 2018 which included representation from a range of groups: LA Public Health, GM Local Care Organisation Network, GM Public Protection Group, Environmental Health, Civil Contingencies Resilience Unit, GMHSCP Screening and Imms Team, GMCA, Emergency Planning and Acute Providers.

Guidance	Link
NICE Quality Standard 61 Infection prevention and control	https://www.nice.org.uk/guidance/qs61/
NICE Quality Standard 121 on antimicrobial stewardship	https://www.nice.org.uk/guidance/qs121/
NICE Guidelines 33 and Quality Standards 141 on Tuberculosis	https://www.nice.org.uk/guidance/qs141
IPS Quality Assurance Tools	https://www.ips.uk.net/professional-practice/quality-improvement-tools1/
RCN Infection Prevention and Control Commissioning Toolkit	https://www.rcn.org.uk/professional-development/publications/pub-005375
Provision of Public Toilets	https://publications.parliament.uk/pa/cm200708/cmselect/cmcomloc/636/636.pdf
NICE Guidelines PH43 - Hepatitis B and C testing: people at risk of infection	https://www.nice.org.uk/guidance/ph43
NICE Guidelines CG165- Hepatitis B - (chronic): diagnosis and management	https://www.nice.org.uk/guidance/cg165
Nice Quality Standard QS65 - Hepatitis B	https://www.nice.org.uk/guidance/qs65

7. Greater Manchester Common Standards – Health Protection

Guidance	Link
The Health and Social Care Act 2008- Code of Practice on the prevention and control of infections and related guidance	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf
Preventing healthcare associated Gram-negative bacterial bloodstream infections	https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/
NHS Improvement GNBSI Resource	https://www.nice.org.uk/guidance/ng70/
NICE Guideline 70 Air pollution: outdoor air quality and health	https://www.nice.org.uk/guidance/ph52/
NICE Public health guideline [PH52] Needle and syringe programmes	https://www.nice.org.uk/guidance/qs61/

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8. Greater Manchester Common Standards – Tobacco Control

Outcome measures affected in GM Population Health Outcomes Framework:

- **Smoking prevalence in adults - current smokers (APS)**
- **Smoking prevalence in adults in routine and manual occupations - current smokers**

2017 saw the launch of the government's new tobacco control strategy for England, Towards a Smokefree Generation which articulates our desire to reduce adult smoking prevalence levels to 5% or less by 2030. Challenging interim targets are set. Smoking is still by far the biggest single cause of early death and ill health in Greater Manchester, with huge economic an environmental impact. Although our starting point, in terms of achieving the government's targets, is much more challenging than in more affluent areas, we are no less ambitious or aspirational. We have developed a model, called GM Power, which will allow us to tackle all of the causes of smoking and tobacco related harm. This model is based on the World Health Organisation Tobacco Control Framework..

Smoking rates have reduced across Greater Manchester in recent years, but we now need to make change at scale and pace if we are to meet national and GM targets. We must ensure that good practice is applied consistently in all areas of GM whilst at the same time testing new and innovative programmes, particularly in NHS settings, such as secondary care. By applying GM Power across the conurbation in evidence based, but ambitious ways, we aim to cut smoking rates across Greater Manchester by one third by 2021.

The common standards for tobacco control are challenging and will require a commitment to carry on what works and improve or change what does not. We will have to communicate well and make compelling cases for implementation of our standards if their importance is not recognised or understood. We will need to convince all of our partners across local authorities, CCGs, Acute Trusts, Primary Care, the voluntary and community sector, the Fire and Rescue Service, Enforcement Agencies, academia and residents, that tobacco control is right and is everyone's business; that smoking is not just about personal choice, but about protecting everyone across all ages from the very many ways that tobacco can damage our GM residents' lives.

STRATEGIC OUTCOME: Improving the Health of the GM Population and Reducing Health Inequalities across GM "I" Statement: *"I will be increasingly unlikely to be affected by tobacco related health disease as a GM resident"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Whole system Tobacco Control is embedded in Health and Social Care and the Environment	The GM Power model for Tobacco Control will be translated into local plans for each area of GM.	☐	☐	☐	Each area of GM will have a Tobacco Control Plan based on GM Power.

STRATEGIC OUTCOME: Start Well - Give every GM child the best start in life "I" Statement: *"I will ensure that babies, children and young people are protected from the harm caused by tobacco from conception through to adulthood"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
Children are protected from tobacco related harm from conception onwards	All pregnant women will have a Carbon Monoxide breath test	☐	☐	☐	% of pregnant women who have a Carbon Monoxide Breath test (GM Maternity Dashboard)
	All pregnant women who smoke are referred to services which can help them to stop smoking during their pregnancy	☐	☐	☐	Smoking at time of delivery rates (SATOD) reduce (N.B. target 6% by 2021 for GM).
Children and young people will be protected from Environmental Tobacco Smoke	All families are supported to achieve a smoke free home	☐	☐	☐	Smoke free outdoor spaces for children Smoke free homes programme in place

STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential

"I" Statement: *"All smokers in GM are given the help they need to quit"*

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
All smokers in GM understand the risks of smoking and tobacco related harm and tobacco addiction	Each area in GM will adopt a Making Every Contact Count approach: all health and social care staff are able to talk about tobacco addiction and the risks associated with smoking. (NB. suggest front line NHS staff, Housing Officers, Social Care Professionals).	☐	☐	☐	Numbers of staff trained per year to understand tobacco addiction (type of training to be determined locally) Numbers of health and social care staff trained.
All smokers should be able to access all available frontline pharmacotherapies. Combination Nicotine Replacement Therapies should always be an option. Any pharmacotherapy supplied should be alongside motivational support	Publicised arrangements are in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products that do not contain tobacco).	☐	☐	☐	Evidence of communication and advice on pharmacotherapy and nicotine inhaling products that do not contain tobacco Local plan for the provision of pharmacotherapy to support people to quit % of smokers helped to quit through local tobacco addiction services.
Tobacco Control measures (including tobacco addiction support) will focus on groups known to have higher smoking prevalence rates in order to reduce smoking related health inequalities	All areas will have plans to focus resource on the areas and groups with the highest prevalence of smoking (routine and manual occupation; mental health problems; LGBT community; groups with complex long-term conditions caused or exacerbated by smoking; locally identified priority groups; offenders).	☐	☐	☐	Routine and manual smoking rates and uptake of services Adult smoking prevalence rates Evidence of quit support for people in the areas and groups with the highest prevalence of smoking
All smokers admitted to hospital will be assessed and treated for nicotine addiction irrespective of the cause of admission. (There will be zero tolerance to smoking for staff, patients and visitors).	All smokers admitted to hospital will receive appropriate pharmacotherapy and motivational support as inpatients and on- going support on discharge. All inpatients and outpatients receive appropriate advice and support to quit.	☐	☐	☐	An appropriate service model such as the "CURE" programme is in place across secondary care settings

STRATEGIC OUTCOME: Live Well - Ensure every GM resident is enabled to fulfil their potential (continued) "I" Statement: *"All smokers in GM are given the help they need to quit"*					
OUTCOME	**COMMON STANDARD**	**SCORE**			**METHOD OF MEASURING IMPACT**
		1	**2**	**3**	
All smokers in GM, who receive a Safe and Well visit from Greater Manchester Fire and Rescue Service (GMFRS), understand how to access support to quit or to have a smoke-free home	GMFRS will provide smokers with Very Brief Advice and offer a referral or signpost to Stop Smoking Services (or other support) during Safe and Well visits.	☐	☐	☐	Number of GMFRS staff Trained per year (GMFRS electronic training input 'Smoking Related Fires and Tobacco Control – includes VBA)
					Referral rates from GMFRS to partners
					Delivery of Very Brief Advice (recorded on Safe and Well visit records)

STRATEGIC OUTCOME: Age Well - Every adult will be enabled to remain at home, safe and independent for as long as possible

"I" Statement: "I will be supported to give up smoking to improve my quality of life and smoking related disease at any age."

OUTCOME	COMMON STANDARD	SCORE			METHOD OF MEASURING IMPACT
		1	2	3	
Tobacco Legislation is enforced, and illicit tobacco is countered.	Publicised arrangements are in place for members of the public to report concerns about illicit tobacco and breaches of legislation e.g. underage sales.	☐	☐	☐	Numbers of reports to local Trading Standards teams
					Numbers of intelligence lead inspections and test purchases
All smokers in GM understand the fire risk associated with smoking and have access to fire safety advice and interventions to reduce their risk of fire.	All areas will work with GMFRS to ensure that smokers have access to fire safety advice and literature and are routinely offered a referral or signpost to GMFRS for a Safe and Well visit	☐	☐	☐	Numbers of staff trained per year by GMFRS
					Referral rates to GMFRS from partners
					Number of Safe and Well visits delivered to smokers
					Numbers of smoking-related accidental dwelling fires, injuries and deaths recorded by GMFRS
Smoke free hospitals: there is zero tolerance to smoking for staff, patients and visitors in all hospitals across GM	All acute and mental health trusts to develop and implement a Smokefree policy	☐	☐	☐	NICE guidance PH48 implemented in full
There will be more smoke free public spaces in GM	All areas will increase the number of voluntary schemes promoting smoke free family spaces	☐	☐	☐	Numbers of new voluntary smoke free family spaces per GM area
A smoke free Public Sector	All public organisations' sites and grounds are supported to be smoke free				% compliance rates

		☐	☐	☐

8. Greater Manchester Common Standards – Tobacco Control

GM Common Standards for Health Protection have been co-designed by Tobacco Control Leads for each of the 10 GM localities using NICE Guidance; National Strategy; GM Strategy:

- GM Fire and Rescue Service
- GM Health and Social Care Partnership (Tobacco Programme)
- Age Friendly Manchester and Greater Manchester
- CURE Programme Lead
- Christie Hospital
- Cancer Research UK

Towards a smoke free generation: tobacco control plan for England	control-plan-for-england
Making Smoking History: A Tobacco Free Greater Manchester	www.gmhsc.org.uk/assets/Tobacco-Free-Greater-Manchester-Strategy.pdf
Smoking: Stopping in pregnancy and after childbirth/NICE guidance, ph26	https://www.nice.org.uk/guidance/ph26
Smoking: Supporting people to stop (new guidance pending).	https://www.nice.org.uk/qs43
Smoking: Acute, maternity and mental health services	https://www.nice.org.uk/guidance/ph48
Greater Manchester Fire and Rescue Service - Fire Safety at Home	http://www.manchesterfire.gov.uk/media/4554/working-in-partnership-preventing-fires-and-improving-health-and-wellbeing.docx
NCSCT-National Centre for Smoking Cessation and Training	www.ncsct.co.uk

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