AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of STRATEGIC COMMISSIONING BOARD

Members : Councillor J Black, F Boyd (non-voting), Councillor S Briggs, Dr D Cooke, Councillor J Daly(non-voting), D C Fines, H Hughes, Councillor D Jones, G Little, D McCann, Councillor E O'Brien, Councillor T Pickstone (non-voting), Councillor A Quinn, Dr J Schryer (Chair), Councillor A Simpson, Councillor T Tariq, P Thompson(non-voting), C Wild and M Woodhead

Dear Member/Colleague

STRATEGIC COMMISSIONING BOARD

You are invited to attend a meeting of the STRATEGIC COMMISSIONING BOARD which will be held as follows:-

Date:	Wednesday, 2 October 2019
Place:	Committee Rooms A&B - Bury Town Hall
Time:	4.00 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 WELCOME, APOLOGIES & QUORACY

2 DECLARATION OF INTERESTS *(Pages 1 - 8)*

Members of the Strategic Commissioning 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 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.

4 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

Geoff Little Chief Executive and Accountable Officer will report at the meeting.

5 SCB GOVERNANCE *(Pages 9 - 32)*

A report from Geoff Little, Chief Executive and Accountable Officer is attached.

6 OVERVIEW OF HEALTH NEED IN BURY *(Pages 33 - 46)*

A report from Councillor Simpson, Cabinet Member for Health and Wellbeing is attached.

7 BURY STRATEGY UPDATE / 10 YEAR PLAN *(Pages 47 - 58)*

A report from the leader of the Council, Councillor David Jones is attached.

8 URGENT CARE REVIEW *(Pages 59 - 64)*

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

9 FINANCIAL REPORT *(Pages 65 - 86)*

Councillor E O'Brien will report at the meeting. Report attached.

10 MINUTES OF MEETINGS *(Pages 87 - 98)*

- Greater Manchester Joint Commissioning Board

11 AOB AND CLOSING MATTERS

Agenda Item 2

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Receive
Item No	2	**Confidential / Freedom of Information Status**	No
Title	Declarations of Interest Register		
Presented By	Dr J Schryer, CCG Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

- The CCG and Local Authority both have statutory responsibilities in relation to declarations of interest as part of their respective governance arrangements.
- The CCG has a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 140 of the national Health Service Act 2006 (as inserted by section 25 of the Health and Social Care Act 2012).
- The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives the latest Declarations of interest Register
- Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 2 October 2019
- Provides any further updates to existing Declarations of interest includes within the Register.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Implications						
Register?						
Additional details	Conflicts of Interest not being declared in line with statutory obligations					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been discussed.		

Declarations of Interest

1. Register for the Strategic Commissioning Board

1.1 This report includes a copy of the latest Declarations of Interest Register for the Strategic Commissioning Board.

1.2 Strategic Commissioning Board members should ensure that they declare any relevant interests as part of the Declaration of interest Standing |item on meeting agendas or as soon as a potential conflict becomes apparent as part of meeting discussions.

1.3 There is a need for Strategic Commissioning Board Members to ensure that any changes to their existing conflicts of interest are notified to the CCG's Corporate Office within 28 days of a change occurring to ensure that the Declarations of interest Register can be update.

1.4 The specific management action required as a result of a conflict of interest being declared will be determined by the Chair of the Strategic Commissioning Board with an accurate record of the action being taken captured as part of the meeting minutes.

Emma Kennett
Head of Corporate Affairs and Governance

September 2019

Register of Interests for Strategic Commissioning Board

Members - Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Cllr David Jones	Council Leader	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Association of Retired Police Officers		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Spouse Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hollins Institute Educational Fund		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Vision Multi-Academy Trust		X		Direct	Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		United Reformed Church			X	Direct	Elder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		International Police Association		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury South CLP		X		Direct				General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Andrea Simpson	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Silverdale Medical Practice	X			Direct	Employed			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		WMS				Indirect	Spouse / Civial Partner: National Sales Manager			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jo Hague Photography				Indirect	Spouse / Civil Partner: Owner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Parrenthorn High School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ribble Drive Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford LMC Subcommittee		X		Direct	Neighbourhood lead for Swinton			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Greens	X			Direct	Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Medical Defence Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tamoor Tariq	Councillor	Bury Council	X			Direct	Councillor	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Health & Social Care Partnership	X			Direct	Children & Young People Access & Waiting Time			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lancashire BME Network				Indirect	Spouse / Civil Partnership: Senior Project Officer			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		GM Police & Crime Panel		X		Direct	Chair			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Domestic Violence Steering Group		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Lukes Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Derby High School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Community Safety Partnership		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Community Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Cllr Eamonn O'Brien	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Young Christian Workers	X			Direct	Training & Development Team			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Arts College		X		Direct	Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Corporate Parenting Board		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		No Barriers Foundation		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		CAFOD Salford		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Prestwich Methodist Youth Association		X		Direct	Trustee			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllrs Sharon Briggs	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Police & Crime Panel		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Police & Crime Steering Group		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Older Peoples Partnership		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Communicty Safety Partnership		X		Direct	Council nominated			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Dobbies Social Club			X	Direct	Social Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Salford / Manchester & Bolton Magistrate Court	X			Direct	Magistrate			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Alan Quinn	Councillor	Bury Council	X			Direct	Councillor	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		BAE Systems - Military Aircraft	X			Direct	Skilled Aircraft Fitter			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Ivan Lewis MP				Indirect	Spouse / Civil Partner: Caseworker			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Waste Disposal Authority		X		Direct	Member / Council Representative			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Forests of Greater Manchester		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Co-Operative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unite the Union		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Jane Black	Councillor	Bury Council	X			Direct	Councillor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Essity UK Ltd				Indirect	Spouse: Senior IT Business Analyst			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Sedgley Park Community Primary School		X		Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich	X			Direct	Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Village Green Community Co-Operative Prestwich				Indirect	Spouse: Shareholder			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Reform Synagogue		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Manchester Jewish Museum		X		Direct	Friend			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Unison		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Labour Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Greater Manchester Muslim Jewish Forum		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Jewis Labour Movement		X		Direct	Chair of NW Branch			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

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			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Dr Jeff Schryer	Bury CCG Chair	Whittaker Lane Medical Centre	X			Indirect	Wife receives income from Practice	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Whittaker Lane Medical Centre	X			Direct	Managing Partner	1990		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		NHS GP Trainer		X		Direct		1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Undergraduate Tutor	1991		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Strategic Clinical Network		X			GP Dementia Lead	Oct-17		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Howard Hughes	Clinical Director	Prestwich Pharmacy LTD	X			Indirect	Spouse is a Director	1996		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Greater Manchester Mental Health Foundation Trust		X		Indirect	Sister is Performance Manager	2014		Specific arrangements in respect of potential conflicts arising from Prestwich Pharmacy to be given further consideration when situation arises.
		Prestwich Pharmacy LTD	X			Direct	Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Indirect	Spouse is a Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hughes McCaul LTD (Dormant Company)	X			Direct	Director	1995		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Dr Cathy Fines	Clinical Director	Greenmount Medical Centre	X			Direct	GP	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Central Manchester Foundation Trust		X		Indirect	Spouse works as a Consultant			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X			Direct	Member	2013		Specific arrangements in respect of potential conflicts arising from Bury GP Federation to be given further consideration when situation arises.
		Tower Family Healthcare	X			Direct	Member Practice is part of Tower Family Healthcare	2017		Needs to be excluded from any discussions and decisions that are related to possible primary care procurement in respect to Tower Family Healthcare.
Dr Daniel Cooke	Clinical Lead - Elective Care	Whittaker Lane Medical Centre	X			Direct	Salaried GP	Aug-16		Interest ceased 01/04/19, to remain on list for 6 months to 1st Sept 2019
		Whittaker Lane Medical Centre	X			Direct	GP Partner	01/04/2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		University of Manchester		X		Direct	Undergraduate Tutor	Aug-16		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury GP Federation	X			Direct	Practice is a member	Aug-16		Specific arrangements in respect of potential conflicts arising be given further consideration when situation arises.
David McCann	Lay Member - Patient & Public Involvement	PCL (CIP) GP LTD - Nature of Business Asset Management	X			Direct	Non-Executive Director	2014		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where
		Praxis Capital LTD - Nature of Business Asset Management	X			Direct	Non-Executive Director	2014		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where
		Woodcocks Solicitors, Bury	X			Direct	Senior Partner	2011	Jul-19	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Praxis Real Estate Management LTD, Manchester	X			Direct	Non-Executive Director	2011		Confirmed that this company doesn't have a relationship or business within the health economy. General guidance to be followed in respect of declaring conflicts of interest where
		Praxis Law Ltd	X			Direct	Director	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Council		x		Indirect	Daughter - Employee	2012		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Rock Healthcare, Bury	X			Direct	Non-Executive Director	2009	Jul-19	Specific arrangements in respect of potential conflicts arising from Rock Healthcare Ltd to be given further consideration when situation arises.
Chris Wild	Lay Member - Finance & Audit						None Declared	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Geoff Little	Chief Executive, Bury Council, Accountable Officer Bury CCG	Ratio Research a Community Interest Company				Indirect	Close family member is a Director of Ratio Research	Apr-19		Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Mike Woodhead	Joint Chief Finance Officer						None Declared	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Members - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Fiona Boyd	Governing Body Registered Nurse	NHS Heywood, Middleton & Rochdale CCG		X		Direct	Employed (substantive) as Quality & Safety Lead	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Peter Thompson	Secondary Care Clinician - Governing Body	Healthcare Safety Investigation Branch		X		Direct	Clinical maternity advisor	Sep-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

In Attendance - Non-Voting

Name	Current position (s) held i.e. Governing Body, Member Practice, Employee	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Interest
			Financial Interests	Non-Financial Professional	Non-Financial Personal Interests			From	To	
Peter Bury	Lay Member - Quality & Performance	Labour Party		X		Direct	Member	1979		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury College		X		Direct	Member Board of Governors	2008		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Margaret O'Dwyer	Director of Commissioning & Business Delivery/Deputy Chief Officer	Christie Hospital		X		Indirect	Sister works as a Research Nurse	2017		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Catherine Jackson	Executive Nurse						None Declared	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Julie Gonda	Interim Executive Director Communities and Wellbeing	National Health Service, York			X	Indirect	Daughter works at National Health Service York	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Lesley Jones	Director of Public Health, Bury Council						None Declared	Apr-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Paul Patterson	Executive Director Business, Growth and Regeneration, Bury Council *Joint Exec Board	Liverpool NHS Health Trust	X			Direct	Non Executive Directorship	2011	2015	Discharged directorship
		Contour Homes (Housing Association)	X			Direct	Board Directorship	2011	2015	Discharged directorship
		Merseyside Probation Service	X			Direct	Board membership	2011	2015	Discharged directorship
		Wellbeing neighbourhoods Limited, linked to GB Partnerships	X			Direct	Director	2016	2017	Discharged directorship
		Placesrp Limited. Non-traded since 2017. Has never traded or been	X			Direct	Non-trading Directorship	2010	2017	None - as non-trading. And historically a non NHS trading entity
Lynne Ridsdale	Deputy Chief Executive						None Declared	Mar-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
David Brown	Interim Director of Operations, Bury Council	CKBSS Rutland				Indirect	Spouse is employed by CKBSS	Apr-19		Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Karen Dolton	Executive Director, Children & Young People, Bury Council						None Declared	Jun-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Jayne Hammond	Assistant Director of Legal & Democratic Services						None Declared	Jun-19	12-Jun-19	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr James Daly	Councillor	Bury Council	X			Direct	Councillor	23-Jul-18		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Crompton Halliwell, Solicitors	X			Direct	Salaried Partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Crompton Halliwell, Solicitors			X	Indirect	Spouse / Partner has 50% Equity Share and is a partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hoyle Nursery School			X	Direct	Chair of Governors			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Springside Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Hawkshaw Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		National Trust			X	Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Councillors Association		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury North Conservative Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cllr Tim Pickstone	Councillor	Bury Council	X			Direct	Councillor	26-Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Employment/office/trade/profession/ vocation:Disclosable Pecuniary Interest the details of which are witheld under Section 32(2) of the Localism Act 2011				Indirect	Spouse / civic partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury Liberal Democrats	X			Direct				General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Land: Disclosable Pecuniary Interest the details of which are witheld under Section 32(2) of the Localism Act 2011				Indirect	Spouse / civic partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Margaret's Church of England Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Liberal Democrat Party		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Association of Liberal Democrat Councillors		X		Direct	Member & Chief Executive			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Birchcliffe Training ltd	X			Direct	Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Assoication of Chief Executives of Voluntary Organisations		X		Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Approve
Item No	05	**Confidential / Freedom of Information Status**	No
Title	Strategic Commissioning Board Governance		
Presented By	Geoff Little, Chief Executive and Accountable Officer		
Author	Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.

This paper sets out the governance and supporting administration arrangements that have been developed to enable the Strategic Commissioning Board to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the governance and administration arrangements for the Strategic Commissioning Board as presented

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes
GB1920_PR_4.1 - Because of the **commitment** to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of **staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making**	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder	Yes	☒	No	☐	N/A	☐

Implications						
or public/patient) been undertaken in relation to this report?						
Have any departments/organisations who will be affected been consulted?	Yes	☒	No	☐	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☐	No	☒	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	The SCB will support delivery of the health and Well-being Strategy through collective decision making to support the health and well-being of the patients, residents and population of Bury.					
How do proposals align with Locality Plan?	Establishing the OCO is explicit within the Locality Plan.					
How do proposals align with the Commissioning Strategy?	The SCB will support delivery of the Commissioning Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	The SCB will bring together the Council and CCG to ensure that future decisions are made jointly and for the benefit of the population of Bury					
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☒	No	☐	N/A	☒

Implications	
Additional details	The establishment of the SCB has been socialised with key stakeholders, including staff, elected members, clinicians and other interested parties over the last 6 months. This engagement has informed the shape and remit of the SCB, which has set out its membership and terms of reference in accordance with what is legally permissible under existing legislation.

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board Governance and Administration

1.0 Introduction

1.1 The Strategic Commissioning Board has been established as a Joint Committee, under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) to support the delivery of health and care integration in Bury.

1.2 This paper sets out the governance and supporting administration arrangements that have been developed to enable the Strategic Commissioning Board to operate efficiently and effectively in discharging the duties delegated to it from the Council Cabinet and CCG Governing Body.

2.0 Background

2.1 In September 2015, NHS Bury CCG and Bury Local Authority signaled their ambition to work more closely to ensure better outcomes for the Borough of Bury through the most economic, efficient and effective use of the Bury pound to improve outcomes for the residents of the Borough.

2.2 This ambition is very much in keeping with the advent of health and social care devolution.

2.3 The Bury Locality Plan for Health and Social Care Transformation 2017-21 further reinforced this ambition and set out the desire to form a 'One Commissioning Organisation' which would have a remit to:

- Bring together health and social care commissioning functions of the CCG and Council into one structure
- Create pooled and aligned budget arrangements for health and social care;
- Develop a single health and social care commissioning strategy;
- Create a shared approach to maximizing social value;
- Strategically commission for outcomes against a wide ranging and dynamic local evidence base; and
- Recognise the role of the new Local Care Organisation as a single provider accountable for delivering all age services at a neighborhood level.

2.4 During the last 18 months, work has been undertaken to progress and develop the arrangements needed to enable this, and a number of significant developments have established a more solid base from which future developments can be shaped, including:

- Co-location of the CCG and Council staff members within the Bury Campus from June 2018;
- Establishment of an OCO Shadow Partnership Board in April 2018 which includes Clinicians, Lay Members, Executives and Elected Members
- Reviewed 4 areas to test how commissioning would work through an integrated model – Mental Health, CHC and LD, Carers and SEND;
- Established a single Joint Executive Team across both CCG and Council;
- Appointed a single CCG Chief Executive and CCG Accountable Officer in October 2018; and
- Appointed a single Chief Finance Officer across both the CCG and LA in June

2019.

2.5 Key principles that underpin the establishment of the One Commissioning Organisation are that:

- strong and effective clinical and political leadership must be maintained; and
- a place-based approach, focusing on outcomes, engaging communities and using community assets must be embraced.

2.6 By creating the Bury One Commissioning Organisation the CCG and Council will be able to work together better to:

- Improve health and wellbeing outcomes for and with the people of Bury, and reduce inequalities;
- Provide a single and consistent commissioning voice to providers, including the Local Care Organisation;
- Enable commissioning staff to work together to commission more joined up services which are more cost effective and possibly less costly; and
- Make a real shift towards enabling and supporting people to stay well and independent in their own communities.

2.7 Each organisation will remain accountable as a statutory body for discharging its duties, however through changing the way in which both organisations work, and the application of effective and appropriate governance arrangements, the emergence of the One Commissioning Organisation formalises the working arrangements between both organisations.

2.8 The Terms of Reference (see Appendix 1) for the Strategic Commissioning Board have been approved through the respective governance arrangements of each organisation.

2.9 The SCB will have wide ranging responsibility for all matters relating to health, social care and the Council's 'health related' functions, which can be delegated to it (subject to reserved matters). These matters are set out in Appendix 2 – 5

3.0 Governance and Administration of the Strategic Commissioning Board

3.1 In order for the Strategic Commissioning Board to operate efficiently and effectively, the following arrangements have been agreed:

- **Meeting Dates**

3.2 Meetings have been scheduled, with the exception of the inaugural meeting, for the first Monday of each month from 4.30pm – 6pm. A meeting schedule is attached at Appendix 6.

3.3 Meetings will be held in public, and questions will be invited.

3.4 Papers will be made publicly available and circulated to both Members and colleagues in attendance 5 clear working days in advance of the meeting, not including the day of publication or the day of the meeting.

3.5 Authors of papers will be expected to submit papers for review through the Business Support Unit in accordance with the agreed timelines.

- **Forward Plan**

3.6 A forward plan will be developed and kept under review which will inform the items for consideration at each meeting.

3.7 A draft agenda, which will be agreed by the Chairs of the meeting following review of the forward plan will be circulated to all Members and colleagues in attendance in good time for papers to be prepared.

3.8 Included on the agenda will be a suite of standing items, including reports from the agreed sub-structure supporting the Strategic Commissioning Board, including but not limited to Finance, Performance and Risk.

3.9 It should be noted that the reporting arrangements in respect to Performance and Risk will be prepared for presentation from November 2019.

3.10 The SCB will be asked to undertake one of the following actions in respect to reports submitted:

- Approve (A) – where the decision is delegated for the SCB to make;
- Recommend (R) – where the decision is reserved to the Council Cabinet or Governing Body however a collective SCB view is required to inform their decision making;
- Consider (C) – where reports are shared as a source of assurance or information (the SCB may still agree actions to be progressed following consideration); or
- Inform (I) – no time will be allocated to these items which are intended provide updates or information on emerging developments / activity across the wider system

- **Membership and Voting**

3.11 The Membership of the SCB is summarised as follows and reflected further at Appendix 7, including voting status:

- Councillors: Cabinet Members of the Council to include no more than 7 voting Cabinet Members, plus two opposition party representatives in attendance (non-voting);
- CCG Governing Body Members: 9 of the clinical and lay members to include 7 voting members, of which the majority will be clinicians and 2 non-voting members;
- The Joint Chief Executive/Accountable Officer, the Joint Chief Finance Officer (including S151 responsibilities) and the joint Executive Director of Strategic Commissioning as voting members.

3.12 In addition, other officers and representatives will be invited to the SCB and will be recognised as in attendance, enabled to participate fully in the discussions to inform the decisions of the SCB, but will not hold voting rights.

3.13 The SCB requires the following attendance to achieve quoracy:

- three members of the Cabinet present which must include the Leader or Deputy Leader;
- three members of the CCG Governing Body, which must include at least two

practicing clinicians; and
- at least one joint Officer.

3.14 The SCB will aim to achieve consensus for all decisions and securing the support of both partners will be critical to the success of most of the decisions made. In exceptional circumstances where consensus cannot be reached, and should a vote be required, it will be by a simple majority of voting members present. If the vote is tied and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

- **Sub-Structure**

3.15 The SCB will be directly supported by key advisory committees. Earlier papers suggested four sub-committees however, these were for illustrative purposes only. Work is progressing on the development of the sub-structure to ensure that appropriate scrutiny and assurance can be provided to the SCB to inform its decision making, and these will be presented at a future meeting.

3.16 Notwithstanding these developments, the CCG's previous governance structure included sub-committees in respect to Finance, Performance and Quality, Clinical perspective and Patient Involvement. It is proposed that whilst the new arrangements are developed and widened sufficiently to address the requirements of the integrated agenda, these committees continue to operate, reporting to the Strategic Commissioning Board rather than the Governing Body, under existing arrangements and Terms of Reference, to ensure the CCG continues to discharge its duties.

3.17 The Strategic Commissioning Board is required to support this proposal and is assured that the work to further develop these will be progressed at pace with a formal proposal presented to the next meeting.

3.18 It should also be noted that the Strategic Commissioning Board will respect the role of scrutiny and the 'call-in' of decisions it makes, which could be made from both the Health Scrutiny Committee and the Overview and Scrutiny Committee.

3.19 Statutory Committees of both the Council and CCG, for example respective Audit Committees, will continue to operate in accordance with existing provisions, providing assurance and reporting as required.

- **Business Support Unit**

3.20 To support the administration of the Strategic Commissioning Board, a virtual Business Support Unit will be established across the CCG Corporate Office and Council Democratic Services. It is anticipated that the proposed organisational re-structure and further integration of back office functions, this team will sit within the Corporate Core.

3.21 The remit of the Business Support Unit, which will be empowered and authorised to manage the flow of business agreed, is to:

- review all papers received and scrutinise for quality, ensuring all requirements have been fulfilled before they are released into the public domain and onto SCB members;

- ensure that papers are presented to the SCB for the most appropriate action, whether decision or recommendation onto the Governing Body or Cabinet, in accordance with matters reserved and key decisions;
- work in a way that supports and manages on a Political (Council) and political (CCG) context;
- support elected members, clinical directors and officers to navigate the system in the best interest of partnership working to achieve desired outcomes;
- utilise and adopt a critical friend approach that provides professional guidance both prior to and during meetings, prompting, raising concerns and keeping the business of the SCB on track and aligned to the core priorities as set out.

3.22 The decision-making process and implementation of decisions will be key to the success of the Strategic Commissioning Board. Decisions will be informed from the information presented and the subsequent discussions. The quality of the reports will therefore be paramount, and it will be important that all reports include the required information to enable the reader to reach an informed decision without the need for any additional information.

3.23 In addition to the formal processes, there are a range of informal aspects that are also identified as integral to the operation of the BSU. This includes building strong relationships across the Political and Clinical landscape to ensure sound judgements on navigating the system, supporting authors to develop papers through the wider organisational management and governance arrangements, understanding the wider requirements of the business and decision-making cycle and ensuring that the work of the Strategic Commissioning Board is promoted both internally and externally through strong working arrangements with the Communications and Engagement Team.

4.0 Recommendations

4.1 The Strategic Commissioning Board is recommended to:

- Approve the governance and administration arrangements for the Strategic Commissioning Board as presented

Lisa Featherstone
Deputy Director of Business Delivery
September 2019

Appendix 1: Strategic Commissioning Board Terms of Reference

Context

1. As part of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021 and to progressing the wider public service reform agenda there is a commitment to full alignment and integration between the Council and the Clinical Commissioning Group to form Bury Health and Social Care One Commissioning Organisation.

2. As part of this commitment the statutory bodies have agreed to form a single "Strategic Commissioning Board" in Bury to bring together the integrated governance of health and social care commissioning in its widest sense.

3. The following document sets out the terms of reference for the Strategic Commissioning Board (SCB).

4. Any changes to these Terms of Reference must be approved by the Council Cabinet and the CCG Governing Body

Statutory Framework

5. The SCB is not a statutory body. It is not intended to replace any of the existing statutory bodies in the locality; instead it is a joint committee of the two statutory organisations, Bury Metropolitan Borough Council ("the Council") and NHS Bury Clinical Commissioning Group ("the CCG"). The SCB will have overarching responsibility for all powers as have been delegated to it by the two statutory organisations (subject to any reserved matters) and set out in the associated Scheme of Delegation.

Role of the Strategic Commissioning Board

6. The SCB will be responsible for setting the principles and high-level strategic direction across the full responsibilities of health and care commissioning that is the responsibility of the two partners and will align wider Council, CCG and public services by inclusion so far as possible.

7. The SCB has been established to make decisions on the objectives, priorities, strategic design, commissioning and overall delivery of health and care services, including the oversight of their effectiveness, quality and performance.

8. In performing its role, the SCB will exercise its functions in accordance with duties delegated to it to support the delivery of the Bury Locality Plan for Health and Social Care Transformation 2017 to 2021, and its successor strategies and plans; including the Bury Strategy.

9. Members of the SCB have a collective responsibility for its operation. In undertaking its role, clinical and democratic accountability will be implicit within all decisions, as will respect for all professional areas of knowledge and expertise. Decisions will be based on achieving

better outcomes and experience for the residents of Bury and those that use services within the Borough, better quality and better value.

10. The ethos of partnership working will underpin the programme of work, recognising that on occasion, difficult decisions may be required to benefit the population of Bury.

11. The SCB will have responsibility for providing a Bury response to Greater Manchester commissioning matters.

Core Business

12. As the SCB will operate as a "place based", strategic, outcomes-based commissioner, the items of business for the SCB are likely to be:
    a) Understanding the aspirations, strengths and needs of Bury communities
    b) Leading collaboratively agreement of priorities for improvement
    c) Leading collaboratively the agreement of commissioning and enabling strategies and associated use of financial and other resources
    d) Enabling and supporting others to fulfil their roles within the system
    e) Providing oversight and gaining assurance in respect of outcomes, quality, performance and finance
    f) Providing leadership, oversight and assurance in respect of the development of an effective "One Commissioning Organisation"

13. The items of business for the SCB are unlikely to include detailed plans for operational service design and re-design.

Membership

14. The Strategic Commissioning Board shall consist of the following members:
    - Councillors – Cabinet Members of the Council to include no more than 7 voting Cabinet Members;
    - CCG Governing Body Members – 9 members to include 7 voting members, of which the majority will be clinicians; and 2 non-voting members;
    - The joint Chief Executive and Accountable Officer;
    - The joint Chief Finance Officer (including S151 responsibilities); and
    - The joint Director of Strategic Commissioning.

15. In addition, other Officers and representatives will be invited to the SCB, and will be recognised as in attendance, enabled to participate fully in discussions to inform the decisions of the SCB, but will not hold voting rights. This will include, but is not limited to:
    - 2 opposition party representatives;
    - additional members of the CCG Governing Body (who are not members of the SCB)
    - additional members of the CCG/Council Joint Executive Team or any such equivalent successor team (who are not members of the SCB)

Chair

16. The SCB will be jointly chaired by the Council's Leader on behalf of the Council and the CCG Chair on behalf of the CCG, with chairing responsibility rotated between meetings.

17. In the event of the Chair of the SCB being unavailable for all or part of the meeting, the following deputising arrangements will apply:
    - The Deputy Council Leader will deputise for the Council Leader; and
    - The CCG Chair will nominate a deputy drawn from the CCG members of the SCB.

Quorum

18. The meeting will achieve quoracy if the following requirements are satisfied:
    - A minimum of 3 elected members, of which 1 must be the Leader or Deputy Leader of the Council;
    - A minimum of 3 Governing Body representatives, of which 2 must be practicing clinicians; and
    - At least one joint Officer.

Voting

19. It is anticipated that decisions will be made by consensus, however in the event that this cannot be achieved, a vote will be undertaken. Each voting member of the SCB will have one vote and a simple majority vote will be sufficient to carry the decision.

20. In the event that the vote is tied, and a deadlock position is reached, the item of business will be referred back, with the minuted views of the Strategic Commissioning Board members, to the respective decision-making body from which the item of business is delegated.

Deputies

21. Deputies are only permitted in respect to the Chairing of the SCB or Officer members.

22. With the exception of deputising arrangements for the Chair of the SCB, nominated deputies will not hold a vote nor will they count towards quoracy.

Frequency of meetings

23. The SCB will routinely meet at monthly times; a schedule of pre-arranged meeting dates will be distributed on an annual basis with a proposed annual calendar of business.

24. The meetings of the SCB shall be held in public:
    a) subject to any exemption provided by law

    b) the SCB may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from

time to time) and the Local Government Act 1972.

Attendance

25. Members are expected to attend every meeting.

26. Where a member is unable to attend a meeting, apologies should be notified in advance to the Chair of the meeting.

Conduct of Meetings

27. The SCB will give no less than five clear working days' notice of its meetings.

28. The agenda and supporting papers will be published at least 5 clear working days in advance of the meeting, not including the publication day and the day of the meeting. Authors of papers presented must use the required template. Papers must be received by the committee secretary in line with the published deadlines unless, in exceptional circumstances, explicit agreement has been reached with the SCB Chair.

29. The SCB will be appropriately resourced to ensure the timely distribution of papers, production of minutes, action and decision tracking, and the maintenance of the formal record and documentation of the business of the SCB.

30. Presenters of papers can expect all SCB members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues arising since the time of publication which may materially influence the decision or actions of the SCB. SCB members and others in attendance may question the presenter.

Conflict Of Interest

31. As a statutory Joint Committee formed by the two statutory organisations, the SCB must comply with the standards set by the Local Government Act 2000 as set out in Part 5(a) of the Council's Constitution and Section 140 of the National Health Service Act 2006 (as amended) as set out in Section 6 of the CCG Constitution.

32. In addition, the Register of Interests will be maintained for the members of the SCB and published on the Council and CCG websites.

Reporting

33. A highlight report from the SCB will be submitted to the Governing Body and Cabinet meetings, drawing the attention of the respective Statutory Committee to any items where further action is required. The SCB minutes will be included as an appendix to this report.

Monitoring Compliance

34. Meetings of the SCB shall be conducted in accordance with the provisions of both bodies Constitutions, Standing Orders, Scheme of Reservation and delegation of the respective partners and the duties delegated.

35. The SCB shall submit an annual report to the Governing Body and Council, incorporating progress, reporting arrangements, frequency of meetings and membership attendance. A summary of which will be included within the respective Governance Statements.

36. A review of effectiveness of the SCB will be undertaken at the end of the first year of operation and at further intervals as agreed appropriate.

37. The Terms of Reference of the SCB will be reviewed at least annually and submitted through the appropriate Governance arrangements for approval.

Appendix 2: Functions of NHS Bodies that <u>can</u> be subject to S75 partnership arrangements

Legislation	Function
Sections 3 & 3A of the NHS Act 2006 (NHS Act) **Note these functions need to be read together with the exclusions in Annex 2*	Duty of a CCG to arrange for the provision of the following to the extent it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility: hospital accommodation; other accommodation for the purposes of any service under the NHSA; medical, dental, opthalmic, nursing and ambulance services; such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the CCG considers are appropriate as part of the health service; such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the CCG considers are appropriate as part of the health service; such other services or facilities as are required for the diagnosis and treatment of illness. Power of a CCG to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement: in the physical and mental health of the persons for whom it has responsibility; or in the prevention, diagnosis and treatment of illness in those persons. NB: This includes rehabilitation services and services intended to avoid admission to hospital.
Section 3B of the NHS Act **Note these functions need to be read together with the exclusions in Annex 2*	Regulations may require NHS England (NHSE) to arrange the provision, to such extent as it considers necessary to meet all reasonable requirements, for the provision as part of the health service of: dental services of a prescribed description; services or facilities for members of the armed forces or their families; services or facilities for persons who are detained in prison or in other accommodation of a prescribed description; such other services or facilities as may be prescribed.
Section 83 of the NHS Act	From 1 April 2016 the function of arranging the provision of primary medical services where these are commissioned under an APMS contract.

Section 117 of the Mental Health Act 1983 (MHA)	Duty of the CCG to arrange for the provision of, in co-operation with relevant voluntary agencies, after-care services for persons who are: detained under section 3 of the MHA; or admitted to a hospital in pursuance of a hospital order made under section 37 of the MHA; or transferred to a hospital in pursuance of a hospital direction made under section 45A of the MHA; or; a transfer direction made under section 47 or 48 of the MHA; and then cease to be detained and (whether or not immediately afterwards) leave hospital, until such time as the CCG and the local social services authority are satisfied that the person concerned is no longer in need of such services (but they shall not be so satisfied in the case of a community patient while he remains such a patient).
	Function of providing the after-care services referred to above.
Section 12A(1) of the NHSA and the *National Health Service (Direct Payments) Regulations 2013*	The function of making direct payments
Regulation 8A of the Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005	The function of arranging the provision of Healthy Start vitamins.
Schedule 1A of the Mental Capacity Act 2005	Functions relating to the Deprivation of Liberty

Appendix 3: **Functions of NHS Bodies that <u>cannot</u> be the subject of Section 75 partnership arrangements**

Legislation	Function
Sections 3, 3A & 3B of the NHS Act 2006 (NHSA)	The function of arranging the provision of: • surgery; • radiotherapy; • termination of pregnancy; • endoscopy; • the use of Class 4 laser treatments and other invasive treatments; • emergency ambulance services.
Sections 83, 92 & 99 of the NHSA*	The function of arranging the provision of: • primary medical services • primary dental services (*From 1 April 2016 the function of arranging the provision of primary medical services where these are commissioned under an APMS contract will be able to be the subject of a S75 partnership arrangement.)

Appendix 4: Functions of local authorities (Health-Related Functions) that <u>can</u> be the subject of S75 partnership arrangements

Legislation	Function
Schedule 1 of the Local Authority Social Services Act 1970	• This Schedule covers a wide range of social services functions (these are subject to exclusions – see appendix 5)
Regulation 8A of the Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005	• The function of providing Healthy Start vitamins.
Sections 7 of the Disabled Persons (Services, Consultation and Representation) Act 1986	• Duty to arrange an assessment for persons on discharge from hospital, having received medical treatment for mental disorder as an in-patient for a continuous period of not less than 6 months, of their needs for healthcare services. (This duty is not yet in force). • Duty of local authority to take into account abilities of a carer
Section 19 of the Local Government (Miscellaneous Provisions) Act 1976	• The functions of providing or securing the provision of recreational facilities.
Section 578 Education Act	• The functions of local authorities under the Education Acts as defined
Part I of the Housing Grants, Construction and Regeneration Act 1996 and under Parts VI and VII of the Housing Act 1996	• Functions of local housing authorities.
Section 126 of the Housing Grants, Construction and Regeneration Act 1996	• Functions relating to regeneration and development.
Environmental Protection Act 1990	• Functions of waste collection or disposal.
Sections 180 & 181 of the Local Government Act 1972	• Functions of providing environmental health services.
Highways Act 1980 and Section 39 of the Road Traffic Act 1988	• Functions of local highway authorities.

Sections 63 & 93 of the Transport Act 1985	• Functions relating to passenger transport and travel concession schemes.
Care Act 2014	• Where the partners enter into a Section 75 partnership arrangement in respect of meeting needs for care and support under section 18 or 19 of the Care Act 2014 (duty and power to meet needs for care and support) the function of carrying out the financial assessment in relation to the making of a charge under section 17
Care Act 2014	• Where the partners enter into a Section 75 partnership arrangement in respect of providing or arranging for the provision of services, facilities or resources, or taking steps under section 2(1) of the Care Act 2014, the function of making a charge for that provision, arrangement or taking of steps under regulations under section 2(3) of that Act.
Functions under or by virtue of Sections 2B or 6C(1) of, or Schedule 1 to, the NHSA	• Functions relating to the improvement of public health; • Public-health functions of the Secretary of State (where local authorities are required by Regulations to exercise these); • Local authority functions under Schedule 1 of the NHSA, including: - medical inspection and treatment of pupils; and - weighing and measuring of children.

Appendix 5: functions of local authorities that <u>cannot</u> be the subject of S75 partnership arrangements

Legislation	Nature of Function
Section 14 Care Act 2014 (subject to sub paragraph k), section 17 of the Care Act and section 69 of Care Act)	• Power to charge, assessment of financial resources and recovery of charges or under regulations under section 2(3) of the Care Act, charging for preventing needs
Section 6 of the Local Authority Social Services Act 1970	• Function of appointing an officer, to be known as the director of adult social services.
Section 3 of the Adoption and Children Act 2002	• Function of maintaining an adoption service and providing the requisite facilities for that purpose.
Sections 114 & 115 of the Mental Health Act 1983 (MHA)	• Function of approving a person to act as an approved mental health professional for the purposes of the MHA. • Power of an approved mental health professional to enter and inspect premises.
Parts VII to IX and Section 86 of the Children Act 1989	• Functions relating to: o the provision of accommodation for children by voluntary organisations; o private children's homes/ limits on number of foster children; o privately fostered children; o children accommodated in care homes or independent hospitals.

Appendix 6: Meeting Schedule

Date	Time	Venue	Draft Agenda	Papers Submitted	Papers Published
2nd October 2019	4.00pm -5.30pm	Committee Room A and B Bury Town Hall	—	17 September 2019	24 September 2019
4th November 2019	4.30pm – 6 pm	Committee Room A and B Bury Town Hall	3rd October 2019	18 October 2019	25 October 2019
2nd December 2019	4.30pm – 6 pm	Committee Room A and B Bury Town Hall	6th November 2019	15 November 2019	22 November 2019
6th January 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall	4th December 2019	18 December 2019	24 December 2019
3rd February 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall	8rd January 2020	20 January 2020	24 January 2020
2nd March 2020	4.30pm – 6 pm	Committee Room A and B Bury Town Hall	4th February 2020	17 February 2020	21 February 2020

Appendix 7: Membership and Voting Status

Role	Current Post Holder	Membership Status	Voting Status	Deputy Permitted
Council Leader	Cllr David Jones	Member	Voting	✓ (Deputy Leader)
Council Deputy Leader	Cllr Andrea Simpson	Member	Voting	-
Council First Deputy and Portfolio Holder for Children and Young People	Cllr Tamoor Tariq	Member	Voting	-
Council Elected Member and Portfolio Holder for Finance and Housing	Cllr Eamonn O'Brien	Member	Voting	-
Council Elected Member and Portfolio Holder for Communities	Cllr Sharon Briggs	Member	Voting	-
Council Elected Member and Portfolio Holder for Environment	Cllr Alan Quinn	Member	Voting	-
Council Elected Member and Portfolio Holder for Corporate Affairs and HR	Cllr Jane Black	Member	Voting	-
Council Opposition Member	Cllr James Daly	In attendance	Non-Voting	-
Council Opposition Member	Cllr Tim Pickstone	In attendance	Non-Voting	-
CCG Chair (Clinical)	Dr Jeff Schryer	Member	Voting	✓ (when Chair of Mtg)
Clinical Director	Mr Howard Hughes	Member	Voting	-
Clinical Director	Dr Cathy Fines	Member	Voting	-
Clinical Director	Dr Daniel Cooke	Member	Voting	-
Clinical Director	Vacant	Member	Voting	-

Lay Member - PPI	Mr David McCann	Member	Voting	-
Lay Member – Finance and Audit	Mr Chris Wild	Member	Voting	-
Governing Body Registered Nurse	Mrs Fiona Boyd	Member	Non-Voting	-
Governing Body Secondary Care Consultant	Mr Peter Thompson	Member	Non-Voting	-
Chief Executive and Accountable Officer	Mr Geoff Little	Member	Voting	✓
Joint Chief Finance Officer (S151 responsibilities)	Mr Mike Woodhead	Member	Voting	✓
Joint Executive Director of Strategic Commissioning	Vacant	Member	Voting	✓
Governing Body Members (not members of the SCB)				
Lay Member – Quality	Mr Peter Bury	In Attendance	Non-Voting	-
Director of Commissioning and Business Delivery / Deputy Chief Officer	Ms Margaret O'Dwyer	In Attendance	Non-Voting	-
Executive Nurse / Director of Quality	Mrs Catherine Jackson	In Attendance	Non-Voting	-
JET Members (not members of the SCB)				
Executive Director of Communities and Well-Being	Mrs Julie Gonda (interim)	In Attendance	Non-Voting	-
Director of Public Health	Mrs Lesley Jones	In Attendance	Non-Voting	-
Executive Director of Business, Growth and Infrastructure	Mr Paul Patterson	In Attendance	Non-Voting	-
Deputy Chief Executive (Corporate Core)	Lynne Ridsdale	In Attendance	Non-Voting	-
Executive Director of Operations	Mr Dave Brown (interim Director)	In Attendance	Non-Voting	-
Executive Director of Children and Young People	Mrs Karen Dolton	In Attendance	Non-Voting	-

Assistant Director of Legal and Democratic Services / Monitoring Officer	Mrs Jayne Hammond	In Attendance	Non – Voting and Advisory	-
Other Colleagues				
Head of Communications, Marketing and Engagement	Mrs Karen Johnston	In Attendance	Advisory	-
Business Support Unit Representative		In Attendance	Advisory and Minutes	-

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Consider
Item No	6	**Confidential / Freedom of Information Status**	No
Title	Understanding Health Need in Bury		
Presented By	Lesley Jones, Director of Public Health		
Author	Lesley Jones, Director of Public Health		
Clinical Lead	N/A		
Council Lead	Councilor Andrea Simpson		

Executive Summary

The paper sets out the overarching health needs in Bury and identifies strategic priorities for improving health and reducing health inequalities.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the report;
- Consider the identified strategic priorities; and
- Agree improving and reducing inequalities in life expectancy, healthy life expectancy as central to the goals of the Bury Strategy.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☐	No	☒	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	Sets out the health needs and priorities to be addressed					
How do proposals align with Locality Plan?	Sets out the health needs and priorities to be addressed					
How do proposals align with the Commissioning Strategy?	Sets out the health needs and priorities to be addressed					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been		

discussed.		

Understanding health need in Bury

1.0 Introduction

Our health is fundamentally important to how we experience our lives. It is central to human happiness and wellbeing and our ability to get the most out of life and contribute to society. It is an asset we should protect and invest in.

'Health is like money, we never have a true idea of its value until we lose it' Josh Billings

Overall there has been some significant progress in improving health and helping people live longer lives in Bury for example improving mortality rates from cancer and cardiovascular disease, reduced smoking prevalence, and reductions in under 18s conceptions.

However challenges remain. This paper highlights the key health issues for the borough and identifies strategic priorities for how these can addressed as part of our ten year Bury Strategy and supporting delivery plans.

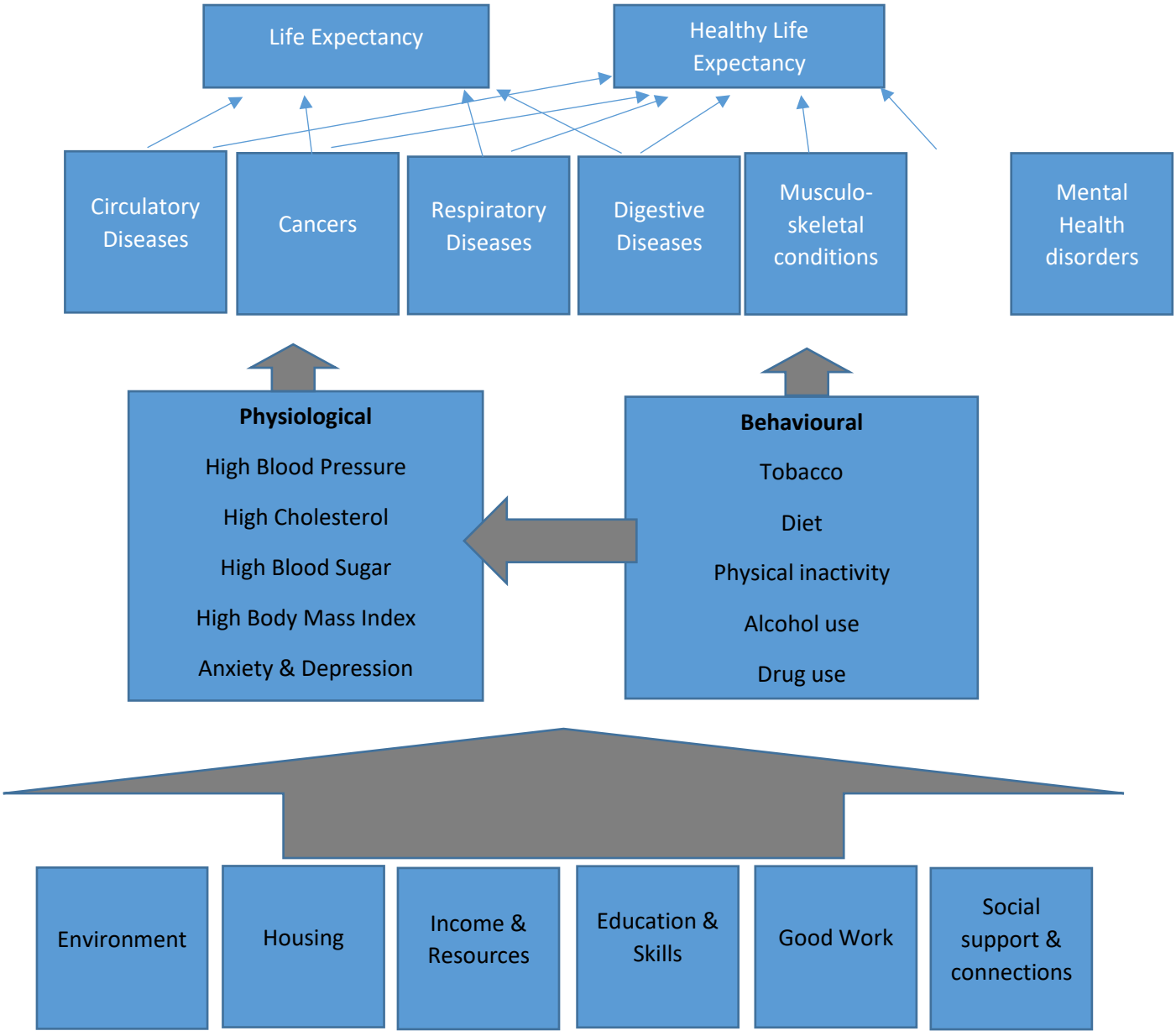
2.0 Key messages

- **Historic increases in life expectancy are stalling**
- **People are generally living for more years in poor health**
- **The poorer people are, the shorter their lives and the more of those years are spent in ill health. There is a 15 year gap in healthy life-expectancy between the most and least deprived areas of Bury**
- **Bury's rates of preventable mortality are significantly worse than England as a whole and among the worst compared to our statistical neighbours.**
- **Musculoskeletal conditions are the prime driver of poor health followed by depression and anxiety. These conditions often go hand in hand.**
- **Around 50% of the burden of disease is associated with smoking, excess alcohol consumption, poor diet and low levels of physical activity.**
- **We are failing to gain traction on meaningfully reducing the prevalence of the prime risk factors for both morbidity and mortality. The majority of our population are likely to experience at least one risk factor**.
- **Inequalities of health outcome are intergenerational and require action across the life-course. Adverse childhood experiences are a significant factor in poor outcomes and intergenerational inequality.**
- **Until we address income and wealth inequality, we will only mitigate rather than address health inequalities.**

- **If we are to meet the Grand Challenge set out in the national Industrial Strategy, to increase healthy life-expectancy by at least five years by 2035, while reducing the gap between richest and poorest; we will need to re-think and re-prioritise what we do.**

Life expectancy and healthy life expectancy are the two overarching measures which tell us about the health of our population. Life expectancy measures the average time a population is expected to live based on when they were born and where they live. Heathy Life expectancy is a measure of how long on average a population can expect to live in good health.

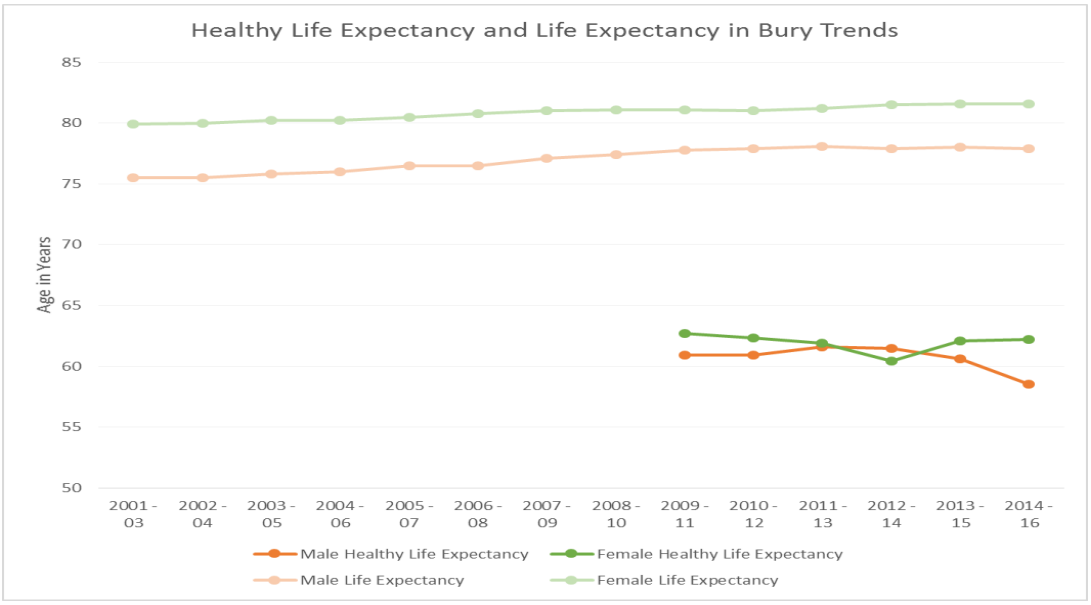
The diagram below sets out the main influences on life expectancy and healthy life-expectancy in Bury



The following sections highlight the status within Bury across these main drivers of life expectancy & healthy life-expectancy.

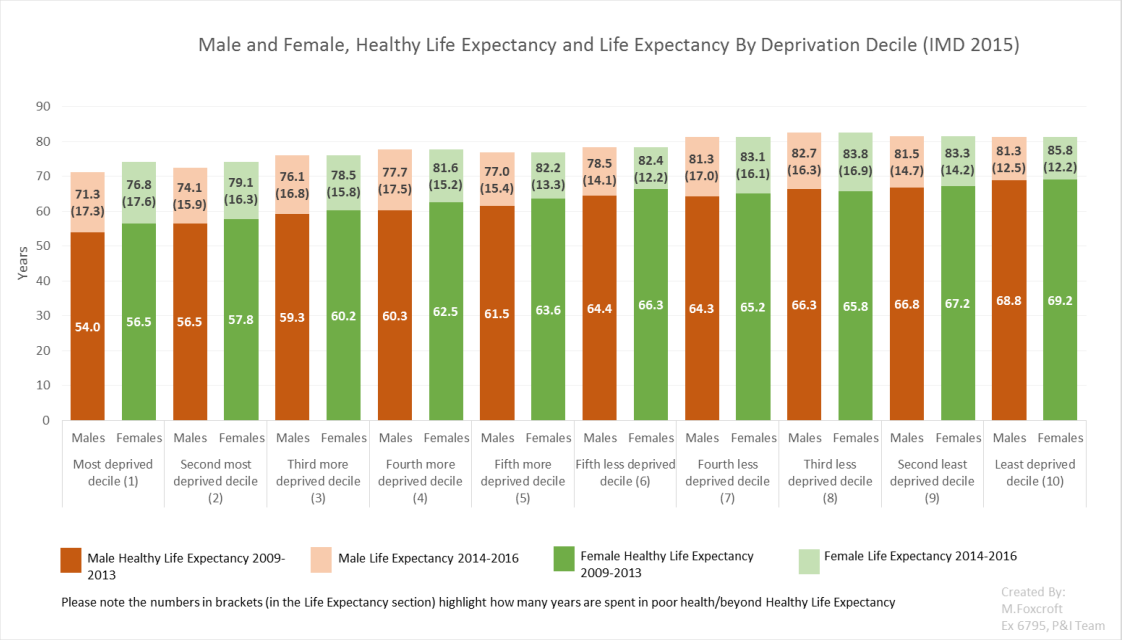
4.0 Life Expectancy and Healthy Life Expectancy

After decades of improvement, increases in life expectancy for Bury people have stalled. Life expectancy and healthy life expectancy in Bury is lower than the rest of the country.



Beneath these overall trends lie stark inequalities with differences in life expectancy between the most and least deprived areas within Bury of 11.3 years for men and 8.5 years for women and of 14.8 years for males and 13.4 years for women for healthy life-expectancy. There are no signs of these inequalities narrowing.

In the most deprived parts of Bury the onset of poor health begins at age 54 for men and 56.5 for women, up to 13 years before state pension age and life-expectancy of only around 4.5 years beyond. Inequalities also exist across other dimensions including ethnicity, gender, sexuality and having a disability.



5.0 Mortality

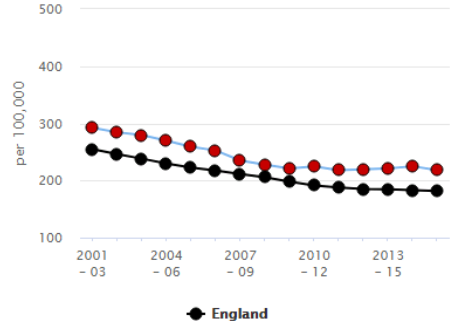
In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. Infant mortality and suicide also contribute to reduced life expectancy figures because whilst relatively small in number there are a greater number of life years lost.

When looking at preventable mortality, whilst overall trend in Bury is improving, it has been consistently and significantly worse than England as a whole.

Bury also has significantly worse rates of preventable and premature mortality across all major cause of mortality compared to our statistical neighbours.

4.03 - Mortality rate from causes considered preventable Bury — Directly standardised rate - per 100,000

Export chart as image | Show confidence intervals | Export table as CSV file



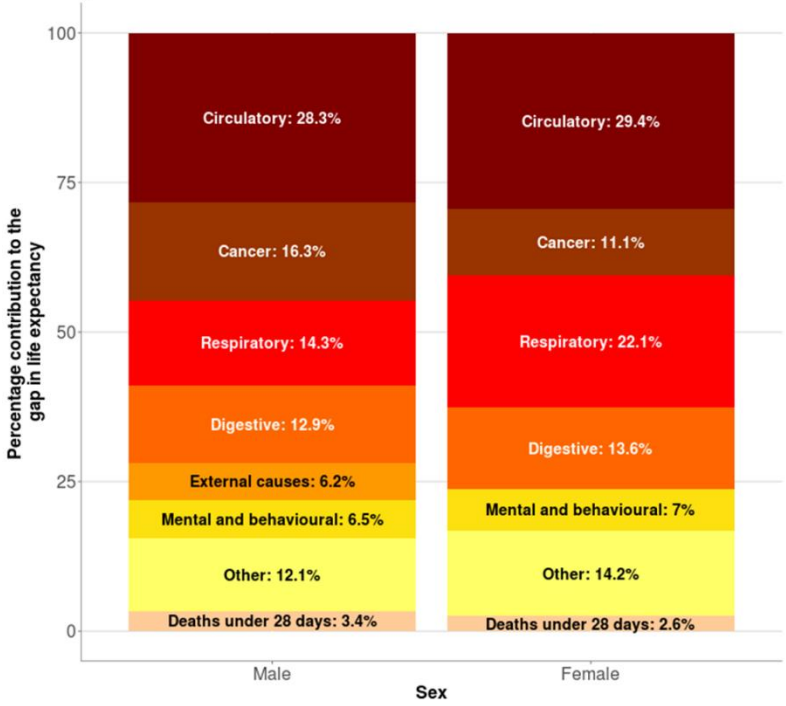
Recent trend: –

Period	Bury				North West region	England
	Count	Value	Lower CI	Upper CI		
2001 - 03	1,321	292.4	276.7	308.8	304.9	254.7
2002 - 04	1,303	284.4	269.0	300.4	293.1	246.0
2003 - 05	1,285	279.3	264.1	295.1	285.2	238.2
2004 - 06	1,252	269.7	254.9	285.2	275.3	229.5
2005 - 07	1,213	259.1	244.6	274.2	268.4	222.7
2006 - 08	1,192	252.6	238.3	267.5	263.7	217.6
2007 - 09	1,125	234.8	221.2	249.1	258.8	211.5
2008 - 10	1,106	227.7	214.4	241.7	251.9	205.8
2009 - 11	1,093	221.2	208.2	234.8	242.2	197.7
2010 - 12	1,130	224.5	211.5	238.0	233.5	191.4
2011 - 13	1,112	218.1	205.4	231.4	228.6	187.4
2012 - 14	1,137	219.5	206.8	232.7	226.0	185.1
2013 - 15	1,154	221.0	208.4	234.2	224.9	184.5
2014 - 16	1,191	224.9	212.2	238.1	223.0	182.8
2015 - 17	1,169	218.1	205.7	231.0	220.4	181.5

Source: Public Health England (based on ONS source data)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	280,668	181.5	180.9	182.2
Neighbours average	–	-	-	-	-	-
Tameside	–	6	1,629	259.8	247.2	272.8
Bolton	–	3	1,804	231.8	221.2	242.8
St. Helens	–	12	1,254	228.5	216.0	241.6
Wigan	–	4	2,141	220.8	211.5	230.4
Bury	–	-	1,169	218.1	205.7	231.0
Rotherham	–	15	1,632	208.8	198.8	219.2
Stockton-on-Tees	–	9	1,157	208.6	196.7	221.1
Dudley	–	10	1,928	204.4	195.3	213.7
Derby	–	8	1,315	204.1	193.2	215.5
Darlington	–	13	637	201.4	186.0	217.6
Telford and Wrekin	–	7	958	199.5	187.0	212.6
Calderdale	–	1	1,203	196.3	185.4	207.8
Stockport	–	11	1,664	192.9	183.7	202.4
Medway	–	2	1,392	191.7	181.7	202.1
Warrington	–	14	1,119	185.8	175.0	197.0
Kirklees	–	5	2,228	185.3	177.7	193.2

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Bury, by broad cause of death, 2015-17



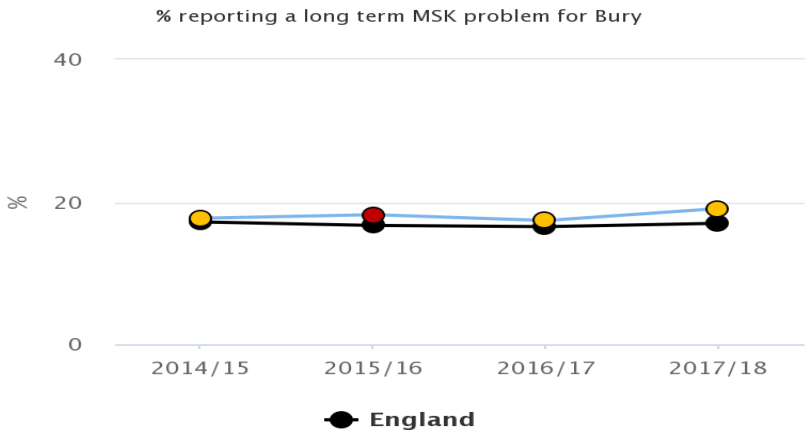
Source: Public Health England: Segment Tool

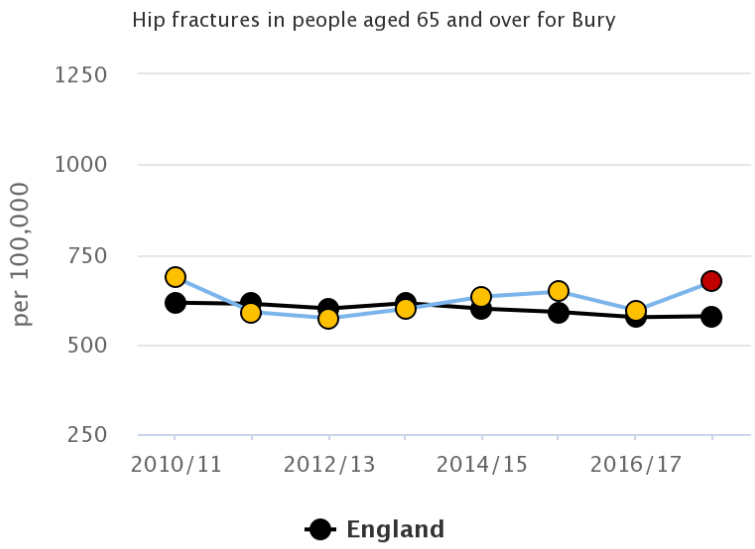
The difference in life-expectancy between the more and less deprived areas of the borough can also be explained by these conditions. i.e. death rates from these conditions increase with increasing levels of deprivation.

6.0 Morbidity

Whilst the main causes of early death also contribute to reduced healthy life-expectancy, there are other conditions that impact on healthy life-expectancy. The leading causes of years lived with disability are musculoskeletal disorders, mental disorders (depression & anxiety) and neurological disorders. Together musculoskeletal conditions and mental health conditions account for almost 40% of the total years lived with disability. Sensory impairment i.e. sight loss and hearing loss also contribute.

19.1% of the Bury population report having a musculoskeletal problem compared to 17.0% for England. The most common conditions are osteoarthritis, back & neck pain.





The trend for Hip fractures in people aged over 65 and over has worsened in recent times.

17.5% are estimated to have a common mental health condition compared to 16.9% in England. This is one of the highest prevalences compared to statistical neighbours. The most common conditions are depression and anxiety. Incidence is highest in the working age population. Those at greatest risk are those living on low incomes, people with problem debt and those identifying as lesbian, gay, bisexual or transgender.

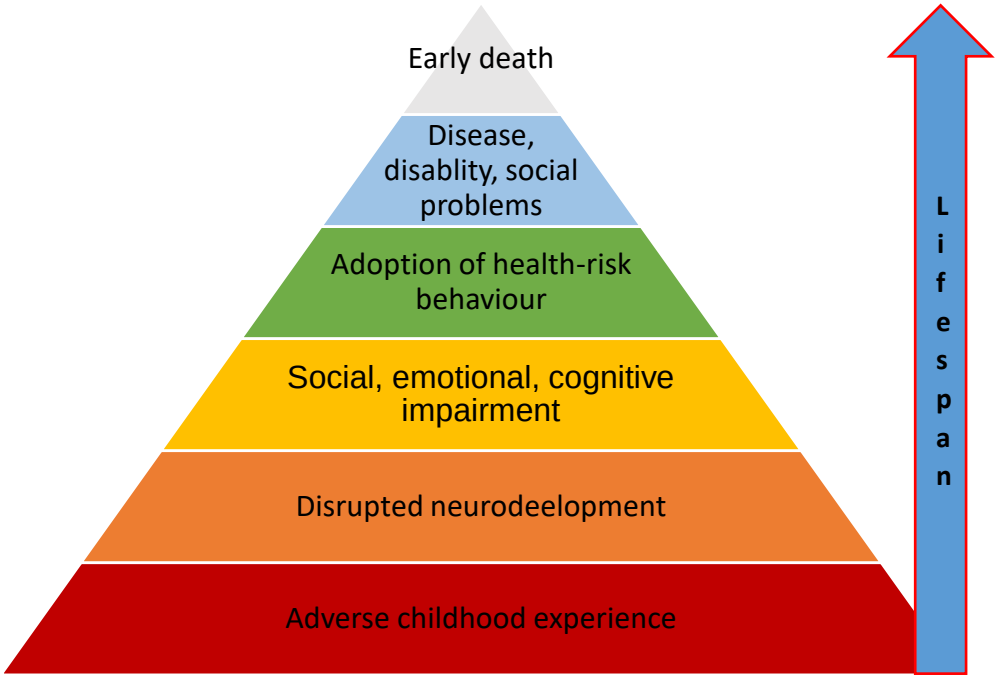
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	7,609,582	16.9*	16.2	18.0
Neighbours average	–	-	-	-	-	-
NHS Telford And Wrekin CCG	–	8	24,724	17.7*	16.9	18.9
NHS Bury CCG	–	-	26,427	17.5*	16.7	18.7
NHS Medway CCG	–	4	38,260	17.4*	16.5	18.6
NHS Calderdale CCG	–	3	29,214	17.4*	16.6	18.6
NHS Greater Huddersfield CCG	–	1	33,895	17.1*	16.3	18.4
NHS Warwickshire North CCG	–	9	26,658	17.0*	16.2	18.2
NHS Greater Preston CCG	–	6	27,710	17.0*	16.1	18.2
NHS Basildon And Brentwood CCG	–	7	33,383	16.0*	15.3	17.1
NHS Dartford, Gravesham And Swanley CCG	–	5	33,184	16.0*	15.2	17.1
NHS Warrington CCG	–	2	26,971	15.9*	15.1	17.0
NHS Swindon CCG	–	10	27,334	15.2*	14.4	16.3

Musculoskeletal and mental health conditions are significant causes of sickness absence.

6.1 Adverse Childhood Experiences

Adverse Childhood Experiences (ACES) are traumatic events which can have a negative and lasting effect on our health & wellbeing. Such events can include abuse, neglect and household challenges such as domestic violence, substance misuse, mental illness, parental separation or divorce and incarcerated parent. Research has demonstrated that those who experience 4 or more ACES are for example 3 times more likely to smoke as adults and develop lung disease, 14 times more likely to attempt suicide; 4.5 times more likely to develop depression. Those who have had 6 or more ACES are likely to die 20 years earlier

than those who have none. Whilst there is no available data for Bury, nationally it is estimated that 1 in 8 of the population have more than 4 ACES and 67% of the population have at least one.



7.0 Modifiable Risk factors

According to the World Health Organisation, Global Burden of Disease study, the modifiable risk factors which drive most death and disability combined are set out below alongside local data for Bury

Risk factor	Indicator	Bury	Statistical Neighbours	England
Tobacco	Adult Smoking Prevalence	16.0%	10.5% - 19.2%	14.4%
Diet	% adults eating recommended 5 portions of fruit & veg on a usual day	46.4%	56.5% - 46.4%	54.8%
High Body Mass Index	% adults classed as overweight or obese	63.6%	60.6% - 72.6%	62.0%
High Blood Pressure	% Hypertension (QOF prevalence) 2017-18	14.4% 29,281	13.8% – 16.4%	13.9%
High Fasting Plasma Glucose				
Alcohol Use	Admission episodes for alcohol related conditions (narrow) (per 100,000)	570	499-913	632
Poor Cholesterol profile				
Drug Use	Deaths from drug use (per 100,000)	5.3	3.6 -10.5	4.3
Physical Inactivity	% adults physically inactive	23.3%	18.4% - 30.2%	22.2%

In 2002, the World Health Organization revealed that in the world's most highly industrialised countries in North America, Europe and Asia, alcohol and smoking, low consumption of fruit and vegetables and lack of physical activity were associated with about 29 per cent of the disease burden, estimated by disability-adjusted life years (DALYs) lost (World Health Organization 2002). These behaviours are also linked to high cholesterol, obesity and overweight, which were associated with a further 15 per cent of the disease burden in these countries.

Close to half of the burden of illness in developed countries is therefore associated with the four main unhealthy behaviours: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity.

7.1 Clustering of risk factors

Many of these risk factors are interdependent with one impacting on another. The greater the number of risk factors the greater the chance of morbidity or premature mortality. It is estimated that experiencing 4 behavioural risk factors reduces life expectancy by 14 years compared to no risk factors.

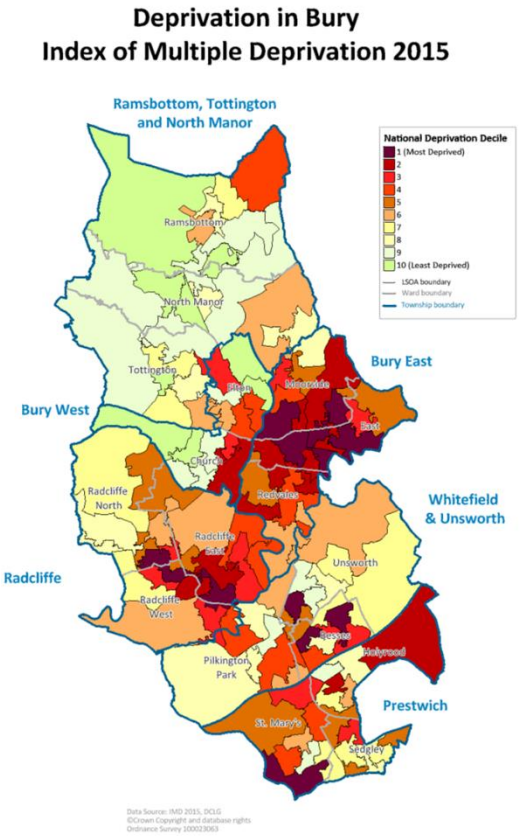
It is estimated that around a quarter of the population have 3-4 of the main behavioural risk factors whilst around two thirds will have 2-3. Overall over 90% of the population are estimated to have at least one.

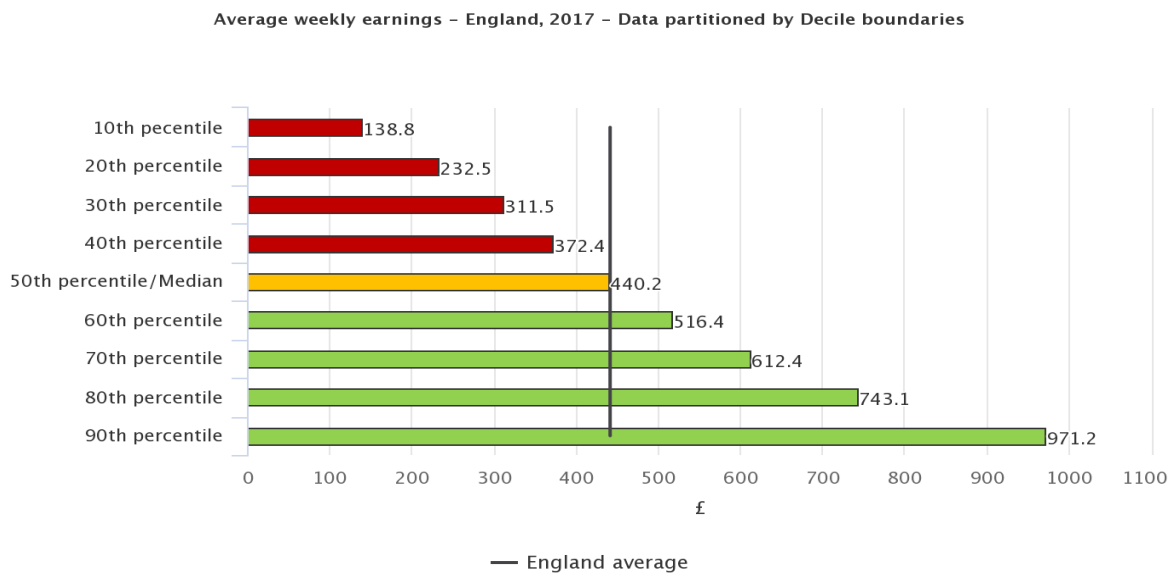
The clustering of multiple-risk factors is associated with deprivation with greater clustering occurring in more deprived areas.

8.0 Determinants of Health

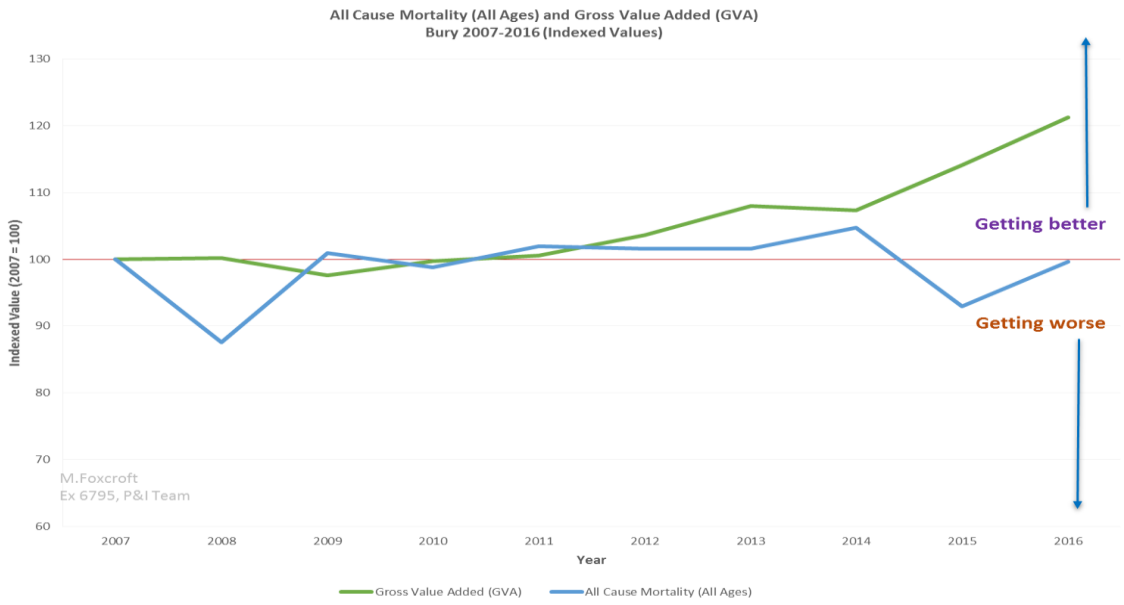
When looking at patterns of mortality, ill-health and disability and risk factors it becomes apparent that there is a clear dose –response relationship with levels of deprivation. People living in more deprived areas die younger, live more of their lives in poor health, and have greater experience of risk factors. It is the economic, social and environmental conditions that people live in that drive these patterns of ill-health and mean that people do not have the same opportunities for good health.

Economic factors i.e. a good job and a decent standard of living are the prime determinants of health inequalities which also serve to exacerbate other factors such as exposure to poor quality, high risk and polluting environments and differences in power and opportunity. The chart below shows income inequality across the deprivation centiles in Bury





Historically, economic growth has been linked to improved health and quality of life however more recently improvements in economic performance have not been matched by similar improvements in health outcomes. The graph compares Gross Value Added (GVA) - a measure of the value of goods and services produced by an area per head of the population - and all age all-cause mortality (directly standardised). It shows that the economy of Bury after a dip during the recession, has continued to grow from 2011. Between 2015 and 2016, Bury's overall GVA has grown by 6.2%, compared to 3.7% for the UK. In contrast, improvements in all-cause mortality appeared to be going well from 2010 however due to the dip in 2015, we are now back at the same level as seen 10 years previously coupled with widening health inequalities.



9.0 Strategic priorities for improving health and reducing inequalities

"The single most important intervention is to understand that there is no single most important intervention" Professor Harry Rutter

The Industrial Strategy sets out a 'Grand Challenge' to increase healthy life-expectancy by at least five years by 2035, while reducing the gap between richest and poorest. To realise this challenge in Bury will require this goal to be put at the heart of everything we do i.e. How we formulate all our strategies and delivery plans, how we allocate resources and how we deploy our workforce.

We need to gear our efforts to address the determinants of health in a way that reduces rather than generate inequalities, we need to invest in health as an asset worth preserving across the life-course but especially in the early years, and we need to optimise the role of the health and social care system in prevention in order to realise some of the shorter term gains.

There are a number of areas where a strategic focus would leverage the greatest improvements and generate economy of outcomes:

- A good start in life
- Adverse Childhood Experiences & Mental Wellbeing
- Primary and secondary prevention of Long Term Conditions (including MSK)
- Comprehensive behaviour change strategy which emphasises making healthy options the default options.
- Income & wealth equality
- Supportive relationships & social connections & community empowerment
- Decent Affordable Housing
- Ensuring all residents benefit from clean & green environments

Our Bury 2030 strategy provides the opportunity to create this focus and drive forward an agenda that meets the grand challenge.

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Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Consider
Item No	7	**Confidential / Freedom of Information Status**	No
Title	Bury Strategy Update		
Presented By	Councillor David Jones, Leader		
Author	Lynne Ridsdale, Deputy Chief Executive		
Clinical Lead	Dr. Jeff Schryer		
Council Lead	Lynne Ridsdale, Deputy Chief Executive		

Executive Summary

To provide an update on the approach to developing the Bury Strategy including engagement activity with the public and partnership Boards during September as well as desk top reviews of existing strategies.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the activity to develop the Bury Strategy to-date;
- complete the partnership survey at www.onecommunitybury.co.uk/Bury2030 and for respective Board members to complete the survey if not already done so;
- Consider the degree to which the Bury Strategy acts as the basis of the Bury Locality Plan refresh.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who	Yes	☒	No	☐	N/A	☐

will be affected been consulted ?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☒	N/A	☐
Are there any legal implications?	Yes	☐	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	Bury Strategy development and engagement will inform the future direction and content of the Health and Wellbeing Strategy.					
How do proposals align with Locality Plan?	There is an opportunity for the Bury Strategy to act as, or at the very least act as a basis for Bury's refreshed Locality Plan which needs to be submitted to GM by 29th November 2019.					
How do proposals align with the Commissioning Strategy?	The Bury Strategy will provide the strategic vision for the Borough for the next decade, articulating the key outcomes for the people of the Borough which should sit centrally within future commissioning plans.					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**
JET	02/09/2019	Report noted

Bury Strategy Update

1. Introduction

1.1 This is an exciting time for our Borough as we look to develop our vision for the Borough over the next 10 years. We have an opportunity to consider what is great about the Borough, what our local people's hopes and aspirations are, how Bury will play a key role within Greater Manchester – all to improve outcomes and the life chances for our residents.

1.2 This report provides an update on developments of the Strategy in relation to engagement activity and next steps.

2. Background

2.1. The previous 'Community Strategy' for Bury has run its course and is due for a refresh having been developed in 2008 and this provides an opportunity to develop a new strategy for the Borough.

2.2. The Bury Strategy will be our 10 year vision for the place, rather than a plan just for any given organisation – this is a plan for the Borough of Bury, by the people of Bury.

3. Developing the Bury Strategy

3.1 Initial work on developing the strategy has identified a three phase approach of scoping, analysis and consultation. September has seen work commence on the scoping stage and in particular:

1/ Understanding current policies, plan and strategies across the partnerships within the Borough and mapping these against the 5 pillars of the Industrial Strategy namely people; place; ideas; infrastructure; and business environment

2/ A big conversation with thousands of residents of all demographics, businesses, partners and visitors to gather insight on their aspirations, ideas and concerns

3/ An analysis of current performance, risks and outcomes across the Borough and where possible at neighbourhood level.

3.2 Appendix A sets out a standard set of slides which has been used to discuss and engage partnership groups and general fora on the Bury Strategy. This was piloted with Team Bury leadership at the end of August, used for the first time fully with the Six Town Housing Tenants and Residents Forum and has continued to be used through the last month.

3.3 Within this are details of the online engagement platform, One Community, which has been used to gather the insight both from such groups but also individuals through promotion on social media, posters, displays (including GP surgery screens). This has

been supported through face-to-face engagement in high footfall sites across the Borough including the borough's markets, Pitch events, Tour of Britain viewing sites, Kings Road Prestwich and through the Change Agents network.

3.4 During October the insight from the engagement activity will be analysed to inform the drafting of a draft strategy document which later in the year will be formally consulted on.

3.5 In related activity there is work underway to refresh the Bury Locality Plan based on a requirement from colleagues in Greater Manchester, particularly with reference to the region's approach to the NHS Long Term Plan. Whilst there are some specific requirements of the Locality Plan refresh it is recognised that this is much more than just a plan for health and social care integration and transformation; it is also to set out Bury's approach to public sector reform and model of neighbourhood working. As such there is an opportunity to ensure these two documents not only have synergy but as much as possible be one-and-the-same. An issue to address is that the Locality Plan refresh needs to be submitted to the Greater Manchester Health and Social Care Partnership on the 29th November which would be before any draft Bury Strategy had been formally consulted on. As such it is proposed the Bury Strategy acts a basis for the Locality Plan refresh.

4 Associated Risks

4.1 It has been acknowledged that dependent on the volume of responses received through the postcards rather than direct input into One Community there could be a significant volume of work of data entry. The online survey is being pushed and volumes are being kept under review with contingencies considered should they be required.

5 Recommendations

5.1 The Strategic Commissioning Board are asked to:

- note progress in the development of the Bury Strategy
- to add to the scoping insight if not already done so via onecommunitybury.co.uk/Bury2030
- Consider the relationship of the Bury Strategy and Locality Plan refresh

6 Actions Required

6.1 No further actions required.

Cllr David Jones
Leader, Bury Council
d.jones@bury.gov.uk
September 2019

Developing the “Bury Strategy”

What do we want Bury to be in 2030?

Partnership Update & Involvement

bury2030

What is the Bury Strategy?

The Bury Strategy
Inspiration – our 10 year vision;
Aspiration – themed activity plans;
Participation – community-led; **Evaluation –** outcome measures

One overarching delivery Plan to incorporate:
- Local Industrial Strategy
Locality Plan;
- Moving to Place at Pace

Council/CCG
Corporate Plan

Partner delivery plans

Built to reflect & take further all the great work happening now ….

Approach to developing the strategy

- September: **Scoping** – 3 pieces of work:
  1. Understanding current policies and strategies across the partnerships
     - Captured by themes of a Local Industrial Strategy: People; Place; Ideas; Infrastructure & business environment
     - desk top review & partnership discussions
  2. Big “conversation” with thousands of residents, businesses, partners & children
  3. Analysing current performance & outcome data
- October: **Analysis**
- November (?): Development of a draft as basis for formal consultation

bury2030

During September we want to ask thousands of Bury people ….

What they **LOVE** about their bit of Bury?

Any specific worries for the future eg Brexit…..?

What the perfect Bury would look like in **2030**?

What they would do for their local community if they had the chance?

Facebook and Instagram @Burycouncil
At events, public buildings, on streets, via email &
www.onecommunitybury.co.uk/Bury2030

We are asking all the groups & partnerships across Bury the same questions ….

- What they “love” about Bury - their current **great work & plans**
- How their partnership sees the **perfect Bury in 2030?**
- the **risks** & issues they are managing
- How the partnership want to **help communities to help themselves?**

At this stage intentionally broad questions – tell us what you want to say

bury2030

Partnership Input

Health & Wellbeing Board; GP Networks; Health Systems Board; CCG Clinical Cabinet & Professional Congress; LCO Board; VCFA; Bury Council; Community Safety Partnership; STH Tenant's Management Association

Each partnership is asked to :

- complete the individual survey yourselves & encourage others to do the same at www.onecommunitybury.co.uk/Bury2030
- Share through your own networks eg school governors?
- Complete the partnership survey at www.onecommunitybury.co.uk/Bury2030

bury2030

Questions & Action

- Any questions on overall idea or approach?
- How will the partnership approach its contribution by October 2019?

bury2030

Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Consider
Item No	8	**Confidential / Freedom of Information Status**	No
Title	Bury System Urgent Care Review and Re-design Brief		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer		
Author	Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer		
Clinical Lead	Dr Jeff Schryer, CCG Chair		
Council Lead	-		

Executive Summary

A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.

The report proposed a number schemes and service reviews for prioritisation and development in 2020-21 which was based on the work undertaken to date and discussions at the Clinical Cabinet and Professional Congress. It can be noted that savings targets have been attributed to these reviews in line with service redesign and delivery of value for money principles.

Attached is a copy of a scoping paper that has been developed in order to take forward the Bury System Urgent Care Review. The paper includes further details in relation to: -

- Review Objectives
- Services in Scope
- Proposed Project Teams
- Project Sub Structure
- Required outputs
- Key Local Reviews to be considered
- Governance
- Key Inter-relationships

A further discussion in relation to this scoping paper will also take place at the Bury Health and Wellbeing Board on the 2nd October 2019.

Recommendations

It is recommended that the Strategic Commissioning Board: -

(i) Consider the Scoping Paper in relation to the Bury System Urgent Care Review.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☒	No	☐	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☒	No	☐	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	See attached Brief.					
How do proposals align with Locality Plan?	See attached Brief.					
How do proposals align with the Commissioning Strategy?	See attached Brief.					
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	See attached Brief.					
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact	Yes	☐	No	☒	N/A	☐

Implications						
Assessment required?						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details	<u>Risks</u> There are several common risks with the delivery of schemes including: - • Ensuring that all decisions including gateway decisions are made robustly based on clear and accurate information/ evidence • Ensure that changes to services are managed safely • The requirement to maintain pace to ensure that outcomes are delivered a soon as safely possible • Due the demand led nature of the services commissioned, together with the requirement to deliver national targets, the range of options to support delivery of financial sustainability are limited in the short term. • The time over which organisational culture and public behaviour change takes to embed is not in line with the time required to become financial sustainable. • There could be qualitative and quantitative unintended consequences. • Some commissioning decisions required in the short term may not be in line with long term aims. • Reconfiguration of services are likely to generate stranded costs that the system will need to bear in the short to medium term. <u>Stakeholder engagement</u> It is critical that we work effectively with all						

Implications	
	stakeholders to ensure that service developments and changes are delivered safely, 'right first time' and at pace. This is achieved by having all stakeholders involved and contributing to the delivery of schemes through multi-disciplinary and multi-organisation scheme delivery teams. Due to the complex nature of services, the risk of unintended consequences and the large web of interdependencies, an agile approach to delivering change will be adopted with clear gateways where: • progress can be assessed • decisions to continue can be made • necessary changes to the approach can be made • communication about progress can be shared with stakeholders • impact assessments can be revisited as required A process will be agreed, and the progress will be monitored through the Health and Care Recovery Board (which reports to the Joint Executive Team) with regular updates to Strategic Commissioning Board, Clinical Cabinet and Professional Congress. All relevant policies have and will be adhered to in this process e.g. decommissioning and engagement policies. <u>Conflicts of Interest</u> Conflicts of Interest will be taken into account in line with the statutory obligations of both the CCG and Council.

Governance and Reporting		
Meeting	**Date**	**Outcome**
Governing Body	28/08/2019	Governing Body
Health and Wellbeing Board	02/10/2019	To be discussed further

Bury System Urgent Care Review and Re-design Brief

1. Review Objectives
   - Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
   - Reduce Non-Elective Admissions at FGH (metrics tbc)
   - Deliver £2.6m savings from current spend from Urgent Care Services "in scope" by April 2020
   - Redesign to simplify access points to improve patient experience

2. Services in-scope of Review:
   - Accident and Emergency at PGH
   - Urgent Care Treatment Centre at FGH
   - Walk in Centres at Moorgate and Prestwich
   - GP Out of Hours Service (BARDOC)
   - GP Extended Access (Direct Enhanced Services, now commissioned via the Primary Care networks to ensure additional 30 min access per 1000 population)
   - GP Extended working Hours (Extends appts 6.30 – 8 p.m. and at weekends)
   - GP in hours – availability of appointments
   - Green Car service
   - Same Day Emergency Care
   - Integrated Virtual Clinical Hub (tbc)

3. a) Proposed Project Teams

J. Schryer	Urgent Care Chair and SRO
N. Parker	Programme Manager (tbc)
K. Patel	LCO MD
S. O'Hare	CCG Finance and Analytics
D. Latham	CCG Urgent Care Commissioner
K. Lee	CCG Urgent Care Commissioner
S. McCallum	Senior Clinical Leads, FGH
A. Abbass	Senior Clinical Leads, FGH
K. Wynne Jones	LCO Senior Manager
S. Taylor	LCO Senior Manager
I. Trafford	LCO, Urgent Care PMO Lead
V. Riding	CE, BARDOC
K. Gibbons	FGH Senior Urgent Care Manager
L. Williams	FGH Senior Urgent Care Manager
	with support from:
S. Barnard	GM Urgent Care Lead
A. Osei	GM Primary Care Manager

   b) To be identified:
   - PMO Support via SRFT/NCA

- Analytics support from GM and NCA

c) Project sub structure to include:
   - Finance
   - BI / analytics
   - Workforce
   - Estates

4. Outputs
   - High Level Project Plan to go to Governing Body on 28 September 2019.
   - Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019.
   - Regular update reports to the Governing Body with savings to commence from April 2020.

5. Key Local Reviews to be considered:
   - North of England Commissioning Support Unit Capacity and Demand Review – September 2019
   - Utilisation Management Review of ED attendances at FGH – September / October 2019
   - Emergency Care Intensive Support Team (ECIST) Review of FGH – September 2019 which will also support the Intermediate Care Review (below)
   - Various reports developed by the CCG vis-à-vis reviews of urgent Care in Bury
   - FGH local analysis (August 19) of ED Growth

6. Governance
   - This Project to be part of the Bury/NCA Transformation Programme (link: Jude Adams)
   - Project Group to be established to include: J Schryer as Chair, S Taylor (MD, FGH), G little (Accountable Officer), Kth Wynne-Jones (LCO), S Barnard as Representative from GM, N Parker (Project Manager), Councillor A Simpson

7. Key inter-Relationships:
   - Intermediate Tier Review (on-going, also with a separate savings target, Scope of Review includes Integrated Discharge Team; recommendations from this Review should support flow across the Urgent Care System)
   - Review of Operating Model for Integrated Neighbourhood Teams

M. O'Dwyer
17.09.19
V4

Agenda Item 9

Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Receive
Item No	9	**Confidential / Freedom of Information Status**	No
Title	Finance Report Including Commissioning Reviews		
Presented By	Mike Woodhead, Joint Chief Finance Officer for NHS Bury CCG & Bury Council		
Author	Mike Woodhead, Chief Finance Officer for NHS Bury CCG & Bury Council		
Clinical Lead	-		
Council Lead	Cllr O'Brien		

Executive Summary

This report updates the CCG Governing Body on financial performance for 2019/20, an update on the savings programme, risks and mitigations and the planning work for 2020/21. As we establish the Strategic Commissioning Board, the report contains, for the first time, a view of both CCG and Council finance.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the content of this report

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒

Implications						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details	Conflicts of Interest not being declared in line with statutory obligations					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been discussed.		

1. Introduction

1.1. This report updates the CCG Governing Body on financial performance for 2019/20, an update on the savings programme, risks and mitigations and the planning work for 2020/21. As we establish the Strategic Commissioning Board, the report contains, for the first time, a view of both CCG and Council finance[1].

2. Financial Performance 2019/20

2.1. Table 1, below, shows the forecast outturn position (based on month 4 and month 5 data for the Council and CCG respectively).

Table 1: Forecast Outturn 2019/20

	Budget £000	Forecast £000	Variance £000
Communities and Wellbeing	70,839	71,784	(945)
Children's and Young People	41,436	42,477	(1,041)
Operations	12,873	12,785	88
Business Growth and Investment	(930)	(385)	(545)
Resources and Regulation	6,949	7,272	(323)
Other Council Services	7,695	5,718	1,977
Sub Total Council	**138,862**	**139,651**	**(789)**
Acute Services	162,562	164,903	(2,341)
Community Health	30,615	30,717	(102)
Continuing Care	13,628	13,981	(353)
Mental Health Services	30,221	30,162	59
Other Programme	6,212	6,662	(450)
Primary Care	37,816	37,897	(81)
Primary Care Co-Commissioning	27,218	27,218	0
Running Costs	4,303	4,303	0
Reserves	(5,720)	(8,988)	3,268
Sub Total CCG	**306,855**	**306,855**	**0**
TOTAL OCO	445,717	446,506	**(789)**

2.2. The key variances are explained below:

- Adult Social Care and Public Health are both forecast to stay within budget. The £945k overspend in Communities and Wellbeing is being driven by the ongoing deficits in Leisure Services and Civic Centres. An options appraisal is being developed by the Director of CWB to address this pressure.
- The Children's and Young People budget is forecast to overspend by £1,041k. This relates to slippage in 2019/20 savings plans and This relates to slippage in 2019/20 savings plans and will be mitigated through vacancy management, maximisation of

[1] The Council figures here represent the in-year income and expenditure against the Council's net revenue budget of £138.9m. This relates to the General Fund only and does not include the ring-fenced Housing Revenue Account or Direct Schools Grant. The overall gross expenditure budget for the Council, including the HRA and DSG is £588m.

external funding, community asset transfer of Children's Centre buildings, and the identification of additional posts that can be disestablished. The potential in-year mitigations for 2019/20 currently total £353k.

- Business Growth and Investment is forecast to overspend by £545k, again due to slippage in 2019/20 savings plans.
- Resources and Regulation is forecast to overspend by £323k, again due to slippage in 2019/20 savings plans.
- Other Council Services will underspend by at least £1,977k. This mainly reflects the release of contingencies and refunds relating to Greater Manchester Levies.
- The Acute Services forecast overspend of £2,341k is mainly driven by:
    - Pennine Acute £1,500k pressure (mainly relating to increased Accident and Emergency and Non-elective Care activity)
    - Oaklands Private Hospital £750k pressure. This reflects an increase in referrals for elective procedures, as capacity in Pennine Acute is limited.

  The GM Utilisation Management Team are completing a study into the drivers of increased urgent care activity, to help us identify mitigating actions. Contracting, Business Intelligence and finance colleague are testing the validity of the data and a system-wide review of Urgent Care is underway, with a commitment to implement findings (target saving £1m) by 1 April 2020.

- Continuing Healthcare shows a forecast outturn of £353k. This reflects demand pressures, with a particular growth in joint funded cases. The highest cost cases are being reviewed monthly to ensure the accuracy of the data and understand the drivers of demand.
- Other programme shows a forecast overspend of £450k relates to a number of pressures including the commitment that Greater Manchester CCGs have made to 'A Bed for Every Night' programme and additional resource costs required to support the delivery of savings.
- The Reserves[2] underspend of £3,268k anticipates financial support of £4,100k for the CCG from the wider health and care economy. Discussions are ongoing with GM Health and Social Care Partnership, Bury Council and other partners. There is also a c£800k pressure versus other reserve budgets, mainly relating to unallocated savings targets.

2.3. The forecasts reported above contain a significant degree of judgement and are subject to some material additional risks that could arise in year. Section 4 summarises the main risks and mitigations likely to arise in year.

3. Savings Programme 2019/20

3.1. The savings tracker, detailed in Appendix A, shows for each directorate:

- Scheme title
- Project status

[2] Reserves in this context for the CCG refers to in-year contingencies and budgets set aside to cover specific in-year risks; as opposed to balance sheet reserves held by the Council.

- Level of risk to delivery
- Executive sponsor
- 2019/20 planned savings
- 2019/20 forecast for the year (titled PYE, i.e. Part Year Effect)
- Variance to plan
- Anticipated recurrent savings (titled FYE, i.e. Full Year Effect)

3.2. Table 2 summarises the forecast.

Table 2: Savings Tracker Summary.

	Plan	Forecast	Variance	Recurrent
	£000s	£000s	£000s	£000s
Savings Target	24,841	14,051	-10,790	13,188

3.3. The main variance to note (see Appendix A for detail) are:

- £1,138k shortfall in Children and Young People re the service/staffing review. This scheme has slipped in terms of timeline but is still expected to deliver the original target recurrently.
- £500k shortfall in Communities and Wellbeing re HRA charges. This was highlighted as being one of the more risky assumptions at budget setting time and, now that the detailed investigation has been completed, the risk has crystallised.
- £500k shortfall in Communities and Wellbeing re "Investment Agreement". This was an anticipated level of benefits from the transformation programmes in health and social care that has not materialised. This is part of the ongoing work with Northern Care Alliance to work together on system-wide savings.
- £899k shortfall in Communities and Wellbeing relating to the review of low-cost packages of care. This is partly slippage in timeline due to capacity issues, although the recurrent impact is expected to be £400k lower than the original target, too.
- £776k of additional savings in Communities and Wellbeing, helping to offset these last three shortfalls. The additional savings are in the areas of staff restructures and the "supporting people" programme.
- CCG savings forecasts currently run at £7,898k below the £12,500 target – this is a gap for which the CCG has had no implementation-ready plans to fill (see below).

3.4. In relation to the CCG gap, a report was presented at the CCG's Governing Body meeting in August which set out proposals for savings schemes to be in place for delivery by 1st April 2020. The summary table included within the paper is below (table 3). The recommendations in the paper were approved. However, these schemes are unlikely to deliver any material benefits in 2019/20.

3.5. Further scoping work has been undertaken for these schemes. Appendix B includes:

- Update on plans with key milestones
- Scoping briefs for
  - Urgent Care Review

- Intermediate Care Review
- Learning Disabilities Respite Review

Table 3: Summary Additional CCG Savings Programmes

Scheme	Estimated annual savings (£m)
Review of intermediate care	2.0
Outpatients – follow up redesign *(12.5% of total follow up spend)*	1.0
Demand management (primary care*) (1.2% scheduled care spend)*	1.0
Review of urgent care (*6.2% of urgent care costs – Fairfield General Hospital and primary care costs only)*	1.0
Review of learning disabilities respite services	0.7
Consultant to consultant referrals *(37.5% of total consultant to consultant referral spend)*	0.6
Respiratory pathway	0.4
Review of Greater Manchester Mental Health contract	0.2
Review of Salford Royal Community contract	0.1
Review of estates utilisation	0.1
Review of dermatology services	0.1
Subtotal	**7.2**
Annual impact of Vitamin D deficiency testing and monitoring of procedures of limited clinical value	0.5
Total	**7.7**

4. Risks and Mitigations 2019/2020

4.1. The Council's risk adjusted forecast outturn as shown in chart 1, below, is break-even. There is some risk of further slippage in the 2019/20 savings programme and additional pressures in demand-led services (particularly adult and children's social care), but there is also a high probability of further underspends emerging in non-service specific budgets (e.g. VAT reclaims, Airport dividends, GM levy surpluses). The Council is obliged to balance its books in year, so any residual deficit would be met from reserves. However, it is important to note that the Council is committed to at least maintaining its already very depleted General Reserves this year; and the expectation is that service areas will fully mitigate savings shortfalls and spending pressures in year.

4.2. The CCG's risk adjusted forecast outturn as shown in chart 2, below is £7,175k. This is predominantly due to the high risk of materially underachieving savings targets. Mitigations relate predominantly to possible underspends (reductions in the forecast outturn).

Chart 1: Council Risks and Mitigations (£000s)

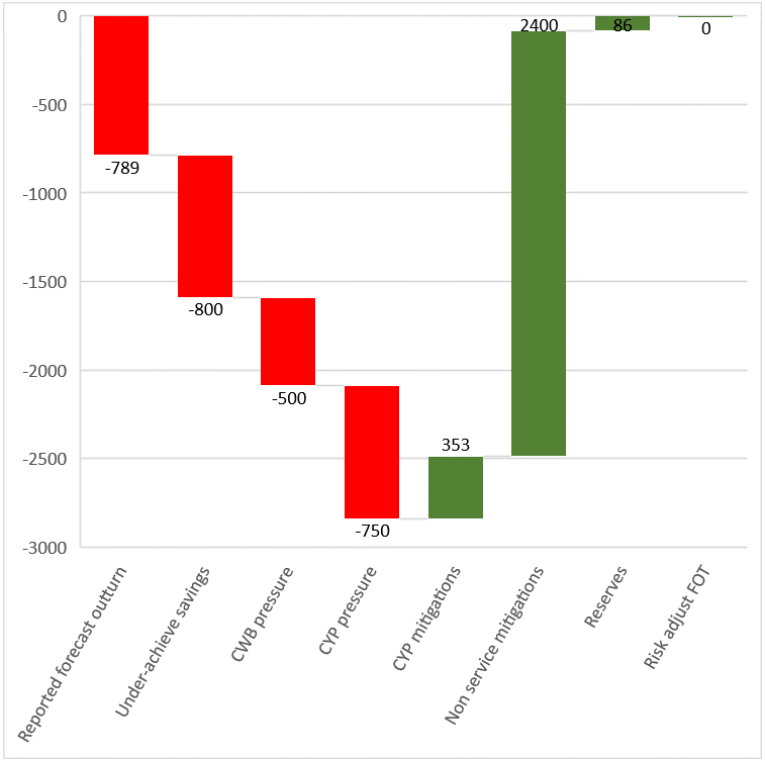
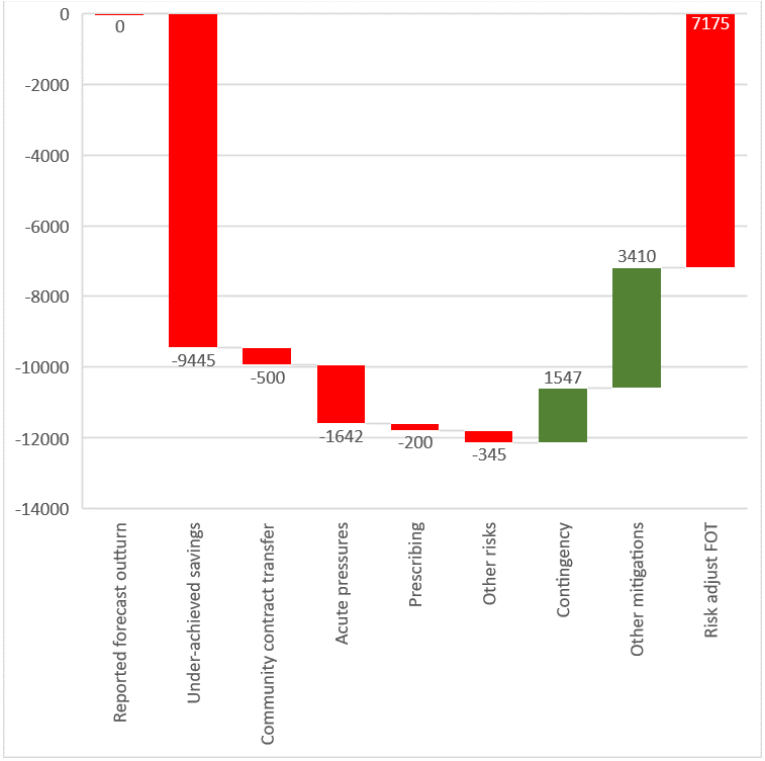


Chart 2: CCG Risks and Mitigations (£000s)



5. 2020/21 Budget and Medium-Term Financial Plan

5.1. The Council and CCG are working on a Joint Medium-Term Financial Plan, including the detailed budgets for 2020/21. There is a lot of work to do over the next three months but this report give some headlines in relation to the approximate size of the financial challenge and the work being undertaken to meet that challenge.

5.2. The recent Spending Round announcements brought some positive news, including:

- Expectation of increased funding settlements for Local Authorities
- Expectation of increased Public Health funding
- The ability to raise a Social Care precept of up to 1.7% in 2020/21
- £1b additional funding nationally for adults and children's social care

5.3. It must be noted that there is a lot of detail still to come from Government about how this funding will be distributed and what conditions might be attached. There is also a lot of uncertainty around the national political situation, Brexit, etc. However, our best assessment at this stage is that the Council's financial gap for 2020/21 is likely to be in the region of £10m. This includes the £4.6m. of deferred savings from the 2019/20 Council budget.

5.4. The CCG gap could be as high as £14m - £15m next year, mainly because:

- Non-recurrent measures taken to balance books in 2019/20 won't be available again in 2020/21 (£8m-£9m)
- Acute pressures in 2019/20 will impact on contract values in 2020/21 (£2m)
- Increased funding will be insufficient to cover inflation and demand pressures (£3m - £4m)

5.5. A series of workshop are underway with Executive Directors and senior colleagues to build on the pipeline of savings proposals and produce detailed plans to support a balance 2020/21 budget. Progress reports will go to:

- Budget recovery boards
- Council Cabinet
- CCG Governing Body and Finance, Contracting and Procurement Committee
- Strategic Commissioning Board

6. Recommendations

6.1. Members are asked to note the content of this report

Appendix A: Savings tracker

Directorate/ Workstream	Scheme Title	Project status	Risk to financial delivery	Executive Sponsor	Sum of Plan 2019-20 TOTAL	Sum of Total In Year (PYE)	Sum of In Year (PYE) Variance	Sum of Recurrent (FYE)
BG&I	Facilities management review phase I	Behind schedule	Medium risk	Paul Patterson	50	25	(25)	50
	Office accommodation review phase I	Behind schedule	Medium risk	Paul Patterson	288	85	(203)	170
Commercial & Other	Highways - Capital	Completed	Delivered	Dave Brown	600	600	-	600
	Re-Tender Parking Contract	Behind schedule	Medium risk	Dave Brown	200	83	(117)	-
C&YP	Business Support Functions	Completed	Delivered	Karen Dolton	68	78	10	78
	Procurement Contract reviews	Completed	Delivered	Karen Dolton	150	75	(75)	150
	Reduced Pension Liabilities	On track	Medium risk	Karen Dolton	150	30	(120)	30
	Relocating from Higher Lane	Off track	High risk	Karen Dolton	90	39	(51)	80
	Service Review / Staffing Restructure	On track	Medium risk	Karen Dolton	2,005	867	(1,138)	2,005
	Traded Services Finance / HR	Completed	Delivered	Karen Dolton	120	122	2	122
	Transformation of Children's Social Care	On track	Low risk	Karen Dolton	215	300	85	300
	Children's centres running costs	On track	High risk	Karen Dolton	-	20	20	70
	Childrens mutual settlement	On track	High risk	Karen Dolton	-	100	100	400
	Childrens services review	On track	High risk	Karen Dolton	-	50	50	50
CWB	Better Care Fund CCG Contingency Support	Completed	Delivered	Julie Gonda	1,500	1,500	-	-
	CCG Support for Mental Health/Public Health	Completed	Delivered	Julie Gonda	310	310	-	-
	High cost packages	Off track	Low risk	Julie Gonda	-	94	94	600
	HRA (Housing Revenue Account) Charges	Off track	High risk	Julie Gonda	500	-	(500)	-
	Investment Agreement with LCO	Off track	High risk	Julie Gonda	500	-	(500)	500
	Persona	Completed	Delivered	Julie Gonda	200	200	-	200
	Release of additional 19/20 IBCF	Completed	Delivered	Julie Gonda	1,324	1,324	-	-
	Social care review of lower cost packages	Off track	High risk	Julie Gonda	1,400	501	(899)	1,000
	Staff restructure	Completed	Delivered	Julie Gonda	-	250	250	150
	Supporting people - delivered	Completed	Delivered	Julie Gonda	-	400	400	400
	Supporting people - In progress	On track	Medium risk	Julie Gonda	-	126	126	385
	Reduction in Public Health Contracts - In progress	On track	Medium risk	Julie Gonda	231	356	125	356
	Reduction in Public Health Contracts - recurrent	On track	Low risk	Julie Gonda	659	367	(293)	367
	Reduction in Public Health Contracts - non recurrent	On track	Low risk	Julie Gonda	-	167	167	-
Corporate Core	Data Management / Storage Costs	On track	Low risk	Lynne Ridsdale	200	200	-	200
	Debt Collection	Behind schedule	High risk	Lynne Ridsdale	100	-	(100)	-
	Insurances	Off track	High risk	Lynne Ridsdale	200	-	(200)	-
	Pay Services – income generation	On track	Low risk	Lynne Ridsdale	50	50	-	50
	Reconfiguration of Security Service	Behind schedule	Medium risk	Lynne Ridsdale	150	150	-	90
	Review of discretionary budgets	On track	Low risk	Lynne Ridsdale	281	281	-	281
	Review of Finance Structures	On track	Low risk	Lynne Ridsdale	200	200	-	200
	Review of Financial Assessments / Income Collection	Behind schedule	Medium risk	Lynne Ridsdale	300	200	(100)	300
	Telephony Contract savings	On track	Low risk	Lynne Ridsdale	100	100	-	
	Undertaking legal work in house in respect of insurance	On track	Low risk	Lynne Ridsdale	200	200	-	200
CHC	CHC Review of complex cases	On track	Low risk	Catherine Jackson	-	350	350	600
Elective Care	Clinically Appropriate Blood Testing	Completed	Delivered	Margaret O'Dwyer	-	38	38	38
	Diagnostic Review	On track	Medium risk	Mike Woodhead	-	292	292	696
	PLCV - Compliance	On track	Medium risk	Mike Woodhead	-	512	512	-
	PLCV - Extension of Threshhold Criteria	Off track	High risk	Mike Woodhead	-	-	-	-
Integrated Care	Dermatascopes	On track	Delivered in prior	Margaret O'Dwyer	-	-	-	-
	First Outpatient & Follow Up's	Off track	High risk	Margaret O'Dwyer	-	-	-	61
	Ophthalmology	On track	Low risk	Margaret O'Dwyer	-	72	72	40
	Vitamin D testing	On track	Medium risk	Margaret O'Dwyer	-	120	120	240
Medicines Optimisation	MO in Primary Care - new schemes	Off track	High risk	Margaret O'Dwyer	-	555	555	261
	MO in Primary Care - prior year FYE	Completed	Delivered	Margaret O'Dwyer	-	45	45	339
Mental health	Mental Health Spend Review	Behind schedule	Low risk	Mike Woodhead	-	512	512	512
Mental Health	Mental Health contract rebase	Off track	High risk	Mike Woodhead	-	-	-	-
Primary Care	Decommissioning of Sector Leads	Completed	Delivered	Margaret O'Dwyer	-	48	48	-
	Quality in Primary Care Contract	On track	Low risk	Margaret O'Dwyer	-	300	300	300
	Referral Management Scheme	Off track	High risk	Margaret O'Dwyer	-	-	-	500
	Solarise Diclofenic	On track	Low risk	Margaret O'Dwyer	-	8	8	14
Urgent Care	Decommissioning of Oak Lodge	Completed	Delivered	Margaret O'Dwyer	-	87	87	87
Women & Children	IVF	On track	Medium risk	Margaret O'Dwyer	-	116	116	116
Non recurrent mitigations	Contingency	On track	Low risk	Mike Woodhead	-	1,547	1,547	-
CCG Target	CCG Target DO NOT USE	On track	Low risk	N/A	12,500	-	(12,500)	-
Grand Total					**24,841**	**14,051**	**(10,790)**	**13,188**

2019/20 Financial Recovery Plan – Update

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
Review of intermediate care	Manage demand and rebalance capacity with demand	2.0	A. Crook	See separate scoping document	April 2020
Outpatients:	Reduce demand	1.0 (12.5% of total follow up spend)			
i) CCG identified schemes			F. Love /		
• Patient Initiated Follow Ups (PIFU)			J. James	• Phase 1 (Rheumatology, gastroenterology, respiratory, gynaecology) • Phase 2 (urology, ENT, neurology, adult Mental Health cardiology, dermatology, endocrinology)	Commenced July 2019; to be completed October 2019 Implementation April 2019/20
• Virtual Clinics				• Phase 1 (clinical haematology, Fracture Clinics) • Phase 2 (specialities as per PIFU)	Implemented To be implemented April 2020
• Consultant Telephone Consultations				• Video conferencing and telephone clinics for first and follow-up outpatients	By March 2020
ii) Wider development of Outpatient transformation programme with NCA				• Details of programme and commencement date to be arranged	2020/21 onwards
Demand Management in Primary Care (Introduction of Gateway Mechanisms to improve quality of referrals and direct patients to right clinics)	Reduce demand	1.0 (1.2% of scheduled care spend)	J. James	• Advice and Guidance for first 10 specialities implemented • Advice and Guidance for Phase 2 specialities (urology, diabetes)	All implemented December 2019 On-going

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
				• Comms with patients, GPs, hospitals	
Review of Urgent Care	Reduce demand and emergency admissions	1.0	N. Parker	• See separate scoping document	April 2020
Review of Respite Services for Learning Disabilities	Rebalance capacity and demand for Respite Services	0.7	K. Hayat	• See separate scoping document	April 2020
Consultant to Consultant Referrals	Reduce demand and avoid planned admissions	0.6 (37.5% of total consultant to consultant spend)	J. James	• Utilisation Management Audit completed • Analysis received • New Gateway mechanism / local policy agreed with PAHT • Comms with GPs, PAHT, patients including documentation	October 2019 November 2019 January 2020 Ongoing
Review Respiratory Service (Expansion of Community Service for Coronary Obstructive Pulmonary Disease including Pulmonary Rehabilitation)	Reduced avoidable emergency admissions	0.4	Z. Rahman	• Business case to be completed • Implementation	October 2019 Q4 2019/20
Review Bury's Contract with Greater Manchester Mental Health (GMMH)	Savings from duplication	0.2	K. Hayat / S. Hargreaves	• Review of all services commissioned by Bury CCG from GMMH to explore value for money • Output of review • Implementation of findings	Underway December 2019 April 2020
Review of Bury CCG's existing contract with Salford Royal FT for Community Services	Savings from duplication	0.1	K. Major / A. Deveney	• Review of all SRHT services commissioned by Bury CCG to confirm value for money • Output of Review • Implementation	Underway December 2019 April 2020
Review of estates utilisation	Identify savings / efficiencies	0.1	M. Woodhead	• Review of overall estate to identify savings • Findings to be available	Ongoing December 2019 March 2020

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
				• Implementation	
Review of dermatology services:	Reduce demand	0.1	Z. Rahman	• Pilot 16 General Practices in Phase 1	Implemented May 2019
i) use of dermatoscopes in General Practice to eliminate need for certain dermatology referrals				• Evaluation of Phase 1 • Training programmes to be delivered for remaining practices • Roll out to remaining (Phase 2) Practices	October 2019 November 2019 January 2020
ii) Roll out teledermatology photographs taken in General practice, sent into hospital electronically, with consultant advice by return in 3 days				• Preparation underway based on Stockport Project • Programme of training initiated • Launch	To be completed by November 2019 Underway January 2020
Subtotal		**7.2**			
Implementation of decision to cease Vitamin D tests		0.5	M. Hargreaves J. James	• Clinical meeting with PAHT to agree process to stop tests • Technical solution to turn off test availability across NES General Practices to be agreed by • Workaround for Bury Practices if quick NES solution cannot be agreed • Comms to Practices commenced and	September 2019 October 2019 October 2019 Ongoing
Implementation of decision to "police" Procedures of Limited Clinical Value (list attached)			M. Hargreaves J. James	• CCG monthly challenges • Comms to practices / patients to raise awareness of procedures and process commenced and • Process agreed to channel request through Individual Finding Request (IFR) Panel • Implementation of Prior Approval Process • Agree process with PAHT to return referrals already in the system	Ongoing Ongoing October 2019 November 2019 Ongoing

Scheme Description	Principal Purpose	Estimated Savings (£m)	Named lead	Key Milestones	Date completed / to be achieved
Total		**7.7**			

M. O'Dwyer
September 2019

Bury System Intermediate Care Review and Rebalance - Brief

1. Review Objectives

   Intermediate Care Rebalance Exercise –
   - Rebalance Intermediate Care Services to deliver an equal if not greater number of episodes across Intermediate Care Services for an overall reduced cost
   - Ambition to deliver £2m savings from current spend by April 2020
   - Redesign to simplify service offer and pathways
   - Extend service areas/provision of Rapid Response Service
   - Improve effectiveness and user experience

2. Services in-scope of Review:
   - Bealeys
   - Killelea
   - Reablement
   - Rapid Response
   - Discharge to Assess beds
   - Short Stay beds
   - Integrated Discharge Services – Fairfield, North and Out of Borough

3. a) Core Project Team

J. Gonda	Executive Director Communities and Wellbeing
A. Crook	Assistant Director Adult Social Care Operations
L. Darley	Director of Service Transformation
D. Hawley	Intermediate Tier Lead
K. Sowden	Managing Director Persona

   b) Extended Support Team:
   - Analytics – Sandy Firth
   - Finance – Mui Wan, Velma Livesey, Sue Hargreaves
   - Commissioning – Cath Tickle

4. Outputs – high level output to be delivered by end of September 2019 for refinement and implementation by April 2020

   - Benchmarking clearly illustrates that Bury is too reliant on bed based services delivering too much of its activity in Bealeys, Killelea and its Discharge to Assess Beds. In addition activity that would best be providing in an intermediate care setting is going to other short stay beds not set up for this purpose. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used they will be delivered in locations that are the most cost effective.
   - This rebalance will see clear activity expectations for our newly enhanced intermediate Care at Home and Rapid Response Services set and with it an increase in support to our urgent care system

- In addition a robust model for Integrated Discharge will delivered to cover Fairfield General, North Manchester General and our residents in out of Borough Hospital
- Aspirational capacity levels required to deliver System balance will also be identified to compliment the Greater Manchester Adult Social Care Transformation programme of the same name
- High Level Project Plan to go to Governing Body on 28 September 2019
- Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019
- Regular update reports to the Governing Body with savings to commence from April 2020.

5. Key Local Reviews to be considered:
    - North of England Commissioning Support Unit System Balance Review – September 2019

6. Governance
    - The outcome of this review to report to:
        - The Bury System Board
        - The Strategic Commissioning Board
        - The Governing Body

7. Key Inter-Relationships:
    - Urgent Care Review
    - Review of Operating Model for Integrated Neighbourhood Teams

J. Gonda
18 September 2019
V2

Bury System Urgent Care Review and Re-design Brief

1. Review Objectives
   - Improve performance of 4 hour waits to reach the Provider Sustainability Fund agreed trajectory of 92% at FGH by March 2020
   - Reduce Non-Elective Admissions at FGH (metrics tbc)
   - Deliver £2.6m savings from current spend from Urgent Care Services "in scope" by April 2020
   - Redesign to simplify access points to improve patient experience

2. Services in-scope of Review:
   - Accident and Emergency at PGH
   - Urgent Care Treatment Centre at FGH
   - Walk in Centres at Moorgate and Prestwich
   - GP Out of Hours Service (BARDOC)
   - GP Extended Access (Direct Enhanced Services, now commissioned via the Primary Care networks to ensure additional 30 min access per 1000 population)
   - GP Extended working Hours (Extends appts 6.30 – 8 p.m. and at weekends)
   - GP in hours – availability of appointments
   - Green Car service
   - Same Day Emergency Care
   - Integrated Virtual Clinical Hub (tbc)

3. a) Proposed Project Teams

J. Schryer	Urgent Care Chair and SRO
N. Parker	Programme Manager (tbc)
K. Patel	LCO MD
S. O'Hare	CCG Finance and Analytics
D. Latham	CCG Urgent Care Commissioner
K. Lee	CCG Urgent Care Commissioner
S. McCallum	Senior Clinical Leads, FGH
A. Abbass	Senior Clinical Leads, FGH
K. Wynne Jones	LCO Senior Manager
S. Taylor	LCO Senior Manager
I. Trafford	LCO, Urgent Care PMO Lead
V. Riding	CE, BARDOC
K. Gibbons	FGH Senior Urgent Care Manager
L. Williams	FGH Senior Urgent Care Manager
	with support from:
S. Barnard	GM Urgent Care Lead
A. Osei	GM Primary Care Manager

   b) To be identified:
   - PMO Support via SRFT/NCA

- Analytics support from GM and NCA

c) Project sub structure to include:
   - Finance
   - BI / analytics
   - Workforce
   - Estates

4. Outputs
   - High Level Project Plan to go to Governing Body on 28 September 2019.
   - Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019.
   - Regular update reports to the Governing Body with savings to commence from April 2020.

5. Key Local Reviews to be considered:
   - North of England Commissioning Support Unit Capacity and Demand Review – September 2019
   - Utilisation Management Review of ED attendances at FGH – September / October 2019
   - Emergency Care Intensive Support Team (ECIST) Review of FGH – September 2019 which will also support the Intermediate Care Review (below)
   - Various reports developed by the CCG vis-à-vis reviews of urgent Care in Bury
   - FGH local analysis (August 19) of ED Growth

6. Governance
   - This Project to be part of the Bury/NCA Transformation Programme (link: Jude Adams)
   - Project Group to be established to include: J Schryer as Chair, S Taylor (MD, FGH), G little (Accountable Officer), Kth Wynne-Jones (LCO), S Barnard as Representative from GM, N Parker (Project Manager), Councillor A Simpson

7. Key inter-Relationships:
   - Intermediate Tier Review (on-going, also with a separate savings target, Scope of Review includes Integrated Discharge Team; recommendations from this Review should support flow across the Urgent Care System)
   - Review of Operating Model for Integrated Neighbourhood Teams

M. O'Dwyer
17.09.19
V4

Bury Learning Disability Respite Brief

1. Strategic Aim

The overarching aim of the group is to oversee the review of Learning Disability respite provision and scope future requirements. This is with a view to recommendations to develop an equitable and sustainable service models for providing short breaks and respite services across the borough.

2. Services in Scope of Review

- Cambeck Close - CCG Commissioned
- Local Authority commissioned LD Respite Services

3. Review Objectives

- Review current LD respite provision by the CCG for Children and adults.
- Review current LD provisions by the Bury Council for children and adults.
- Gather intelligence and locality of the LD cohort requiring respite/short breaks.
- Consider options available for those clients assessed as not meeting the criteria.
- Review what the alternative models of care are across Greater Manchester (GM).
- Assurance that there is high level oversight of the action plan and progress.
- Provide supportive challenge to the action plan in relation to how the action plan is being executed and monitored in a timely manner.
- Agree the closure of actions / areas of concern on the risk log.
- Providing feedback to the Clinical & Executive Lead following each meetings and confirming the outcome
- Revised proposals to identify savings of £0.7m by April 2020.

4. a) Project Team

- Kez Hayat - Commissioning programme Manager, Bury CCG
- Cathy Fines - Clinical Lead (Children), Bury CCG
- Nigget Saleem - Clinical Lead (Leaming Disability), Bury CCG
- Nasima Begum - Commissioning Manger, Bury CCG
- Ruth Wheatley - Strategic Lead (Strategy and Commissioning), Bury Council.
- Nicola Lee- Strategic Planning & Development Lead, Bury Council.
- Debbie Yates - Provider Relationship Manager, Bury Council.

b) In addition the Group will co-opt members with specific knowledge when reviewing evidence submitted such as:

- Finance
- BI / analytics
- Workforce
- Estates

5. Outputs

- High Level Project Plan to go to Governing Body on 28 September 2019
- Final Project Plan with key milestones and timelines to Governing Body on 23 October 2019
- Regular update reports to the Governing Body with savings to commence from April 2020.

6. Governance

- The Task & Finish Group will meet every two week for a period of 8 months
- The Task and Finish group will report to LO Delivery Group, to System Board, Strategic Commissioning Board and Governing Body.

J. Gonda
18 September 2019
V2

Policy No	Policy Name
GM003	Varicose Veins
GM005	Trophic Electrical Stimulation (TES) for facial palsy
GM006	Breast Surgery (Aesthetic)
GM011	Body Contouring
GM012	Pinnaplasty
GM013	Skin Lesions (Common Benign)
GM014	Electrolysis and Laser Hair Removal
GM015	Drainage of the Middle Ear
GM016	Hyperhidrosis
GM017	Headache Disorders
GM018	Spinal Procedures (Out of Contract)
GM020	Lycra Body Suits
GM022	Pelvic Vein Embolisation
GM023	Split and Torn Earlobes (Repair of
GM024	Rhinoplasty / Septoplasty / Septorhinoplasty
GM025	Ganglion Removal
GM026	Cataract Surgery
GM027	Labiaplasty
GM028	Tonsillectomy
GM029	Sacroneuromodulation for Urinary Rentention and Constipation
GM030	Complementary and Alternative Therapies
GM031	Skin Resurfacing Techniques
GM032	Shoulder Impingement (Arthroscopic sub-acromial decompression for)
GM033	Caesarean Section
GM034	Knee Arthroscopy
GM035	Carpal Tunnel Syndrome (Surgical Interventions for)
GM036	Functional Electrical Stimulation (FES) for foot drop
GM037	Hyaluronic Acid Injections for Osteoarthritis
GM038	Trigger Finger (Surgical correction of)
GM039	Continuous Glucose Monitoring (Real-time)
GM040	Aesthetic Surgery (Other)
GM042	Haemorrhoids and Anal Skin Tags
GM043	Orthoses, Bespoke Orthoses & 24-hour Posture Management
GM044	Eyelid Lesions (Common Benign)
GM045	MRI Scanning (wide bore, open and open upright)
GM046	Low Back Pain (with or without sciatica) this now includes Radiofrequency Denervation
GM048	Dermatochalasis (Correction of)
GM049	Dupuytrens Contracture
GM050	Surgical management of Ankyloglossia (tongue tie)
GM051	Knee Replacement
GM052	Bunion (Hallux Valgus) Removal
GM054	Circumcision - Operations on the Prepuce
GM056	Hip Replacement
GM058	Surgical Correction of Adult Strabismus (squint)
GM059	Surgical Repair of Hernias
GM060	Photorefractive (laser) surgery for the correction of refractive errors
GM062	Endoscopic Thoracic Sympathectomy for facial blushing
GM063	Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing

Policy No	Policy Name
GM066	Scarring (Surgical revision of)
GM067	Tattoo Removal
GM068	Snoring (Invasive treatments for)
GM069	Hair Replacement Technologies for Alopecia
GM070	Facet Joint Injections
GM075	Experimental and Unproven Treatments

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Meeting: Strategic Commissioning Board			
Meeting Date	02 October 2019	**Action**	Information
Item No	10	**Confidential / Freedom of Information Status**	No
Title	Greater Manchester Joint Commissioning Board Minutes – 16 July 2019		
Presented By	Dr Jeff Schryer, CCG Chair		
Author	Greater Manchester Combined Authority		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of the Greater Manchester Joint Commissioning Board meeting held on 16 July 2019 for information
Recommendations
It is recommended that the Strategic Commissioning Board: • Notes the Minutes of the Greater Manchester Joint Commissioning Board held on the 16 July 2019

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	N/A
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐

Implications						
Are there any financial implications?	Yes	☐	No	☒	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	The Bury locality is represented at this meeting and the Greater Manchester work is aligned with local strategy / priorities					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?	None – thee minutes are publicly available via https://democracy.greatermanchester-ca.gov.uk/ieListMeetings.aspx?CommitteeId=140					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details	*N/A*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
Greater Manchester Joint Commissioning Board	17/09/2019	Minutes being submitted for ratification

Agenda Item 4

GM JOINT COMMISSIONING BOARD

MINUTES OF THE MEETING HELD ON 16 JULY 2019 AT GMCA OFFICES, CHURCHGATE HOUSE, MANCHESTER

Bolton	Dr Wirin Bhatiani Su Long
Bury	Dr Jeff Schryer
Manchester	Dr Ruth Bromley Ian Williamson
Oldham	Councillor Zahid Chauhan Dr John Patterson
Heywood, Middleton and Rochdale	Dr Chris Duffy Steve Rumbelow
Salford	Councillor John Merry Dr Tom Tasker (Chair) Anthony Hassall
Stockport	Councillor Jude Wells Noreen Dowd
Tameside	Councillor Brenda Warrington Dr Ashwin Ramachandra Steven Pleasant
Trafford	Councillor Jane Slater Dr Sally Johnston Martyn Pritchard
Wigan	Councillor Keith Cunliffe Dr Tim Dalton Craig Harris
GM Commissioning Team	Rob Bellingham
GMCA	Eamonn Boylan Lindsay Dunn
GM Directors of Commissioning	Margaret O'Dwyer
GM Health and Social Care Partnership	Sarah Price Jon Rouse

HSCJCB 23/19 WELCOME AND APOLOGIES

Dr Tom Tasker, Clinical Chair, Salford CCG welcomed all locality members to the meeting of the GM Health and Care Joint Commissioning Board. An extended introduction to the recently appointed members of the Board was provided to Councillor Zahid Chauhan, Cabinet Member for Health and Social Care, Oldham Council, Dr Ashwin Ramachandra, Clinical Chair, Tameside and Glossop CCG, Craig Harris, Accountable Officer, Wigan CCG and Councillor Jude Wells Cabinet Member for Adult Care and Health, Stockport Council.

Apologies for absence were received from the following;

Councillor Susan Baines (Bolton), Dr Catherine Briggs (Stockport), Councillor Bev Craig (Manchester), Geoff Little (Bury), Councillor Tom McGee (Stockport), Councillor Sara Rowbotham (Rochdale), Dr Jeff Schryer (Bury) and Carolyn Wilkins (Oldham).

HSCJCB 24/19 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

Members were reminded that it had been expected that a report would be presented to the Board with regard to the Improving Specialist Care Programme and the recommendations to proceed to the next stage. It had been recognised that further engagement across the system was required, therefore the item was deferred until the next meeting of the GM Joint Commissioning Board in September 2019.

RESOLVED

That following further engagement across the system, the Improving Specialist Care Programme recommendations be presented at the meeting of the GM Joint Commissioning Board on 17 September 2019.

HSCJCB 25/19 APPOINTMENT OF CO-CHAIRS AND VICE CO-CHAIRS

Dr Tom Tasker reported a conflict interest with the item and requested Rob Bellingham, Managing Director, Greater Manchester Commissioning Team introduce the report and recommendations.

The paper referenced section 6.1 of the Terms of Reference (ToR) for the GM Joint Commissioning Board to be introduced for approval which sets out that “Two JCB members shall be Co-chairs of the JCB”. Section 6.2 of the ToR sets out that “One of the Co-Chairs shall be a JCB member who is a GP (GP Co-Chair) and the other shall be a JCB member who is an elected member or officer of a Local Authority (LA Co-Chair)”.

The December 2018 JCB meeting had agreed a proposal to appoint co-chairs for the period to 31 March 2020. Therefore, the JCB was asked to note the continuation in the role of GP Co-Chair of Dr Tom Tasker, Clinical Chair of Salford CCG.

There was a requirement to identify a new Local Authority Co-Chair and the JCB was requested to approve the appointment of Councillor Brenda Warrington, Leader of Tameside Council as the Local Authority Co-Chair.

Members were advised that Section 8 of the ToR sets out the Term of Office for the Co-Chairs with 8.1 indicating that they "shall serve annual terms of office for the duration of each financial year". Given the timing of the proposals, it was recommended that the appointments should be for the period up to 30 June 2020.

The Terms of Reference, section 7, also make provision for the appointment of Vice Chairs. With the Board's agreement, it was proposed that work would be done to identify Vice Chairs, as described in the ToR.

RESOLVED

1. That the appointments of Dr Tom Tasker and Councillor Brenda Warrington as Co-Chairs for the period to 30 June 2020 be approved.
2. That further work to identify two Vice-Chairs be agreed.

HSCJCB 26/19 MEMBERSHIP OF THE GM JOINT COMMISSIONING BOARD 2019/20

Tom Tasker presented the appointments to the GM Health and Care Joint Commissioning Board for 2019/20.

RESOLVED

That the following appointments to the Greater Manchester Health and Care Joint Commissioning Board for 2019/20 be noted.

NAME	**REPRESENTING**
BOLTON	
Councillor Susan Baines	Executive Cabinet Member, Wellbeing, Bolton Council
Councillor Andrew Morgan (Substitute)	Bolton Council
Dr Wirin Bhatiani	Clinical Chair, Bolton CCG
Su Long	Accountable Officer, Bolton CCG
BURY	
Councillor Andrea Simpson	Cabinet Member for Health and Wellbeing, Bury Council
Councillor David Jones	Leader, Bury Council
Dr Jeff Schryer	Clinical Chair, Bury CCG
Geoff Little	Accountable Officer, Bury CCG

MANCHESTER

Councillor Bev Craig	Executive Member for Adults Health and Wellbeing, Manchester CC
Dr Ruth Bromley	Clinical Chair, Manchester Health and Care Commissioning
Ian Williamson	Accountable Officer, Manchester Health and Care Commissioning

OLDHAM

Councillor Zahid Chauhan	Cabinet Member Health and Social Care, Oldham Council
Dr John Patterson	Clinical Chair, Oldham CCG
Carolyn Wilkins	Accountable Officer, Oldham CCG

ROCHDALE

Councillor Sara Rowbotham	Cabinet Member for Health and Wellbeing, Rochdale Council
Dr Chris Duffy	Clinical Chair, Heywood, Middleton and Rochdale CCG
Steve Rumbelow	Accountable Officer, Heywood, Middleton and Rochdale CCG

SALFORD

Councillor John Merry	Deputy City Mayor and Lead Member for Children's and Young People's Services, Salford Council
Councillor Gina Reynolds (Substitute)	Salford Council
Dr Tom Tasker	Clinical Chair, Salford CCG
Anthony Hassall	Accountable Officer, Salford CCG

STOCKPORT

Councillor Tom McGee	Deputy Leader, Stockport Council
Councillor Jude Wells (Substitute)	Stockport Council
Dr Catherine Briggs	Clinical Chair, Stockport CCG
Noreen Dowd	Interim Accountable Officer, Stockport CCG

TAMESIDE AND GLOSSOP

Councillor Brenda Warrington	Leader, Tameside Council
Dr Ashwin Ramachandra	Clinical Chair, Tameside and Glossop CCG
Steven Pleasant	Accountable Officer, Tameside and Glossop CCG

TRAFFORD

Councillor Jane Slater	Executive Member for Health, Wellbeing and Equalities, Trafford Council Leader, Trafford Council

Councillor Andrew Western (Substitute)	Clinical Chair, Trafford CCG
Dr Sally Johnson	Accountable Officer, Trafford CCG
Martyn Pritchard	

WIGAN

Councillor Keith Cunliffe	Deputy Leader and Portfolio Holder for Adult Social Care, Wigan Council
Dr Tim Dalton	Clinical Chair, Wigan CCG
Craig Harris	Accountable Officer, Wigan CCG

HSCJCB 27/19 TERMS OF REFERENCE (ToR)

Rob Bellingham presented the Board with the Terms of Reference for formal adoption.

It was reported that in line with previous resolutions made at the Joint Commissioning Board, the Terms of Reference have been reviewed and the updated version was presented for approval. A summary of changes made was included in the version control front sheet of the ToR and it was advised that reference to amendment of section 3.4 should include section 3 more broadly. It was proposed that this would be amended to reflect the point of technicality.

It was reported that further work was ongoing to extend the scope of the Terms of Reference to provide for the delegation of specified Local Authority, as well as NHS, commissioning decisions.

Dr Chris Duffy, Clinical Chair, Heywood, Middleton and Rochdale (HMR) CCG requested clarification that HMR CCG had delegated responsibility for the oversight and decision making processes relating to the programme known as “Improving Specialist Care" to the JCB. It was confirmed that the delegations had been endorsed by HMR CCG in two phases.

Anthony Hassall, Accountable Officer, Salford CCG suggested that each locality ensure that the CCG Governing Body receive the revised Terms of Reference for the Joint Commissioning Board.

In agreement, the Chair requested that each locality present the revised Term of Reference for the GM JCB to their CCG Governing Body.

RESOLVED

1. That the revised Terms of Reference for the GM JCB be approved.
2. That further ongoing work to extend the scope of the Terms of Reference to provide for the delegation of specified Local Authority, as well as NHS, commissioning decisions be noted.
3. That the revised Terms of Reference for the GM JCB be presented to each locality CCG Governing Body.

HSCJCB 28/19 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.

HSCJCB 29/19 MINUTES OF THE JCB MEETING ON 18 JUNE 2019

The minutes of the meeting held on 18 June 2019 were submitted for consideration.

RESOLVED

That the minutes of the meeting of the GM Joint Commissioning Board held on 18 June 2019 be approved as a correct record.

HSCJCB 30/19 IMPLEMENTATION OF THE POPULATION HEALTH PLAN FOR GREATER MANCHESTER - PROGRESS AND NEXT STEPS

Sarah Price, Executive Lead, Population Health and Commissioning, GM Health and Social Care Partnership introduced a report which set out the progress made to date and next steps for Greater Manchester's population health programme.

It was advised that the mid-point of the implementation of the Greater Manchester Population Health Plan 2017-21 had been reached, and having invested £30million of transformation funding, evidence was emerging of the positive impact in key areas providing confidence that the health, wealth and wellbeing of Greater Manchester's 2.8 million residents was being transformed. Furthermore, it contributes to the story of the 'devolution difference' and the impact on improving health outcomes and reducing inequalities.

Members received a presentation which provided a summary of the scale of the challenge, the population health plan and an overview of the £30million population health investment. Opportunities to collaborate beyond the population health plan including new policies and programmes which address interconnecting pillars of population health were outlined.

Priorities for 2019/20 to progress towards the ambition of a Greater Manchester population health system to improve health and reduce health inequalities were provided.

Councillor Zahid Chauhaun, Cabinet Member Health and Social Care, Oldham Council questioned if there was data to substantiate whether targeted intervention programmes were having an impact in localities with the highest prevalence of health inequalities.

It was confirmed that certain initiatives, for example the under 5's oral health programme running in certain areas, were more targeted and focused in areas of greatest need. However, other programmes, for example Making Smoking History, were universal and a more robust analysis of the national data provided for the whole of GM would be required to evaluate the impact of the interventions at locality level.

In support of the update provided, Dr Ashwin Ramachandra requested if consideration had been provided to smoke free zones in the vicinity of schools. It was advised that obtaining further powers to introduce smoke free places, for example smoke free homes in conjunction with housing associations was currently being considered. Although schools had not been identified specifically, support had been received for extending smoke free spaces in parks. It was reported that during the summer, a number of smoke free events would take place and local councils will be encouraged to support without the requirement to implement legislative procedures.

Councillor Jane Slater, Executive Member for Health, Wellbeing and Equalities, Trafford Council highlighted a pilot which would take place in September with regards to smoke free school gates in Trafford. It was suggested that information and feedback would be provided to the Partnership to disseminate across all localities.

Dr Wirin Bhatiani, Clinical Chair, Bolton CCG welcomed emerging evidence of the programmes and questioned what resources would be available for localities to sustain key elements of the population health plan.

It was confirmed that investment in prevention priorities was a future consideration and a workshop had been organised to consider whether other forms of investment can be used to incentivise prevention and early intervention. It was proposed that certain areas, for example clean air, and may attract additional external funding along with further opportunities for inclusive growth aligned with the Comprehensive Spending Review or additional investment as a result of the NHS Long Term Plan.

Councillor Keith Cunliffe, Deputy Leader Wigan Council highlighted the prospects of investment, the importance of social value and the creation of community wealth.

The Chair asked members to consider the challenge within organisations of the contribution and influence that could be made towards the agenda. For example encouraging physical activity levels amongst staff, the promotion of smoke free premises and a commitment to pay a living wage to employees and those of commissioned services.

Steven Pleasant, Chief Executive Tameside Council and Accountable Officer Tameside and Glossop CCG identified the challenge of the Board with regard to sustainability and the requirement of the investment model to prioritise intervention and prevention.

The Chair suggested that the points raised should be captured within an update report to the JCB Executive at a future meeting which would include a clear indication of the commitments across localities and organisations.

In agreement with points raised with regards to resources, Jon Rouse, Chief Officer, GMHSC Partnership highlighted that imminent decisions would be required on the priorities over the next five years. In recognition of the work of Sarah Price, he acknowledged the effective maximisation of funding and implementation of the programme to 2021 enabling further time to implement incremental transition. He reminded members of the prospects of the

impending refresh of each locality plan and the development of the GM delivery plan from 2020-24. The aligned views of the NHSE North West Regional Director, Bill McCarthy in respect of the promotion of the population health model were highlighted as beneficial for GM.

Councillor John Merry, Deputy City Mayor and Lead Member for Children's and Young People's Services, Salford Council highlighted the strengths of devolution in the ability to provide solutions to address localised health issues. Furthermore, with regards to smoking, he emphasised the importance and challenge in recognising individuals as agents for change rather than imposing change upon them.

In support of the programme John Patterson, Clinical Chair, Oldham CCG highlighted the importance of secondary prevention and questioned if necessary health intelligence was available to identify those with established medical conditions.

It was confirmed that a key area of focus was the health check programmes as it was understood that almost 50% of people do not attend, of which many have health needs. The emphasis of the health check programme going forward would be on those of the highest risk and a pilot utilising data in Manchester, Salford and Trafford to recall people for health checks was outlined.

Ian Williamson, Accountable Officer, Manchester Health and Care Commissioning thanked Sarah Price for the positive update and highlighted the encouraging reduction in smoking rates in the City of Manchester from 22% to 17.2%. He supported the Chair's recommendation to receive a follow up report to identify a clear and collective approach for the JCB. The focus of addressing health inequalities was identified as a priority for the Board with an emphasis on those most deprived areas across GM.

Anthony Hassall, Accountable Officer, Salford CCG endorsed the opportunity to ensure that the refreshed locality plans have a population health driven approach. He welcomed the opportunity to debate the public health orders functions and the scope of the legislation. He emphasised the importance in recognising the challenge of climate change and the potential impact on health inequalities.

With regard to orders and powers, Eamonn Boylan, Chief Executive, GMCA recommended that specific concentration on what the Board wish to achieve should be the key area of focus to present to Leaders to obtain support.

RESOLVED

1. That the contents of the attached report 'Transforming the Health of our population In Greater Manchester: Progress and Next Steps' be noted.
2. That the report be shared and used as appropriate to help raise awareness of Greater Manchester's approach to population health transformation and the impact it is having.

3. That an update report be presented to the JCB Executive at a future meeting with consideration and a clear indication of the commitments across localities and organisations.

HSCJCB 31/19 GM GYNAECOLOGY CANCER SURGERY SERVICE SPECIFICATION

Sarah Price presented a report which provided information about the changes made to the GM Gynaecological (Gynae) Cancer Surgery Service, the process by which it was developed and recommendations to consider.

It was reported that the GM Gynae Cancer Surgery Specification sets out an ambitious plan for specialist gynae cancer surgery services, aimed at improving patient experience, choice and outcomes through delivery of high quality, holistic care and reduced variation. The new specification set out how this will be achieved, by bringing the 2 gynae surgical teams together from St Mary's Hospital (part of Manchester NHS Foundation Trust) and The Christie NHS Foundation Trust, to work as one team and collaboratively with the local cancer diagnostic units, through a number of new and reviewed operational processes and standards.

It was noted that the final version of the specification could be shared with JCB members, should they wish to review in more detail. Members were advised that the specification is approved by the Responsible Commissioner, Jon Rouse, on the recommendation of the GM Specialised Commissioning Oversight Group and Directors of Commissioning.

Dr Ruth Bromley asked for clarification that any surgery expertise was factored in for patients in the allocation of the preferred site. It was confirmed that patient access and the wraparound support from other sub-specialties would ensure the best possible holistic care and wellbeing of patients.

The Chair requested confirmation that clinical teams on both sites were supportive of the service changes and requested what anticipated measures would identify if the implementation had been successful.

It was reported that strong clinical leadership in this area had resulted in both organisation working collaboratively to ensure the best outcomes for patients. In terms of success of the programme, it was anticipated that patient flow, efficiencies and economies of scale would determine whether the specification was successful within a 12 month period.

RESOLVED

1. That the specification approved by the Responsible Commissioner, Jon Rouse, on the recommendation of the GM Specialised Commissioning Oversight Group and Directors of Commissioning be noted.
2. That the new single service for Gynaecological Cancer be endorsed and support a review to be undertaken of the gynae cancer local diagnostic units within the next twelve months.

HSCJCB 32/19 DATES OF FUTURE MEETINGS

Tuesday 17 September 2019
Tuesday 19 November 2019
Tuesday 21 January 2020
Tuesday 17 March 2020

All meetings would take place in the Boardroom at GMCA Offices, 1st Floor, Churchgate House at 2.00pm.