

AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of STRATEGIC COMMISSIONING BOARD

Members : Councillor J Black, F Boyd, Councillor S Briggs, Dr D Cooke, Councillor J Daly, D C Fines, H Hughes, Councillor D Jones, G Little, D McCann, Councillor E O'Brien, Councillor T Pickstone, Councillor A Quinn, Dr J Schryer (Chair), Councillor A Simpson, Councillor T Tariq, P Thompson, 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:	Monday, 4 November 2019
Place:	Meeting Rooms A&B - Bury Town Hall
Time:	4.30 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 AND QUORACY

2 DECLARATIONS OF INTEREST *(Pages 1 - 10)*

- 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.

3 MINUTES *(Pages 11 - 24)*

Minutes of the meeting held on 2nd October are attached.

4 PUBLIC QUESTIONS

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of Pennine Acute NHS Trust. A period of 30 minutes is set aside for public questions.

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

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

6 GOVERNANCE - SCB SUB-COMMITTEE STRUCTURE *(Pages 25 - 34)*

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

7 BURY STRATEGY AND REFRESH OF LOCALITY PLAN *(Pages 35 - 50)*

Lynne Ridsdale and Margaret O'Dwyer will report at the meeting, report attached.

8 PHYSICAL ACTIVITY STRATEGY *(Pages 51 - 82)*

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

9 COMMISSIONING REVIEWS *(Pages 83 - 118)*

- a) Urgent Care
- b) Learning Disabilities Respite
- c) Intermediate Care

Officers from the CCG and the Council will report at the meeting. Reports attached.

10 MENTAL HEALTH STRATEGY UPDATE *(Pages 119 - 126)*

Dr Cooke/Julie Gonda will report at the meeting. Report is attached.

11 FINANCIAL REPORT *(Pages 127 - 146)*

Cllr O'Brien and M Woodhead, Section 151 will report at the meeting. Report attached.

12 SYSTEM WIDE PERFORMANCE AND OUTCOME FRAMEWORK *(Pages 147 - 152)*

Lynne Ridsdale and Margaret O'Dwyer will report at the meeting. Report attached.

13 AOB AND CLOSING MATTERS

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Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Receive
Item No	2	Confidential / Freedom of Information Status	No
Title	Declarations of Interest Register		
Presented By	Cllr D Jones, Leader of the Council and Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
Introduction and background <ul style="list-style-type: none"> 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 14O 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
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> 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 4 November 2019; and 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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

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

Governance and Reporting		
Meeting	Date	Outcome

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 Business Support Unit, via either the CCG Corporate Officer or Council Democratic Services team within 28 days of a change occurring to ensure that the Declarations of Interest register can be updated.
- 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
November 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 / Civil 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.

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			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.
		Community 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			X	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.
		Harrogate and District NHS Foundation Trust			X	Indirect	Son and Daughter in Law			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.
		Prestwich Primary Care Network	X			Direct	Practice is a member	2019		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	1996		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.
		Horizon Clinical Network	X			Direct	Practice is a member	2019		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
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.
		Prestwich Primary Care Network	X			Direct	Practice is a member	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
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 identified. In advance and during the meeting.
		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 identified. In advance and during the meeting.
		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 identified. In advance and during the meeting.
		Praxis Law Ltd	X			Direct	Director	2019		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	Secure Generation Limited	X			Direct	Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Efficient Generation Limited	X			Direct	Shareholder / Director	Nov-15		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		McNally Wild Limited	X			Direct	Shareholder / Director	Jul-14		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Capitas Finance Limited	X			Direct	Shareholder / Director	May-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Lower 48 Energy Limited	X			Direct	Shareholder / Director	Jul-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Close Brothers PLC	X			Direct	Retained Advisor	Sep-14		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-13		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Tameside Hospital		X		Direct	Seconded to Head of Nursing - Urgent Care	Sep-19	22-Sep-20	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							None Declared	Apr-19		General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
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 withheld 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 withheld under				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.
		Assocation 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.

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Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Approve
Item No	3	Confidential / Freedom of Information Status	No
Title	Minutes of Last meeting and Action Log		
Presented By	Cllr D Jones, Chair		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
Introduction and background The attached minutes reflect the discussion from the Strategic Commissioning Board held on 2 nd October.
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> Approve the Minutes of the Meeting held on 2 October 2019 and an accurate record; and Note progress in respect to agreed actions captured on the Action Log.

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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
requested?						
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

Title	Minutes of the Strategic Commissioning Board on 2 October 2019		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.2		
Target Audience	Strategic Commissioning Board Members / Members of the Public		
Date Created	7 th October 2019		
Date of Issue	October 2019		
To be Agreed	4 th November 2019		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Strategic Commissioning Board on 2nd October 2019		
Document History:			
Date	Version	Author	Notes
18/10/19	0.1	Emma Kennett	Forwarded to Chair for review.
23/10/19	0.2	Lisa Featherstone	Action log updated
Approved:			
Signature:			<div style="border-bottom: 1px dotted black; height: 20px; width: 100%;"></div> Dr J Schryer, Chair

Strategic Commissioning Board Meeting

DRAFT MINUTES OF MEETING

Strategic Commissioning Board Meeting, 2 October 2019 16:00-17.30

Chair – Dr J Schryer

Voting Members

Dr Jeff Schryer, CCG Chair (Chair)
 Cllr David Jones, Leader of the Council, Cabinet Member for Economic Growth, Skills & Transport
 Dr Daniel Cooke, Clinical Director, Bury CCG
 Dr Cathy Fines, Clinical Director, Bury CCG
 Mr Howard Hughes, Clinical Director, Bury CCG
 Mr Chris Wild, Lay Member – Finance & Audit, Bury CCG
 Mr Geoff Little, Chief Executive, Bury Council / Accountable Officer, Bury CCG
 Mr Mike Woodhead, Joint Chief Finance Officer
 Cllr Andrea Simpson, Deputy Leader, Cabinet Member Health & Wellbeing
 Cllr Eamonn O'Brien, Cabinet Member Finance & Housing
 Cllr Alan Quinn, Cabinet Member Environment
 Cllr Jane Black, Cabinet Member Corporate Affairs & HR

Non-Voting Members

Mrs Fiona Boyd, Registered Lay Nurse of the Governing Body, Bury CCG

Others in attendance

Ms Margaret O'Dwyer, Director of Commissioning and Business Delivery, Bury CCG
 Cllr Tim Pickstone, Council Opposition Member
 Mr Peter Bury, Lay Member Quality & Performance, Bury CCG
 Ms Nicky O'Connor, Director of Transformation
 Ms Lynne Ridsdale, Deputy Chief Executive, Bury Council
 Ms Lesley Jones, Director of Public Health, Bury Council
 Mrs Julie Gonda, Interim Executive Director – Communities and Wellbeing, Bury Council
 Mrs Jayne Hammond, Assistant Director of Legal and Democratic Services, Bury Council
 Mrs Emma Kennett, Head of Corporate Affairs and Governance, Bury CCG/Business Support Unit Representative– minutes

Public Members/Officers

Mr J Timan, Bury Times
 Mrs Lisa Featherstone, Deputy Director of Business Delivery
 Ms Julie Gallagher, Democratic Services

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy
1.1	<p>The Chair welcomed everybody to the inaugural meeting of the Strategic Commissioning Board (SCB). The Chair outlined the general principles in which the SCB should be operating which included: -</p> <ul style="list-style-type: none"> • Ensuring that all members have a voice as part of meeting discussions. • The need to minimise the use of acronyms within reports and where used the need to detail these in full. • Powerpoint Presentations to be avoided at meetings where possible. • Meeting papers being circulated in advance of meetings in line with the Terms of Reference. Presenters of reports should aim to detail three salient points

	<p>assuming members have fully read the reports.</p> <ul style="list-style-type: none"> • The Business Support Unit having a key role in supporting the SCB governance requirements. • Finance and Performance being included as a Standing Item on each month's agenda.
1.2	The Leader of the Council commented that this was an innovative occasion for the Health and Social Care agenda in Bury and looked forward to working together as One Commissioning Organisation (OCO).
1.3	<p>Apologies for absence were received from: -</p> <p><u>Members:</u></p> <ul style="list-style-type: none"> • Cllr Sharon Briggs, Cabinet Member Communities • Cllr Tamoor Tariq, Cabinet Member Children & Families <p><u>Non-voting / Attendance</u></p> <ul style="list-style-type: none"> • Mr Peter Thompson, Secondary Care Clinician • Ms Karen Dolton, Executive Director of Children and Young People, Bury Council • Mrs Catherine Jackson, Executive Nurse
1.4	The meeting was declared quorate in line with its Terms of Reference.
1.5	It was noted that the CCG was awaiting formal confirmation from NHS England that the CCG's Constitution and supporting governance arrangements, including the formation of the SCB had been approved hence today's meeting would operate in good faith until this confirmation is received. It was noted that there were no items requiring a decision on today's agenda. <i>NB</i> – Confirmation of the Constitution changes and new governance arrangements was received from NHS England on the 3 rd October 2019.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/01	Decision	Noted the information	

2	Declarations of Interest
2.1	The Chair reported that the CCG and Council both have statutory responsibilities in relation to the declarations of interest as part of their respective governance arrangements.
2.2	It was reported that the CCG had a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O 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.
2.3	The Chair commented that a declaration of interest register would be made available at each Strategic Commissioning Board (SCB) meeting. Declarations would still need to be made in the usual way via the respective CCG and Council governance arrangements and the Business Support Unit would ensure this joint register is kept fully up to date.
2.4	A number of additions were required to the register for the next meeting for the

	following members: - <ul style="list-style-type: none">• Cllr Quinn – two new interests in respect of family working in NHS.• Mrs Boyd – a new interest to reflect new role at Tameside.• Dr Schryer, Dr Cooke and Dr Fines – Primary Care Networks to be declared.
2.5	<p>The Chair reminded Strategic Commissioning Board members of their obligation to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Strategic Commissioning Board.</p> <p>Declarations of interest from today’s meeting</p>
2.6	<p>There were no declarations raised.</p> <p>Declarations of Interest from the previous meeting</p>
2.7	N/A

ID	Type	The Strategic Commissioning Board:	Owner
D/10/02	Decision	Noted the published register of interests.	

3	Public Questions			
3.1	No questions raised			
ID		Type	The Strategic Commissioning Board:	Owner
D/10/03		Decision	Noted that there were no questions raised.	

4.	Chief Executive and Accountable Officer Update		
4.1	The Chief Executive, Bury Council / Accountable Officer, Bury CCG provided an update on the latest developments across the CCG and Council. It was reported that there were three key elements associated with the development of the Strategic Commissioning Board which included the development of Pooled Budgets, the development of the OCO linked to the consultation running until December 2019 and the coming together of clinical and political leaders of both the CCG and Council. It was noted that there was strong leadership in place within Bury which provided a strong position within Greater Manchester in terms of health and social care.		
ID	Type	The Strategic Commissioning Board:	Owner
D/10/04	Decision	Noted the update	

5.	SCB Governance
5.1	The Chief Executive, Bury Council / Accountable Officer, Bury CCG submitted a report that set 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.
5.2	As mentioned by the Chair as part of the introduction to the meeting, a virtual Business Support Unit had been established across the CCG Corporate Office and Council Democratic Services to support the administration of the Strategic Commissioning Board. The remit of the Business Support Unit, which would be empowered and

	<p>authorised to manage the flow of business agreed was to: -</p> <ul style="list-style-type: none"> • 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 Clinical (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.
5.3	<p>The Chief Executive, Bury Council / Accountable Officer, Bury CCG paid tribute to the work of the Business Support Unit for all the hard work undertaken to date in ensuring that the governance arrangements are in place for the Strategic Commissioning Board.</p>
5.4	<p>In terms of Organisational Development (OD) to support the SCB, it was proposed that appropriate OD support be provided over the coming months to ensure that the different cultures and responsibilities of each organisation are fully understood amongst SCB members.</p>
5.5	<p>The following comments/queries were made in relation to the SCB Governance paper: -</p> <ul style="list-style-type: none"> • OD support for the SCB would be important in terms of members getting time to know one another and understanding different roles. This would aid understanding around the key issues being faced in Bury in terms of the wider determinants of health. • Clarification sought on how the voting arrangements for the SCB had been defined including the implications of having a vacant position from a CCG perspective. The Chief Executive, Bury Council / Accountable Officer, Bury CCG explained the rationale behind these arrangements in ensuring that equal votes are attributed to CCG and Council members. • There was a need for the governance sub structure for the SCB to be fully defined however there were a number of existing CCG Committees that were statutorily required and would still need to report into the Governing Body (Audit Committee and Remuneration Committee). Other Committees such as the Finance, Contracting and Procurement Committee and Quality and Performance would need to continue in their current guise until such time that any joint arrangements are defined. It was requested that the Business Support Unit undertake a further piece of work in relation to the Governance Sub Structure for the SCB and the outcome of this be brought back to the November SCB Meeting. As part of this work, there would be a need to define the priority/key performance areas that need to be appropriately addressed by the Governance Sub Structure. The outcome measures associated with the Bury 2030 Strategy would need to link into this work. The level of detail required by the Sub Structure linked to exception reporting requirements to the SCB would be covered as part of the report to the SCB in November 2019. • It would be helpful for the Business Support Unit to produce a glossary of terminology to help explain some of the common abbreviations used in the NHS and Local Government. An organogram of the existing CCG and Council

structures would also be helpful, and it was requested that this be produced.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/05	Decision	Approved the governance and administration arrangements for the Strategic Commissioning Board as presented.	
A/10/01	Action	Governance Sub Structure for the SCB to be further defined and a report be produced for the November SCB Meeting	Mrs Featherstone/Mrs Hammond
A/10/02	Action	Business Support Unit to produce a glossary of terminology to help explain some of the common abbreviations used in the NHS and Local Government.	Mrs Featherstone/Mrs Hammond
A/10/03	Action	An organogram of the existing CCG and Council structures	Mrs Featherstone/Mrs Hammond

6.	Overview of Health Need in Bury
6.1	The Deputy Leader of the Council introduced a report that set out the overarching health needs in Bury and identifies strategic priorities for improving health and reducing health inequalities.
6.2	The key messages for Bury were outlined as detailed in Section 2 of the report which included people living longer with poorer health and there being a 15-year gap in healthy life expectancy between the most and least deprived areas of Bury.
6.3	The Director of Public Health, Bury Council reported that life expectancy and healthy life expectancy were 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. Healthy life expectancy was a measure of how long on average a population can expect to live in good health. Other measures/details included within the report included Mortality, Morbidity, Modifiable Risk factors, determinants of health and the need for strategic priorities for improving health and reducing inequalities.
6.4	<p>The following comments/queries were made in relation to the report: -</p> <ul style="list-style-type: none"> • Whether there would be an impact in terms of MMR vaccination rates in Bury in light of Brexit implications. It was noted that Public Health England would be closely monitoring this area. From a CCG perspective, it was reported that daily reporting to NHS England would soon be recommencing which included metrics in relation to workforce and medicine supplies. • The need to commission services in an appropriate way to meet the needs of the local population and address health inequalities. The need for more targeted interventions with clear outcome measures was discussed. The differences in approaches that could be implemented from a public health perspective were outlined. A partnership approach would be key in order for benefits to be realised in Bury. • The need for change in Bury in order to make improvements in terms of health inequalities given the variation being seen compared to the national average for tobacco and diet. This may require difficult choices however acting now would be key in making improvements for the future. • The need for more autonomy within communities to make health

		improvements.	
		<ul style="list-style-type: none"> In terms of next steps, there was a need for this work to link in with the refresh of the Locality Plan, 10 Year Strategy for Bury and there was a need for the SCB to agree which strategic priorities contained within the report it would wish to initially focus on. It was agreed that a proposal would be developed for submission to the SCB meeting in December 2019. 	
ID	Type	The Strategic Commissioning Board:	Owner
D/10/06	Decision	Noted the report;	
D/10/07	Decision	Consider the identified strategic priorities; and	
D/10/08	Decision	Agree improving and reducing inequalities in life expectancy, healthy life expectancy as central to the goals of the Bury Strategy and agreed that a further proposal would be submitted to the SCB meeting in December 2019 for action.	
A/10/04	Action	It was agreed that a proposal in relation to the Public Health strategic priorities would be developed for submission to the SCB meeting in December 2019.	Mrs Jones

7.	Bury Strategy Update / 10 Year Plan
7.1	The Deputy Chief Executive, Bury Council presented a report 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.
7.2	It was reported that this was an exciting time for our Borough as it looked to develop its vision over the next 10 years. There was an opportunity to consider what is great about the Borough, what our local people's hopes and aspirations are, how Bury would play a key role within Greater Manchester – all to improve outcomes and the life chances for its residents. It was noted that there was a need to make the best use out of the capacity and resources that exist within the community and draw upon the different skills and levels of expertise.
7.3	It was highlighted that 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. The Bury Strategy would be a 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. It was envisaged that the initial draft of this plan would be available for early in 2020
7.4	<p>The following comments/queries were made in relation to the report:</p> <ul style="list-style-type: none"> As part of the development of the strategy, there was a need to appropriately target 'hard to reach' groups within the communities given the significant variations/pockets of deprivation that can be seen in particular communities. It was reported that as part of the initial work, the Council has been engaging within its available resources and there was a need for all partners to be on board with this work in order to obtain the required levels of information. There was a need to be prepared for what issues may be raised by members of the public as part of this work. The views obtained in the Town Centre may be very different to what Sedgley Park resident views are hence how the diversity of views are aligned with priorities would be a key element of the process.

	<ul style="list-style-type: none"> • The need to ensure that individuals with Learning Disabilities are provided with the opportunity to have their say. It was noted that local carers groups had been included as part of the engagement process. • There was the need to initially capture enough information to formulate a strategy, however the quality and quantity of information would need to continually grow as part of the consultation. • There was a need to encourage people to think long term and be considering factors such as more cycle paths and the impact of Bury having declared a Climate Change Emergency. • There was a need to have further discussion in relation to the Locality Plan at the November SCB meeting and ensure that the Health and Wellbeing Board are appropriately sighted.
7.5	The Chair enquired about the next steps to drive this work forward. The Deputy Chief Executive, Bury Council commented that it would be useful to understand the SCB's priorities in the first instance which would inform the strategy within this area. It was reported that a thematic analysis of the work to date linked to the SCB priority areas would be submitted to the SCB meeting in December 2019.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/09	Decision	Noted the activity to develop the Bury Strategy to-date;	
D/10/10	Decision	Agreed to complete the partnership survey at www.onecommunitybury.co.uk/Bury2030 and for respective Board members to complete the survey if not already done so;	
D/10/11	Decision	Considered the degree to which the Bury Strategy acts as the basis of the Bury Locality Plan refresh.	
A/10/05	Action	A thematic analysis of the Bury Strategy work to date linked to the SCB priority areas would be submitted to the SCB meeting in December 2019.	Mrs Ridsdale
A/10/06	Action	The Locality Plan refresh to be submitted to the November SCB meeting for comments/discussion.	Mr Little

8	Urgent Care Review
8.1	<p>Members received copies of a report that included 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: -</p> <ul style="list-style-type: none"> • Review Objectives • Services in Scope • Proposed Project Teams • Project Sub Structure • Required outputs • Key Local Reviews to be considered • Governance • Key Inter-relationships
8.2	<p>The following comments/queries were made in relation to the report: -</p> <ul style="list-style-type: none"> • What the timescales would be for having firm plans in place for any proposed changes. It was noted that some firm proposals were anticipated for December 2019 once the review had been undertaken in readiness for changes being implemented for April 2020.

- The need to review patient activity figures as part of the review across all urgent care service.
- The review would need to be undertaken from a clinical, quality and financial perspective.
- The need for the review to focus on the current urgent care position in Bury as the position had moved on from when this area was reviewed a few years ago. For example, the Urgent Care Treatment Centre was now open at the Fairfield General Hospital site, extended hours , Primary Care appointments were now available.
- There was a need to publicise what urgent care services were available for patients in what locations and at what times. There was also a need to eradicate any misconceptions i.e. not being able to get a GP appointment etc. It was noted that the CCG's Governing Body at their meeting in September 2019 had agreed to undertake an engagement/publicity campaign with the public over the winter months to raise awareness of what services were available.

ID	Type	The Strategic Commissioning Board:	Owner
D/10/12	Decision	Considered the Scoping Paper in relation to the Bury System Urgent Care Review.	

9	Finance Report Including Commissioning Reviews
9.1	The Joint Chief Finance Officer, Bury Council and CCG presented the latest finance report for the CCG and Council which included details in relation to a number of commissioning reviews that were being undertaken. Comments on the format of the report were welcomed given this was the first time that CCG and Council finances had been brought together into the one report.
9.2	<p>A general discussion took place regarding the format of the report and following suggestions were made: -</p> <ul style="list-style-type: none"> • It would be useful to have an occasional deep dive into particular areas of financial performance on a quarterly basis. In terms of the next deep dives, it would be useful to have a 6 month and 9-month focus. It was agreed that an extra half hour should be added to meetings where a deep dive features on the agenda. • The need for the report to cover strategic finance issues for both the CCG and Council including value for money, the medium-term financial strategy and the distinct differences in accounting practices between both organisations. It was agreed that the Joint Chief Finance Officer, Bury Council and CCG, the Cabinet Member Finance & Housing, Bury Council and Cabinet Member Finance & Housing, Bury Council should meet to develop a plan of the key strategic finance issues that need to be captured as part of the SCB governance reporting structures. It may also be useful for the Cabinet Member Finance & Housing, Bury Council to attend the CCG's Finance, Contracting & Procurement Committee in the future. • There was a need to ensure that future finance reports meet the requirement of the SCB in addition to ensuring that the appropriate level of detail continues to be reported via the CCG's Governing Body and Council's Cabinet meetings.
9.3	The Joint Chief Finance Officer, Bury Council and CCG advised members that he would be happy to conduct a development session about CCG and Council Finances for SCB members if required.

ID	Type	The Strategic Commissioning Board	Owner
D/10/13	Decision	Noted the Finance Report	
A/10/07	Action	It was agreed that the Joint Chief Finance Officer, Bury Council and CCG, the Cabinet Member Finance & Housing, Bury Council and the Lay Member Finance & Audit, CCG should meet to develop a plan of the key strategic finance issues that need to be captured as part of the SCB governance reporting arrangements going forward	M Woodhead / Cllr O'Brien / Mr Wild








10	Minutes of Meetings		
10.1	Members received copies of the minutes from the Greater Manchester Joint Commissioning Board Minutes held on the 16th July 2019.		
ID	Type	The Strategic Commissioning Board:	Owner
D/10/14	Decision	Noted the information.	

11	AOB and Closing Matters		
11.1	The Chair summarised the main discussion points from today's meeting and thanked members for their contributions.		
ID	Type	The Strategic Commissioning Board:	Owner
D/10/15	Decision	Noted the information.	

Next Meeting	Monday, 4 November 2019, 4.30 p.m., Committee Room A and B, Bury Town Hall (Chair – Cllr Jones)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Strategic Commissioning Board Action Log – October 2019

Status Rating  - In Progress  - Completed  - Not Yet Due  - Overdue

Ref	Action	Lead	Status	Timeline	Update
A/10/01	Governance Sub Structure for the SCB to be further defined and a report be produced for the November SCB Meeting	Mrs Featherstone/ Mrs Hammond		November 2019	Included as a substantive agenda item for the 4 th November SCB meeting.
A/10/02	Business Support Unit to produce a glossary of terminology to help explain some of the common abbreviations used in the NHS and Local Government.	Mrs Featherstone/ Mrs Hammond		December 2019	Not yet due
A/10/03	An organogram of the existing CCG and Council structures	Mrs Featherstone/ Mrs Hammond		December 2019	Not yet due
A/10/04	It was agreed that a proposal in relation to the Public Health Strategic priorities be developed for submission to the SCB meeting in December 2019.	Mrs Jones		December 2019	Not yet due
A/10/05	A thematic analysis of the Bury Strategy work to date linked to the SCB priority areas would be submitted to the SCB meeting in December 2019.	Mrs Ridsdale		December 2019	Not yet due
A/10/06	The Locality Plan refresh to be submitted to the November SCB meeting for comments/discussion.	Mr Little		November 2019	Included as a substantive agenda item for the 4 th November SCB meeting.
A/10/07	It was agreed that Mr Woodhead, Cllr O'Brien and Mr Wild should meet to develop a plan of the key strategic	Mr Woodhead / Cllr O'Brien / Mr Wild		November 2019	A meeting has been convened and an approach agreed which is summarised within the Governance Sub-Structure on how to move forward.

	finance issues that need to be captured as part of the SCB governance reporting arrangements going forward.				
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Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Consider
Item No	6	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board : Sub-Committee Structure		
Presented By	Geoff Little, Chief Executive and Accountable Officer		
Author	Lisa Featherstone, Deputy Director of Business Delivery		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>This paper builds on developments to date in establishing the Strategic Commissioning Board and sets out a proposal for the governance sub-structure that will provide additional scrutiny and assurance to enable the SCB to discharge the duties delegated to it.</p> <p>In summary, the recommendations as set out at Section 4 reflect the view that developing an integrated sub-governance arrangement, where appropriate to do so, is progressed and this supports the Strategic Commissioning Board in provide assurance to the CCG Governing Body and Council Cabinet that all delegated duties are effectively discharged.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • consider the report; • note the requirement for continued clinical and professional input into commissioning and support the development of a Health and Care Professional Congress to provide assurance to the Strategic Commissioning Board, • note the position in respect to patient, public, citizen and stakeholder engagement and support further consideration of the Strategic Commissioning Board requirements when the Communication and Engagement Strategy and framework is presented; • support the further exploration of a Finance Committee operating on a joint basis, to provide scrutiny in respect to the collective budget arrangements and onward reporting to the Strategic Commissioning Board, Governing Body or Council Cabinet / Scrutiny as required under delegation arrangements; • support the further exploration of a Quality and Performance Assurance Committee operating on a joint basis, to provide scrutiny in respect to the collective quality and performance indicators required to demonstrate improvements across the whole health and care system.

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:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Assessment been completed?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

Strategic Commissioning Board Governance Sub-structure

1.0 Introduction

- 1.1 This paper builds on developments to date in establishing the Strategic Commissioning Board and sets out a proposal for the governance sub-structure that will provide additional scrutiny and assurance to enable the SCB to discharge the duties delegated to it.
- 1.2 In summary, the recommendations as set out at Section 4 reflect the view that developing an integrated sub-governance arrangement, where appropriate to do so, is progressed and this supports the Strategic Commissioning Board in provide assurance to the CCG Governing Body and Council Cabinet that all delegated duties are effectively discharged.

2.0 Background

- 2.1 Over the last 6 months, significant work has been undertaken to enable the development of a single commissioning system for health and care, referred locally as a 'One Commissioning Organisation' through the appointment of a joint Chief Executive and Accountable Officer, emergence of a joint senior leadership team and operating structure and establishment of a single decision making structure which became effective from 1st October 2019 and is supported by appropriate pooled and aligned budgets.
- 2.2 Furthermore, and in addition to the arrangements approved through respective governance arrangements, NHS England confirmed its support for the revised constitution of the CCG on 3rd October, which enables the Strategic Commissioning Board to have delegated authority for the majority of commissioning decisions previously undertaken by the CCG's Governing Body.
- 2.3 Commissioning staff from across both the Local Authority and the CCG have been co-located for over 12 months and a programme of organisational development to co-design future structures, working arrangements and cultures has been progressed.
- 2.4 These developments demonstrate a strong commitment to change and that through effective relationships and leadership, integration of health and care can be achieved to deliver better outcomes and experiences for the population of the Borough and provide a solid foundation for Strategic Commissioning.
- 2.5 These new arrangements require a different way of working. Clear, consistent and effective governance structures, alongside clinical and political leadership which is not only innovative, but also enables appropriate challenge of public service provision, are what is required to work with and influence the local economy as well as being a key vehicle in delivery of the emerging strategy for Bury 2030.
- 2.6 This paper sets out a proposal which will support the governance of the Strategic Commissioning Board to drive improvements in provision, determine health outcomes, reduce inequalities and to hold providers to account.

3.0 Governance for Strategic Commissioning

- 3.1 Moving to place based commissioning is a cultural journey as much as it is operational and requires a governance structure which is enabling of transformational health, care and place-based systems and is also reflective of the wider Public Sector Reform agenda.
- 3.2 A pictorial representation of the Governance Structure is set out at Appendix 1. This has previously been presented to the CCG Governing Body, CCG Membership and Council Cabinet as part of the supporting papers to establish the Strategic Commissioning Board, however has been amended since its last presentation to reflect the wider Council governance arrangements and will be developed further as the arrangements evolve. The Strategic Commissioning Board is reminded that key decisions within its delegated authority are subject to call in by elected members and reviewed by the relevant scrutiny committee.
- 3.3 Reference has been made to the SCB being directly supported by key committees, which were originally defined (for illustrative purposes only) as:
- Professional Congress – advice from a clinical and professional perspective
 - Patient/Public/Stakeholder Congress – advice from a citizen and user perspective
 - Finance/Contracting and Procurement Committee – detailed scrutiny of finances and commissioning contracts and to provide assurance (allowing the Board to maintain its strategic focus)
 - Quality and Performance Committee – detailed scrutiny of compliance and performance and to provide assurance
- 3.4 Thinking in respect to these arrangements has developed further and is set out as a proposal which will require discussion, approval and recommendation by the Strategic Commissioning Board, in accordance with agreed delegation authority:
- **Health and Care Professional Congress**
- 3.5 Clinical leadership has been widely recognised as one of the key strengths the establishment of CCGs has brought to commissioning. The CCG Governing Body, member practices and other stakeholders have also stated its importance in the development of these new arrangements.
- 3.6 As the scope of commissioning broadens the same principles should apply to professionals from social care and public health.
- 3.7 The shifting role of commissioning, with the long-term vision for Strategic Commissioning to be undertaken through the One Commissioning Organisation and tactical or operational commissioning to be progressed via the Locality Care Organisation, will change the role of clinical and professional leadership within Bury.
- 3.8 It is critical that:
- Clinical leadership remains a strong feature of any new commissioning arrangements;

- Clinical and professional leadership is not limited to GPs but also includes other health, social care and public health professionals;
- professional leadership continues to evolve and adapt as the relationships between Strategic and tactical commissioning mature; and
- transparency is paramount through clear lines of communication, influence and accountability with member practices and wider stakeholders in order to provide the assurance required that these changes continue to deliver the proposed benefits for the Borough.

- 3.9 The LCO established a Professional Congress from 1st April 2019. Whilst the overall aim is for this to provide a system-wide forum for professional input into strategic and tactical commissioning decisions for the place of Bury, this has initially operated alongside and in partnership with the CCG's Clinical Cabinet and is not expected to be sufficiently developed to support the system-wide agenda until April 2020.
- 3.10 Interim arrangements are therefore required to ensure clinical input is maintained whilst the system-wide governance arrangements are mapped out, Terms of Reference reviewed, and decision-making and delegation arrangements and implications considered.
- 3.11 It is therefore proposed that the Strategic Commissioning Board establish a Health and Care Professional Congress, which will build on the CCG's Clinical Cabinet, widening the membership accordingly to take account of the changing commissioning landscape under an integrated agenda. This will continue to meet in partnership with the Professional Congress whilst the next stage of development is undertaken to ensure a robust and sufficiently mature forum and supporting governance is in place for April 2020. Discussions with the LCO are currently underway to explore this further.
- 3.12 This forum will provide assurance on professional input into commissioning decisions which fall within the remit of the Strategic Commissioning Board.
- **Patient / Public / Stakeholder / Congress**
- 3.13 Under s.14Z2(2)(b) and (c) of the National Health Service Act (NHS), CCGs are required to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in:
- the planning of the commissioning arrangements;
 - the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
 - the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decision would (if made) have such an impact.
- 3.14 Section 14Z2(5) of the NHS Act also requires CCGs to have regard to the guidance published by NHS England for CCGs on the discharge of their functions under section 14Z2.
- 3.15 The relevant NHS England guidance '*Planning, assuring and delivering service change for patients*' sets out best practice with the intention that this will reduce the

risk of service changes being referred to the Secretary of State, Independent Reconfiguration Panel or judicial review.

- 3.16 The CCG has a Patient Cabinet, which when originally set up was intended to bring a patient voice into the commissioning arena, however over recent years the membership has reduced and therefore the Patient Cabinet has fulfilled a brief though has been limited in what it could achieve. It should be noted however that where individual patient members have been involved in key workstreams, their input and support has been invaluable.
- 3.17 The Council have more robust arrangements for engaging with its citizens and the CCG have explored opportunities to work alongside and build on the strong arrangements in situ with neighbourhoods.
- 3.18 Engagement with the Borough is recognised as a key enabler to delivering the challenging agenda and has been supported through the appointment of a strategic Head of Communications, Marketing and Engagement across the CCG and Local Authority.
- 3.19 Work is currently underway to develop a strategy and framework for communication and engagement and it is therefore suggested that the Strategic Commissioning Board consider the mechanisms it requires to provide assurance that relevant duties are being discharged in respect to patient, public, citizen and stakeholder involvement, engagement and consultation once this is presented.
- 3.20 In the interim, the existing arrangements in place to ensure the patient voice informs commissioning decisions will remain, subject to any other conversations through respective statutory governance arrangements.
- **Finance Sub - Committee**
- 3.21 Whilst not required by statute, as part of its governance structure, the CCG has operated a Finance, Contracting and Procurement Committee with delegated responsibility for strategic oversight and scrutiny of these specific functions.
- 3.22 The Council has other monitoring arrangements via Cabinet, scrutiny arrangements and working under delegated authority with regular and robust review of departmental budgets, undertaken by the portfolio holder and senior finance colleagues. The Council's Overview and Scrutiny Committee has a formal remit in relation to Council budgets, amongst other things.
- 3.23 An initial scoping meeting has been undertaken to determine how best the oversight and scrutiny can be best delivered across both organisations moving forward, recognising the accountability, responsibility and delegation that needs to be adhered to.
- 3.24 It is proposed that the model to be developed would need to ensure that the Strategic Commissioning Board would have accountability and decision making powers in respect to budgets within the S75 agreement, however should be sighted on the wider financial position, risks and issues, and make recommendations regarding "aligned budgets" outside of the s75 agreement, although any decision making in this regard would need to be submitted to the CCG Governing Body or Council Cabinet in

accordance with delegation arrangements.

3.25 The emerging proposal is to move towards a joint finance sub-committee focusing on strategic financial matters. Further work, subject to the recommendation of the Strategic Commissioning Board, will be undertaken with a view to a full framework, including a Draft Terms of Reference, being produced for January 2020. Consideration will also be given on how best the residual operational matters that are currently undertaken at the CCG's Finance Contracting and Procurement Committee could be managed.

3.26 In the interim, the Portfolio Holder for Finance will be invited to the next CCG Finance Committee meeting, where the quarterly financial report for the CCG and Council will be shared for information to raise awareness and promote discussion amongst Committee members.

- **Quality and Performance Assurance Sub - Committee**

3.27 Quality and performance are intrinsically linked and need to be at the core of the health and care that is commissioned to meet the health needs and improve outcomes for the Borough.

3.28 From a CCG perspective there are clear responsibilities set out across a number of key documents including the NHS Constitution, NHS Outcomes Framework, CQuIN (Commissioning for Quality and Innovation), the standard NHS Contract and CCG Improvement and assessment Framework (CCG IAF). These set out the expectation of commissioned care for the population. The Care Act 2014 also sets out the arrangements that need to be in place in respect to these services.

3.29 The CCG brings all these requirements together through the oversight and scrutiny of Quality and Performance by means of a Committee, which is intended to ensure that all providers are held to account in respect to delivery and continued improvement, identifying gaps in current quality and performance arrangements and working alongside providers to address these and ensuring continuous shared learning.

3.30 To ensure the continued level of scrutiny and robust focus on quality and performance, it is proposed that a new Quality and Performance Assurance Sub – Committee is established which widens the membership according alongside the breadth of work across both CCG and Council, however its remit and any potential overlap with the role of scrutiny and the Health and Well-Being Board will need careful consideration to ensure no unnecessary overlap or duplication.

3.31 This sub-committee would delve in to the detail of performance and quality metrics and report by exception to the Strategic Commissioning Board on areas of under-performance or concern.

4.0 Recommendations

4.1 The Strategic Commissioning Board is invited to:

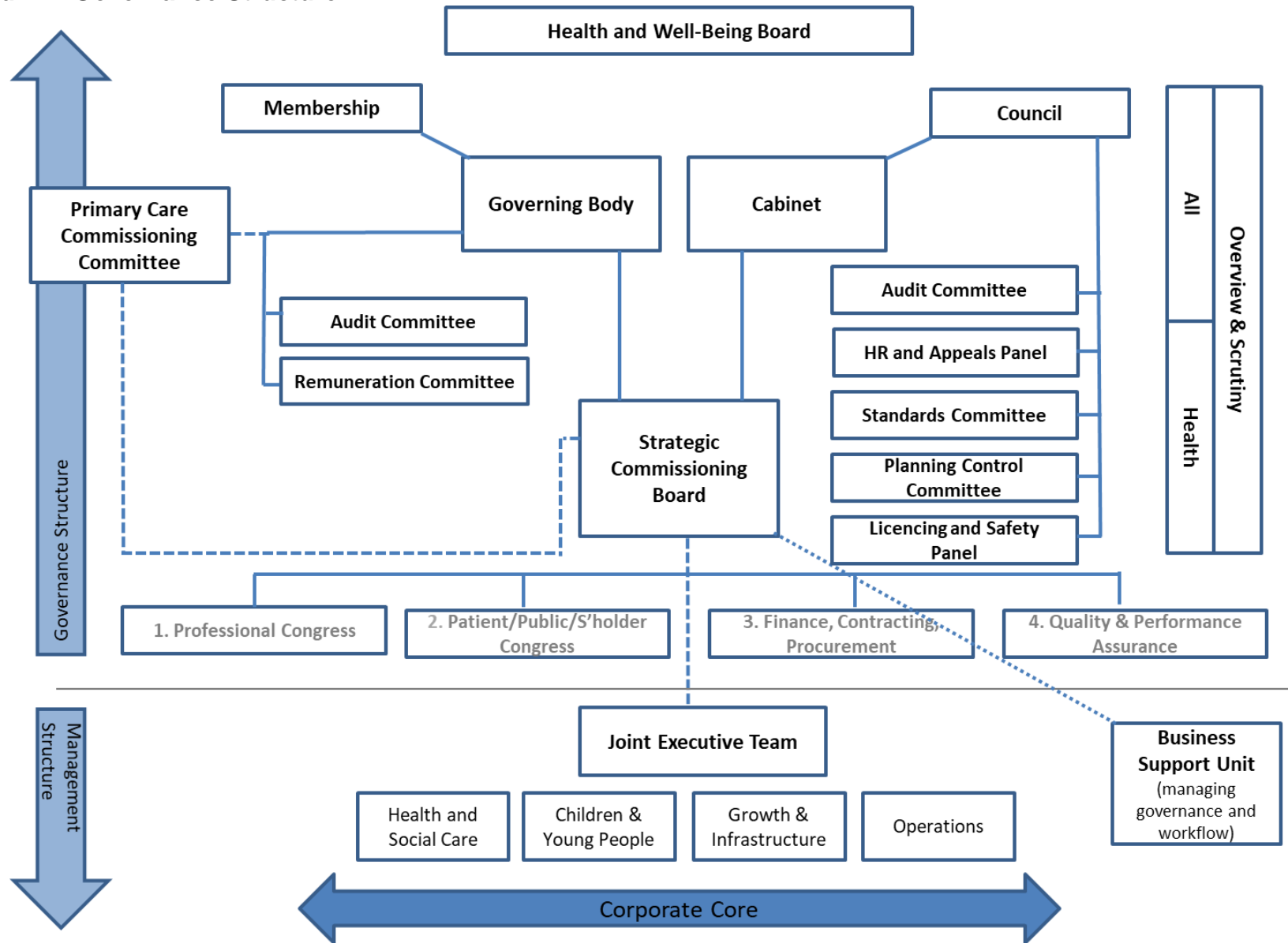
- consider the report;
- note the requirement for continued clinical and professional input into commissioning and support the development of a Health and Care

Professional Congress to provide assurance to the Strategic Commissioning Board,

- note the position in respect to patient, public, citizen and stakeholder engagement and support further consideration of the Strategic Commissioning Board requirements when the Communication and Engagement Strategy and framework is presented;
- support the further exploration of a Finance Committee operating on a joint basis, to provide scrutiny in respect to the collective budget arrangements and onward reporting to the Strategic Commissioning Board, Governing Body or Council Cabinet / Scrutiny as required under delegation arrangements;
- support the further exploration of a Quality and Performance Assurance Committee operating on a joint basis, to provide scrutiny in respect to the collective quality and performance indicators required to demonstrate improvements across the whole health and care system.

Lisa Featherstone
Deputy Director of Business Delivery
October 2019

Appendix 1: Governance Structure



Meeting: Strategic Commissioning Board

Meeting Date	04 November 2019	Action	Consider
Item No	7	Confidential / Freedom of Information Status	No
Title	Refresh of Bury Locality Plan 2019 - 2024		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
Author	Margaret O'Dwyer, Director of Commissioning & Business Delivery Chris Woodhouse, Executive Officer (Corporate Core), Bury Council		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Cllr Andrea Simpson		

Executive Summary

Following publication of the 10 year NHS Long Term Plan and the associated resources being made available nationally, each area, in our case, Greater Manchester, is required to set out its case about how it will achieve the objectives of the Long Term Plan and is asked to identify the resources it will need to meet those objectives. In order to support the GM narrative each locality has been asked to refresh their Locality Plan. Bury's original Plan covers the period 2017-2021. Work is underway to refresh the Bury Plan and the attachment sets out progress to date, proposed structure, content and timeline. One of the key changes of the Refreshed Plan will be the link between this and the emerging 2030 Strategy for Bury. The refreshed Locality Plan will be one of two delivery vehicles for the 2030 Strategy with the other significant one being the Bury Local Industrial Strategy which is to be developed.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the progress to date and the on-going engagement to support the refreshed Plan.
- To delegate to the Chair of the CCG and the Leader of the Council authority to review the final draft on behalf of the Strategic Commissioning Board for final consideration at the Health and Well-Being Board on the 20th November.
- To advise on how the Strategic Commissioning Board would like to receive updates and provide input as the Plan continues to be developed.

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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Strategic Commissioning Board's Risk Register?						
Additional details	Matters in respect to financial, legal, impact assessment and further engagement will be explored as the refresh continues.					

Governance and Reporting		
Meeting	Date	Outcome
JET (slides presented only)	21/10/2019	Supported the work to date

Refresh of Bury Locality Plan 2019 - 2024

1. Introduction

- 1.1. The purpose of this report is to provide the Board with an update on progress towards refreshing the Bury Locality Plan, to seek views on proposed structure and content and to describe the Plan's place as part of the emerging 2030 Strategy for Bury.

2. Background

- 2.1. Following publication of the 10-year NHS Long Term Plan and the associated resources being made available nationally, each area, in our case Greater Manchester, is required to set out its case about how it will achieve the objectives of the Long-Term Plan and is asked to identify the resources it will need to meet those objectives. In order to support the GM narrative, each locality has been asked to refresh their Locality Plan. Bury's original Plan covers the period 2017-2021. Work is underway to refresh the Bury Plan and the attachment sets out progress to date, proposed structure, content and timeline. One of the key changes of the refreshed Plan will be the link between this and the emerging 2030 Strategy for Bury. The refreshed Locality Plan will be one of two delivery vehicles for the 2030 Strategy with the other significant one being the Bury Local Industrial Strategy which is to be developed.
- 2.2. Refreshing our Locality Plan presents us with an opportunity to crystallise what we mean by health and care integration within a public service context, describe how we will put this into operation and assess impact for people, neighbourhoods, communities and the borough against the outcomes we have identified. One of the distinguishing features of our refreshed plan will be the further integration of health and care within reformed public services, taking account of the GM Model of Public Services.

The formation of the One Commissioning Organisation provides the foundations for the development of a strategic commissioning function focused on population outcomes integrating health service commissioning with everything else the Council does whilst our Locality Care Organisation acts to unify service provision. A range of public services including children's and families early help services, police, housing, environmental services, community and voluntary sector services are aligning to a common neighbourhood model and increasingly working in a more integrated and collaborative way to target services taking account of levels of need and deprivation, to improve quality and reduce demand.

The integration of public services will be underpinned by our 'people powered Bury' programme which aims to foster the realisation of new relationships with people and communities, putting them in greater control.

- 2.3. However, we will only have had 12 weeks to do this review and are required to make our submission to the GM Health and Care Partnership by 30th November 2019.

3 Associated Risks

- 3.1 There are a wide range of risks that will require further consideration as the refresh continues, however the most pressing at this time is the ability to undertake a comprehensive review in a relatively short timeframe.

4 Recommendations

- 4.1 The following recommendations are made:
- Note the progress to date and the on-going engagement to support the refreshed Plan; and
 - To advise on how the Strategic Commissioning Board would like to receive updates and provide input as the Plan continues to be developed.

5 Actions Required

- 5.1 The Strategic Commissioning Board is required to:
- To delegate to the Chair of the CCG and the Leader of the Council authority to review the final draft on behalf of the Strategic Commissioning Board for final consideration at the Health and Well-Being Board on the 20th November.

Margaret O'Dwyer

Director of Commissioning & Business Delivery
margaret.o'dwyer@nhs.net
October 2019

Chris Woodhouse

Executive Officer (Corporate Core) | Bury Council
c.woodhouse@bury.gov.uk

Thriving Communities in Bury Locality Plan Refresh update

As of 25th October 2019

Foreward

- Introduction
- Sign off from:
 - Cllr Andrea Simpson, Chair of Bury Health and Wellbeing Board
 - Dr. Jeffrey Schryer, Chair of Bury NHS Clinical Commissioning Group

Key for next few slides

Purple text: requirement as part of GM Health and Social Care Partnership Locality Plan refresh framework

Blue text: NHS Long Term Plan theme (in turn making up part of overall GMHSCP submission to NHSE)

Section 1 – Executive Summary

- Context

- Individual Bury people and their families
- Neighbourhoods/ Town
- Borough
- GM
- National

- System Wide transformation shift

- Vision

“Improve health and well-being through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life” **[through the reform of all public services]**

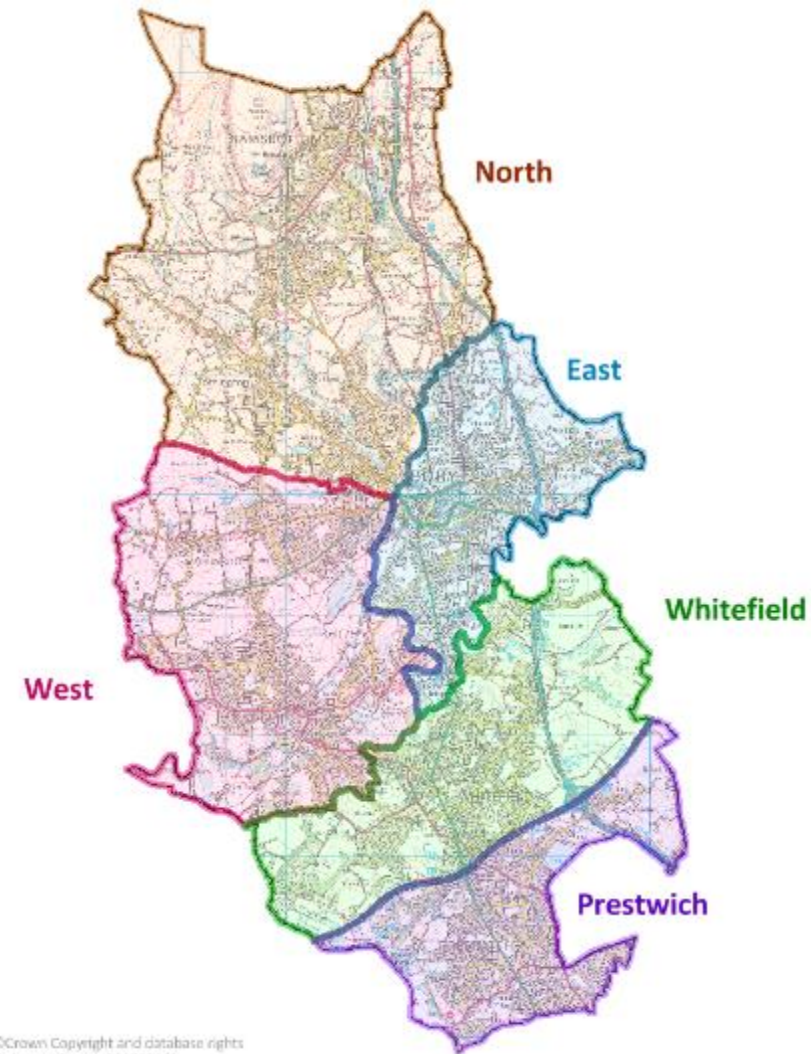
- Outcomes

- A population that is living healthier for longer and where health expectancy matches or exceeds the national average by 2025.
- A reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.
- A local health and care system that is financially sustainable and clinically safe.
- A greater proportion of local people playing an active role in their own health and supporting those around them.

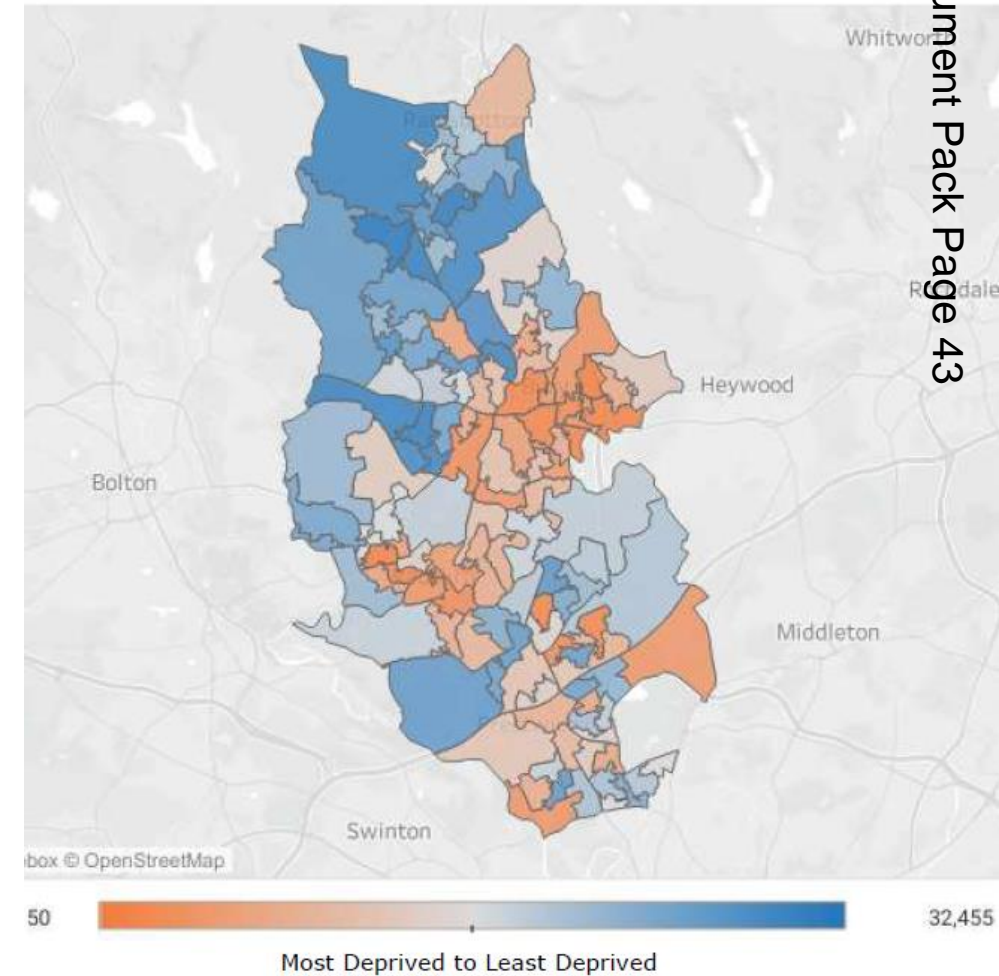
Context – Strategy development in Bury



Section 2 – About Bury



- Demographics
- Deprivation
- Inequalities, including health inequalities
- Local pressures
- Bury's approach to neighbourhoods



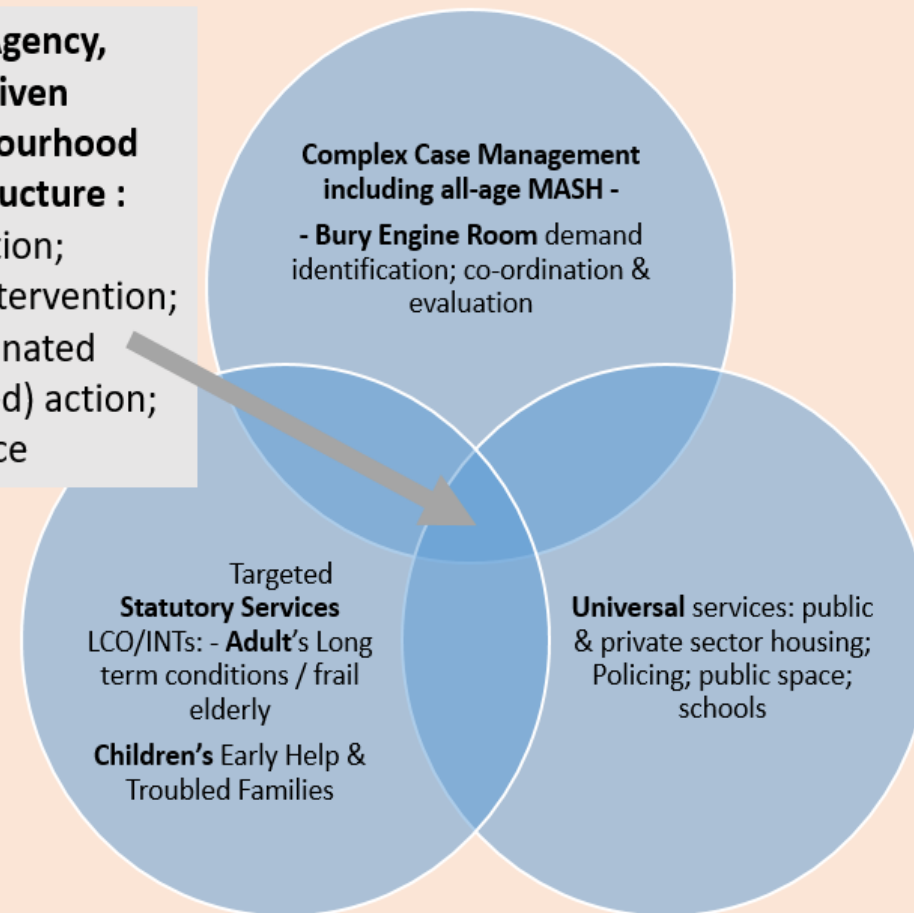
Section 3 – Our Plan

Proposed Bury Public service (including health) reform model

Targeted prevention & intervention

Multi-Agency, data-driven Neighbourhood Infrastructure :

Prevention;
Early intervention;
Co-Ordinated
(reduced) action;
Influence



Universal Prevention

- Meeting need through community groups - VCFA
- Community engagement to grow capacity & remove isolation: mentoring; skills transfer; army of retired; Bury Directory
- Community connectors /social prescribing to access social capacity
- Professional prevention – Staying Well; Team Around the School; I-Thrive model

Asset-Based Practitioner Skills: Keep well / self care; Early (reduced) Intervention; co-design/production – “done by us for us”

Section 3 – Our Plan

- Thriving People
 - Population Health
 - Giving people more control over their health and more personalised care
 - More NHS action on prevention
 - Improving cancer outcomes
 - A strong start in life for Children and Young people
 - Marmot
 - Anti-poverty
 - Skills and Working Well
- Thriving Place
 - LCO – structure/ relationships
 - OCO - structure/ relationships/ commissioning priorities
 - Bury's approach to Neighbourhood working
 - Fully integrated community based care
 - Community Safety and Resilience
 - Clean and Green (Air Quality/ Carbon neutrality)

Section 3 – Our Plan

- Ideas
 - Life Chances Commission and Thriving Local Economies Pilot
 - Exploring use of assistive technology
 - Social Isolation and Loneliness app
 - Maximising Bury's cultural offer
- Infrastructure
 - **Workforce** and OD
 - Giving NHS staff the backing they need [extend to wider workforce]
 - Information Management and Technology
 - Delivering digitally enabled care across the NHS
 - Digitally enabling primary care and outpatient care
 - Estates and Physical Assets
 - Performance, Intelligence and Analysis
 - Communication and Engagement
 - Engagement with staff, stakeholders and communities
- Culture
 - Governance of integration [as alternative to section 5]
 - Delivering the system wide transformational shift
 - Commissioning for social value
 - Role as Anchor Institutions

Section 4 – Activity and Finance

The GM Health and Social Care Partnership estimate that it could attract up to £300m of the NHS Long Term Plan monies available, against two broad categories:

- Fair shares
- Targeted programme areas (this accounts for c.40% of new monies available)

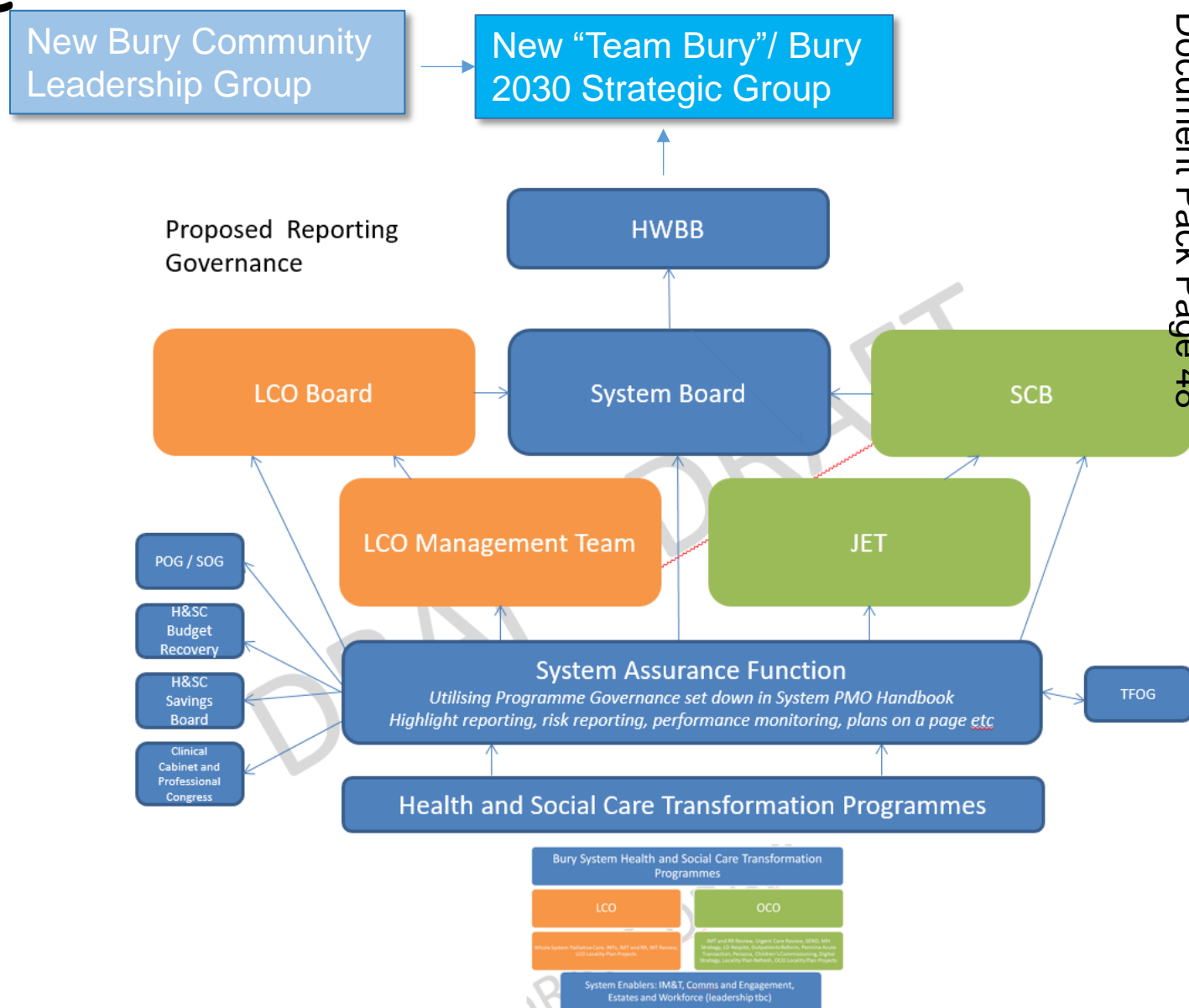
However, this is just an estimate and GM will not know the outcome until the new year.

In this section we will set out our:

- Financial priorities
 - Using taxpayers investment to maximum effect
- Financial challenges
- Our financial plans
- New contracting mechanisms

Section 5 – Governance

- Of the Locality Plan
- Of transformation in the Borough
- Of the Borough in general (ie BAU)



Next steps

- First draft of refreshed plan week commencing 28th October
- Reference to be made at Neighbourhood First event on 30th October
- Further sessions planned for
 - Professional Congress
 - System Board
 - Joint Executive Team
 - PSR Board
 - Health and Wellbeing Board on 20th November
- Final draft to be signed off via Chair of Health and Wellbeing Board by 29th November 2019.

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Meeting: Strategic Commissioning Board

Meeting Date	04 November 2019	Action	Recommend
Item No	8	Confidential / Freedom of Information Status	No
Title	Bury Moving: A Physical Activity Strategy		
Presented By	Councillor Andrea Simpson, Cabinet Member for Health and Well-Being		
Author	Lesley Jones – Director of Public Health		
Clinical Lead			
Council Lead	Councillor Andrea Simpson, Cabinet Member for Health and Well-Being		

Executive Summary

Physical activity provides a great opportunity to help make Bury a better place to live and work, offering a powerful and effective way of helping to address some of the complex social, health, environmental, and economic challenges that we face as a borough.

Regular activity is proven to help prevent and treat non-communicable diseases (NCDs) such as heart disease, stroke, diabetes, and breast and colon cancer. It also helps prevent hypertension and obesity, and can improve mental health, quality of life and well-being. The cost of inactivity in the UK is £7.4 billion per annum.

“If a medication existed which had a similar effect to physical activity, it would be regarded as a ‘wonder drug’.”¹

Physical activity can also act as a positive catalyst and contributor for community cohesion, economic growth, and raising aspirations, as well as giving opportunities for all to develop important skills that will help them to succeed in life.

The new Physical Activity Strategy for Bury sets out a framework for how we intend to increase the uptake of physical activity with all of our Bury residents.

Our Vision

Our vision is to positively change the lives of people across Bury through physical activity, creating a healthier borough where everyone across all communities and all ages is more active – a whole population approach.

Building from our strengths and through system-wide collaboration:

We will double the rate of past improvements, reaching the target of 75% of people

¹ Sir Liam Donaldson, the former Chief Medical Officer of England

active or fairly active by 2025.

Bury Moving and the action plan that follows outlines the journey we need to go on to realise our ambition. This is possible because we are developing new approaches and models of public service in Bury which puts people at the heart of the approach and focuses on early intervention and prevention.

Our Objectives and Priorities

We have identified 4 strategic objectives and 15 priorities to increase physical activity and reduce sedentary behaviour. Together, they capture the whole system approach required to meet our ambitions where physical activity is prioritised as a regular part of everyday life. The four strategic objectives are:

1. Create an Active Society
2. Create Active Environments
3. Enable Active People
4. Create Active Systems.

No one area of work will provide the solution. Lots of changes across the system will be needed. Section 7 provides further details of the specific actions we will take in order to deliver the change. These actions will form an action plan that will set measurable targets and outputs against each area, including identifying key agencies who will be responsible for taking the work forwards.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Consider & recommend the Physical Activity Strategy for approval by Council Cabinet and CCG Governing Body.

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
<i>Add details here.</i>	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Directly align					
How do proposals align with Locality Plan?	Key element of our approach to prevention					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The strategy targets the least active whilst also raising overall physical activity levels in the borough.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
JET (Circulated for	23/09/2019	No comments received

<i>comment</i>		
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Bury Moving Strategy

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3. What have we already got in place?
4. What is our vision and ambition?
5. What works to address inactivity?
6. How will we achieve it?
7. Actions
8. Governance and Implementation

FOREWORD

We are delighted to introduce you to our new Physical Activity Strategy for Bury. People, communities and leaders across Bury have come together to develop this strategy. Together, we make up 'Team Bury' and we all have a role to play in achieving our shared ambitions. This document sets out a framework for how we intend to increase the uptake of physical activity with all of our Bury residents.

Leading a physically active life brings many benefits to both physical and mental health and well-being. As such it is essential we empower as many people as possible in Bury to take enough physical activity to benefit their health. In a world of finite resources it makes sense that we take a strategic approach to promoting physical activity. The approach needs to encourage partnerships, be based on an analysis of need and evidence, and which has ownership by a wide range of stakeholders.

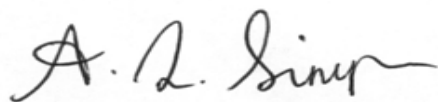
This strategy outlines how we will work smarter to understand our communities and influence people's attitudes and behaviours towards physical activity. It will also look at how we will maximise the power of collaboration, not just within Bury but across Greater Manchester. In addition, as part of the strategy we will identify how we will embed physical activity into local policy and develop a mixed economy market of opportunities ensuring a high quality experience for all participating.

This strategy has been developed through extensive consultation with providers of, and enablers for, physical activity in the borough. This strategy will provide the "joined-up" strategic direction for the development of services and facilities for all of those providers and enablers.

The evidence is compelling, that increasing participation in physical activity can make a real difference to people's lives.

We hope that this strategy provides the momentum to enable us to all work together to deliver an active, healthy Bury.

Signed



Andrea Simpson

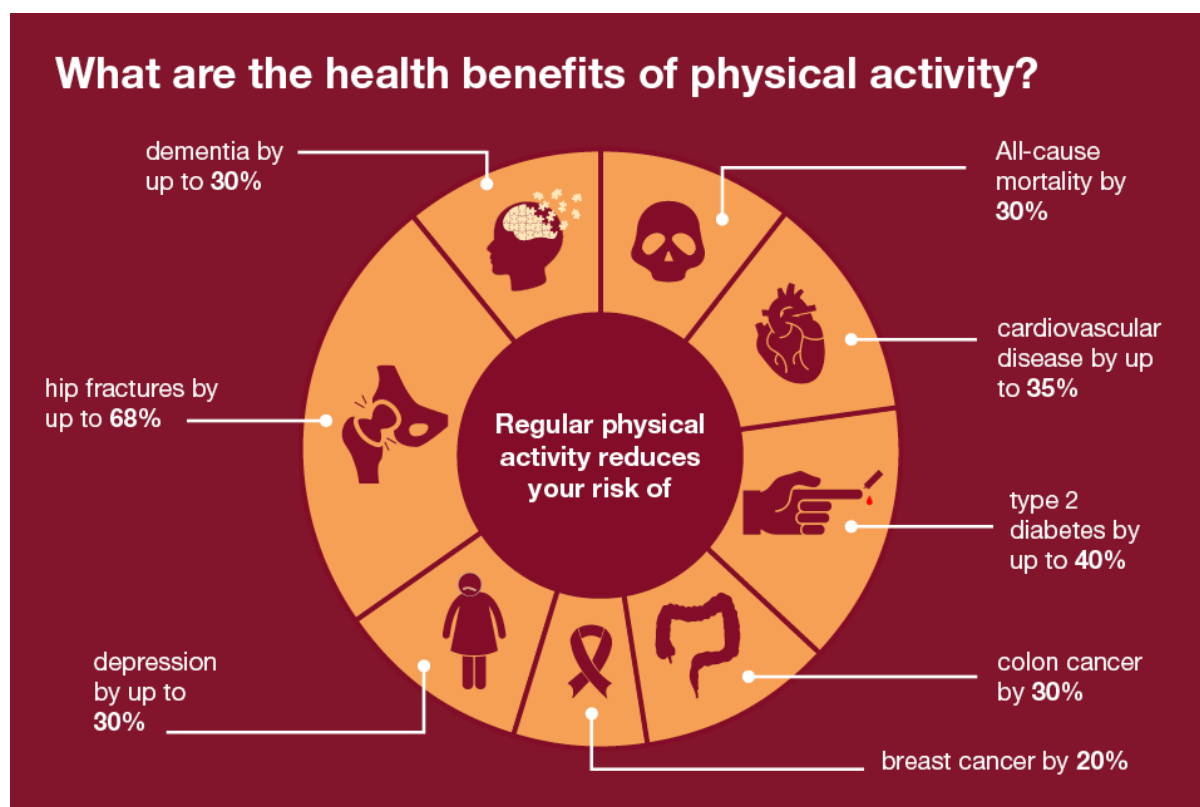
Health and Wellbeing Board Chair



1. PHYSICAL ACTIVITY: WHY DOES IT MATTER?

Physical activity provides a great opportunity to help make Bury a better place to live and work, offering a powerful and effective way of helping to address some of the complex social, health, environmental, and economic challenges that we face as a borough. Physical activity is a positive catalyst and contributor for community cohesion, economic growth, and raising aspirations, as well as giving opportunities for all to develop important skills that will help them to succeed in life.

In contrast, physical inactivity is the fourth leading cause of premature deaths in the UK, causing one in six deaths and contributing to poor rates of healthy life expectancy. Growing numbers of people are living longer with multiple long-term conditions, mental health problems, and musculoskeletal conditions. There is a clear evidence base that illustrates the health benefits of being more physically active.



Regular activity is proven to help prevent and treat non-communicable diseases (NCDs) such as heart disease, stroke, diabetes, and breast and colon cancer. It also helps prevent hypertension and obesity, and can improve mental health, quality of life and well-being. The cost of inactivity in the UK is £7.4 billion per annum.

*"If a medication existed which had a similar effect to physical activity, it would be regarded as a 'wonder drug'."*¹

As a society, we are not getting people active. In Bury, more than one in four adults are classed as inactive, doing less than 30 minutes of physical activity a week. A similar percentage of young people are not meeting Chief Medical Officer guidelines for physical activity.²

¹ Sir Liam Donaldson, the former Chief Medical Officer of England

² UK Chief Medical Officers' physical activity [guidelines](#)

Failure to act to increase levels of physical activity will see related costs continue to rise, with negative impacts on health systems, the environment, economic development, community well-being and quality of life.³

In Bury we are committed to transforming the physical activity levels of our residents, building from the foundations laid in our previous Physical Activity and Sport Strategy (2015-20), and playing our part in Greater Manchester Moving (GM Moving). This strategy describes the journey we need to go on together to achieve that.

The Opportunity – physical activity at the heart of our vision for Bury

Active lives need to be placed at the heart of everything we do in Bury, through a whole system approach that addresses all the influences on people's physical activity, making it possible to design a healthier, happier, more successful future together.

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

The Bury Strategy will be our vision for the place, a plan *for* Bury *by* Bury – and not just a plan for Bury Council. We want to:

- recognise the value that each community and neighbourhood plays, coming together to enable Bury to be a green and ecologically sustainable borough for today's communities, protected for future generations;
- have an inclusive economy which is growing at one of the fastest rates in Greater Manchester, with the best education and skills provision, and digital and transport infrastructure, to connect local people to quality jobs;
- be led by communities who choose to build their homes here because they feel safe, enjoy nationally-recognised arts, culture and heritage, and take control over their own healthy and meaningful lives, supported by one person-centred public service.

Underpinning the strategy will be one overarching delivery plan to incorporate the Local Industrial Strategy, Locality Plan refresh and Bury's Public Sector Reform agenda.

How physical activity aligns with our emerging priorities

Physical activity helps us to achieve our broader ambitions for Bury by contributing to:

- **An inclusive economy** – physical activity contributes to reduced sickness and absenteeism in our workplaces, helps to provide people with the improved health, skills and confidence to move them closer to the workforce, as well as the sport and physical activity sector being a source for jobs in its own right. We know that:
 - children and young people are more likely to do better academically.^{4 5}

³ WHO Global Action Plan On Physical Activity 2018-2030

⁴ Department of Health, 2014, Moving More, Living More: Olympic and Paralympic Games Legacy. [See report here](#)

⁵ The link between pupil health and wellbeing and attainment: a briefing for head teachers, governors and staff in education settings: 2014, Public Health England. [See report here.](#)

- there is an economic value in maintaining and improving physical and mental health and wellbeing (£74.9m). ⁶
 - sport and physical activity helps to drive a stronger economy (Gross Value Added £60.5m). ⁷
 - active workplaces are more productive workplaces. ⁸
 - playing sport has a positive effect on earnings and employability. ⁹
- **A quality and sustainable environment** – creating the conditions for more people to walk, cycle and use public transport, and contribute to less congestion and air pollution. Active Design in town planning can design activity back into people’s lives. Our parks, open and green spaces are quality environments which support people to lead more active lifestyles. The quality of the built and natural environment is a priority for Bury. People in more deprived areas are more likely to be exposed to poor air quality, have less access to green space and find housing less affordable, and are therefore more reliant on poor quality private rented housing. In Bury, approximately 88 people a year die prematurely as a result of air pollution. Physical activity can be an important part of the solution.
 - **Thriving communities** – physical activity contributes to improved health and wellbeing, social cohesion and connectedness. In strong, safe, liveable communities, people can enjoy being out and children can play safely outside. People feel less isolated in well connected, active communities. We know that:
 - being engaged and volunteering in our communities is a win-win – creating capacity and opportunities for the community alongside individual benefits for the volunteers. Volunteering in sport alone has an economic value of £27.3m to Bury. ¹⁰
 - engaging in meaningful community activity and sport helps reduce risk-taking behaviour, crime and anti-social behaviour.

The evidence is clear that leading a more active lifestyle and engaging in sporting activity creates significant benefits for people of all ages who live and work in the borough. However, there are thousands of influences on our daily activity levels. If enabling physical activity was a conscious part of decision making across the public, private and voluntary sectors we could redesign places, policy, systems and practice, and change the culture to enable active lives within our whole population. Changing some of these things takes longer than others. But it is all possible with a whole system approach.

⁶ Sport England Economic Value of Sport – local model. Measure: Economic value to the area of improved quality and length of life plus health care costs avoided due to participation in sports. Time period(s): 2013

⁷ UK Active estimates that just a 1% reduction in the rates of inactivity each year for five years would save the UK around £1.2 billion (UK Active, 2014), *Turning the tide of inactivity*, http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf

⁸ Physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50%. (Davis, Adrian, Jones, Marcus, 2007) *Physical activity, absenteeism and productivity: An Evidence Review*. [See report here.](#)

⁹ The Impact of Engagement in Sport on Graduate Employability, Sport Industry Research Centre, 2013.

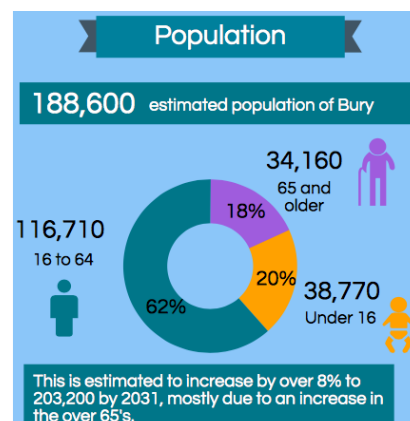
¹⁰ Sport England Economic Value of Sport – local model.

2. WHAT'S THE CURRENT PICTURE IN BURY? - TRENDS AND DATA SUMMARY (To be updated with latest IMD data prior to publication)

The population of Bury

Bury has a population of nearly 190,000 and has been growing since 2006. Compared to England as a whole, Bury has fewer 20-39 year olds (especially males), but more under 15s and 45-49 year olds.

The projected increase in population is expected to mainly be driven by an increasing ageing population, which will inevitably have implications on this strategy.



Health of the population

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

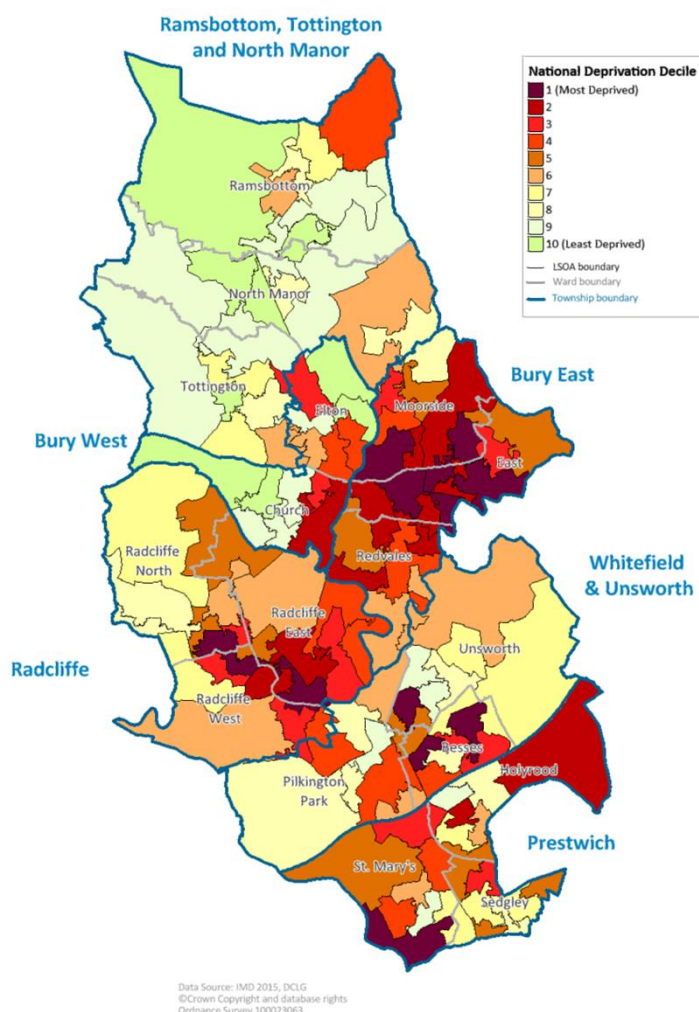
Beneath these overall trends lie stark inequalities, with a difference in life expectancy of 11.3 years for men and 8.5 years for women between the most and least deprived areas of Bury, and a difference of 14.8 years for males and 13.4 years for women for healthy life expectancy. There are no signs 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. Life expectancy in these areas of deprivation is only around 4.5 years beyond state pension age.

There are pockets of severe deprivation across the borough. Neighbourhoods within Radcliffe, Moorside and Bury East are amongst the 10% most deprived in the country. Around 11,000 people live in these areas.

Health inequalities account for losses of £31-33 billion each year, as well as lost taxes and higher welfare payments in the range of £20-32 billion per year. NHS healthcare costs associated with inequality are in excess of £5.5 billion per

Deprivation in Bury Index of Multiple Deprivation 2015



year.¹¹ With evidence of a causal link between physical inactivity and poor health outcomes, this emphasises the need for a more place/neighbourhood focussed approach.

How we measure physical activity behaviour

The UK Chief Medical Officers (CMO) have set out how much physical activity people should take to benefit their health. Using these guidelines, we categorise adult behaviours into Active, Fairly Active and Inactive.

ADULTS

ACTIVE

Percentage of people doing at least 150 minutes of physical activity **per week** in bouts of at least 10 minutes of moderate intensity

INACTIVE

Percentage of people doing **less than 30** minutes of physical activity per week in bouts of at least 10 minutes of moderate intensity

Inactivity is broken down into 3 further groups:

DO NOTHING, i.e. no physical activity at all

LIGHT INTENSITY ONLY, i.e. no moderate or vigorous intensity activity

ONLY ACHIEVE 1-29 MINUTES in a week, i.e. under the 30 minutes required to benefit health

CHILDREN & YOUNG PEOPLE

ACTIVE EVERY DAY

Doing 60 minutes or more **every day** (60+ minutes on all 7 days)
Meets CMO recommendation

Active across the week

Doing **an average of 60** minutes or more a day across the week (420+ minutes a week, but not 60+ minutes on all 7 days)

Fairly active

Doing an average of 30-59 minutes a day across the week (210-419 minutes a week)

LESS ACTIVE

Doing less than an average of 30 minutes a day across the week (less than 210 minutes a week)

¹¹ <https://www.slideshare.net/PublicHealthEngland/reducing-health-inequalities-system-scale-and-sustainability>

¹² Data taken from Sport England's Active Lives Adult Nov 15 - 18



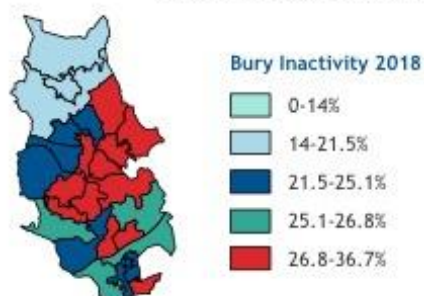
Of the **27.6%** of adults that are inactive...



Bury has proportionally more inactive adults than England. That proportion is comparable with other similar localities but Bury is the only one of these boroughs experiencing a rise in inactive behaviour.

WHERE ARE ADULTS MOST INACTIVE?

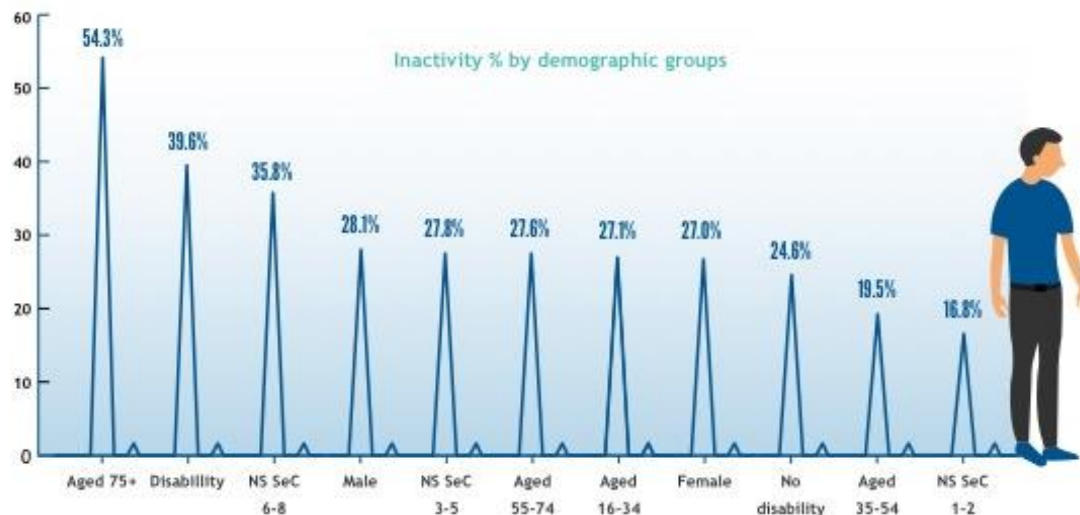
The map shows geographic areas (MSOAs) which subdivide the borough, and are colour coded to give an indication of the proportion of inactive people resident there.



The number of inactive people in the 12 red MSOAs account for more than half of the total number of inactive people in Bury. It is no surprise that these areas also align with high levels of deprivation and low healthy life expectancy.

WHICH GROUPS OF ADULTS ARE MOST INACTIVE?

The chart shows how inactive behaviour varies significantly between the different demographic groups that make up the population of Bury.



Demographic groups in Bury whose **inactive behaviour** is cause for concern.

People in lower socio-economic groups (NS SeC 6-8²)



35.8% inactive in Bury

- Worse than England
- Trend is getting worse (increasing)
- Approximately **14,816** people

People aged 16 - 34 years



27.1% inactive in Bury

- Much worse than England
- Trend is getting worse (increasing)
- Approximately **11,653** people

People aged 75 years and over



54.3% inactive in Bury

- Worse than England
- Approximately **8,253** people
- Particularly significant given that Bury has a growing aged population

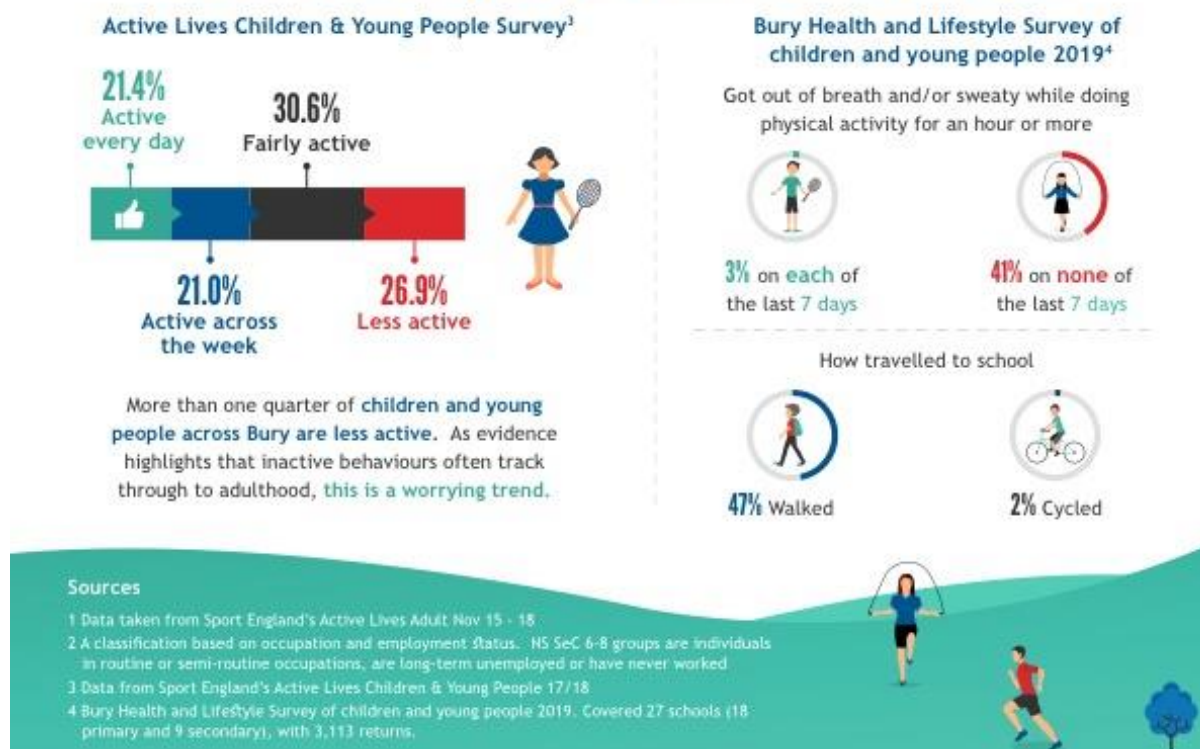
People with a long-term limiting illness or disability



39.6% inactive in Bury

- Approximately **12,609** people
- Although the Bury inactive proportion is better than England and the trend is reducing slightly, the high number of people in the borough is a concern

HOW PHYSICALLY ACTIVE ARE BURY'S CHILDREN AND YOUNG PEOPLE?



Furthermore, our own analysis from the Bury Health and Lifestyle Survey of Children and Young People 2019 indicates that physical activity levels for young people could be even lower, with only 3% of pupils reporting enough physical activity to meet the guideline level, even in part, and only 12% of children exercising every day.

We know that too many young people are not undertaking active travel to school with 63% of secondary and 41% of primary pupils travelling to school by car or van.

We also know that inequalities exist in young people's physical activity behaviours:

- Children were more likely to have taken no exercise if they had special needs or were in the Lesbian Gay, Bisexual or Transsexual (LGBT) group.
- Children living in the East district of Bury are significantly less likely to suggest they enjoy general physical activities.
- The groups most likely to have no days of vigorous physical activity were year 4, Asian, Looked After Children (LAC), LGBT and those who receive Free School Meals (FSM).¹³

¹³ Bury Health and Lifestyle Survey of Children and Young People 2019

Understanding what drives physical activity behaviour change

There is an increasing amount of insight available to us to help understand the barriers for less active groups to being more active. These can be grouped according to:

- Personal factors – such as motivation, confidence, fear of judgement, cost, health and time
- Social factors – such as cultural norms or an understanding of social benefits
- Local environmental factors – including facilities and information
- Wider environmental factors – including the activity choice, and workforce.

Many of these barriers are specific to different social groups and specific communities. National physical activity campaigns such as This Girl Can and We Are Undefeatable have been developed based on an understanding of the physical activity barriers for women and girls and those living with long term health conditions respectively. We Are Undefeatable has been launched to inspire, reassure and support people to be active by showing people living with a variety of conditions – both visible and invisible – on their own journeys to being active. Insight has highlighted that over a third of people cited lack of energy as the main barrier to increasing physical activity; two in five reported that pain caused by their health condition prevented them from increasing the amount of physical activity they do; whilst over a quarter of people with a long-term health condition reported that the unpredictable nature of their condition made it hard to commit to a routine.

How this informs our future strategy

- Alongside measures to raise the activity levels of the whole population, there are **too many people not active enough to benefit their health**. This strategy will need to include tailored and focused interventions to help those who are least active to move more.
- This means **targeting the inequalities in activity levels** across Bury and having a **place-based approach** to working with those groups and communities who are the least active, recognising that the assets, barriers and enablers may be different between our five townships.
- There is a great deal of national and local insight to help us do this effectively and this strategy will need to build on this with an **ongoing conversation with residents** to understand the barriers they face in their lives.
- Whilst organisations and groups across Bury are doing lots of good things to support and encourage people to lead a more active lifestyle, it is not enough. We **need to do more** and **be open to different approaches** to ensure we enable the whole population to move more.

3. WHAT HAVE WE ALREADY GOT IN PLACE?

Whilst developing this strategy we engaged with a range of stakeholders and conducted an audit of strategies and data sources to help us to understand the current landscape of physical activity provision within Bury. We want to build this strategy using the existing strengths and assets in our communities: people, programmes and infrastructure.

Walking and Cycling in Bury Council

We have made significant steps in the cycling and walking agenda across Bury, recognising their important role in helping people to move more. Locally, a number of **Breeze** cycling champions have been trained up in partnership with British cycling. They provide regular fun, free bike rides for women across risk assessed routes. Bury also has a **Wheels for All** inclusive cycling initiative based at Clarence Park and at Bury Athletics Track, operated in partnership with 'Cycling Projects', a national charity. This scheme embraces all children and adults with disabilities and differing needs, to engage in a quality cycling activity in a sociable environment. Bury also provide balance bike sessions for 2-5 year olds, **Bikeability** schemes across our schools, and bike loan and **Buy a Bike** schemes through partnerships with the National Cycling Academy.

In relation to walking we promote a range of opportunities to walk in Bury including **Walking for Health**, countryside guided walks, and Nordic walks. **Bury – Walk with Me** is a nationally recognised scheme created through Bury Sport & Physical Activity Service to provide a variety of led walking opportunities across the borough. The scheme has established 10 weekly walk options for the communities of Bury, all led by Volunteer Walk Leaders.

In June 2018 the Greater Manchester Mayor's Cycling and Walking Commissioner, Chris Boardman, published '**Beelines - a walking and cycling infrastructure proposal**'. It proposed new standards in highway infrastructure and a walking/cycling network of 1,600 kilometres (1,000 miles), including 120 kilometres (75 miles) of segregated routes and 1,400 new crossings across Greater Manchester. It mapped a first draft network of routes and also reported the GM Mayor's decision to set up the £160M **Mayor's Challenge Fund (MCF)** to begin constructing the network.

Bury Council is committed to delivering MCF projects in order to promote cycling and walking within the Borough and has made 3 bids to date. These include £2.2m for the introduction of new crossings to improve walking and cycling routes and road safety for vulnerable users at 7 locations. A bid for £3.6m has been made for new crossings and route improvements in the Fishpool neighbourhood. Both of these have been approved to be worked up in detail. A further bid is currently under consideration for route improvements in the Pimhole, Pilsworth, Radcliffe and Elton areas. **Projects and Programmes**

We have developed a strong knowledge base from the work in Bury, and from the ongoing efforts of a range of public, private and voluntary sector organisations to increase physical activity across the population.

This includes programmes like **I Will If You Will (IWIIWW)**, the Sport England National Lottery funded pilot aiming to address activity levels of women and girls across Bury. Stakeholders said that IWIIWW did much to positively change the lives of women. This was driven by the development of a strong social marketing campaign to address social barriers relating to being active alone, using assets that are already present in the community, as well as addressing accessibility barriers by enabling activity within neighbourhoods. The programme had a positive effect on women's activity levels, but female inactivity rates are increasing again. This highlights a key challenge for this strategy:

to embed the learning across the whole system and ensure the impact is sustainable beyond any initial grant funding investment secured for any given intervention.

We continue to be successful in leveraging a range of funding to support physical activity initiatives, including the funding from the **Greater Manchester Active Ageing Programme** which will run until March 2020 and aims to increase activity amongst older adults. Bury is one of 8 pilot areas targeting those who are inactive or living with one of more long-term health conditions. The programme includes several cross-cutting themes such as the use of peer support and community champions to support target groups in moving out of inactivity, the use of positive images and language to change the narrative and promote a new positive vision of ageing, and working with older people to encourage more active lifestyles among inactive people aged 55 and over.

Bury Families Active Together is a Sport England Families Fund initiative running until March 2022. It is focussed on families in lower socio-economic groups and aims to help families develop more positive attitudes towards activity and create family friendly opportunities to engage in sport and physical activity together.

Parks and Open Spaces

The borough is blessed with a wealth of open space, and outdoor sport and recreation facilities with access to wider countryside beyond via the West Pennine Moors and through the principal river valleys of the Irwell and the Roch, providing a valuable resource to local residents as well as visitors.

This resource – if well-located, accessible, well designed and maintained – can make a major positive contribution to people's lives. Our parks are a key asset and we are fortunate enough that all 12 of our main parks across the borough have been awarded Green Flag status for 10 consecutive years.

The Bury Green Space Audit and Strategy (2015) provides the framework that helps to inform specific needs across the borough.

Likewise, the borough's new Playing Pitch and Outdoor Sport Strategy was launched in 2019, setting out a strategic framework for the maintenance and improvement of existing playing pitches, outdoor sports facilities and ancillary facilities up to 2037. There are shortfalls of one or more football pitch formats, which are becoming more significant as future demand increases. There are also present and future shortfalls for full sized 3G pitches for football team training and cricket, as well as for rugby union and rugby league in the areas where these sports are played at community level. We have identified that the creation of and increased use of 3G pitches should be a key priority.

Indoor Sport and Leisure Facilities

Bury Leisure runs three Quest accredited public leisure centres and welcomes over 750,000 visitors per annum. These sites are home to three swimming clubs, a range of sports clubs, and the delivery of a comprehensive Learn to Swim scheme. Bury Leisure is member of GM Active, which brings together a collaborative approach across all thirteen leisure organisations across the GM.

Community and voluntary sector offer

Bury is proud of its strong voluntary, community and faith-sector (VCF), with many lead organisations who have to date supported the development of the physical activity agenda to move forward. VCF sector organisations in Bury provide a wide range of Health; Social Care; and physical activities. The State of the sector survey by Sheffield Hallam University in 2017 show:-

- 1100 organisations and groups of which
 - 61% are focused on Health & well-being
 - 33% are focused on Community Development
 - 31% are focused on Sports & Leisure
 - 23% are focused on Economic wellbeing
- 19,000 unpaid volunteers giving their time for local causes
- Over 5000 paid staff
- 21.9m interventions supporting clients/beneficiaries/service users

These organisations play a significant role in their ability to address a larger geographical footprint, enabling local people to take control of their own health and wellbeing through regular participation in physical activity. The sector are resolute, adaptable and able to respond to changing cultures, breaking down barriers, connecting people and groups, providing support and helping to improve lives.

The challenge for the sector is securing long term sustainable core funding for their services, however, this is something that should be looked at with partners across the system and enabling groups to access grant funding available. A small amount of seed funding in the VCF has the ability to attract funds from sources not open to the public sector including individual donations; trusts foundations; Business CSR and funders such as the Lottery.

In addition, the VCF sectors ability to involve volunteers significantly enhances services that it can provide. This strategy relies on the strength of the voluntary, community and faith sector, to continue to build on the good work they have been involved with, where possible leading the way by empowering local people to drive the strategy and actions within; raising aspirations and enabling communities with significant inequalities to become involved. Creating suitable environments and conditions in our society to support and encourage active participation and reverse the downward trends of inactivity.

The catalyst for this will be closer working relationships which will develop along with the implementation of a strategic partnership, this will oversee the implementation of the strategy and provide a mechanism to report progress through the Health and Wellbeing Board.

A new Integrated Wellness model

The model combines Bury Leisure, Bury Sport and Physical Activity Service (SAPAS), Bury Venues, Bury Parks and Countryside, and Bury Lifestyle Services that, together, will support communities to Start Well, Live Well and Age Well.

Working with key stakeholders, including GP Primary Care, Clinical Commissioning Group, Bury Care Organisation (part of Northern Care Alliance NHS Group), Living Well Taking Control, and Bury Multi Agency Cancer Services, the aim is to drive transformational change and increase the number of individuals being signposted or referred into the Model's programmes.

A new way of working – Local Delivery Pilot

Greater Manchester was selected as one of 12 Local Delivery Pilots by Sport England in December 2017. The Local Pilot work forms an important strand of the implementation of GM Moving, and will test and explore what it takes to secure population scale change in physical activity behaviour across the borough. The insight about activity levels has led us to focus on Radcliffe initially, aiming to engage both children and young people aged 5-18 in out of school settings, people out of work and people in work but at risk of becoming workless. The Pilot is adopting a whole systems approach to

address inactivity and provides a template for a way of working that aligns well with our future models of delivery in Bury.

Key messages for the strategy

It is evident that there is a lot happening in the borough to try and shift physical activity behaviours, with some evidence of success. However, these have failed to either make a sustained difference or the difference at the population scale required.

There have been a number of clear messages from the engagement process in the development of this strategy:

- Too often activity is piecemeal. Projects are too small scale, and fail to be embedded sustainably beyond initial periods of investment.
- There are real barriers for disabled people in the borough to being able to access inclusive opportunities.
- Perceptions of safety (crime and anti-social behaviour) are a real barrier preventing people from being more active.
- There is a strong voluntary sports club infrastructure but many clubs report they are at capacity.
- Whilst there are lots of opportunities to be active in Bury, a lack of awareness of what is happening appears to be a barrier.
- There are numerous physical barriers that are preventing people from being active, for instance, the lack of toilets for the elderly.

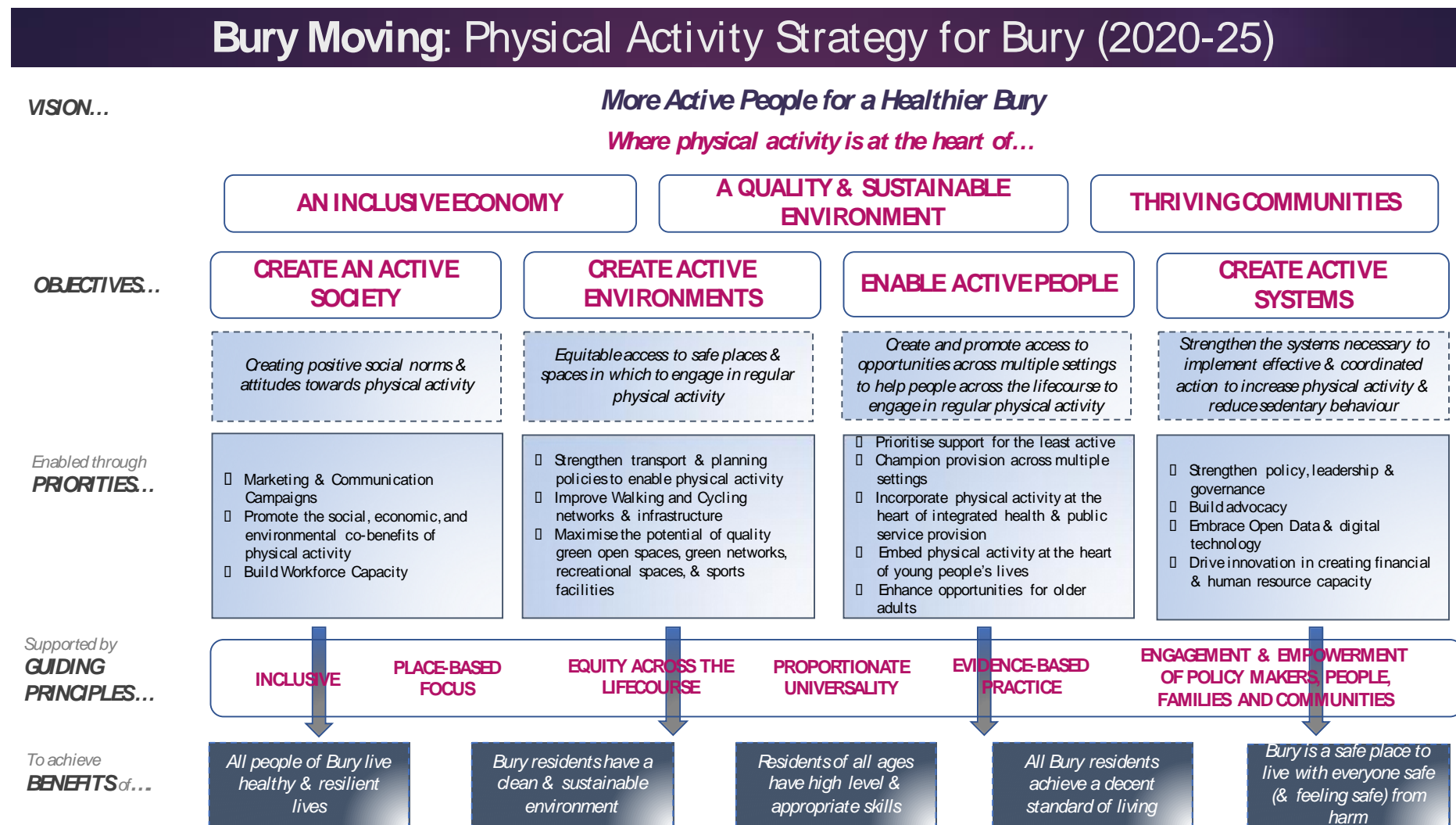
These are just some of the things that are preventing people from being more active in Bury.

We will therefore need an approach that:

- is strategic and transformational – no one thing will make the difference but we need to think big in terms of those things that will create the conditions for people to be more active.
- considers how we distribute leadership across the whole system. The approach needs to engage all sectors at borough and neighbourhood level, designing moving back into life through policy, systems and culture as well as through projects, services and interventions.
- considers the linkages between different projects and workstreams to create efficiencies.
- ensures resilience and sustainability are embedded at the outset.

Our aspiration through this strategy is to work with and alongside communities to help address identified barriers, and to move towards sustained and embedded practice of those things that are shown to work. Our strategy framework outlines what we are going to focus on alongside the guiding principles of how we will achieve this.

4. WHAT IS OUR VISION AND AMBITION?



Our Vision

Our vision is to positively change the lives of people across Bury through physical activity, creating a healthier borough where everyone across all communities and all ages is more active – a whole population approach.

Building from our strengths and through system-wide collaboration:

We will double the rate of past improvements, reaching the target of 75% of people active or fairly active by 2025.

Bury Moving and the action plan that follows outlines the journey we need to go on to realise our ambition. This is possible because we are developing new approaches and models of public service in Bury which puts people at the heart of the approach and focuses on early intervention and prevention.

Our Objectives and Priorities

We have identified 4 strategic objectives and 15 priorities to increase physical activity and reduce sedentary behaviour. Together, they capture the whole system approach required to meet our ambitions where physical activity is prioritised as a regular part of everyday life. The four strategic objectives are:

1. Create an Active Society
2. Create Active Environments
3. Enable Active People
4. Create Active Systems.

No one area of work will provide the solution. Lots of changes across the system will be needed. Section 7 provides further details of the specific actions we will take in order to deliver the change. These actions will form an action plan that will set measurable targets and outputs against each area, including identifying key agencies who will be responsible for taking the work forwards.

Outcomes

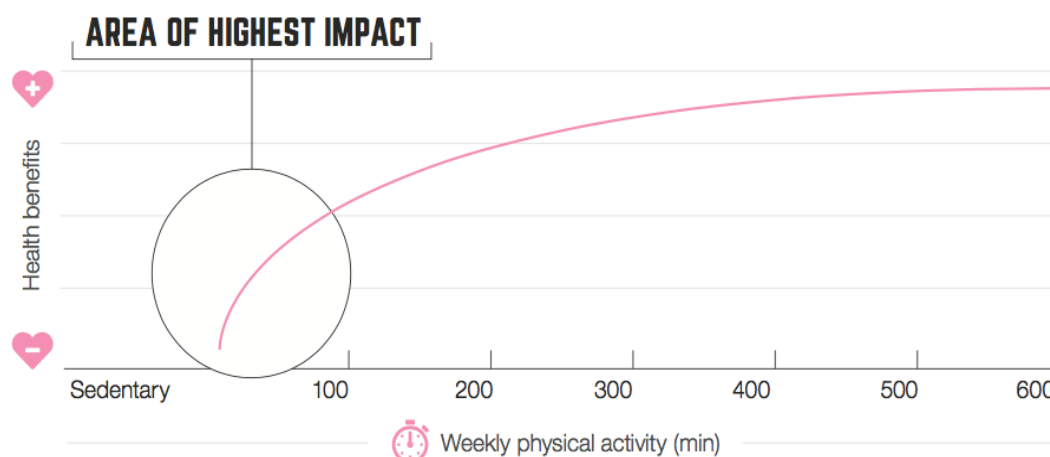
This strategy aligns with the Single Outcomes Framework for Bury which sets out 5 overarching outcomes for our borough around which we align all strategic plans, policies, programmes and delivery. They are:

- All people of Bury live healthy and resilient lives
- Bury residents have a clean and sustainable environment
- Residents of all ages have high level and appropriate skills
- All Bury residents achieve a decent standard of living
- Bury is a safe place to live with everyone safe (and feeling safe) from harm.

5. WHAT WORKS TO ADDRESS INACTIVITY?

Evidence shows that it is never too late to start, and moving more will help with the majority of health conditions. When people shift from doing nothing to doing something regularly, they gain the biggest health benefits. The policy directive is clear: *‘the biggest gains and the best value for public investment is found in addressing the people who are least active.’*¹⁴ This strategy will therefore **prioritise efforts to help the least active to move more.**

Area of Highest Impact: The Dose-Response Curve¹⁵



Moving more in any way will make a difference. Brisk walking is good enough for most people, and no one is too old to start. Walking and cycling are the most accessible forms of physical activity that can be built into people's everyday lives.

In 2018, the World Health Organisation launched a **Global Action Plan on physical activity**.¹⁶ This gave us an internationally agreed, evidence-based approach to address inactivity and engage people in active, healthy, happy lives. The four objectives and twenty policy actions are applicable to all countries and address the multiple cultural, environmental and individual determinants of inactivity.

Nationally, we have also drawn on **NICE guidance** relating to physical activity which covers a range of topics such as the environment, obesity prevention, exercise referral schemes, walking and cycling, cardiovascular disease prevention and physical activity in the workplace.

The strategy is also informed by **GM Moving, the Plan for Physical Activity and Sport**¹⁷ which sets out what needs to happen for Greater Manchester to take a whole system approach to addressing inactivity.

We also have a lot of knowledge from our own work in Bury, and the ongoing efforts of a whole range of public, private and voluntary sector organisations to increase physical activity across the population, including programmes such as IWIYW mentioned earlier.

¹⁴ Sporting Future: A New Strategy for an Active Nation page 19

¹⁵ Dose-response curve for physical activity, Nigam, 2011 (referenced in 'Towards An Active Nation' page

¹⁶ <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>

¹⁷ https://gmmoving.co.uk/assets/uploads/GMM_Plan_195x230mm_36PP_AW_AMENDED_SINGLE_PAGES.pdf

Key messages for the strategy

The guiding principles (section 6) and the actions (section 7) have directly been informed by a robust evidence base referenced throughout this strategy.

In particular, it is evident that we will need:

- to strengthen policy, leadership and governance as critical enablers to a whole systems approach.
- a strong focus on walking and cycling as the most accessible forms of physical activity.
- community / school / workplace based interventions that are designed to meet the needs of the least active groups.
- to influence planning policy and infrastructure development to ensure we are creating active environments that build moving more into everyday life.

6. HOW WILL WE ACHIEVE IT?

PRINCIPLES

This strategy has not only been informed by the evidence base of *what* to do to drive a whole population approach to physical activity, it is also informed by the guiding principles of *how* to do it. As outlined throughout, it is clear that we will need to take a whole system approach to achieve our ambitions. This will be underpinned by a series of guiding principles that we have identified together and are drawn from The Greater Manchester Model of Unified Public Services, the WHO Global Action Plan principles, GM Moving Principles and the Bury 'way'.

Bury Moving Principles

A place focus Moving to Place at Pace, our local model for whole system, place-based transformation is integral to our approach for physical activity, and is strongly supported by the evidence base highlighting the inequalities that exist in the borough. Our work on physical activity will align to the broader public service reform work focussing on a place approach in neighbourhoods across the borough.

Proportionate Universality¹⁸ We are committed to Marmot's Proportionate Universalism Approach. This means that we will set policy and take action to enable the whole population of Bury to move more, *and* will focus on specific neighbourhoods and demographic groups, based on inequalities and the level of need. Therefore, to narrow the gaps in health and physical activity, proportional allocation of attention, capacity and resources is needed to engage the least active and those who face the greatest barriers.

Inclusive This strategy is for the *whole* population of Bury and we must continually challenge ourselves to ensure that we are addressing barriers to engagement. We will ensure that our people have a strong voice in shaping what needs to change to enable active lives for everyone.

Across the life course We will consider needs at different stages of the life course (including early years, childhood, adolescence, adulthood and older age), different levels of current activity and ability, with a priority towards addressing gaps and reducing inequalities.

Evidence-based practice The recommended priority actions are informed by a robust evidence base, as well as practice-based evidence. Underpinning this must be a culture of evaluation and real time learning about what is driving change.

Engagement & empowerment of policy makers, people, families & communities People and communities should be empowered to take control of the determinants of their health through active engagement in shaping policies and interventions that will enable active lives. Active engagement to mobilise communities is one of the most powerful ways to change behaviour and change social norms.

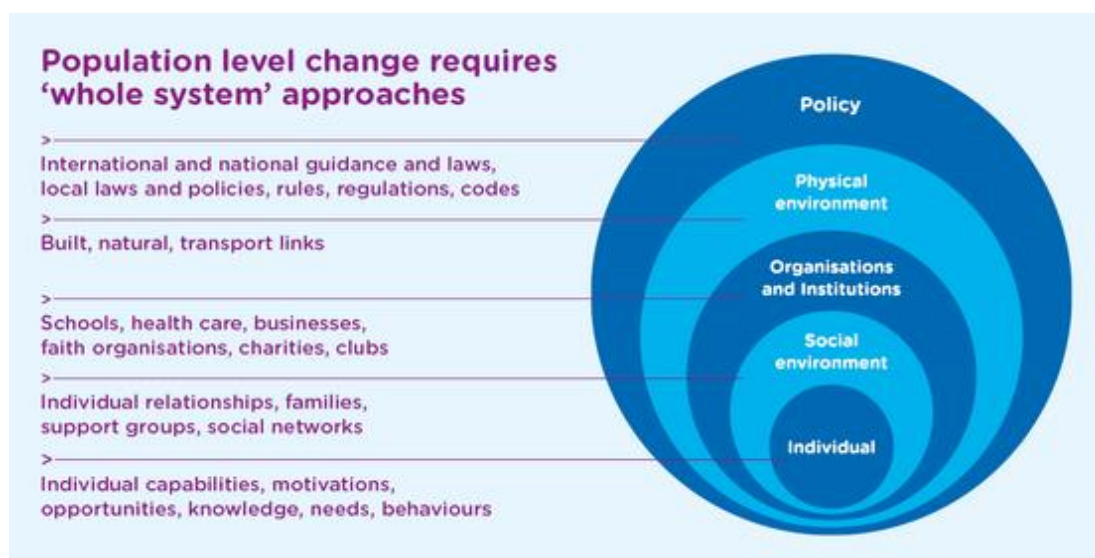
¹⁸ Fair Society, Healthy Lives – The Marmot Review, 2010

APPROACH

A whole system approach – aligning all the influences on physical activity levels

Encouraging movement and enabling people to live active lives that involve everything from housework and gardening through to participation in organised sport will require us to understand and address all of the influences on daily life.

We know that these influences are complex, but through our work together, we need to turn as many of these influences as possible into forces that *enable* active lives for our whole population.



To address all of these influences, the whole system will need to engage and help to lead Bury Moving, making a commitment to people moving more in their sector, from **planning, transport, education, health and care, housing, community and voluntary sector, to justice and economic development.**

We need to embed 'moving more' as the normal approach and as part of the solution to the challenges that people face. The big shift that we need to make is to change policy, decision making, systems, process and practice to *enable* people to live a more active life. Every conversation we have with people needs to enable wellbeing and health so that every contact counts.

Influencing how we work together

Genuine collaboration, co-production, and transparency takes trust, honesty and openness to respectful challenge, always with the overall ambition in mind. Our approach will help people and organisations to respond to the question '*What will make the biggest difference to the outcome?*', rather than '*What will benefit my organisation the most?*'

Our approach has to create the conditions that enable a social movement to grow. It must develop from the grassroots, but leaders in the system can help it to seed, grow and flourish. This can be achieved if we genuinely share power, let people and communities share leadership, and remove the systemic and cultural barriers and blockages along the way.

7. ACTIONS

We have made commitments that we will prioritise. This is not an exhaustive list of everything we will do as more will emerge through ongoing co-design with Bury residents across the life of the strategy.

These actions include a mixture of things that build from existing activity and new areas of focus. In support of this strategy a delivery plan will be developed with measureable outputs and targets set for each action to track progress.

I. CREATE AN ACTIVE SOCIETY	
Priorities	What it would take
Marketing & Communication Campaigns	a. Embrace and localise national and regional communications campaigns to help increase physical activity of Bury residents, including <i>That Counts</i> , <i>We Are Undefeatable</i> , <i>This Girl Can</i> , <i>One You</i> , and <i>Who Says?</i>
	b. Ensure movement, physical activity and sport are integrated into existing public health campaigns as part of a cohesive message about leading healthier lives.
Promote the social, economic, and environmental co-benefits of physical activity	c. Develop a clear narrative for Bury, enhancing awareness, understanding, and appreciation for the social, economic, and environmental co-benefits of physical activity .
	d. Leverage mass participation events like the Bury 10k, GM Walking Festival, and other high profile events such as the Tour of Britain.
Build Workforce Capacity	e. Support and develop the whole workforce in Bury to enable system change for active lives, as part of a wider approach to leadership development in Greater Manchester.
	f. Embed physical activity training across the health and care system, including the PHE Physical Activity Clinical Champions programme and Moving Medicine tool.
	g. Maximise the potential of social prescribing through the social prescribing link workers and care navigator roles.
	h. Embrace the principle of Making Every Contact Count for physical activity, supporting all cross-sector frontline staff to be confident in discussing and enabling physical activity as part of holistic conversations about health.
	i. Work with the VCFA to increase capacity in the voluntary sector in supporting people to lead more active lives, including creating leaders in communities, building social networks, and training people that lead and support volunteers.
	j. Improve links with educational partners such as Bury College, supporting students in developing their employability skills through apprenticeships, work placements, work experience, and internships that support people in Bury to move more.

2. CREATE ACTIVE ENVIRONMENTS

Priorities	What it will take
Strengthen transport & planning policies to enable physical activity	<ul style="list-style-type: none"> a. Develop and implement a Local Transport Plan for Bury which embraces the role of physical activity. b. Ensure that Active Travel Plans are adopted and implemented by all schools in the borough to help enable more young people to walk and cycle to school. c. Embed Active Design within major housing and regeneration projects e.g. Radcliffe Town Centre.
Improve Walking and Cycling networks & infrastructure	<ul style="list-style-type: none"> d. Develop and implement a Local Cycling and Walking Infrastructure Plan (LCWIP) for Bury. e. Maximise the opportunities to improve cycling and walking by implementing the recommendations of the Made to Move Report, through developing the 'Bee Network' infrastructure, utilising the GM Mayor's Cycling and Walking Challenge Fund and implementing design standards in all highways work. f. Develop a Walking and Cycling Forum for Bury to champion opportunities for cycling and walking. g. Ensure our efforts to improve cycling and walking infrastructure are complemented by targeted behaviour change work to empower priority groups to take advantage of the opportunities.
Maximise the potential of quality green open spaces, green networks, recreational spaces, & sports facilities	<ul style="list-style-type: none"> h. Improve the quality and usage of outdoor spaces for physical activity in partnership with a range of organisations from National Governing Bodies of Sport to charities and non-physical activity organisations. i. Undertake a review of indoor leisure and fitness provision in the borough to inform future market shaping strategies and provision to meet the aims of this strategy. j. Continue to implement the priorities within the Bury Greenspace Audit and Strategy, embracing new opportunities to enhance green spaces such as the City Forest Park initiative, and ensuring our 12 Green Flag Parks are focal points for physical activity in the communities they serve. k. Deliver on the recommendations of the Bury Playing Pitch and Outdoor Sport Strategy 2019, in particular addressing the identified shortfall in 3G pitches.

3. ENABLE ACTIVE PEOPLE

Priorities	What it would take
Prioritise support for the least active	<ul style="list-style-type: none"> a. Deliver on our ambitions for the Local Pilot in Radcliffe and Bury as a whole, ensuring that the learning from this work helps to inform our whole system approach in addressing

3. ENABLE ACTIVE PEOPLE

Priorities	What it would take
	<p>inactivity in priority neighbourhoods across the borough. This includes learning how to build resilience and sustainability in at the beginning to help build social capital and enable a social movement.</p> <p>b. Prioritise the role of physical activity and sport in supporting risk reduction and early intervention for people aged 40-60 with long-term conditions.</p> <p>c. Deliver on the aspirations and embed the learning from funded programmes like Bury Families Active Together.</p> <p>d. Maximising the opportunity presented by other programmes (for example, NHS Health Checks) to enable active lives with priority population groups.</p> <p>e. Embed the role of physical activity and sport in supporting people out of work and people in work but at risk of becoming workless to become and remain economically active.</p>
Champion provision across multiple settings	<p>f. Embrace and proactively champion the benefits of more active workplaces through the leadership of Bury Council in partnership with the Business Engagement Network.</p> <p>g. Support the growth of a strong, vibrant and inclusive community group and sports club infrastructure and engage them in supporting the shared ambition to reduce inactivity and inequalities.</p> <p>h. Identify opportunities for more innovative approaches to the provision of places to undertake physical activity, e.g. housing, health care and community settings</p> <p>i. Support the opening of school and college facilities for greater levels of community use.</p> <p>j. Champion and enable the development of community and volunteer led initiatives that promote active lifestyles.</p>
Incorporate physical activity at the heart of integrated health & public service provision	<p>k. Further develop the Beats GP Referral Programme with a new single point of access for all referrals and opportunity for self-referral. This should include further improving the monitoring and feedback loops to track GP usage and referral uptake.</p> <p>l. Embed physical activity as part of our pilot work on Person and Community Centred Approaches including social prescribing.</p> <p>m. Deliver on our plans for our new Integrated Wellness Service, embedding new models of delivery.</p>
Embed physical activity at the heart of young people's lives	<p>n. Embed physical activity across nursery and pre-school settings to help improve school readiness amongst young people.</p>

3. ENABLE ACTIVE PEOPLE

Priorities	What it would take
	o. Champion the adoption of the Daily Mile in all schools across the borough as part of a whole school approach to physical activity.
Enhance opportunities for older adults	p. Embed the learnings from Bury's Active Ageing work to ensure sustainability of impact behind the initial funding investment and drive system and culture change.
	q. Embed physical activity within our work on Age Friendly Bury .
	r. Embed the learnings from the Falls Prevention Programme as part of Keeping Bury Well.
	s. Support residential and nursing homes to embed physical activity as part of everyday life for residents and staff and support and enable active lives for older people living in their own homes.

4. CREATE ACTIVE SYSTEMS

Priorities	What it would take
Strengthen policy, leadership & governance	a. Embed physical activity into relevant policies across the borough, including the Bury Strategy, Bury Industrial Strategy, the revised Health and Wellbeing Strategy, and the refreshed Locality Plan.
	b. Create a coherent voice for physical activity within the strategic governance arrangements within the borough (see section 8)
Build advocacy	c. Embed physical activity training and advocacy with elected members and strategic leaders in public, private and the voluntary sector.
Embrace Open Data & digital technology	d. Embrace Open Data in support of the work being led GM wide by GreaterSport and GM Active.
	e. Work with GreaterSport on the digital transformation opportunities for the physical activity sector.
Drive innovation in creating financial & human resource capacity	f. Develop an evaluation and learning culture across everything we do so we can understand what is making a difference to outcomes for residents, to demand for public services, and for financial sustainability of public services.
	g. Embrace community investment models such as The Pitch and the Social Capital Fund for physical activity to encourage innovation from communities to get people moving more. Where possible look to streamline community investment pots to make it easier for community and voluntary sector organisations to access support by reducing the administrative burden.

8. GOVERNANCE AND IMPLEMENTATION

Measuring success

The driving measure of success for this strategy is the increase in physical activity levels across the whole population, working towards our stated target of **75% of people active or fairly active by 2025**. This will be measured through the Active Lives survey undertaken by Sport England, and it will also enable us to track the changes in specific targeted demographic groups.

Through the governance arrangements set up to oversee the strategy, we will develop a delivery plan that identifies lead organisations for areas of work, and specific success measures to track our progress against our strategic objectives. These will ultimately align to the Single Outcomes Framework for Bury and identify physical activity's contribution towards the five overarching outcomes for our borough.

Embedded at the heart of the Bury Strategy

The governance of the Bury Moving Strategy will be embedded securely within the emerging Bury Strategy, and is aligned to the same principles of public service reform and integration. This will include a strategic group to provide oversight of the strategy, manage risks, and provide support with strategic alignment of different work areas. The shared purpose of our reform will drive this: to help all people of Bury live longer, healthier, and happier lives, and in doing so, reduce the inequalities that exist between some people and places.

Bury Moving Governance

As set out in Strategic Objective 4, effective implementation of this strategy will require bold, shared leadership combined with cross-public sector and multi-sectoral partnerships at all levels to achieve a coordinated, whole system response. We are in a strong position to do this, as part of the Greater Manchester family, which is at the forefront of the devolution agenda. Team Bury is working together with Greater Manchester colleagues to bring all aspects of reform together into a single coherent strategy for transformation. Together we have the will and the power to deliver wholesale reform.

A new relationship with communities

We will need to change the power dynamic with a new form of relationship with people and communities to achieve our shared ambitions. We are moving towards an approach of working with communities and enabling communities to do for themselves, i.e. *'nothing for us without us'*, or *'done by us for us'*. There is a strength of energy and commitment in Bury communities, with people ready and willing to engage and contribute. Bury people bring knowledge, skills and experience. Community and stakeholder partnerships are fundamentally part of the solution and they matter absolutely.

The five emerging community partnerships in the neighbourhoods of Bury, Prestwich, Radcliffe, Tottington and Ramsbottom, and Whitefield will be critical to the community leadership, as will community leaders with a particular passion and commitment to physical activity, sport and wider complementary agendas such as sustainable travel, clean air, community development, inclusive growth etc. As with the 'People Powered Bury' Steering Group, people and communities will be at the heart, with shared power, leadership and decision-making across public services and the community and voluntary sector. If we are to ensure the effective implementation of this strategy, the people, and the system will need to work together and hold each other to account for the

commitments within it. The opportunity if we get this right is significant – a more active, healthier and happier Bury.

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Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Consider
Item No	9a	Confidential / Freedom of Information Status	No
Title	Commissioning Review – Urgent Care		
Presented By	Dr Jeff Schryer, CCG Chair Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Nicky Parker, Programme Manager Urgent Care Reviews		
Clinical Lead	Dr Jeff Schryer, CCG Chair		
Council Lead	Cllr Andrea Simpson		

Executive Summary
<p>This paper provides an update on the brief for the Bury Urgent Care Review.</p> <p>The objectives of the review are identified as follows:</p> <ul style="list-style-type: none"> • 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 • Work towards achievement of the GM UEC Improvement and Transformation Plan. <p>The paper provides details on the objectives of the review, the services in scope, governance, project support and outputs.</p> <p>This paper provides further information on the structure, support and outputs of the review.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • note the Bury System Urgent Care Review and Re-design Brief.

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:	Choose an item.
Add details here.	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations that will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Additional details	An EIA and QIA will be completed as part of the review process.
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Governance and Reporting		
Meeting	Date	Outcome

Commissioning Review – Urgent Care Redesign

1.0 SUMMARY

1.1 This paper provides an update on the brief for the Bury Urgent Care Review.

1.2 The objectives of the review are identified as follow:

- 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
- Work towards achievement of the GM UEC Improvement and Transformation Plan

1.3 This paper provides further information on the structure, support and outputs for the review.

2.0 MATTERS FOR CONSIDERATION/DECISION

2.1 The Health Overview and Scrutiny committee is asked to note the Bury System Urgent Care Review and Re-design Brief.

3.0 BACKGROUND

3.1 Over the past three years Bury CCG has been reforming the way urgent care services are delivered. The majority of proposed changes over this period have been implemented, these include:

- Redesign of Extended Working Hours
- Development of GP Quality Scheme which increased access to GPs
- Community Wound Care Services
- Commissioning of NHS111
- Launch of NHS111 Online
- Enhancement of Ambulatory Care on acute sites
- Establishment of a Local Care Organisation (LCO), bringing providers together
- Expansion of the NWS Green Car Scheme
- Development of Local Integrated Clinical Hub
- Development of Integrated Neighbourhood Teams
- Establishment of four Primary Care Networks in Bury, all providing extra appointments via extended hours

3.2 Over this period there has been much speculation with regard to the future commissioning arrangements for the Walk-In Centres. It is important to note that whilst in scope for consideration within the Urgent Care Review no decisions with regard to the Walk-In Centres have been made. Any future proposals would only be considered in the context of the overall Urgent Care Review.

- 3.3 Whilst all of the above has helped to modernise the urgent care system in Bury it has not yet managed to integrate service delivery into a single, seamless, easy to navigate system able to cope with the rising demands on urgent care.
- 3.4 In order to achieve the Bury system has decided to perform a system wide Urgent care Review. Once the review is complete the recommendations, if accepted, will lead to the redesign the urgent care system in Bury. This will reflect a more integrated approach making the system fit for the challenges currently being experienced and for future years.
- 3.5 This paper sets out the brief for the Urgent Care Review and proposed Governance model. The appendix shows the formal bodies that will provide decision making and assurance roles. There are other groups that will have an engagement role in the Review such as HealthWatch and clinicians. It is important that the voice of Bury people is heard and engagement with HealthWatch and a wider public consultation in the New Year will be important elements of the Review. A Programme Plan is under development, setting out the key milestones between now and April 2020. The Workforce Engagement Forum will be used to engage Trade Unions and providers are being fully involved. We will ensure that they engage their staff and TUs.

4.0 BODY OF THE REPORT

The Bury Urgent Care Review and Re-design brief is detailed below:

4.1 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
- Work towards achievement of the GM UEC Improvement and Transformation Plan

4.2 Services in-scope of Review:

- Emergency Department at FGH
- 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

- IVCH
- Level of GP registration

4.3 Governance

- This Project to be part of a programme of reviews established by the CCG as part of the process for setting the budget for next year as well as being part of the NCA Programme.
- Project Steering Group to be established to include: J Schryer as Chair, S Taylor (MD, FGH), G little (Accountable Officer), Kath Wynne-Jones (LCO), S Barnard as Representative from GM, N Parker (Programme Manager), Councillor A Simpson, Rachel Coaker
- Clinical and Political Oversight Group to be established to meet monthly. Chair TBC, Kiran Patel, Cllr Simpson, Cllr Stella Smith, Kevin Peel, Shona McCallum, Andrea Abbas, Keeley Gibbons, L Williams, A Osei, Dil Jauffur, NWAS, Bardoc, GP Fed.
- A Project Team to be established to meet fortnightly. Nicky Parker to chair. First meeting 10th Oct, then fortnightly.
- Programme reports to Bury Strategic Commissioning Board

See governance drawing in Appendix One

4.4 Project Support

- PMO support via SRFT/NCA
- Analytics support from GM, NCA and TFGM
- Project sub structure to include
- Enablers- Finance, BI, workforce development, estates, ICT

4.5 Outputs

- Project Plan with key milestones and timelines to go to Strategic Commissioning Board on 4th November, deadline for papers 28th October 2019.
- Regular update reports to the Governing Body with savings to commence from April 2020.
- Information and assurance to Bury CCG Governing Body, Bury Urgent Care Board, NES UC Delivery Board, GM Urgent Care Board, Bury System Board, Bury Health and Care Recovery Board, professional Congress and Clinical Cabinet.

4.6 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

4.7 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

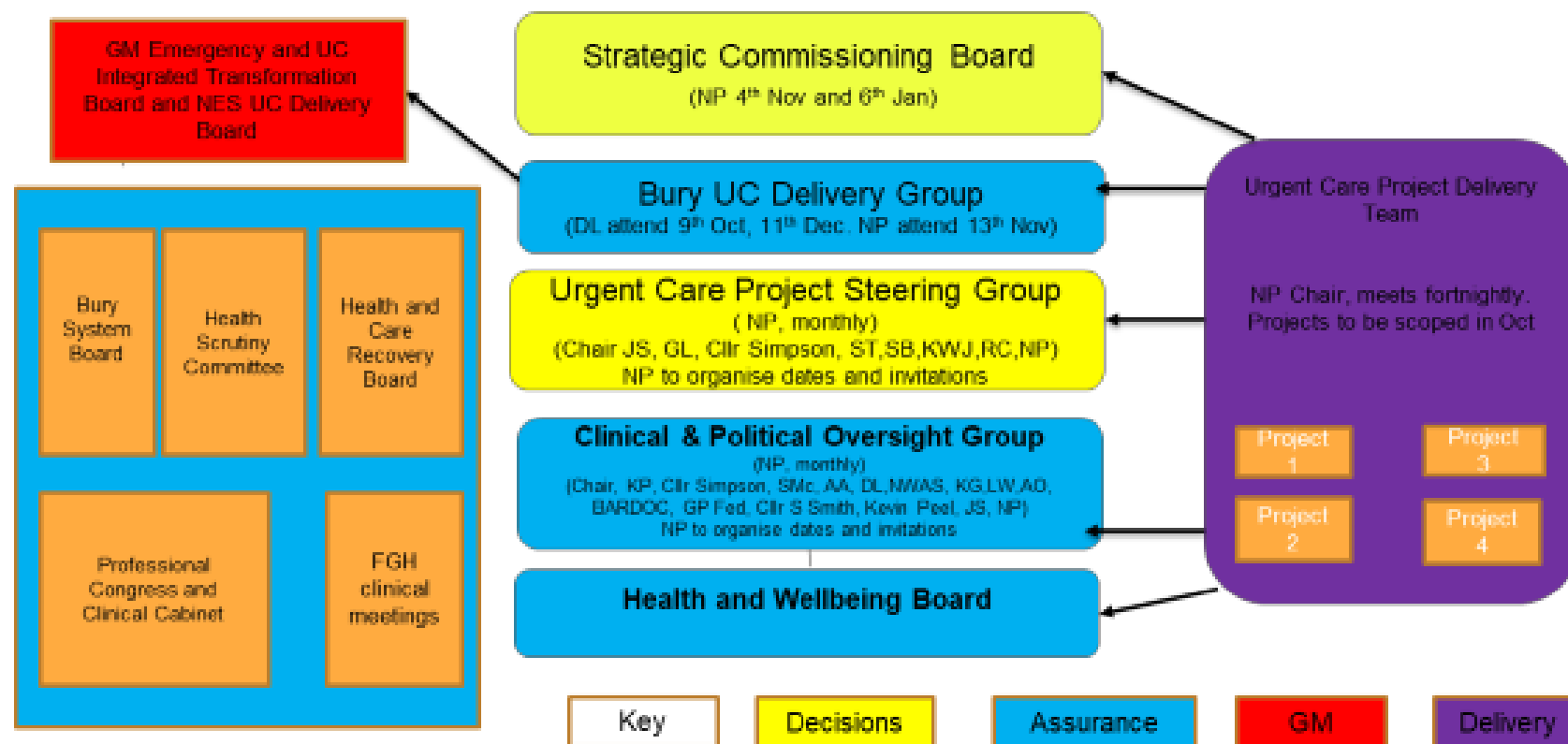
5.0 CONCLUSION

5.1 The Strategic Commissioning Board is asked to:

- note the Bury System Urgent Care Review and Re-design Brief.

Nicky Parker
Programme Manager - Urgent Care Review
October 2019

Urgent Care Governance (DRAFT v0.4)



Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Consider
Item No	9b	Confidential / Freedom of Information Status	No
Title	Commissioning Review - Learning Disabilities Respite		
Presented By	Julie Gonda, Interim Executive Director of Communities and Wellbeing		
Author	Kez Hayat, Programme Manager, Bury CCG Nasima Begum, Commissioning Manager, Bury CCG		
Clinical Lead	Dr Cathy Fines, Clinical Director		
Council Lead	Julie Gonda, Interim Executive Director of Community and Wellbeing		

Executive Summary
<p>A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.</p> <p>The report proposed a number of 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.</p> <p>Attached is a copy of a scoping paper that has been developed in order to take forward the Bury Learning Disability Respite review.</p> <p>The paper includes further details in relation to: -</p> <ul style="list-style-type: none"> • Review objectives • Services in scope • Proposed project teams • Required outputs • Governance • Key Inter-relationships • Risks • Engagement • Key Milestones & Timeline
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note the content of this report and update provided; • Support the next steps as outlined.

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:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations that will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	The equality impact assessment will be developed as part of the project – this will be an iterative document					

Governance and Reporting		
Meeting	Date	Outcome

Review of LD Respite/Short Breaks

1. Introduction

- 1.1 The aim of this project is to undertake a review and redesign of respite services in Bury for people with a Learning Disability. This is with a view to commissioning an equitable and sustainable borough wide Learning Disability (LD) respite provision that meets the needs of service users. Current services give a lower quality experience in terms of meeting the needs of stakeholders as there is not a wide range of options for short breaks and respite. Issues include: lack of availability, consideration of value for money, limited choice and inconsistent allocation of nights available.
- 1.2 A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019. The savings target attributed to this work is £700,000.
- 1.3 This report provides the Strategic Commissioning Board with an update on progress against the Service Review of Learning Disability Respite/Short Breaks provisions commissioned by Bury Local Authority (LA) and the CCG.
- 1.4 This report highlights progress made to date against the action plan.

2. Background

- 2.1 Commissioning of LD respite/short breaks are undertaken separately by LA and CCG. As a result, there is a lack of shared detailed knowledge across the LA and CCG of the needs of the Learning Disability cohort. With the introduction of personalisation and personal budgets, people now have more choice and control over how they are supported to live their lives and be more independent.
- 2.2 There has been some good progress in Bury and people with a Learning Disability have started to have greater choice and control by having their own tenancies, gaining employment and being part of their wider community. However, we are aware there is more to do.
- 2.3 This review however, focusses on respite services across health and social care for both children and adults with learning disabilities. The review aims to:
 - To ensure that it meets the needs of service users in terms of capacity, performance and quality.
 - Identify areas for development and improvements to benefit service users and enhance their experiences and inform future commissioning.
 - To commission an equitable and sustainable service.
 - Improve outcomes for Service Users and their family where possible
 - Achieve financial savings.

3. A Service Review LD Respite/Short Breaks

- 3.1 Working in partnership, the CCG and LA we will be reviewing LD Respite/Short Break

provision. The following methodology will be used:

- Analysis of activity, finance, contract and performance;
- Process mapping the respite services pathways across health and social care;
- Clinical Service/Quality Review;
- Carryout Quality Impact and Equality Impact Assessment

3.2 A Task & Finish Group has been established to undertake this work. The Group meet fortnightly and have the following in place:

- **Terms of Reference**

- Governance - The Task and Finish group will report to the Joint Clinical Cabinet and Professional Congress.
- Oversee review of current services and processes in partnership with the Local Authority and by engaging with providers and service users and their Carers/families.
- Develop options for commissioning intentions for 2020/21 and possible options of pooled budgets.

- **Project Team**

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

3.3 Project lead will be Kez Hayat (CCG) and Julie Gonda (Bury Council) as the Senior Responsible Owner. In addition, the Group will co-opt members with specific knowledge when reviewing evidence submitted such as:

- Finance
- BI / analytics
- Workforce
- Estates

4 Associated Risks

4.1 Consideration of risks will be managed through a risk log, maintained by the project group. Key risks identified to date include:

- It is likely that any changes in service provision will impact on LA provided services (and vice versa) and therefore a full understanding of all services and their inter-dependencies is recommended before significant changes are implemented;
- In addition, any savings to be realized through de-commissioning of services

may be delayed due to the notice period within the current contract arrangements.

5 Engagement

- 5.1 A detailed engagement plan is currently being developed in respect of customers and other key stakeholders.
- 5.2 It is critical that we work effectively with all stakeholders to ensure that service developments and changes are delivered safely, 'right first time' and at pace.
- 5.3 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.
- 5.4 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.
- 5.5 All relevant policies have and will be adhered to in this process.

6 Key Milestones and Timeline

- 6.1 Key milestones are identified in the table set out at Appendix 1.

7 Decisions Required

- 7.1 The Strategic Commissioning Board is asked to:
 - Note that the review of LD respite/short breaks provision is underway;
 - Support the next steps to work in partnership with key providers to develop the provision of more equitable and flexible provision; and
 - To note that any de-commissioning of services will have to be implemented in line with contractual arrangements which may delay the realisation of savings in full.

Nasima Begum
Commissioning Manager
Nasimabegum@nhs.net
October 2019

Appendix 1 : Learning Disability - Respite/short Break																		
Director: Julie Gonda																		
Programme Lead: Kez Hayat																		
Clinical Lead: Cathy Fines/Nigget saleem																		
Project Lead: Nasima Begum																		
Priorities, Scheme and Key Milestones	Lead	Supported By	Completion Date	Milestone Checkpoints (x)														
				Sep-19	Sep-19	Oct-19	Oct-19	Oct-19	Nov-19	Nov-19	Dec-19	Jan-20	Jan-20	Feb-20	Feb-20	Mar-20	Mar-20	Mar-20
1. Review Respite provision																		
Identify how services are commissioned currently - block contract or Spot purchasing	Kez Hayat	Nasima Begum	Sep-19		x													
Send Service Review Template to CCG commissioned Service Lead/Manager	Kez Hayat	Nasima Begum	Nov-19		x													
Understand the current contractual process - speak to CCG Finance	Kez Hayat	Nasima Begum	Oct-19		x													
Identify current value of commissioned activity/contracts. How is this managed	Kez Hayat	Nasima Begum	Oct-19		x													
Scope the LD respite services commissioned by the Council for both children and adults	Kez Hayat	Marie Thomson / Matt Logan	Oct-19		x	x												
Review current clients with CCP and Local Authority from both a clinical and social work	Kez Hayat	Nasima Begum	Oct-19				x	x										
Review Care Pathway	Kez Hayat	Nasima Begum	Oct-19			x												
Understand current assessment and acceptance criteria	Kez Hayat	Nasima Begum	Oct-19			x												
Develop detailed engagement plan	Kez Hayat	Nasima Begum	Oct-19				x											
Consider options available for those clients assessed as not meeting the criteria and whose budgetary arrangements would cover the use of alternative respite facilities	Kez Hayat	Nasima Begum	Oct-19							x								
Review packages to see if alternative respite arrangements suitable i.e. home from home, personal budget	Kez Hayat	Nasima Begum	Nov-19							x								
Clinical reassessment and social care review	Kez Hayat	Nasima Begum	Nov-19						x									
Explore arrangements where existing personal assistant and agency staff can support the CYP in a short stay placement.	Kez Hayat	Nasima Begum	Nov-19						x									
Review risks	Kez Hayat	Nasima Begum							x									
Set up risk register and mitigation plan	Kez Hayat	Nasima Begum						x	x									
Present service review finding to Task and Finish Group for comments and finalise report	Kez Hayat	Nasima Begum	Nov-19							x								
Produce a service Review Report for Clinical Cabinet, JET to consider options	Kez Hayat	Nasima Begum	Nov/Dec							x								
2. Plan integrated future service delivery / alternative service delivery models																		
Understand each organisation statutory responsibilities	Kez Hayat	TBC								x	x							
Understand what is delivered by commissioned services whilst not documented in service specifications.	Kez Hayat	TBC								x	x							
Understand what is commissioned (or otherwise made available) by other partners), including Voluntary and Community Sector	Kez Hayat	TBC								x	x							
Identify any gaps in service provision and make recommendations against these										x	x							
Identify duplication across commissioned services and identify unmet need.										x	x							
Identify opportunities for alignment/ streamlining across contracts for efficiency savings										x	x							
Identify any opportunities for virtual pooling of budgets										x	x							
Understand the Personal Health Budget and its impact on the current cohort										x	x							
Coproduce a model of care that is suitable for LD Service Users in Bury												x						
Service Specification developed												x						
Workshop for feedback												x						
co-produce service specification												x						
Put through governance arrangements and decision making, for new model services both within the Council and the CCG												x						
Carry out soft Market testing												x						

Meaningful engagement and Consultation with Service Users for developing and implementing new Model																		
Identify patient groups and invite to project group/engagement events													x					
Carryout engagement event with children and young people and their families													x					
Engagement with staff around new pathways													x					
Develop an implementation plan																		
Commissioners and Stakeholders to coproduce commissioning/decommissioning action plan as appropriate														x				
Consider requirements for Communication, Stakeholder involvement, projects steering Groups, Referral processes, reporting mechanisms														x				
Implementation risksreviewed														x				
Contract variation/New Contracts - LCO & OCO																		
Consider option for CV or going out to Tender															x			
Communication plan all stakeholders re decision															x			
Go live plan finalised															x			
Mobilisation																		
Implement Go live plan																x	x	

Meeting: Strategic Commissioning Board

Meeting Date	04 November 2019	Action	Consider
Item No	9c	Confidential / Freedom of Information Status	No
Title	Commissioning review - Intermediate Care		
Presented By	Julie Gonda, Interim Executive Director of Communities and Wellbeing		
Author	Julie Gonda, Interim Executive Director of Communities and Wellbeing		
Clinical Lead	Howard Hughes, Clinical Director		
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 of 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 Intermediate Care review and rebalance.

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;
 - Risks; and
- Engagement.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note this report;
- Support progression of the proposal to business case for future consideration by Strategic Commissioning Board.

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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	See attached brief					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	The equality Impact Assessment will be developed as part of the project – this will be an iterative document					

Governance and Reporting		
Meeting	Date	Outcome

Bury System Intermediate Care Review and Rebalance - Brief

1. Review Objectives

1.1 Rebalance Intermediate Care Services to -

- Align our services to Best Practice and Evidence;
- Deliver services efficiently and remove waste;
- Deliver Value for Money;
- Protect high quality estate;
- Improve experience;
- Increase the activity delivered;
- Extend the reach of our services;
- Deliver £2.6m 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:

- Bealey Community Hospital;
- Killelea Intermediate Care Unit;
- Reablement Home Support Service;
- Discharge to Assess beds;
- Short Stay residential care beds at Elmhurst and Spurr House;
- Integrated Discharge Services – Fairfield General Hospital (FGH), North Manchester General Hospital (NMGH) and Out of Borough.

3. Roles and Responsibilities

a) Senior Responsible Officer

- J. Gonda Executive Director Communities and Wellbeing

b) Project Team

- A. Crook Assistant Director Adult Social Care Operations
- L. Darley Director of Service Transformation
- D. Hawley Intermediate Tier Lead
- K. Sowden Managing Director Persona
- H Hughes Clinical Lead

c) Extended Support Team:

- Analytics – Sandy Firth
- Workforce – Caroline Beirne
- Finance – Mui Wan, Velma Livesey, Sue Hargreaves
- Commissioning – David Latham, Kirstin Lee
- Estates – to be identified
- Programme support – to be identified from LCO
- IT – to be identified

4. Outputs

- 4.1 A high-level outline service description and timeline for delivery and implementation will be delivered for the next Strategic Commissioning Board in December for implementation from April 2020 onwards.
- 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 provided 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 whilst delivering the best outcomes and experience;
 - 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 be delivered to cover FGH, NMGH and our residents in out of Borough hospitals;
 - 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.

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 Strategic Commissioning Board.

7. Key Interdependency - Relationships

- Intermediate Tier Transformation Programme;
- Urgent Care Review;
- Review of Operating Model for Integrated Neighbourhood Teams.

8. Risks

- 8.1 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 as soon as safely possible;
- The time over which organisational culture and public behaviour change takes to embed is not in line with the time required to become financially 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 is likely to generate stranded costs that the system will need to bear in the short to medium term.

9. Stakeholder Engagement

- 9.1 It is critical that we work effectively with all 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.
- 9.2 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.
- 9.3 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.
- 9.4 All relevant policies have and will be adhered to in this process e.g. decommissioning and engagement policies.

10 Timeline

- 10.1 The timeline is set out at Appendix A.

11 Actions Required

- 11.1 The Strategic Commissioning Board is asked to:
- Note this report;
 - Support progression of the proposal to business case for future consideration by Strategic Commissioning Board.

Julie Gonda

Interim Executive Director of Communities and Wellbeing
October 2019

Bury Intermediate Care Review

Issues with current Intermediate Care provision	Service Review Aims	Methodology
<p>Intermediate care in Bury requires clearer objectives and overall focus.</p> <p>A disproportionately high level of bed-based care that is financially unsustainable.</p> <p>Current intermediate care services are fragmented and provided inconsistently resulting in inefficiency.</p> <p>Some of our buildings are of lower quality.</p> <p>Some of our services are expensive when compared to others Services are not aligned to Best Practice.</p> <p>No Intermediate Care at Home Service.</p> <p>Rapid community response service is struggling to meet the level of demand and does not have the ability to manage complex health cases.</p>	<p>Building on the approved Intermediate Care Strategy further review the current commissioned service across health and social care to ensure that it meets the needs of service users in terms of capacity, performance and quality.</p> <p>Identify areas for development and improvements to benefit service users and enhance their experiences, and inform future commissioning</p> <p>Identify commissioning options to achieve a more sustainable Intermediate Care system.</p> <p>Develop plans for moving from 'as is' to 'new service model'</p>	<p>Refresh capacity and demand analysis</p> <p>Review finance contract and performance of existing services</p> <p>Process mapping the respite services pathways across health and social care.</p> <p>Stakeholder Analysis & Engagement</p> <p>Focus Group/Service User Engagement</p>

DISCOVER	Milestone	Task	By whom	Date By
	Project Governance	1.1 Define and agree project scope	JG/AC	Oct
		1.2 Establish Project Team	JG/AC	Oct
		1.3 Define and agree governance arrangements	JG/AC	Oct
		1.4 Develop and agree project architecture (inc risk register)	Project Team (PT)	Oct
		1.5 Decision to proceed from SCB	SCB	04-Nov
	Intermediate Care provision	2.1. Identify how services are commissioned currently	PT	Oct/Nov
		2.2. Understand the current contractual process	PT	Oct/Nov
		2.3. Identify current value of commissioned activity/contracts. How is this managed?	PT	Oct/Nov
		2.4. Understand current assessment and acceptance criteria for IMC	PT	Oct/Nov
		2.5 Carry out estates review on existing provision	SEG	Oct/Nov
		2.6. Refresh capacity and demand analysis	PT	Oct/Nov
		2.7 Review finance contract and performance of existing services	PT	Oct/Nov
	Respite provision	3.1. Identify how services are commissioned currently	PT	Oct/Nov
		3.2. Understand the current contractual process	PT	Oct/Nov
		3.3. Identify current value of commissioned activity/contracts. How is this managed	PT	Oct/Nov
		3.4. Understand current assessment and acceptance criteria for Respite	PT	Oct/Nov

DEFINE		3.5 Carry out estates review on existing provision	SEG	Oct/Nov
		3.6. Refresh capacity and demand analysis	PT	Oct/Nov
		3.7 Review finance contract and performance of existing services	PT	Oct/Nov
	Integrated Discharge Service	4.1. Identify how services are commissioned currently	PT	Oct/Nov
		4.2. Understand the current contractual process	PT	Oct/Nov
		4.3. Identify current value of commissioned activity/contracts. How is this managed	PT	Oct/Nov
		4.4. Understand current assessment and acceptance criteria for IDS	PT	Oct/Nov
		4.5 Carry out estates review on existing provision	SEG	Oct/Nov
		4.6. Refresh capacity and demand analysis	PT	Oct/Nov
	Communication	5.1 Complete stakeholder analysis	PT	Oct/Nov
		5.2 Identify existing service user groups	PT	Oct/Nov
		5.3 Develop engagement plan	PT	Oct/Nov
	Identify the Current Health Need of Service Users in Bury	6.1 Compare current commissioned service provision against statutory requirements and best practice and make recommendations on the findings.	PT	Oct/Nov
		6.2 Identify any gaps in service provision and make recommendations against these	PT	Oct/Nov
		6.3. Identify duplication across commissioned services and identify unmet need.	PT	Oct/Nov
	Work with the Local Authority and other partner organisations to scope future requirements	7.1. Identify redesign principles	PT	Dec
		7.2. Complete high-level model in line with redesign principles	PT	Dec
DECISION				
	Agreeing New Model	8.1 Share through governance arrangements and decision making, for new model services both within the Council and the CCG	PT	Dec
		8.2 Paper to SCB	PT	Dec
		8.3 Carry out public consultation	OCO	Jan
		8.4 Work with Providers to progress work	PT	Jan/Feb
MOBILISE				
	Develop an implementation plan	9.1 Commissioners to coproduce commissioning/decommissioning action plan as appropriate	PT	Feb
	Contract variation/New	10.1 Work with Providers to progress work	PT	Feb/Mar

	Contracts - OCO implications			
	Mobilisation	11.1 Mobilise plan with timeline	PT	Mar
	Go Live			1.4.20



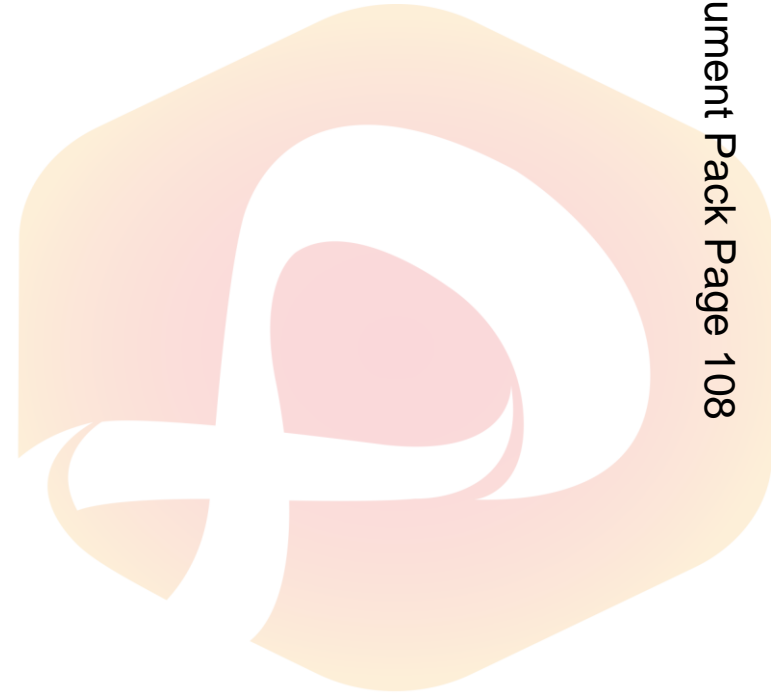
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Bury System Intermediate Care Review and Rebalance

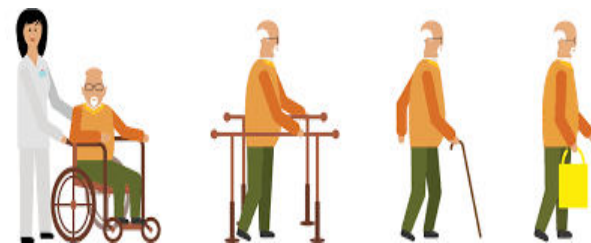
October 2019

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- Outcomes
- Activity
- Experience
- Effectiveness and Efficiency





Intermediate care services provide support for a short time to help recover and increase independence

Teams work with individuals to achieve the support they want help with:

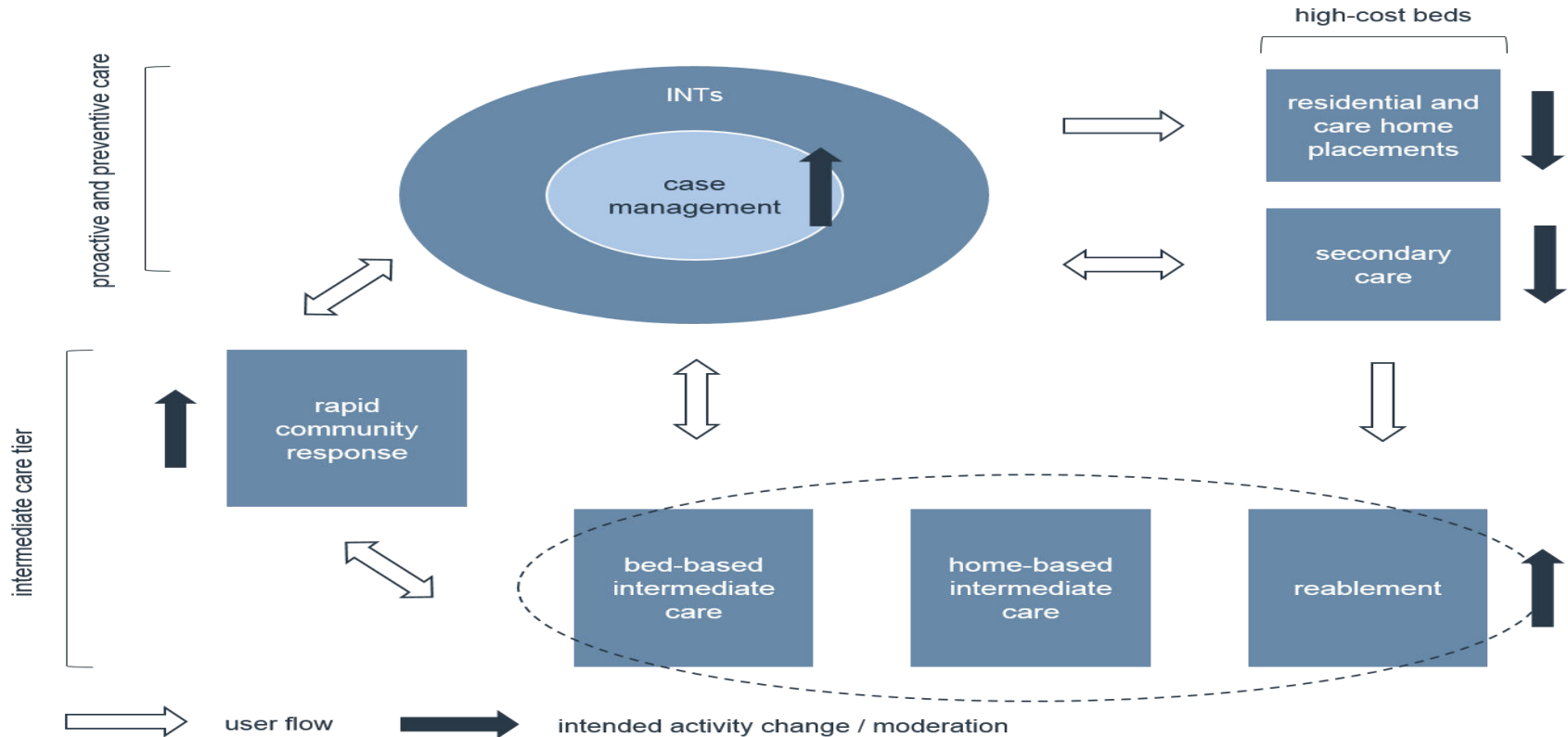
- **Remaining** at home when things become difficult,
- **Recovering** after a fall, an acute illness or an operation
- **Avoiding** going into hospital unnecessarily
- **Returning** home more quickly after a hospital stay



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Burys neighbourhood approach working with Intermediate Care





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Bealey Community Hospital
Killelea Intermediate Care Unit
Discharge to Assess Beds
Reablement
Intermediate Care at Home
Rapid Response Service
Other Short Stay and Respite Beds

Our System

19 beds
36 beds
19 beds
60 places at home
0 places
45 people per month
62 beds





Our Symptoms

- **Over** reliance on beds
- **Wasted** capacity
- Evidence of **inefficiency**
- Some building assets of **poor quality**
- Some **expensive** services when compared to others
- Services **not aligned** to Best Practice
- **No** Intermediate Care at Home Service
- Very **small** Rapid Response Service





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ORGANISATION

Improving lives in Bury

Our Principles for Redesign

We will

- **Align** our services to Best Practice and Evidence
- Deliver services **efficiently** and **remove waste**
- Deliver **Value for Money**
- Protect **high quality** estate
- **Improve** experience
- **Increase** the activity delivered
- **Extend** the reach of our services





Scope

- Bealeys Community Hospital
- Killelea and Reablement
- Discharge to Assess beds
- Other Short Stay beds

Context

Bury is very over reliant on beds when compared with others, we have 74 compared to an average of 49 for our population size

Some of our estate is of lower quality; Bealeys, Spurr House

Some of our services are expensive when compared with others

*In order that the transformation funding can provide additional deflections, all transformation funded activity and expenditure is excluded from this work.
This avoids the risk of double counting deflection savings and these efficiency savings.*



Bed Based Services in Scope

Service	Capacity in Beds	Episode Cost	Benchmark
Intermediate Care Beds			
Bealey Community Hospital	19	£10,563	£5,780
Killelea Intermediate Care Unit	36	£5,254	£5,460
Discharge to Assess @ the Fed	19		
Short Stay and Respite Beds			
Elmhurst	26	£90.52 pn	£69.72 pn
Spurr House	36	£90.52 pn	£69.72 pn



Intermediate Care Episodes 2018/19

Data from April 2018	Killelea	Bealey	D2 a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		1513
Average length of stay in days	15	33	40	25		28
No of beds currently	36	19	19	50		116
Nights	6840	5728.8	6256.8	18120		42358

Target - Maintain or improve
126 admissions per month

1513 episodes of care per year

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Meeting: Strategic Commissioning Board

Meeting Date	04 November 2019	Action	Consider
Item No	11	Confidential / Freedom of Information Status	No
Title	Mental Health Strategy Update		
Presented By	Julie Gonda, Interim Executive Director of Communities and Wellbeing Dr Cooke, Clinical Director Bury CCG		
Author	Louise Eyres, Programme Manager Pennine Care NHS FT		
Clinical Lead	Dr Cooke, Clinical Director Bury CCG		
Council Lead	Julie Gonda, Interim Executive Director of Communities and Wellbeing		

Executive Summary

Since August 2019, System Partners have been working on the development of refreshed mental health strategic framework for the Borough.

To date work has focused on building relationships and developing a joint framework.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note the progress to date on the development of the framework, and the outlined next steps

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:

Choose an item.

Add details here.

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

will be affected been consulted ?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome

Refreshing the Strategic Framework for mental health and wellbeing services in Bury

1. Introduction

- 1.1. This paper aims to provide an overview of the refreshed strategic framework for mental health services in Bury.

2. Background

- 2.1. In 2013 a strategy for the development of mental health services was co-produced in Bury as a response to the national strategy 'No health without mental health', intended to develop parity of esteem. However, despite the co-production of the strategy being successful, co-delivery of the objectives was not, and the strategy was not implemented effectively on a system-wide basis.
- 2.2. Since development of the original strategy, however, the strategic drivers for mental health services both nationally and locally have matured. The following strategic developments mean that the time is now right to refresh our strategic aims and vision for mental health and wellbeing within Bury:
 - The national NHS strategy for mental health services was made clear with the publication of the national NHS Five Year Forward View (2014), this has since been superseded this year by the NHS Long Term Plan (2019).
 - The Greater Manchester mental health programme was established, outlining the programme for investment into specific areas outlined in national strategy.
 - The development of the Local Care Organisation and One Commissioning Organisation structures in Bury, and wider public sector reform, has enabled the development of aligned strategies.
 - The Bury Locality Plan is in the process of being refreshed to ensure that all local and national strategy outcomes are included in the delivery plan.
- 2.3. In July 2019, the system partners (Bury CCG, Bury Council, Pennine Care NHS FT and Bury VCFA) agreed to develop a strategic framework which would re-vitalise and update the original strategy aims, and provide a structured programme of work to deliver it.
- 2.4. In addition to this, the OCO has been working with Pennine Care NHS FT (as the largest provider of specialist MH services in Bury), GM Health and Social Care Partnership and their other four local commissioning CCGs to review the options for the future financial sustainability of specialist mental health services.
- 2.5. The new strategic framework aims to capture all of the refreshed strategic deliverables for not only mental health services, but also the wider wellbeing and prevention agenda – ensuring a holistic vision for all people living in Bury.
- 2.6. Building partnership relationships to enable better system working is crucial to the success of the delivery programme, and this has been a key focus of development to date: ensuring that all partners are equally involved in developing the strategic

framework. Additionally, Pennine care NHS FT have offered additional programme lead capacity to support the development of this framework, recognising the need to work as a system to support sustainability of the offer for the people of Bury.

3. Thriving in Bury – all-age strategic framework for the development of our mental health wellbeing offer for all people living in Bury

- 3.1. Through a series of individual meetings with partners, and a partnership workshop, we have jointly developed our outline strategic framework:



- 3.2. The Thriving in Bury framework above is based on the evidence based Thrive model which has been developed in Children's and YP services. It aims to capture the spectrum of offer for the people of Bury, which supports them to thrive and live well in their community, recognising that people's needs may change across their lifetimes and the way that they support themselves to stay well, or recover from ill health, will vary depending on their needs.
- 3.3. Underpinning our framework are a set of principles which will govern the way that we all work together:

Principles underpinning our approach

- Our offer will be **tailored** to the needs of the people of Bury – **listening** to what they tell us works best to keep them well, and involving and co-designing services with them
- **All people in Bury**, at all stages in their life, will be supported to access to wellbeing offer which provides a range of opportunities , motivating people to stay well, connecting them to their community and helping them to thrive.
- For those who need more help, their care will be **recovery focused** – empowering them to **live well in the community** where possible
- Those who need immediate crisis support will have **quick and timely access** to help, supporting them to manage their mental health and live well in their community
- Our offer will offer the **best value**, making the most of the resources available and will ensure **innovative, evidence based** ways of delivering our offer including use of technology and appropriate skill mix to meet needs.
- We will develop an enhanced wellbeing offer through the development of a **sustainable Voluntary, Community and Faith Alliance**

- 3.4. The framework is deliberately simple, and the language is accessible allowing this to be understood across all organisations and people in general.
- 3.5. The framework allows us to focus on the four cohort areas equally, supporting a refreshed focus on prevention activities as well as the more specialist statutory services offer for these people who do need help. It also allows us to engage with the locality plan neighborhood teams offer and place-based commissioning principles.
- 3.6. The framework supports a collaborative, system wide approach to commissioning, improving and delivering services in a way which values the different expertise, values and perspectives of our varied system partners.

4. Progress to date / other issues to consider

- 4.1. A workshop has been held on 9th October 2019 within invitees from across the system to discuss the framework and how this could work in practice. It was well attended, and the framework and associated action plan are in the process of being developed to ensure effective delivery.
- 4.2. Some of the highlights of the session are:
 - Collective agreement of the above principles and recognition of the need to work together to deliver the vision and approach
 - We need a more coordinated community wellbeing offer that is simple for people to access and need to further develop a primary care wrap around offer, linking to neighbourhoods
 - That our specialist mental health services offer is struggling to meet demand and needs to develop to be more recovery focused and trauma informed
 - That it should be easier to access help when needed
 - We need to develop our liaison MH offer and our out of hours crisis offer
 - Commitment from people to be involved in and lead delivery
- 4.3. A full delivery programme will be drawn up around each of the 4 quadrants and it is

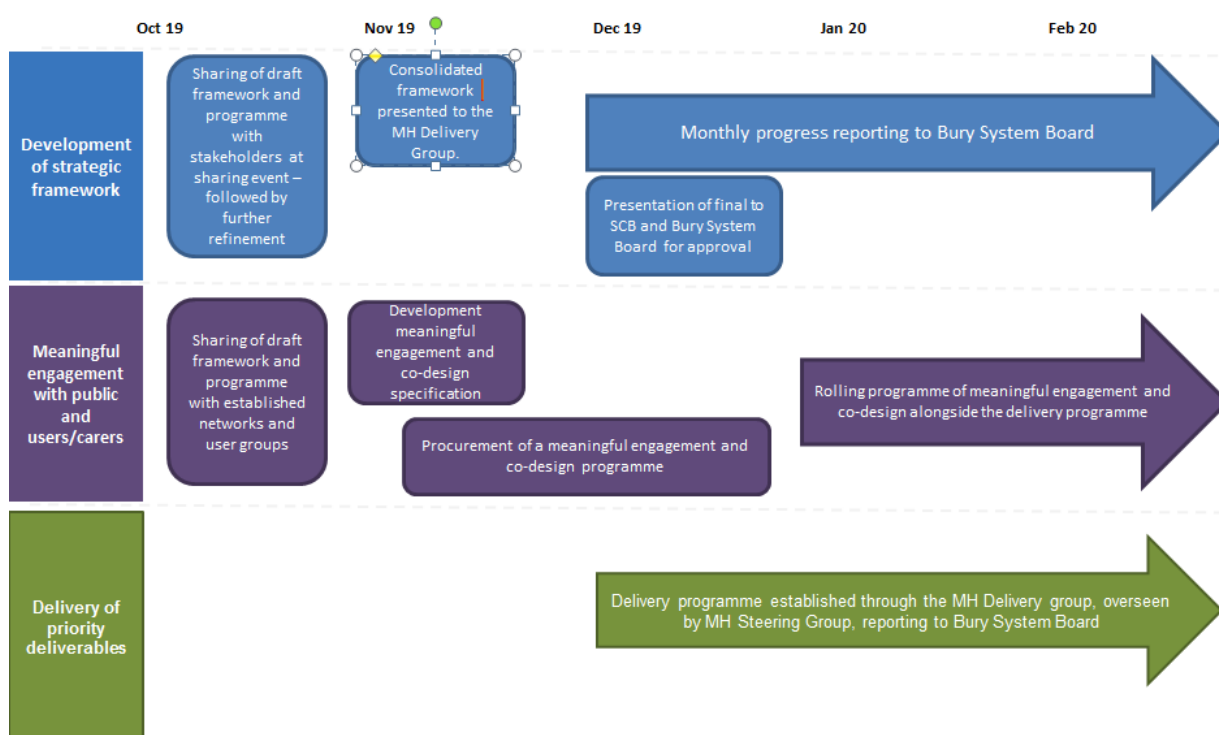
expected that the action plans underpinning each quadrant will be owned by different partners in the system.

- 4.4. The steering group has agreed that in principle, future engagement with Bury people will be undertaken through a procurement exercise with the VCFA / sector, to create feedback on a rolling basis, rather than through one-off consultation exercises.
- 4.5. Running on a parallel timeline to the development of the framework, the GM Health & Social Care Partnership are leading a piece of work around the sustainability of the two providers of specialist Mental Health Services in GM, PCFT and GMMH, supported by external consultants, Niche. The outcomes of this work, and its implications for the commissioning and provision of mental health services in Bury, are to be discussed at a GM level on 29 October 2019 at a meeting chaired by Jon Rouse. The outcomes will feed in to the final report to come to the Strategic Commissioning Board in December.

5. Next steps

- 5.1. The below diagram provides an overview of the key timescales to further develop and

Timeline – development strategic framework and delivery programme



- 5.2. Following a successful system workshop to explore and agree the framework and to develop our joint priorities, a delivery programme will be developed and shared for wider consultation – this has been purposefully designed with our system stakeholders to ensure buy in and to support engagement and ownership of the delivery programme.
- 5.3. A robust governance structure will be put in place to ensure delivery – ensuring a

continued collaborative system approach.

- 5.4. We aim to ensure that the work we do involves and listens to the people of Bury, and those who use services. The intention is to develop a systematic engagement programme to really understand what keeps the people of Bury well and use this to further develop our plans. We also aim to actively include people with lived experience in our service redesign projects and as part of our programme governance.

6. Associated Risks

- 6.1. There are inherent financial pressures within the local system and there is work to do to ensure that our mental health offer is sustainable and offering the best value. The need to ensure that investment is targeted in the delivery of our strategy may pose a risk to delivery of our programme or in relationships between system partners, which are crucial to successful delivery of the framework.
- 6.2. Relationships within the system are crucial to the delivery of this framework, and the organisational changes which are happening within the system pose a risk to this relating to consistency of support, motivation and enthusiasm and organisational memory for the process to date to develop this framework.

7. Actions Required

- 7.1. The Strategic Commissioning Board are asked to:
 - note the progress to date on developing the strategic framework;
 - to approve the next steps; and
 - Receive the final framework and action plan for sign off and implementation at the December meeting.

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Meeting: Strategic Commissioning Board

Meeting Date	04 November 2019	Action	Consider
Item No	11	Confidential / Freedom of Information Status	No
Title	Financial Report		
Presented By	Mike Woodhead, Joint Chief Finance Officer		
Author	Finance team		
Clinical Lead	-		
Council Lead	Cllr Eamonn O'Brien		

Executive Summary

Introduction and background

The report sets out the financial position for the period April 2019 to August 2019 and projects the estimated outturn at the end of 2019/20.

At month 5, the Council's forecast outturn is £467k overspend and the CCG's forecast outturn is breakeven. However, the level of risk in the CCG position is significant at £7.2m. There are strategies identified for balancing the 2019/20 books for each organisation.

The report also includes Prudential Indicators in accordance with CIPFA's Prudential Code.

Recommendations

It is recommended that the Strategic Commissioning Board:

- note the financial position of the Council and CCG; and
- note the level of risk built into the forecast outturns, particularly in relation to the CCG.

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:

Yes

Add details here.

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
or public/patient) been undertaken in relation to this report?						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Chief Executive / Joint Executive Team	21/10/19	

Financial Report

1.0 INTRODUCTION

- 1.1 This report updates on the forecast outturn for 2019/20 based upon current spend for the period 1 April 2019 to 31 August 2019 in respect of the revenue budget, capital budget, treasury management and the CCG.
- 1.2 Projections are based on current trends, information, and professional judgement from service managers and finance staff.
- 1.3 The report highlights the fact that budget pressures exist in some key areas and it will be necessary to continue to examine options for improving the situation during the remainder of the year.

2.0 BUDGET MONITORING PROCESSES

- 2.1 Reports are presented quarterly to facilitate close monitoring of spend and implementation of action plans during the year.
- 2.2 Reports are also presented to the Joint Executive Team (JET) on a monthly basis and detailed monitoring information will also be discussed at joint JET / Cabinet meetings during the year.

Four themed Budget Recovery Boards have also been established to oversee the implementation of savings plans, to develop further pipeline schemes, to monitor additional pressures arising in year, and to identify mitigations. A Council-CCG wide system of tracking progress has been implemented and a savings tracker is updated and shared with senior managers and JET on a fortnightly basis. The four boards are:

- Health and Care
- Corporate Core
- Business Growth and Investment
- Operations and Other Council Services

Other measures include a £1,000 per transaction procurement limit, a Budget Control Group that considers requests for filling vacant posts, a review of external staff resources such as contractors and consultants.

- 2.3 Improvements will continue to be made to the budget monitoring process, building on the significant developments implemented over the past few years.

3.0 SUMMARY OF REVENUE BUDGET POSITION

- 3.1 The table below outlines the annual budget and forecast outturn based upon known factors and the professional views of service managers as at month 5:

Department	Budget	Forecast	Variance
	£000	£000	£000
Communities & Wellbeing	70,582	71,672	1,090
Resources & Regulation	7,486	8,071	585
Business, Growth and Infrastructure	(924)	155	1,079
Children, & Young People	41,184	42,341	1,157
Operations	12,878	12,751	(127)
Art Gallery & Museum	565	653	88

Non-Service Specific	7,091	3,686	(3,405)
TOTAL	138,862	139,329	467

3.2 The projected overspend of £0.467m represents approximately 0.34% of the total net budget of £138.862m.

3.3 Further analysis of the forecasts is provided in section 4.

4.0 SERVICE SPECIFIC FINANCIAL MONITORING

4.1 COMMUNITIES AND WELLBEING

4.1.1 The CWB budget is forecast to overspend by £1.090m, an increase of £0.145m since M4. The main reasons for the monthly movement are worsening savings forecasts within the care in the community and leisure services budgets; and increased utility costs and deteriorating income projections (also within Leisure services)

4.1.2 The M5 overspend is analysed by CWB service area in the table below.

Communities and Wellbeing Division	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Housing Related Services	907	786	(121)
Care in The Community	31,136	31,434	298
Commissioning & Procurement Other Services	16,522	16,468	(54)
Finance, Customer Services and Asset Management	1,296	1,238	(58)
ASC Operations	7,088	6,909	(179)
GM Transformation Fund	0	0	0
Public Health	10,026	10,026	0
Workforce Modernisation & Adult Education	563	553	(10)
Civic Venues	254	565	311
Environment	527	930	403
Communities	1,006	953	(53)
Parks/Countryside	171	187	16
Sports and Leisure	1,086	1,623	537
Total	70,582	71,672	1,090

4.1.3 M5 Material Variances:

- Sports and Leisure is forecast to overspend by £0.537m due to non-achievement of historic savings targets. The Leisure service is part of a wider Growth and Investment Review which includes the option of closure of one or more facilities.
- Environmental Services is forecast to overspend by £0.403m due to non-achievement of historic savings targets. The savings are in scope of the PPRE review (which goes beyond Environmental Health). It was agreed at JET that this saving programme will be led by the AD of Operations who will be taking forward the PPRE review. The savings won't be achieved until next year and work is underway through the Operations Finance Recovery Board regarding in year mitigations.

- Civic Venues is forecast to overspend by £0.311m, due to income shortfalls at Civic and Leisure venues. Civics is part of the wider Growth and Investment Review and is increasing its use to support the integrated wellness agenda.
- Care in the Community is forecast to overspend by £0.298m and includes an unfunded £0.5m transitions pressure.
- Adult Social Care Operations is forecast to underspend by £0.179m. However, within this underspend is a £0.442m overspend on the community equipment budget which is offset by c£0.620m of salary underspends.

4.1.4 M5 Call on Reserves

- The M5 CWB forecast includes a £1.331m contribution from reserves to cover non-recurrent items of expenditure. (Note: This is in addition to the £0.756m use of reserves referenced in the February Cabinet Report)

4.1.5 Severance Costs

- As at M5 the forecasted severance payments within the CWB forecast totals £0.236m

4.1.6 Savings/Pressures

2019/20 Savings Programme

The 2019/20 CWB savings programmes are forecast to achieve their respective targets:

- The 2019/20 low cost care package (£1m) and medication visit (£0.4m) reviews are forecast to achieve their respective targets, £0.550m is forecast to achieve through the work of the Reviewing team with the remaining £0.850m being offset/mitigated by demand management and the additional growth awarded to Community Care budgets as part of 2019/20 budget setting.
- Although the 2019/20 supporting people saving programme (£0.125m) is expected to achieve a £0.064m saving this still leaves a shortfall of £0.061m. However, it is expected that any shortfall will be mitigated by underspends elsewhere.
- The 2019/20 savings relating to Investment agreement with the LCO (£0.5m) has been met/mitigated through a budget reallocation exercise
- The 2019/20 savings relating to increased HRA (£0.5m) has been met/mitigated through a budget reallocation exercise
- The 2019/20 Public Health Saving Target of (£0.890m) has been fully allocated to saving schemes and is forecast to be achieved.

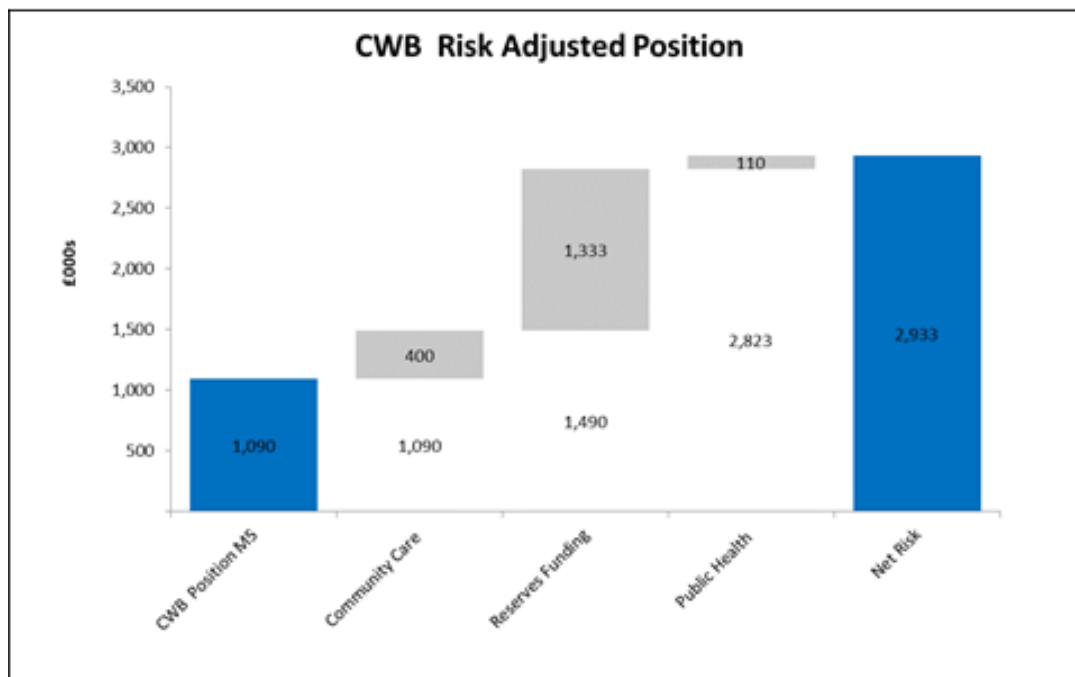
Historical Savings/Pressures

There is currently £1.148m of unachieved historical savings/pressures impacting the M5 position.

- Environmental services - £0.370m
- Leisure Services - £0.467m
- Civic budgets - £0.311m

4.1.7 Potential Risks/Mitigations

The chart below highlights potential risks/mitigations currently not in the forecast.



Note 1: The Community Care risk relates to a potential understatement regarding client top up expenditure commitments

Note 2: Reserves funding highlights the impact of use of reserves being declined/unavailable

Note 3: The Public Health risk relates to the high risk (in terms of unachievement) of the public Health savings programme

4.2 RESOURCES AND REGULATION

4.2.1 The Resources and Regulation budget is forecast to overspend by £0.585m, an increase of £0.262m since month 4. The main reasons for the monthly movement are due to the inclusion of the exit costs and staffing forecasts costs in respect of the HR restructure which has now been completed (£0.202m) together with increases in bank charges (£0.047m) and approval of one-off severance costs in Finance (£0.031m). These are offset by reduced forecast in running costs (-£0.018m).

4.2.2 The Month 5 overspend is analysed by Resources and Regulation service area in the table below.

Resources and Regulation Department	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Operational Services	(596)	(591)	5
Finance and Efficiency	3,674	3,933	259
Human Resources	463	571	108
Corporate People Services	949	1,043	94
Legal and Democratic Services	1,632	1,707	75
Customer Support and Collections	1,487	1,488	1
Information and Communication Technology	(241)	(241)	0
Trading Services	118	161	43
Total	7,486	8,071	585

4.2.3 M5 Material Variances:

- Finance and Efficiency is forecast to overspend by £0.259m due to non-achievement of savings (£0.200m), payment of one-off exit costs of (£0.133m) less net underspends on staffing and running costs of (-£0.074m) across the services.

- Human Resources is forecast to overspend by £0.108m due to payment of one-off exit costs of (£0.386m) offset by savings slippage of (- £0.200m), both as a result of the recent HR restructure, plus forecast underspend in running costs of (- £0.078m).
- Corporate People Services is forecast to overspend by £0.094m due to a number of temporary supernumerary posts being retained to assist the smooth transition of the HR restructure.
- Legal and Democratic Services is forecast to overspend by £0.075m due to additional costs from the Municipal Election (£0.124m), additional staffing costs of (£0.044m) offset by savings in Members Allowances of (-£0.088m) and minor underspends of (-£0.005m).
- Trading Services is forecast to overspend by £0.043m due to increase in food prices and salaries in High schools of (£0.101m) plus increase in prices, salaries and drop in income in Primary schools (£0.129m) offset by Cleaning SLA income of (- £0.187m).

4.2.4 M5 Call on Reserves:

The month 5 forecast includes a £0.344m contribution from reserves regarding the funding of posts in Customer Support and Collections, £0.206m relating to cost of elections and a contribution to reserves of £0.094m relating to ICT developments. Recurrent funding needs to be identified for all substantive posts as part of the 2020/21 budget setting process.

4.2.5 Severance Costs:

As at Month 5, forecasted severance payments within the Resources and Regulation forecast totals £0.601m

4.2.6 Savings/Pressures:

2019/20 Savings Programme

The following 2019/20 Resources and Regulation savings programmes are forecast to achieve their respective targets. These include:

- Pay services income generation of £0.050m from external business.
- Savings of £0.200m, from undertaking legal work in house in respect of insurance claims
- Review of Finance services to achieve savings of £0.200m
- Telephony contract savings of £0.100m
- Data management and storage costs savings of £0.200m
- Reconfiguration of the security service to achieve savings of £0.150m
- Review of discretionary budgets to achieve savings of £0.281m

The following are considered to be high risk and likely to be delayed:

- Savings of £0.200m, to be achieved through joining a mutual insurance scheme; high risk due to uncertainty of go-ahead and start date as well as impact on premiums.
- Savings of £0.100m, as a result of improved debt collection within Customer Support and Collections
- Setting up a central point for financial assessments to achieve savings of £0.100m.

4.3 BUSINESS, GROWTH AND INFRASTRUCTURE

- 4.3.1 The Business, Growth and Infrastructure budget is forecast to overspend by £1.079m, an increase of £0.534m since month 4. The main reasons for the monthly movement are due to the inclusion of estimated costs associated with the office accommodation review which are currently unfunded (£0.345m), a need for urgent compliance works required at the Town Hall (£0.135m) and a more than expected shortfall in Architectural income of (£0.129m). These are offset by reduced staffing and running costs of (-£0.075m).

4.3.2 The Month 5 overspend is analysed by service area in the table below.

Business, Growth and Infrastructure	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Business Growth Management Team	726	1,175	449
Regeneration	108	143	35
Planning & Development Control	431	440	9
Property Management and Admin Buildings	(2,405)	(2,008)	397
Strategic Housing	495	418	(77)
Architects	(279)	(13)	266
Total	(924)	155	1,079

4.3.3 M5 Material Variances:

- Business Growth Management Team is forecast to overspend by £0.449m due to forecast additional costs as a result of the Accommodation Review (£0.389m), unbudgeted consultancy costs (£0.102m), cost of consultancy for the Facilities Management review (£0.116m) and minor overspends (£0.030m) offset by underutilised carbon reduction commitment budget (-£0.188m).
- Regeneration is forecast to overspend by £0.035m due to unachieved savings targets of (£0.050m) offset by net salary savings (-£0.015m).
- Property Management and Admin Buildings is forecast to overspend by £0.397m due to projected overspend of (£0.348m) in Admin Buildings re urgent compliance work in respect of roofing, electrics required for Town Hall, and budget shortfall on rates, cleaning and utilities; additionally, there is a projected overspend on Markets of (£0.033m) due to additional costs for asbestos removal / maintenance / utilities and shortfall of income due to voids (£0.054m). These are offset by projected salary savings of (-£0.038m) due to vacancies. There is projected net nil variance in Property Services. However, there a number of projected overspends in relation to costs associated with empty properties (£0.046m), shortfalls in income due to voids / rent reductions (£0.100m) and additional legal recharges (£0.055m). These are, however, offset by projected underspends due to additional income from investment properties (-£0.132m), additional rental income for Town Centre properties (-£0.022m) as well as salary savings of (-£0.047m).
- Strategic Housing is forecast to underspend by £0.077m due to increases in income and salary savings in Urban Renewal (-£0.069m) as well as additional income from home improvements (-£0.008m).
- Architects is forecast to overspend by £0.266m due to severance costs of (0.135m) and income shortfall of (£0.136m).

4.3.4 M5 Call on Reserves:

The month 5 forecast includes a £0.493m contribution from reserves regarding the funding of Senior Management posts within the department.

4.3.5 Severance Costs:

As at Month 5, forecasted severance payments within Business, Growth and Infrastructure forecast totals £0.268m

4.3.5 Savings/Pressures:

2019/20 Savings Programme

The following 2019/20 Business, Growth and Infrastructure savings programmes are considered to be of medium risk and likely to be delayed. These include:

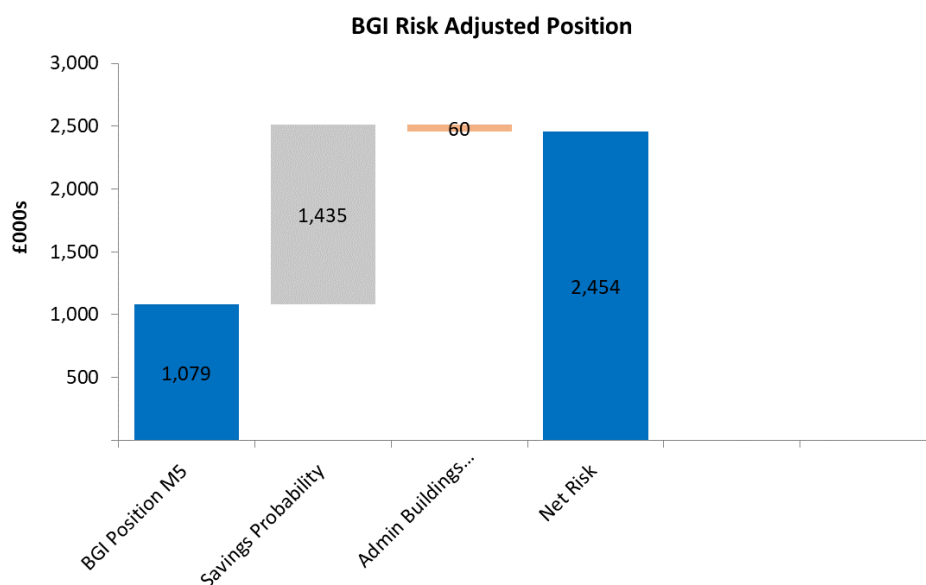
- Facilities Management review Phase 1 of £0.050m
- Office Accommodation review Phase 1 of £0.288m

The following savings programmes have been slipped into 2020/21:

- Facilities Management Review Phase 2 (£0.550m)
- Urban Renewal review (£0.175m)
- Office Accommodation review (£0.212m)
- Review of Architects (£0.150m)
- Investment Properties (£0.348m)

4.3.7 Potential Risks/Mitigations

The chart below highlights potential risks/mitigations currently not in the forecast (see notes for detail)



Note 1: Relates to the risk that the 2020/21 savings programme is not achieved

Note 2: Relates to the mitigation of using the Admin Buildings Reserve of £60,000 if approved to offset compliance works at the Town Hall

4.4 CHILDREN'S AND YOUNG PEOPLE

- 4.4.1 The Looked After Children services and Education Psychologists saw the greatest increases in forecasts which were offset by savings identified on vacant posts relating to the departmental restructure. The month 5 overspend is analysed by C&YP service area in the table below.

Children & Young People Division	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Learning - Schools	(6,310)	(6,310)	0
Learning - Non Schools	6,315	6,260	(55)
Early Help & School Readiness	980	849	(131)
Childcare & Extended Services	559	559	0

Children & Young People Division	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Safeguarding & Young People's Services	4,241	4,416	175
Family Support Services	2,059	1,984	(75)
Children Looked After	14,877	15,789	912
Youth Justice	17	17	0
Services for Young People	196	213	17
Quality Assurance	1,255	1,237	(18)
Other Management Costs	325	1,352	1,027
Strategy & Commissioning	1,916	1,076	(840)
Departmental Wide	6,881	6,881	0
Libraries	1,563	1,708	145
Total	34,874	36,031	1,157

Please note the above table includes School balances

4.4.2 Month 5 Material Variances:

- Safeguarding & Young People's Services are forecast to overspend by £0.175m, the Safeguarding Teams are set to overspend due to agency staff covering maternity leave/secondment and vacant posts (£0.117m), this is offset by delays in recruitment on the Initial Response Team and Service Manager posts created as part of the restructure(-£0.072m). There are also overspends on the Higher Lane Building costs (£0.050m) and External Legal Fees of (£0.080m).
- Children Looked After is forecast to overspend by £0.912m on Fostering (£0.147m) due to increased pressure from the payment for skills costs and Special Guardianship Orders, Residential and IFA placements are overspending (£0.660m) as a result of additional placements and the complexity of care required and the Adoption placement fees are forecast at(£0.159m) overspend based on the number of children that we are unable to place through the Regional Adoption Agency and will therefore attract placement fees. Delays in recruiting to the Service Manager
- and other vacant posts has made a saving of (-£0.050m).
- Other Management Costs is forecast to overspend by £1.027m – This is the current forecast of the unallocated/unachieved savings for 2019-20.
- Early Help & School Readiness is forecast to underspend by -£0.131m due to the GM Innovations funding to support the implementation of the Early Help Stockport Families Model.
- Strategy & Commissioning is forecast to underspend by- £0.840m This underspend relates to the Social Care Support Grant allocated to CYP in 2019-20 and will be used to reduce the pressures on Looked After Children.
- Libraries are set to overspend by £0.145m – The ongoing budget pressures include increased business rates, payments to joint authorities, building maintenance costs and increased utility costs.

4.4.3 Month 5 Call on Reserves

During 2019-20 CYP has drawn down £0.130m from long term provisions to fund building adaptations to ensure the ongoing care of a large sibling group placed with an in-house foster carer and allow to facilitate the adoption of a sibling with an existing adoptive family.

4.4.4 Severance Costs

As at month 5 forecasted severance payments within the CYP forecast total £0.082m.

4.4.5 Savings/Pressures

2019/20 Savings Programme

The 2019/20 CYP savings programmes are forecast to achieve or partially achieve their respective targets:

- The Business Support Functions and Traded Service reviews have exceeded the targeted savings of £0.188m by £0.012m.
- The departmental restructure will achieve savings of £0.753m in this financial year against the target of £1,480m, the full year effect of £1,129m will be achieved in 2020-21. The shortfall is mitigated by delays in filling new or vacant posts in the new structure (-£0.355m).

The following are considered to be high risk and likely to be delayed:

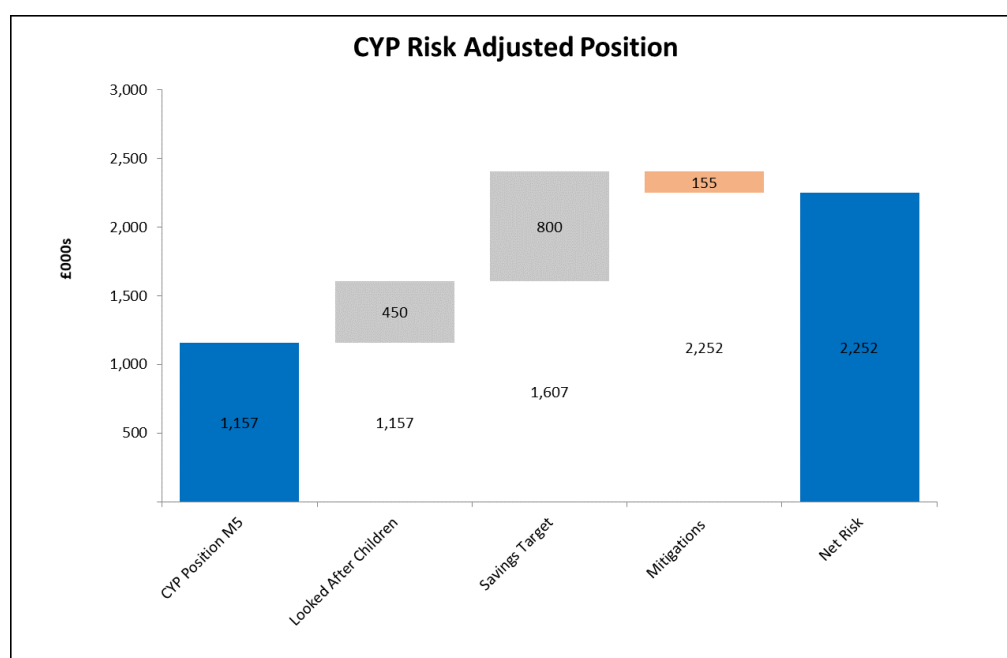
- The Pensions Liabilities remain at the same level as previous years, it is unlikely that the saving of (£0.150m) will be met this year.
- Delays in relocating from Higher Lane has meant that the saving (£0.090m) will be partially achieved this year.
- Procurement & Contract Reviews (£0.150m) and Transformation of Children's Social Care (£0.740m) are likely to be cost avoidance as opposed to budget savings.

4.4.6 Historical Savings/Pressures

There is currently (£0.105m) of unachieved historical savings/pressures adversely impacting the month 5 position.

4.4.7 Potential Risks/Mitigations

The chart below highlights potential risks/mitigations currently not in the forecast (see notes for detail)



Note 1: Looked After Children is attached to the risk of an increase in the number/complexity of additional children being taken in to care that are not currently included in the forecast.

Note 2: High risk of under achievement of the 2019-20 savings target.

Note 3: Mitigations not reported in the month 5 forecast include delays in recruitment to posts within the new structure and identification of external funding.

4.5 OPERATIONS

4.5.1 The Operations budget is forecast to underspend by (- £0.127m), a decrease of (-£0.039m) since M4. The main reasons for the monthly movement, is a provision within the revenue budget for the welfare improvements within Transport is no longer required, as funding has now been agreed via the capital programme.

4.5.2 The M5 underspend is analysed by Operations service area in the table below.

Operations	Current Budget (£'000)	Forecast Outturn (£'000)	Month 5 Variance (£'000)
Grounds Maintenance	1,742	1,712	(30)
Engineers	5,021	4,996	(25)
Winter Maintenance	271	332	61
Transport/ Workshop	448	199	(249)
Waste Management / Street Cleaning	5,396	5,512	117
Total	12,878	12,751	(127)

4.5.3 M5 Material Variances:

- Waste Management / Street Cleaning are forecast to overspend by (£0.117m) this is partly the balance of savings target not achieved (£0.084m); a temporary relief budget (£1,030m) was given in 2019/20, there has also been an increase costs of caddy liners and fuel as at month 5.
- Transport and Workshop is forecast to underspend by (-£0.249m) there has been a reduction in vehicle financing cost, due to the purchase of vehicles in 2018/19.

4.5.4 M5 Call on reserves

No call on reserves

4.5.5 Severance Costs

As at M5 Actual severance payment within Operations totals £0.017m.

4.5.6 Savings/Pressures

2019/20 Savings Programme

- The 2019/20 £0.500m savings target within Highways has been achieved.

Historical Savings/Pressures

- Waste Management £0.084m balance of savings target still to be achieved; a one off £1.030m contribution to savings target in 2019/20 has been added to the budget to alleviate the pressure until a permanent solution has been found. Various options are being costed/considered.
-
- Car Parking Balanced budget, however a one off £0.300m contribution to the savings target has been added to the budget in 2019/20, to alleviate the pressure until a permanent solution has been found.

4.6 ART GALLERY & MUSEUM

- 4.6.1 There is a forecast net overspend of £0.088m due to the Museum Development income budget of £0.088m from prior years continuing to be unachievable.

4.7 NON-SERVICE SPECIFIC

- 4.7.1 There is a forecast net underspend of **£3.405m**. This relates primarily to additional forecast dividend receipts from Manchester Airport of -£0.500m and forecast reduced need for provisions of £2.800m.

5.0 CLINICAL COMMISSIONING GROUP (CCG)

- 5.1. At month 5 the CCG is reporting a balanced plan position. Within this is an overspend in acute services of £2.3m offset by underspends in other areas. There is a high level of risk underlying this position, key risks being non-delivery of QIPP, acute over performance, the sustainability of key providers of both acute and mental health services and success of locality transformation.

Summary Financial Performance for the Period Ending 31st August 2019

Financial Performance		£000's				
Area	YTD Budget	YTD Actual	YTD Variance	Annual Budget	FOT	FOT Variance
Allocations	(132,478)	(132,478)	0	(306,855)	(306,855)	0
Acute Services	68,267	69,801	1,534	162,562	164,903	2,340
Community Health Services	12,776	12,848	72	30,615	30,717	102
Continuing Care Services	5,524	5,726	203	13,628	13,981	353
Mental Health Services	12,448	11,987	(461)	30,221	30,162	(59)
Other Programme Services	3,816	3,832	16	6,212	6,662	450
Primary Care Services	15,258	15,478	220	37,816	37,897	82
Primary Care Co-commissioning	11,179	11,021	(159)	27,218	27,218	0
Programme Costs	129,268	130,693	1,425	308,272	311,540	3,268
Running Cost	1,785	1,785	0	4,303	4,303	0
Total Costs	131,053	132,478	1,425	312,575	315,843	3,268
Reserves	1,425	0	(1,425)	(5,720)	(8,988)	(3,268)
(Surplus)/Deficit	0	0	0	0	0	0

Financial Performance 2019-20

- 5.1.1 The overall position for acute services expenditure at month 5 is a £1,534k overspend. Analysis indicates that this is driven by year to date overperformance in A&E attendances, emergency admissions and critical care at Pennine Acute (PAHT). Alongside this Elective Care is overperforming at both Pennine Acute and at Oaklands Hospital, with a rise of 19% (437) in patients waiting for planned operations since March 2018. There is a consistency of overspend across a number of areas, which has continued on an upward trajectory from Quarter 4 2018/19 with nothing to suggest this will change going forward.

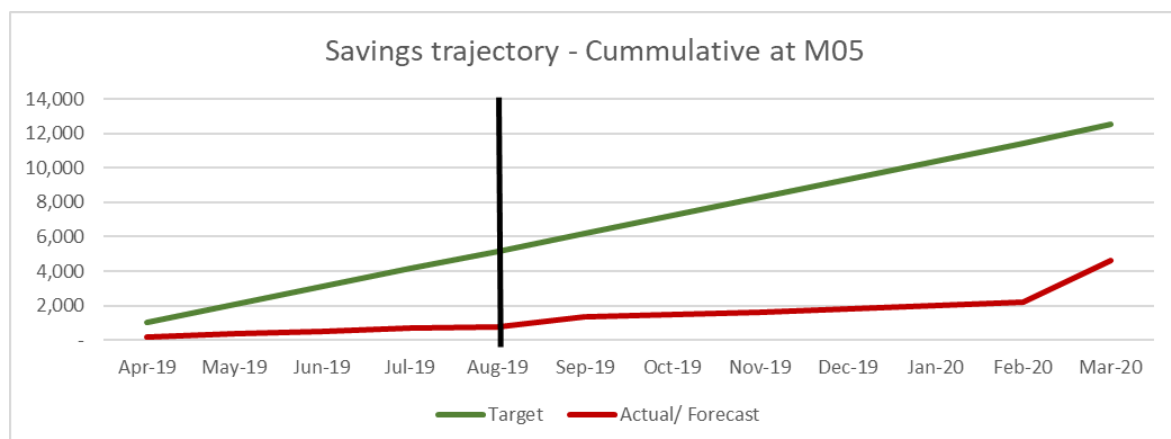
- 5.1.2 The CCG is reporting a forecast underspend of £59k for Mental Health Services reflecting benefits from the 18/19 outturn position. Most of the budgets are covered by block arrangements, volatility being seen mainly in those budgets related to the cost of individual placements for patients with complex needs. The year to date underspend position relates to a reduction in Mental Health placements for complex cases but the uncertainty of this continuing is reflected in the forecast
- 5.1.3 Primary care services are expected to over perform by £82k this year which includes a forecast overspend of £277k in prescribing, which is offset by a number of smaller underspends in other areas.
- 5.1.4 Community services are reporting a forecast overspend of £102k arising from AQP activity. Upon the completion of the transfer of community services from Pennine Care NHSFT to Salford Royal NHSFT there was a projected deficit of £900k, this is being monitored and reviewed and is not yet reflected within the financial position.

5.2. QIPP Delivery:

The table below summarizes the QIPP delivery against target at month 5 for the CCG. Unidentified target with high and medium risk schemes totals £10,143k. Options to support the delivery of the target non-recurrently are being explored.

M05	
Delivered	1,765
Low risk	592
Medium risk	1,390
High risk	855
Unidentified	7,898
	<u>12,500</u>

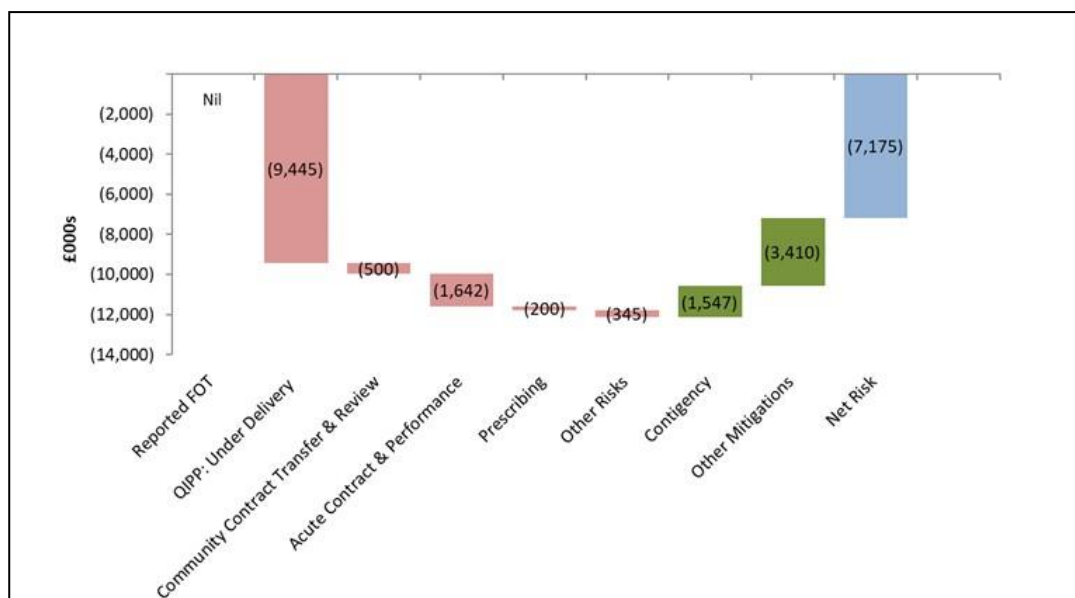
Table 1 - QIPP performance



5.3. Risk adjusted forecast outturn:

- 5.3.1. The risk adjusted forecast outturn as shown in the graph below is £7.2m. This is predominantly due to the net undelivered QIPP risk of £7.9m (£9.4m net of £1.5m contingency). Mitigations relate predominantly to possible underspends (reductions in the forecast outturn).

5.3.2. Figure 1: Risk adjusted forecast outturn at month 5



6.0 CAPITAL BUDGET

6.1 Capital Programme

The revised estimated budget for the Capital Programme 2019/20 at the end of August is shown in the table below:

2019/20	£m
Original Capital Programme	52.599
(Approved) Slippage from 2018/19	8.990
In year adjustments and contributions	(689)
Revised Capital Allocation at Mth5	60.900
Estimated re-profiled projects into 2020/21	(7.859)
Revised working budget for Year at Mth5	53.041

6.1.1 The expenditure and funding profile for the Capital Programme together with a detailed breakdown of the Original Approved Programme, the Revised Estimate, Forecast Outturn, Actual Spend up to end of Month 5, and the estimated under/over-spend of the capital programme for 2019/20 is shown in Appendix A.

6.1.2 It should be noted that given the complexity and size of some of the larger schemes currently in the Council's Capital Programme the information received from budget holders can vary significantly from one quarterly report to the next and should be read in this context.

6.1.3 At the end of month 5, a total of **£7.859m** of the 2019/20 budget has been identified for re-profiling into 2020/21.

6.2 Expenditure

6.2.1 The Forecast Outturn for the year at Month 5 is indicated to be **£46.2m** and Budget Managers have reported, after considering the development stages for a number of schemes in the programme, an expected outturn close to this amount by 31 March 2020.

6.2.2 Actual expenditure after accruals that was realised by the end of Month 5 totals **£7.525 m.**

6.2.3 The main areas to record expenditure for the second quarter are:

- Highways Schemes £2.702m
- Children's, Young People and Culture £2.380m
- Corporate ICT - Digital Transformation £1.002m
- Housing Public Sector £0.487m
- Other £0.954m

6.3. Variances

6.3.1 Appendix A provides details of variances for each scheme based on the latest available information received from budget managers.

6.3.2 As at Month 5 there are several larger projects that are still awaiting decisions on the direction / profile of spending, such as:

- Place Shaping / Growth Programme (3.485m)
- GM Full Fibre Project (0.469m)
- Economic Development – Neighbourhood Working (0.470m)
- Better Care Fund/Disabled Facilities Grant (1.204m)

6.3.3 Several projects under the heading of 'Property-Other Development Schemes' are showing a projected overspend of 0.207m. The amount is not considered material in relation to the size of the programme and it is expected to reduce as schemes progress and funding details are finalised in year.

6.3.4 All forecasted overspend are routinely monitored and analysed by budget managers with remedial action initiated as soon as the risk is deemed to negatively affect the programme or its outcomes.

6.3.5 Brief reasons for all variances are provided in Appendix A attached with this report.

6.4 Funding

6.4.1 The funding profile included in Appendix A shows the resources available to cover the capital programme during 2019/20.

6.4.2 The principal source of funding for Capital schemes approved for the 2019/20 programme is represented by external resources and prudential borrowing.

6.4.3 In addition, slippage of £8.900m supported by a mixed balance of resources that were approved, received and not spent in the previous financial year were carried forward to support the current programme.

6.4.4 The position of the capital receipts and borrowing as at the end of Month 5 is reported below. The figures in the table show the total funding requirement for the revised estimated capital programme inclusive of potential slippage into 2020/21 and the expected Council resources to be used to finance the Programme.

2019/20 Use of Council Resources for Capital Investment	£m
Revised Capital Programme allocation for the year	60.900
Use of external funding and contributions	(37.278)
Balance of programme relying on Council resources	23.622
Use of Capital receipts and earmarked reserves	6.400
Use of Prudential Borrowing (2019/20 approved schemes)	13.282
Use of Prudential Borrowing (2018/19 schemes brought forward)	3.940
Total Council Resources used to support the Capital Budget for Year	23.622

6.5 Capital Programme Monitoring

- 6.5.1 The programme will continue to be monitored closely during the year by the Capital Programme Management Group (CPMG) and the Management Accountancy team with an aim to identify potential risks to delivery of schemes on cost and time. A review of the operational programme is underway, and this will align schemes in the programme with the reporting timetable and target a slippage into 2020/21 of a maximum 10% of the working programme.

7.0 HOUSING REVENUE ACCOUNT

- 7.1 The Housing Revenue Account (HRA) relates to the operation of the Council's housing stock and can be viewed as a landlord account. It is required by statute to be accounted for separately within the General Fund and is therefore effectively ring-fenced.
- 7.2 The latest estimates show a projected surplus (working balance carried forward) of £1.040m at the end of 2019/20. The projected outturn shows a deficit balance of £0.579m. See Appendix B.
- 7.3 There are a number of variations that contribute to the projected outturn position but there is only one significant area where the variance exceeds 10% and £0.050m that has resulted in the projected deficit balance:
- Revenue contributions to capital – the contribution required to the costs of major works to the housing stock last year was significantly lower than the budget due to slippage on planned schemes; these resources are now required in 2019/20 to complete the 2018/19 programme. The unspent resources in 2018/19 were transferred to the Business Plan Headroom Reserve on a temporary basis and will need to be released back to the HRA to maintain its minimum level of balances.
- 7.4 The main impacts on the HRA year end balance are normally **void levels**, the **level of rent arrears** and the **level of Right to Buy sales**.

Voids:

The rent loss due to voids for April to August was on average 1.06% which is better than the 1.1% void target level set in the original budget. If this performance was to continue for the rest of the year there would be an increase in rental income of £0.011m over the original budget; the projections of rental income in Appendix B have been calculated on this basis.

Six Town Housing continue to review the voids processes and the various factors affecting demand.

Arrears:

The rent arrears at the end of August totalled £1.754m, an increase of 5.9% since the end of March. Of the total arrears £0.734m relates to former tenants and £1.021m relates to current tenants. An estimated £0.640m of current tenant arrears are in cases where either the under-occupancy charge applies, or the tenants are in receipt of Universal Credit rather than Housing Benefit.

The Council is required to make a provision for potential bad debts. The contribution for the year is calculated with reference to the type of arrear, the amount outstanding on each individual case and the balance remaining in the provision following write off of debts.

Based on the performance to the end of August, projected for the full year, this provision would require an additional contribution of £0.261m to be made.

The 2019/20 HRA estimates allow for additional contributions to the provision totalling £0.478m, £0.186m for uncollectable debts and £0.292m to reflect the potential impact that welfare benefit changes could have on the level of rent arrears. Therefore, there is a potential underspend of £0.101m. The projected outturn has not been amended to reflect this as rent arrears are volatile and an increase in the numbers of Universal Credit cases is expected during the current financial year.

Right to Buy Sales:

From April 2012 the maximum Right to Buy discount increased from £0.026m to £0.075m.

This has resulted in an increase in the number of applications and ultimately sales. There were 71 sales in 2017/18, however this reduced to 55 sales last year.

The forecast for 2019/20 was set at 60, this being an increase of 15 on the level of sales assumed for Bury in the Government's self-financing valuation.

From July 2014 the maximum percentage discount on houses increased from 60% to 70% (in line with the discounts allowed on flats). The maximum discount now stands at £82,800.

From 26th May 2015 the qualifying period for Right to Buy was reduced from 5 years to 3 years.

The number of sales has a direct effect on the resources available to the HRA – the average full year rent loss for each dwelling sold is around £3,700.

There have been 17 sales in the period April to August. This is 2 less than at this point last year. However, the number of applications currently proceeding is higher than at this point last year (102 compared to 82). On this information the forecast has been kept at 60 and will be reviewed again at the end of quarter 3; the projections of rental income in Appendix B have been calculated on this basis.

- 7.5 The Welfare Reform and Work Act requires a 1% reduction in social housing rents for 4 years from 2016/17 which has a significant impact on future HRA resources; it has been announced that following this period there will be a return to the previous rent policy i.e. increases of Consumer Price Inflation (CPI) plus 1% for a period of at least 5 years.

8.0 PRUDENTIAL INDICATOR MONITORING

- 8.1 It is a statutory duty for the Council to determine and keep under review the “Affordable Borrowing Limits”. The authority’s approved Prudential Indicators (affordability limits) for 2019/20 is outlined in the approved Treasury Management Strategy Statement.
- 8.2 The authority continues to monitor the Prudential Indicators on a quarterly basis and Appendix C shows the original estimates for 2019/20 (approved by Council on 20 February 2019) with the revised projections as at 31 August 2019. The variances can be seen in the Appendix together with explanatory notes. The Prudential Indicators were not breached during the first five months of 2019/20.

9.0 TREASURY MANAGEMENT

9.1 Investments:

- 9.1.1 At the 31st August 2019 the Council’s investments totalled £8.3 million and comprised:-

Type of Investment	£ Million
Call Investments (Cash equivalents)	8.3
Fixed Investments (Short term investments)	0.0
Total	8.3

- 9.1.2 All investments were made in line with Link’s suggested credit worthiness matrices and the approved limits within the Annual Investment Strategy were not breached during the first 5 months of 2019/20.

- 9.1.3 The Council has earned the following return on investments:

- 1st April to 30th June 2019 0.66%
- 1st July to 31st August 2019 0.67%

- 9.1.4 This figure is higher than Link’s suggested budgeted investment earnings rate for returns on investments, placed for periods up to three months in 2019/20, of 0.57%.

9.2 Borrowing:

- 9.2.1 New external borrowing has been undertaken in August 2019. A PWLB loan for £5 million has been taken over 10 years at a rate of 1.23%, and a short-term loan (repayable in August 2020) for £3 million at a rate of 0.87%. Both of these loans have been taken to refinance maturing debt.

- 9.2.2 At 31st August 2019 the Council’s debts totalled £192.904 million and comprised:-

		31 August 2019		
		Principal		Avg. Rate
		£000	£000	
Fixed rate funding				
	PWLB Bury	134,073		
	PWLB Airport	11,828		
	Market Bury	44,000	189,901	
Variable rate funding				
	PWLB Bury	0		
	Market Bury	0	0	
Temporary Loans / Bonds		3,003	3,003	
Total Debt			192,904	3.95%

- 9.2.3 The overall strategy for 2019/20 is to finance capital expenditure by running down cash/investment balances and taking shorter term borrowing rather than more expensive longer-term loans. This strategy is currently under review. With the reduction of cash balances, the level of short-term investments will fall. Given that investment returns are likely to remain low for the financial year 2019/20, then savings will be made by running down investments and taking shorter term loans rather than more expensive long-term borrowing.
- 9.2.4 It is anticipated that further borrowing will be undertaken during this financial year.

10.0 MINIMUM LEVEL OF BALANCES

- 10.1 The actual position on the General Fund balance is shown in the following table:

	£m
General Fund Balance 31 March 2019 per Accounts	7.703
Less : Minimum balances to be retained in 2019/20	(4.250)
Less : Forecast overspend at Month 5	(467)
Forecast Available Balances at 31 March 2020	2.986

- 10.2 Based on the information contained in this report, on the risk assessments that have been made at both corporate and strategic level, on the outturn position for 2019/20 and using information currently to hand on the likely achievement of cuts options, there is no reason at present to take the minimum level of balances above the existing level of £4.250m.
- 10.3 In light of the above assessment it is recommended that the minimum level of balances be retained at **£4.250m**.
- 10.4 It is advised that using available balances to fund ongoing expenditure would be a breach of the Council's Golden Rules. Likewise, it should be noted that the Authority faces significant funding reductions in the future, and balances are likely to be required to fund one-off costs of service transformation.

11.0 EQUALITY AND DIVERSITY

- 11.1 There are no specific equality and diversity implications.

12.0 FUTURE ACTIONS

- 12.1 Budget monitoring reports continue to be presented to the Joint Executive Committee and Strategic Leadership Team on a monthly basis and on a quarterly basis to the Cabinet, Overview & Scrutiny Committee and Audit Committee.

List of Background Papers:-

Finance Working Papers, 2019/20 held by the Joint Chief Finance Officer, Bury Council and Bury CCG.

Contact Details:-Mr M Woodhead, Joint Chief Finance Officer, Bury Council and Bury CCG, Tel. 0161 253 7659, Email: mike.woodhead@nhs.net



Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Consider
Item No	12	Confidential / Freedom of Information Status	No
Title	Bury System Outcomes and Performance Framework		
Presented By	Lynne Ridsdale, Deputy Chief Executive, Bury Council Margaret O'Dwyer, Director of Commissioning and Business Delivery, CCG		
Author	Kate Waterhouse, Chief Information Officer, Bury Council Helen Smith, Head of Assurance, Local Care Organisation		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>This paper presents the work to date on developing performance management frameworks across the Bury System, including Council reporting, Clinical Commissioning Group Quality and Performance Reporting and work completed by the Local Care Organisation.</p> <p>The report includes recommendations for the introduction of a single system wide performance framework to underpin the Bury 2030 Strategy, aligned to the other performance reporting mechanisms required across the system as a whole.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Support the approach outlined to developing a System Wide Outcome and Performance Framework and the next steps for further development; and • that support and capacity is released to ensure the system wide workshop is well represented and effective outputs are achieved.

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
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Provision of system wide framework to align service activity to improvement of outcomes for Bury people.					
How do proposals align with Locality Plan?	Provision of system wide framework to align service activity to improvement of outcomes for Bury people.					
How do proposals align with the Commissioning Strategy?	Provision of system wide framework to align service activity to improvement of outcomes for Bury people.					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
JET	21 October 19	Supported the paper

Developing a Bury System Wide Outcomes and Performance Framework

1. Introduction

- 1.1. This paper sets out the proposals for the development and agreement of a Bury System Wide Outcomes and Performance Framework.
- 1.2. This framework intends to provide alignment of existing and new performance frameworks across Bury Council, the Clinical Commissioning Group (CCG) and the Local Care Organisation (LCO) and to strengthen the monitoring of improvement in outcomes for the people of Bury via the Strategic Commissioning Board.
- 1.3. The Board are asked to note the report and approve the recommendations described below.

2. Background

- 2.1. Some of the current work to date in development of outcomes and performance frameworks within Bury Council, CCG and LCO includes:
 - Bury Council: high level corporate performance reports have previously been presented to Cabinet, alongside detailed statutory returns. A Single Outcomes Framework (SOF) has been in place within Team Bury for a number of years. Follow up to the recommendations within the LGA Peer Review has been initiated.
 - Bury CCG: statutory returns through the NHS Outcomes Framework and IAF, Quality and Performance indicators are collected and reported through contract performance meetings.
 - Bury LCO: local transformation metrics have been developed and are reported internally alongside GM transformation metrics, both of which support delivery of the Locality Plan. There has been further development of the indicator sets used to support a single contract management relationship between the One Commissioning Organisation and LCO.
- 2.2. In order to allow for strategic decisions to be taken about the work of the Strategic Commissioning Board and wider Public Sector Reform, it is proposed that a single System Wide Outcomes Framework is developed. This will allow for effective reporting of performance against outcomes and enable evidence-based decision making on prioritisation of financial spend and partnership resource. This framework will need to be aligned to the wider Bury 2030 Strategy to provide a full and holistic framework.

3. Developing a Bury System Outcomes and Performance Framework

- 3.1 Initial steps to developing this Framework have already been trialled through the development of the Single Outcomes Framework (SOF) via the Team Bury Partnership. The aim of this Framework was to focus joint activity on improving to key indicators of prosperity, Life Expectancy and Healthy Life Expectancy.

- 3.2 Based on the Public Health Outcomes Framework the SOF also incorporated the Wider Determinants of Health, such as Employment, Education, and Environment (including Housing), reflecting the principles contained with the Marmot Review: 'Fair Society, Healthy Lives'.
- 3.3 In addition to the core set of indicators the SOT also attempted to include other performance frameworks which were seen as contributing to system-wide objectives for improving life chances in Bury. To date, these have included:
- Adverse Childhood Experiences and Mental Wellbeing Programme
 - Primary and secondary prevention of Long Term Conditions (including MSK)
 - Behaviour Insight / Healthy Lifestyles Policy
 - Affordable Housing Strategy
 - Anti-Poverty Strategy
 - Clean and Green Environment Policy
- 3.4 The development of the Bury Strategy 2030, provides the opportunity to apply a strategic focus the evolution of our approach to performance management. The Strategy will incorporate not only key organisation commitments to public sector reform but also the priorities of our residents, linking their aspirations for the Borough with the system's ambitions for change. This will require monitoring through an effective framework, as per this proposal.
- 3.5 The image below shows the initial draft structure for the proposed framework:



- 3.4 The next steps to be taken to develop this further are as below:
- Review the business intelligent and performance capacity and resource both in terms of staff and technology
 - Review wider partnership performance frameworks with a view to link in e.g. Police, Fire and Rescue Service, VCFA

- Finalise project plan and design detailed milestones to assure delivery
- Review existing material and ensure relevance and reliability
- Deliver a system workshop that will agree the finer detail of the framework
- Further consultation and engagement with key leads and stakeholders
- Agree the governance for performance across the system, including formalising lines of accountability and responsibility

4 Associated Risks

- 4.1 The only current risk around non-delivery of the proposed framework is agreeing shared ownership of the outcomes and the governance mechanism for the effective monitoring of performance and improvement in outcomes as a system.

5 Recommendations

- 5.1 It is recommended that:
- The approach outlined to developing a System Wide Outcome and Performance Framework is approved and the next steps for further development are agreed.
 - Support and capacity is released to ensure the system wide workshop is well represented and effective outputs are achieved.

6 Actions Required

- 6.1 The SCB is required to:
- Approve the recommendations above.

Kate Waterhouse

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October 2019