

AGENDA FOR

STRATEGIC COMMISSIONING BOARD

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To: All Members of STRATEGIC COMMISSIONING BOARD

Members : J Black, F Boyd, S Briggs, Dr D Cooke, J Daly, D C Fines, H Hughes, D Jones, G Little, D McCann, E O'Brien, T Pickstone, A Quinn, Dr J Schryer (Chair), A Simpson, 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, 2 March 2020
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 & QUORACY

2 DECLARATION OF INTERESTS *(Pages 1 - 10)*

3 MINUTES OF THE LAST MEETING AND ACTION LOG *(Pages 11 - 26)*

4 PUBLIC QUESTIONS

5 CHIEF EXECUTIVE AND ACCOUNTABLE OFFICER UPDATE

6 ENVIRONMENTAL POLICY UPDATE *(Pages 27 - 58)*

Donna Ball, Executive Director Operations will update at the meeting.
Report attached.

7 HOMELESSNESS AND HOUSING STRATEGY UPDATE *(Pages 59 - 68)*

Vicky Carroll, Special Advisor (Housing) will update at the meeting.
Report attached.

8 BURY STRATEGY/TOWN OF CULTURE UPDATE *(Pages 69 - 88)*

Lynne Ridsdale, Deputy Chief Executive / Director Corporate Core will
update at the meeting. Report attached.

9 2020/21 BUDGET UPDATE

Mike Woodhead to report at the meeting. Report to follow.

10 PERFORMANCE REPORT *(Pages 89 - 98)*

Margaret O'Dwyer, Director to report at the meeting. Report attached.

**11 LEARNING DISABILITY AND RESPITE COMMISSIONING REVIEW
UPDATE** *(Pages 99 - 104)*

Report attached from Julie Gonda, Director of Community Commissioning.

12 MINUTES OF MEETINGS *(Pages 105 - 118)*

13 AOB AND CLOSING MATTERS

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	02 March 2020	Action	Receive
Item No	2	Confidential / Freedom of Information Status	No
Title	Declarations of Interest Register		
Presented By	Cllr D Jones, Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Introduction and background

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

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives the latest Declarations of interest Register;
- Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 2 March 2020; 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
<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 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

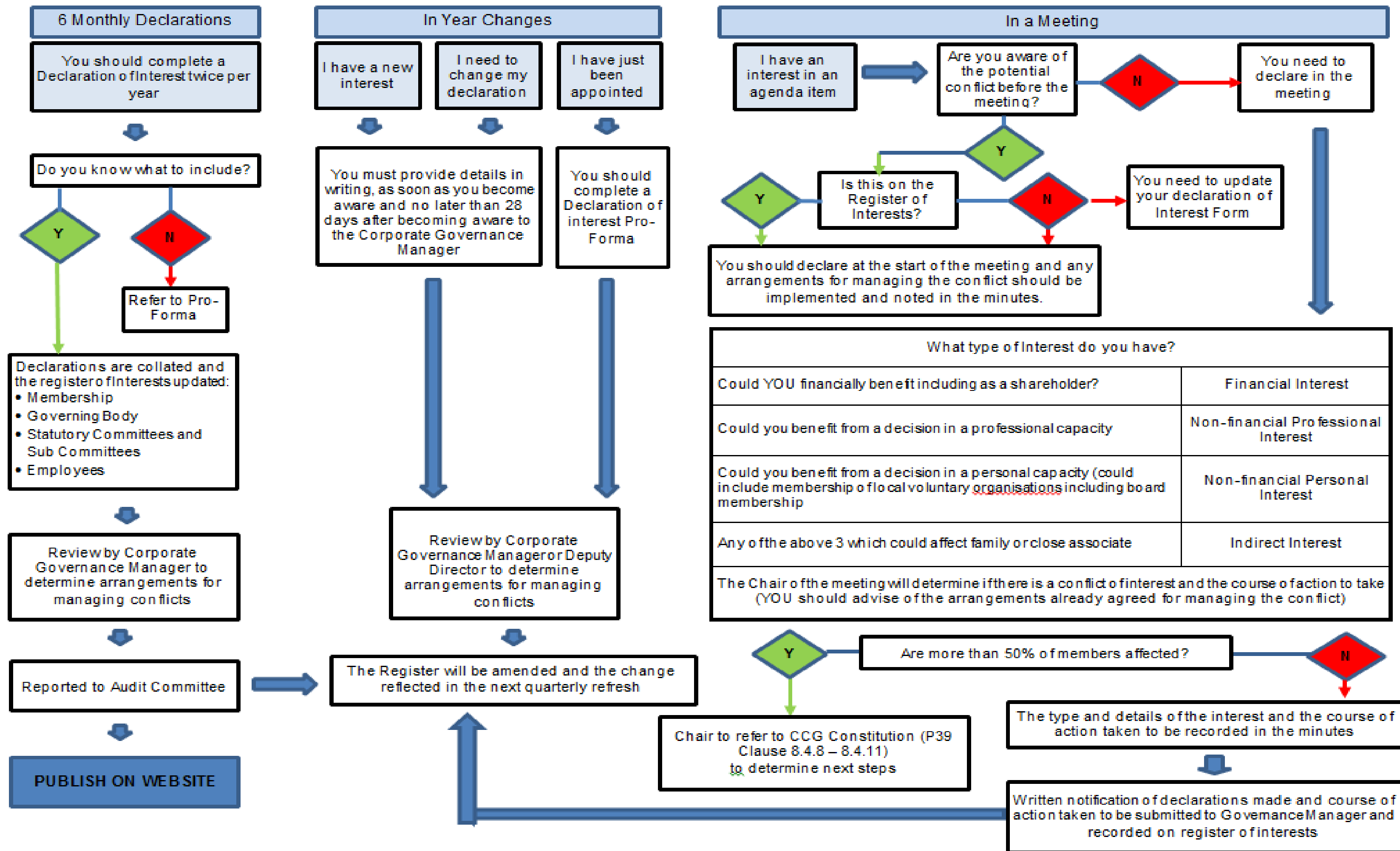
Declarations of Interest

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
March 2020

Declarations of Interest Flowchart



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			Clinical Lead	Oct-17	01/09/2019		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 to 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	Heads in the Woods (designs and produces environmentally friendly items for wholesale and retail)				Indirect	Partner owns business	Nov-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	Marple Cottage Surgery (Stockport CCG)		X			Role as a Nurse Practitioner	Aug-05		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 associated with NHS commissioning	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.
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 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 Section 32(2) of the Localism Act 2011				Indirect	Spouse / civic partner			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		St Margaret's Church of England Primary School			X	Direct	Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Liberal Democrat Party			X	Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Association of Liberal Democrat Councillors			X	Direct	Member & Chief Executive			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Birchcliffe Training Ltd	X			Direct	Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Association 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.		
Cllr Nick Jones	Cllr *Strategic Commissioning Board	Arum Systems Ltd (Arum)	X			Direct	Account Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Elms Bank			X		Governor			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Conservative Friends of Israel			X	Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		PLC Flats Management Limited	X			Direct	Director			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		RNLI				Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Anglo-Swedish Association				Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Friends of the British Overseas Territories				Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		Bury North & South Conservative Association			X	Direct	Member			General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
		The Conservative & Unionist 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.		
Donna Ball	TBC									

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	02 March 2020	Action	Approve
Item No	3	Confidential / Freedom of Information Status	No
Title	Minutes of Last meeting and Action Log		
Presented By	Cllr D Jones, Co-Chair of the SCB		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>Introduction and background</p> <p>The attached minutes reflect the discussion from the Strategic Commissioning Board held on 3 February 2020.</p>
<p>Recommendations</p> <p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the Minutes of the Meeting held on 3 February 2020 as 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
<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"/>

Implications						
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 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 (in public) on 3 February 2020		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Version	0.1		
Target Audience	Strategic Commissioning Board Members / Members of the Public		
Date Created	February 2020		
Date of Issue	February 2020		
To be Agreed	2 March 2020		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Strategic Commissioning Board on 3 February 2020		
Document History:			
Date	Version	Author	Notes
	0.1	Emma Kennett	Forwarded to Chair for review.
Approved:			
Signature:			
		 Dr J Schryer, Chair

Strategic Commissioning Board Meeting

DRAFT MINUTES OF MEETING

Strategic Commissioning Board Meeting, 3 February 2020 16.30 -18.00
Chair – Dr J Schryer

Voting Members	
Dr Jeff Schryer	CCG Chair (Chair)
Cllr David Jones	Leader of the Council,
Cllr Sharon Briggs	Cabinet Member – Communities
Dr Daniel Cooke	Clinical Director, Bury CCG
Dr Cathy Fines	Clinical Director, Bury CCG
Mr Howard Hughes	Clinical Director, NHS CCG Bury
Mr Geoff Little	Chief Executive, Bury Council / Accountable Officer, Bury CCG
Cllr Eamonn O'Brien	Cabinet Member Finance & Housing (for part)
Cllr Alan Quinn	Cabinet Member Environment
Cllr Tamoor Tariq	Cabinet Member Children & Families
Mr Chris Wild	Lay Member, NHS CCG Bury
Mr Mike Woodhead	Joint Chief Finance Officer
Non-Voting Members	
Mrs Fiona Boyd	Registered Lay Nurse of the Governing Body, Bury CCG
Others in attendance	
Mr Peter Bury	Lay Member Quality & Performance, Bury CCG
Ms Karen Dolton	Executive Director of Children and Young People, Bury Council
Mrs Julie Gonda	Interim Executive Director – Communities & Wellbeing, Bury Council
Ms Lesley Jones	Director of Public Health, Bury Council
Cllr Nick Jones	Conservative Leader & Shadow Cabinet Member Transport & Economic Growth (for part)
Ms Nicky O'Connor	Interim Director of Commissioning, Bury Council
Ms Karen Johnston	Head of Communications, Engagement and Marketing, Bury Council and Bury CCG
Ms Nicky Parker	Programme Manager, Urgent Care Review
Mrs Emma Kennett	Head of Corporate Affairs Governance, Bury CCG/Business Support
Public Members	
Mr Joseph Timan	Bury Times
Ms Barbara Barlow	Healthwatch Chair/Public Member

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	<p>The Chair welcomed those present to the meeting and noted apologies had been received from: -</p> <ul style="list-style-type: none"> • Cllr Jane Black, Cabinet Member Corporate Affairs & HR • Mr David McCann, Lay Member Patient & Public Involvement, NHS Bury CCG • Cllr Andrea Simpson, Deputy Leader, Cabinet Member Health & Wellbeing • Cllr Tim Pickstone, Council Opposition Member, Bury Council • Mr Peter Thompson, Secondary Care Clinician, NHS Bury CCG • Mrs Catherine Jackson, Executive Nurse • Ms Margaret O'Dwyer, Deputy Chief Officer/Director of Commissioning, NHS CCG Bury

1.2	The Chair advised that the quoracy had been satisfied.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/01	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 reminded the CCG and Council 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.		
2.4	<p>Declarations made by members of the Strategic Commissioning Board are listed in the CCG’s Register of Interests which is presented under this agenda and is also available from the CCG’s Corporate Office or via the CCG website.</p> <ul style="list-style-type: none"> • Declarations of interest from today’s meeting 		
2.5	<p>There were no declarations raised.</p> <ul style="list-style-type: none"> • Declarations of Interest from the previous meeting 		
2.6	There were no declarations of interest from the previous meeting raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/02	Decision	Noted the published register of interests.	

3	Minutes of the last Meetings and Action Log		
	<ul style="list-style-type: none"> • Minutes 		
3.1	The minutes of the Strategic Commissioning Board meeting held on 6 January 2020 were agreed as an accurate record.		
	<ul style="list-style-type: none"> • Action Log 		
3.2	The following updates were provided in relation to the Action Log: -		
	<ul style="list-style-type: none"> • 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. It was reported that this document had been produced and had been shared with the Co-Chairs of the Strategic Commissioning Board and would be shared with the wider Strategic Commissioning Board in due course. 		

	<ul style="list-style-type: none"> • A/12/05 - An update on the staff consultation process to be sent to Strategic Commissioning Board members via email in between meetings. This update would be provided as part of the Chief Executive and Accountable Officer update • A/12/08 - It was agreed that the Director of Commissioning & Business Delivery would pick up with Cllr Quinn outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate. It was noted that this meeting had taken place and that an update would be provided to the Governing Body in March 2020. 		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/03	Decision	Approved the minutes of the meeting held on the 6 January 2020	

4	Public Questions		
4.1	No questions raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/04	Decision	Noted that there were no questions raised.	

5.	Chief Executive and Accountable Officer Update		
5.1	<p>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:-</p> <ul style="list-style-type: none"> • Mr J Rouse had now left the Greater Manchester Health and Social Care Partnership and Ms S Price was covering the Chief Officer role on an interim basis. Mr Rouse had produced a summary of his main findings/reflections from his time in Greater Manchester and this had been circulated to Strategic Commissioning Board members on email. • In terms of the Pennine Acute Trust transaction, work was being undertaken in relation to managing North Manchester General Hospital under a management agreement with Manchester University NHS Foundation Trust and the Oldham, Rochdale and Bury hospitals and services being under a contract with Salford Royal from 1st April 2020. It was anticipated that the formal transaction processes would be completed by the 1st April 2021 at the latest. • The OCO staffing structure had been approved via the respective governance processes at the CCG and Council and next steps were being taken in terms of recruiting to the Executive Director of Strategic Commissioning position with interviews scheduled to take place on the 24th March 2020. OCO updates would continue to be provided to the Strategic Commissioning Board in the coming months. • Public Health England were leading on the Coronavirus outbreak via a command and control approach with plans and appropriate messaging being put in place at a National, Regional and Local level. • The first Strategic Commissioning Board Development Session was scheduled to take place on the 6th February 2020 and members were encouraged to attend this session. • The Greater Manchester Performance Dashboard would be submitted to future meetings of the Strategic Commissioning Board as part of the Performance Report which would be useful in terms of benchmarking against other CCGs. 		
5.2	The following comments/observations were made in relation to this agenda item: -		

5.3	<ul style="list-style-type: none"> Clarification sought on what was meant by the term management agreement. It was reported that this was a 'half way' position as Pennine Acute Trust would remain as a legal entity in its own right from a governance perspective. The need to consider the implications of the management agreement for children's acute services at North Manchester General Hospital. <p><i>The Conservative Leader & Shadow Cabinet Member Transport & Economic Growth entered the meeting at this point.</i></p>
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ID	Type	The Strategic Commissioning Board:	Owner
D/02/05	Decision	Noted the update.	
A/02/01	Action	Greater Manchester Performance Dashboard to be included as part of the Performance report for the next Strategic Commissioning Board.	

6. Mental Health Strategy

6.1	The Interim Executive Director – Communities & Wellbeing, Bury Council presented an update report in relation to delivery of the Bury Mental Health Framework.
6.2	The report highlighted progress against the delivery of the Bury Mental Health Framework developed in October 2019, following a stakeholder engagement event.
6.3	It was highlighted that a community engagement project was commissioned from the VCF sector, to inform the priorities of the framework, a summary of the findings were included in the report.
6.4	An update was also provided on existing pieces of work and key areas for development in 2020 and an outline of the next steps in the delivery of the framework.
6.5	Dr Cooke gave his views on the progress made within this area from a clinical perspective in terms of improving the service offer to patients and a true crisis response in place.
6.6	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> It was currently Children's Mental Health week and the VCFA was undertaking work with local schools to raise awareness within this area. It was noted that early intervention could change a person's life. In terms of the Bed Every Night Scheme to help the homeless, funding was currently being provided from Greater Manchester however the future funding streams were not clear and there was a need to assess whether Council/CCG resources would be available in the future if required to support this area. It was highlighted that it was not just rough sleepers who benefited from this scheme as there were a number of 'sofa surfers' within the locality.

ID	Type	The Strategic Commissioning Board:	Owner
D/02/06	Decision	Noted the progress made against the delivery of the Mental Health Framework.	

7.	Commissioning Reviews
	<ul style="list-style-type: none"> • Urgent Care Update
7.1	The Chair submitted a report in relation to the Urgent Care Review: public consultation.
7.2	It was reported that the CCG Governing Body had requested a strategic review of the Urgent Care system in Bury. This report set out the proposed Public Consultation exercise for the Urgent Care Review and included the draft Urgent Care Business Case, the draft Consultation Plan and the draft Consultation document for approval.
7.3	<p>In terms of the background, it was highlighted that the Strategic Commissioning Board had received a presentation at its January meeting setting out progress with the strategic Urgent Care Review. The objectives of the Urgent Care Review were to: -</p> <ul style="list-style-type: none"> • Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund. • Mitigate growth and reduce the percentage of the budget spent on Urgent Care. • Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”. • Redesign to simplify access points to improve patient experience. • Work towards achievement of the GM UEC Improvement and Transformation Plan.
7.4	<p>Members were reminded that the following services are in scope for the Urgent Care Review in Bury: -</p> <ul style="list-style-type: none"> • Urgent Care Treatment Centre. • ED at Fairfield General Hospital. • Walk in Centres at Moorgate and Prestwich. • GP Out of Hours Service (BARDOC). • GP Extended Access. • GP Extended Working Hours. • Green Car Service. • Same Day Emergency Care. • GM Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.
7.5	It was reported that the Review of Urgent Care in Bury had commenced in the middle of September 2019. Since then there had been an analysis of previous reviews and the key messages from those reviews. The financial costs and demand and capacity had been analysed. Best practice visits to Bradford and Rochdale Hospitals have taken place and discussions with the GM Urgent Care and Primary Care Teams as well as Health Innovation Manchester to inform thinking. The combination of data analysis and stakeholder engagement had led to the development of a case for change, a programme of work, the identification of workstream leads and a programme timeline.
7.6	It was highlighted that there has been an audit of the availability of GP practice appointments and a briefing note to practices on alternatives to hospital admission. The GM Clinical Assessment telephone service has gone live which redirected calls from 999 and 111 to a local primary care clinician where appropriate and the mobile phone based Greater Manchester Service Finder App was launched just before Christmas which will help people choose the right service to meet their needs.
7.7	The next phase of work had begun which includes benchmarking urgent care activity

	<p>and costs across Greater Manchester and scoping out the potential new model for Urgent Care at a high level and have started planning for a public consultation.</p> <p>7.8 The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • The importance of having sight of some of the more detailed information arising as part of the review since September 2019 including the ‘Ask my GP’ elements. It was reported that the GP Federation had been sighted on this work and there were 3 practices lined up to participate in a pilot scheme. • The role of the Clinical Assessment Service and how this would operate in reality in terms of triage and the booking of GP appointments. • Further details requested in respect of the capacity and demand work. It was reported that this information had already been shared however the Chair agreed to share this information with Dr Fines. • A diagram/flow chart being produced to assist Visual Learners which should set out the different steps/options in terms of accessing urgent care services. This suggestion was noted and was reported that a number of Case studies had also been produced as part of the review. • An enquiry about the £500k costs associated with the development of a hub. It was noted that should any proposals be implanted following any consultation process, there would need to be building work undertaken at Fairfield General Hospital to ensure that the space is fit for purpose for patient care. • Intermediate Tier Review Update <p>7.9 The Interim Executive Director – Communities & Wellbeing, Bury Council presented a report that highlighted the progress against the review of Intermediate Tier Services in Bury.</p> <p>7.10 It was highlighted that ongoing engagement with the public around intermediate tier services was being undertaken and the feedback would inform detailed proposals for consultation at a later date.</p> <p>7.11 It was reported that further work was ongoing in relation to the: -</p> <ul style="list-style-type: none"> • Development of a detailed business case, based upon the feedback of the engagement work currently under way to include: <ul style="list-style-type: none"> ○ A detailed review of intermediate tier beds in the system covering quality of care, quality of estate and cost, building upon the benchmarking work already undertaken to date; ○ Review of estate within intermediate tier of services, with a view to understanding the impact and opportunity that may arise from future detailed proposals; <p>7.12 In terms of next steps, a detailed timeline was included within Section 10 of the report which included: -</p> <ul style="list-style-type: none"> • Engagement questionnaires and face to face engagement conversations to be completed by end of February; • Engagement feedback to be collated 1st to 15 March; • Final business case for detailed proposals to be produced by 31 May 2020 to come to Strategic Commissioning Board for permission to consult; • That consultation on the detailed proposals will be undertaken for a period of 4
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	<p>weeks, from 1 June 2020 to 30 June 2020;</p> <ul style="list-style-type: none"> • Analysis of consultation and final report in respect of detailed proposals to be presented to Commissioning Board 3 August; • Any staff consultation required would therefore be implemented from 4 August to 4 September 2020.
7.13	<p>The CCG Chair commented that there was a need to be mindful of purdah in terms of the timings of the timings of a further report being submitted to the Strategic Commissioning Board. <i>NB</i> – This items has been noted on the Forward Plan for the June Strategic Commissioning Board meeting.</p>
7.14	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • The Interim Executive Director – Communities & Wellbeing, Bury Council and team were commended for all their hard work to date in relation to this review. • This was an excellent opportunity for ensuring that the best care was available for the local community and it was regretful that this approach hadn't been adopted years earlier. • Individuals receiving care in their own homes was supported and the right direction of travel which aligned with the Locality Plan.

ID	Type	The Strategic Commissioning Board:	Owner
D/02/07	Decision	Approved the commencement of the Urgent Care public consultation exercise to run for 4 weeks in February	
D/02/08	Decision	Signed off the public facing consultation document and survey	
D/02/09	Decision	Approved the Urgent Care Business Case	
A/02/02	Action	Further details in respect of the capacity and demand work to be shared with Dr Fines	Dr Schryer
D/02/10	Decision	Noted the next steps and timescales associated with the Intermediate Tier Review	

8.	Carers Tender and Work Update
8.1	<p>The Interim Executive Director – Communities & Wellbeing, Bury Council presented a report that provided an update on the Carers Tender and work update.</p>
8.2	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • An enquiry made as to what the narrative for carers would look like going forward as a result of this ongoing work. How this would link in with the neighbourhood model was outlined. • It was suggested that members of the Strategic Commissioning Board be invited to get involved in the Carers work and there opportunity to note the open invite to get involved in these developments.

ID	Type	The Strategic Commissioning Board:	Owner
D/02/11	Decision	Noted the report	

9		Finance	
9.1	<p>The Joint Chief Finance Officer provided a verbal update on the latest financial position across the CCG and Council. It was reported that: -</p> <ul style="list-style-type: none"> • Month 9 financial report was due out as part of Cabinet papers tomorrow so couldn't come here today as there was a need to follow correct governance procedures and sequences. • The headlines for the Council were that the organisation was continuing to see pressures in service depts c£5-6m, largely to do with unachieved savings, there were underspends and increased funding in other areas which offset that and would lead to an underspend of just over £0.5m which, in line with our commitment at Budget Council last February, would increase the General Reserves. Council budget setting papers were due out tomorrow too and setting a balanced budget including a strategy to further increase reserves and a well worked up set of savings schemes would be key elements. • In relation to the CCG, this was projected to be breakeven for the year: this included the impact of the proposed differential contributions of the Council and CCG to the Pooled Budget over a number of years. A paper would be going to Cabinet on that but this was a good example of working together across the CCG and Council for the good of the locality, and builds on the finance support offered by the CCG to the Council this time last year. There were significant pressures facing the CCG for next year and the emerging options at a local and Greater Manchester level. The final NHS planning submissions were due on 29 April 2020. 		
9.2	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • The impact of the 10 year allocations/indexing on the current local position needed to be reflected upon when reviewing/describing the narrative for the current financial situation 		
ID	Type	The Strategic Commissioning Board	Owner
D/02/12	Decision	Noted the update	

10		Performance Report	
10.1	<p>Members received copies of the latest Performance Report that provided an overview of performance in November 2019 for Urgent Care, Elective Care, Cancer and Mental Health.</p>		
10.2	<p>The Lay Member Quality & Performance, Bury CCG summarised the key elements of the report which had been discussed in some detail via the CCG's Quality & Performance Committee.</p>		
10.3	<p>The following comments/observations were made in relation to this agenda item: -</p> <ul style="list-style-type: none"> • The challenges being faced from a workforce perspective were acknowledged as set out within the report. • A&E was under considerable pressure both nationally and within Greater Manchester with actions being taken to improve performance within this area. 		

ID	Type	The Strategic Commissioning Board:	Owner
D/02/13	Decision	Noted the report	

11	Risk Report
11.1	Members received copies of the latest Strategic Commissioning Board Risk Register.
11.2	<p>It was noted that there were currently 5 risks assigned to the Strategic Commissioning Board which were: -</p> <p><u>CCG Risks</u></p> <ul style="list-style-type: none"> • Lack of effective working with key partners which influence the wider determinants of health (level 20); • Assuring decisions are influenced by all staff including clinicians (level 20); • Lack of effective engagement with communities (level 15); <p><u>Council Risks</u></p> <ul style="list-style-type: none"> • Failure to implement Public Service Reform resulting in increased demand (level 16); and • Decline in Ofsted ratings across the Borough (level 16).
11.3	The Lay Member Quality & Performance, Bury CCG suggested undertaking a deep dive into the 5 risks assigned to the Strategic Commissioning Board as part of a future Strategic Commissioning Board Development Session. This suggestion was supported and would be factored into the Forward Plan for the Strategic Commissioning Board.

ID	Type	The Strategic Commissioning Board:	Owner
D/02/14	Decision	Noted the report	
A/02/03	Action	A deep dive into the Strategic Commissioning Board risks to be undertaken at a future Strategic Commissioning Board Development session. This will be added to the Forward Plan.	

12	OD Programme Update
12.1	<p>Members received copies of an update report in relation to the OCO. It was noted that:</p> <ul style="list-style-type: none"> • The OCO development programme had been in place for several months and was now led by Nicky O'Connor, Director of Transformation. Three key steps have been required to set up the OCO: <ol style="list-style-type: none"> 1) Establishing the governance and Strategic Commissioning Board 2) The pooling and aligning of joint resources of circa £600m creating one resource envelope 3) Bringing health and care commissioning teams coming together, supporting the Strategic Commissioning Board to deliver and implement the Board's decisions. The consultation process to enable this re-structure closed on 31st December. • Using the McKinsey 7s model the programme was now focusing on the following: <ol style="list-style-type: none"> 1) Structure following the consultation 2) Developing the Bury Commissioning Strategy 3) Aligning system and process to the strategy

	4) Shared values 5) Staff and skills		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/15	Decision	Noted the report	

13	Bury Strategy		
13.1	Members received copies of a report that outlined the latest activity in respect of the Bury Strategy.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/16	Decision	Noted the report	

14	Revised Neighbourhood Model		
14.1	Members received copies of a report to provide an update on the recent discussions and activity in developing an overall neighbourhood model for public services in Bury.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/17	Decision	Noted the report	

15	Minutes of Meetings		
15.1	Members received copies of the minutes from the Bury System Board meeting held on the 12 th November 2019.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/18	Decision	Noted the information	

16	Any Other Business and Closing Matters		
16.1	The Chair summarised the main discussion points from today's meeting.		
16.2	It was suggested that a letter of thanks be sent to Mr Rouse following his departure from the Greater Manchester Health and Social Care Partnership (GMHSP). The Chief Executive, Bury Council / Accountable Officer, Bury CCG would send this letter on behalf of the Strategic Commissioning Board.		
ID	Type	The Strategic Commissioning Board:	Owner
D/02/19	Decision	Noted the information.	
A/02/04	Action	Letter of thanks be sent to Mr Rouse on behalf of the Strategic Commissioning Board following his departure from the Greater Manchester Health and Social Care Partnership (GMHSP).	Mr Little

Next Meeting	Monday, 2 March 2020, 5.00 p.m., Committee Room A and B, Bury Town Hall (Chair: Cllr D Jones)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance. Emma.kennett@nhs.net

Strategic Commissioning Board Action Log – February 2020

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

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	This has now been circulated to Strategic Commissioning Board members.
A/12/08	It was agreed that the Director of Commissioning & Business Delivery would pick up with Cllr Quinn outside of the meeting in relation to the specific health requirements and discuss this further via the Governing Body as appropriate.	Ms O'Dwyer		March 2020	Discussion scheduled for March 2020 Governing Body.
A/02/01	Greater Manchester Performance Dashboard to be included as part of the Performance report for the next Strategic Commissioning Board.	Ms O'Dwyer		March 2020	Included in Performance Report.
A/02/02	Further details in respect of the capacity and demand work to be shared with Dr Fines	Dr Schryer		March 2020	
A/02/03	A deep dive into the Strategic Commissioning Board risks to be undertaken at a future Strategic Commissioning Board Development session. This will be added to the Forward Plan.	Ms O'Dwyer		TBC	Added to Forward Plan.
A/02/04	Letter of thanks be sent to Mr Rouse on behalf of the Strategic Commissioning Board following his departure from the	Mr Little		March 2020	Letter sent

	Greater Manchester Health and Social Care Partnership (GMHSP).				
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Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Consider
Item No	6	Confidential / Freedom of Information Status	No
Title	Environmental Policy Update		
Presented By	Donna Ball, Executive Director Operations, Bury Council		
Author	Donna Ball, Executive Director Operations, Bury Council		
Clinical Lead	-		
Council Lead	Cllr Alan Quinn, Cabinet Member Environment, Bury Council		

Executive Summary
<p>Climate change and impacts are the single biggest challenge faced by the world today and the need to take urgent, radical action is recognised across the Globe.</p> <p>Bury Council has declared a Climate Emergency and has set a target to be carbon neutral by 2030. This is a very ambitious target - the scale and pace of change needed will require major investment and significant changes in how we use energy, live our lives and define success.</p> <p>There are already areas of work underway that take us on the journey of enhancing our environmental ambitions. However, there is more that we can do.</p> <p>This report outlines 4 key priorities for Bury and reflects on the opportunities to do more, together, with our population and partners. This includes taking a different approach by:</p> <ol style="list-style-type: none"> a) Support Environmental impact innovation in our areas of work; b) Take new approaches to finance and funding; c) Build on existing partnerships between the public, private and voluntary, community and social enterprise organisations to ensure we maximise our assets and share Carbon Reduction information; d) Show leadership and engage with the many willing people already in our communities in this area of concern; e) Engaging and educating residents, communities and businesses; and f) Upskilling our own workforce and build Climate action into our behaviours and values as organisations.
Recommendations
<p>The Strategic Commissioning Board is required to:</p> <ul style="list-style-type: none"> • consider the report.

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 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 type="checkbox"/>	N/A	<input checked="" 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 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 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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Assessment been completed?						
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

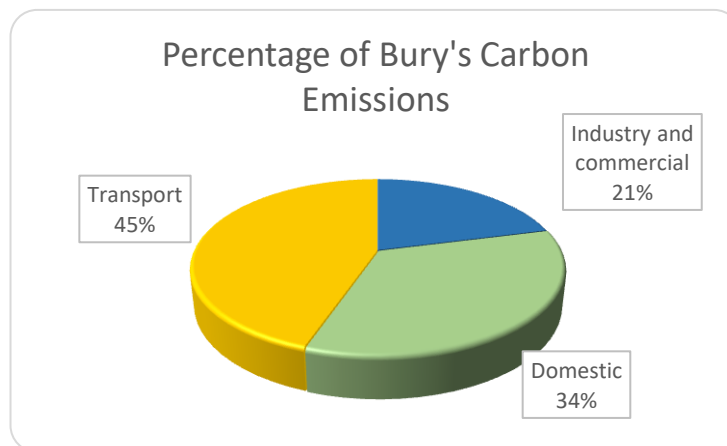
Environmental Policy Update

1. INTRODUCTION

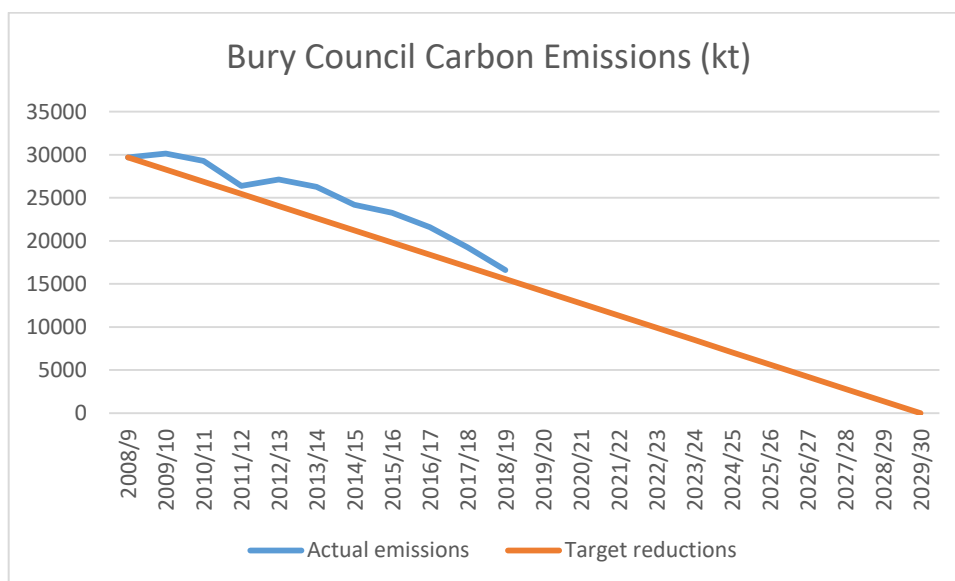
- Climate change and impacts are the single biggest challenge faced by the world today and the need to take urgent, radical action is recognised across the Globe.
- Bury Council has declared a Climate Emergency and set a target to be carbon neutral by 2030. This is a very ambitious target - the scale and pace of change needed will require major investment and significant changes in how we use energy, live our lives and define success.
- The impacts of climate change will mean more extreme weather including droughts, floods, very hot summers and storms. Impacts on health are predicted to be significant in relation to summer mortality due to prolonged higher temperatures and the mental health impacts of flooding.
- The **UK** has a target to bring all greenhouse gas **emissions** to net zero by 2050 and has committed to playing its full part in meeting the international target to limit the global average temperature rise to well below 2°C above pre-industrial levels by the year 2100, and to aim for 1.5°C in line with the Paris Agreement.
- The results of Bury 2030 consultation showed that protecting our environment and tackling climate change is a key priority for our residents.
- As a community we emit 854kt of CO2 and we must reduce this to zero in the next 10 years. The Tyndall Centre have indicated that this requires a 13% reduction each year.
- We are already experiencing impacts from a rapidly changing and increasingly extreme climate. These impacts are projected to increase over time and risk holding back our efforts to deliver Burys wider ambitions.
- Resilience is therefore needed and greater thinking on how our Borough can meet its ambitions whilst ensuring it is safe and secure, thought on how we are addressing our key vulnerabilities and can meet expected or unexpected disruptive challenges.
- These efforts and investments need to be underpinned by robust action on climate adaptation to protect the most vulnerable communities (who are often the most exposed and least able to deal with climate change impacts), our economy, key infrastructure and our natural environment.

We therefore need to adopt some priorities in Bury

- Priority 1: Embedding climate change resilience and adaptation in all developing policies
- Priority 2: Increasing the resilience of and investment in our critical infrastructure, ensuring where at all possible we seek Carbon Neutral build developments with associated transport infrastructure.
- Priority 3: Implementing a prioritised programme of nature-based climate action including our residents in the action planning and delivery
- Priority 4: Improving monitoring, reporting, transparency, delivery.



- Bury council's total carbon emissions from its operations are 17k tonnes which represents 2% of Bury's total emissions.
- Since 2008/9 Bury council have reduced carbon emissions by 44%



1.1 Action Plans

- Greater Manchester Councils have produced a 5 Year Environment Plan for Greater Manchester 2019 – 2020 which describes actions we will take across GM to become carbon neutral by 2038 whilst securing our economic future. https://www.greatermanchester-ca.gov.uk/media/1975/5_year_plan_exec_summ_digital.pdf
- To compliment this, we will be producing our own Bury Council Climate Action Plan which will show how Bury will respond to the Climate

Emergency and actions we will take to meet our more ambitious 2030 carbon neutral target.

- We will be using scientific evidence to define our interim targets and our pathway to carbon neutrality working with Manchester Climate Agency and wider experts in the field for validation of those targets.

2. BUILDINGS

- Energy use by buildings made up 77% of the council's carbon emissions and approximately 56% of our total community emissions.
- We need to reduce CO2 emissions that are produced by the energy we to power our transport and heat and power our buildings, shifting away from fossil fuels to renewable sources. There are challenges for our electricity infrastructure associated with this shift to renewable electricity generation, low carbon heating and electric vehicles.
- Through the Greater Manchester Spatial Framework, standards for new buildings and developments will be set (GM 5 yr. Environment Plan) but we still need to increase renewable energy generation and low carbon heating in Burys existing homes and buildings. To do this, residents will need support to help make the right decisions, making sure everyone can benefit from these changes.

2.1 Links to Health and Wellbeing

- Office for National Statistics (ONS) figures show that in 2017/18 winter deaths hit a 30 year high with 190 more people dying in winter in Bury compared to the rest of the year.
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables>
- ONS figures also show that two of the main causes of excess winter deaths are circulatory and respiratory diseases both of which are exacerbated by living in cold poorly insulated homes.

2.2 What are we doing now?

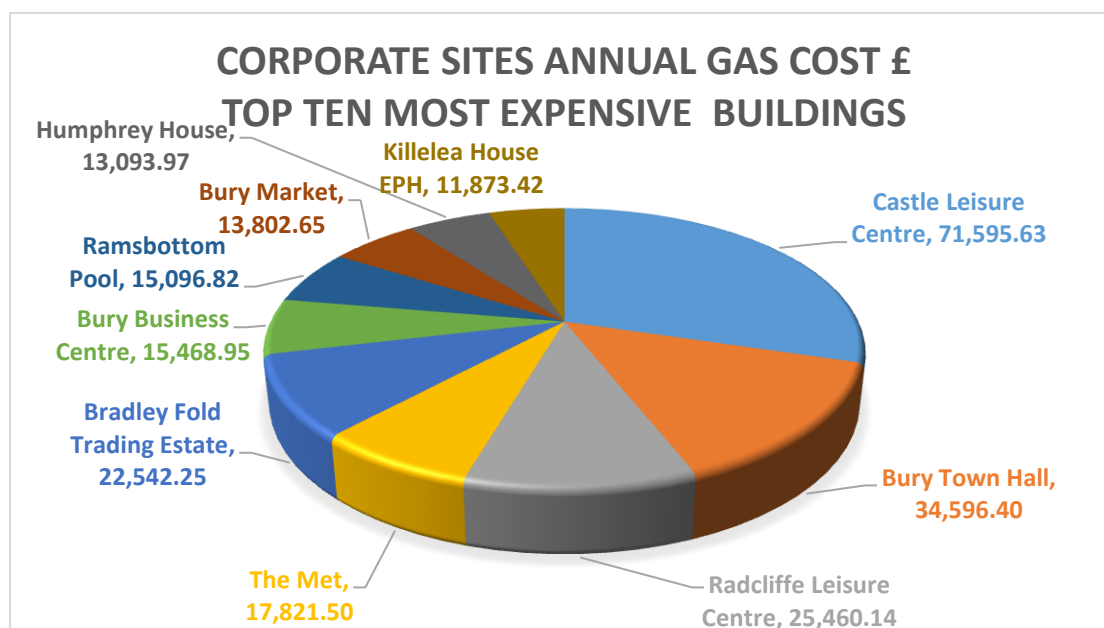
- Started work on decarbonising the council's corporate estate by initially identifying a tranche of 10 "Quick Win" projects in early 2020. In addition, we will be identifying the potential for Solar PV on our land and buildings.
- Commissioned solar panel installation at Bradley Fold Council Depot-pays for itself in 8 years.
- We were a pilot for the Energy Path Network project to identify how our heating needs could be met as we progressed to zero carbon targets.
- Implemented a Warm Homes Fund scheme to provide efficient heating systems for people at risk of falling into fuel poverty.

- The Local Energy Advice Partnership (LEAP) scheme provides energy efficiency advice and access to funding to help pay for measures.
- Bury Solar Together programme to provide low cost solar PV on privately owned properties – secured 48 installations.
- Developing a Council Climate Change Team to manage delivery of Climate Emergency in Bury.
- 60% of our streetlighting is now LED and a further 3194 will be fitted with LED over the next 5 years so that 75% of our streetlighting will be converted.

2.3 What do we need to do?

- Continue actions to reduce carbon footprint of council buildings/estate - most schemes will pay for themselves e.g. LED lighting at the Town Hall - 5.4 year payback.
- Only 30% of Bury homes are well insulated and 12% are in fuel poverty. We need to work with partners to upgrade the insulation of **5750** homes per year to reach our 2030 target. In the past the best we have achieved is around 1000 upgrades per year working with a third party and using mainly third-party funding.
- We need to replace gas boilers with eco heating systems such as heat pumps in **3,018** buildings. In the past the best we have achieved is around 100 heating installations in a year and again delivered in partnership with third parties using third party funding.
- Set up a stakeholder panel to assist in the development and implementation of our Climate Action Plan so that residents, businesses, volunteers feel fully engaged in the process of tackling climate change.
- Ensure that our Local Plan requires higher energy efficiency standards in new developments.
- Deliver zero carbon developments on council owned land and use whatever leverage we have to influence other developments wherever we can.
- We will take part in the following GMCA initiatives to help the council and our community to become carbon neutral-
 - i. Local Energy Market - to create and energy plan and delivery mechanisms for low carbon in our communities
 - ii. Go Neutral - to deliver large scale solar PV across our area
 - iii. DEEP – to provide projects to decarbonise heat in our areas
 - iv. Solar Together programmes to deliver solar PV on domestic properties.
- Promote green businesses in our area to deliver innovative modern low carbon solutions and help to future proof our commercial sector.

Our Top Ten Corporate Sites.



2.4 Where are the Gaps/ barriers?

Resource

- We will need more officer resource at the council to facilitate the necessary level of upgrade in insulation and installation of eco heating systems in our residential sector.
- Identify resource at Six Town Housing to allow upgrading of insulation and eco heating systems in the council housing stock.
- Resource needed to promote Green businesses and also to promote energy efficiency and renewable energy in the business community.

Skills

- Work to ensure we have appropriate skills and businesses in our area to provide insulation upgrades and to install new eco heating systems such as heat pumps.

Funding

- To make sure we hit the requirements for upgraded insulation and installation of eco heating in our communities. Past experience suggests that the level of change necessary will require massive Government/private sector investment.
- To carry out our necessary upgrades in our corporate buildings and to install renewable energy where appropriate. All improvements will pay for themselves but are likely to need initial capital investment.

2.5 Who needs to be involved?

- Six Town Housing
- GMCA
- Local Stakeholders
- DEFRA and BEIS
- GMP
- GMFRS

2.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- The SCB are requested:
 - to support a strategy to take all the public estate in Bury to carbon neutrality by 2030 and to share data regarding energy use and carbon footprint for CCG buildings along with any action plans for carbon neutrality.
 - To help where appropriate to facilitate energy efficiency and renewable energy in our communities.

2.7 Bury Aims for Climate Action – Our Focus.

In delivering Burys environmental aims, we need to maximise the positive impacts on our residents, the economy and the place. This will require us all to take new approaches, across areas such as innovation and funding, to tackling the challenges we face.

Economic benefits

Careful implementation of the Bury Climate approach is needed so that achieving our aims does not act as a constraint on economic growth, particularly as the economy's reliance on carbon is diminished. Taking this approach will minimise costs of services, particularly energy, to our households and businesses. If we take the actions in this plan, we could all save up to £1000 per household per year on our energy bills

Optimising the health and social benefits

We know that environmental actions provide significant health benefits for our population. Implementing this plan will also allow us to address health inequalities and do our part to promote intergenerational equity.

Wherever possible, this plan must interlink with prevention and health improvement efforts across Greater Manchester through LA public health teams, Public Health England and the Greater Manchester Health and Social Care Partnership.

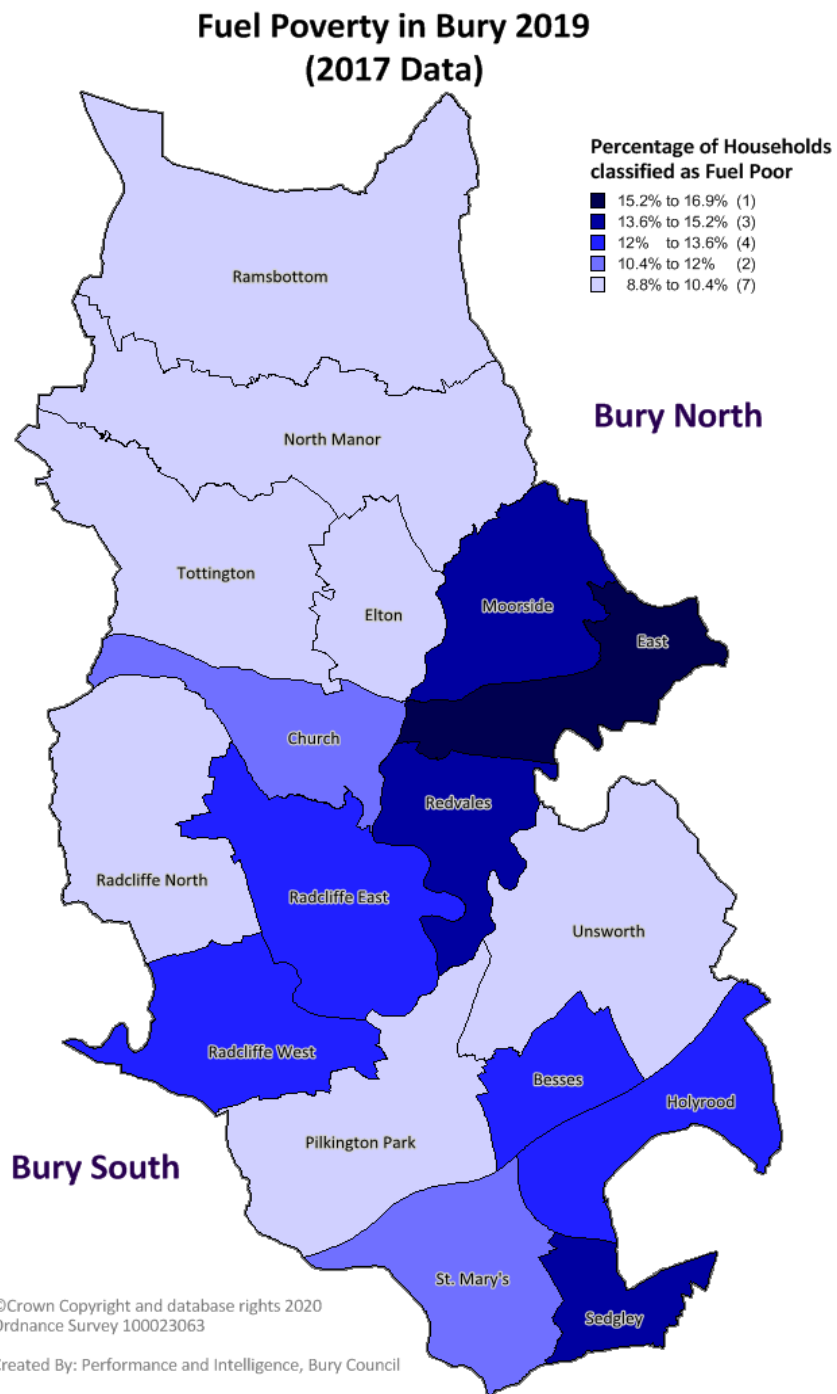
Efforts must be focused on addressing health inequalities such as the difference in life expectancy between communities.

Low income communities are amongst those groups that are more affected by air pollution, whilst other environmental factors such as access to green space and the quality and warmth of housing also have a significant bearing on health.

There are also costs of not acting. For example, extreme weather (e.g. the 2003 heatwave) had a large impact on health services. It is estimated that the health and social care costs of air pollution in England could reach £5.3 billion by 2035 unless action is taken.

Failure to act quickly will exacerbate existing national health challenges, place undue financial strain on the NHS, and worsen health inequalities both within the UK and internationally.

Fuel Poverty in Bury (2017 data)



3 TRANSPORT

- Carbon emissions from transport made up 13% of the council's carbon emissions and approximately 45% of our total community emissions.

3.1 Links to Health and Wellbeing

- Poor air quality resulting from road transport:-
 - is the largest environmental risk to public health.
 - contributes to equivalent of 1,200 deaths in GM each year.
 - affects vulnerable groups the most.
 - can reduce life expectancy by six months.
- Bury's Moving Strategy points out that walking and cycling are the most accessible forms of physical activity that can be built into people's everyday lives. By encouraging active travel, we protect our environment and improve health.

3.2 What are we doing now?

- Working with TfGM to produce our GM Clean Air Plan with a proposal for a GM wide Clean Air Zone to charge more polluting commercial vehicles. Consultation on this to commence in Spring 2020.
- Increase the Electric vehicle charging infrastructure:
 - funding for 2 rapid chargers in Bury Town Centre this year.
 - commitment to install a charge point per ward.
 - procurement for a pilot scheme for on street charging in residential areas.
 - bid for funding for an additional 300 dual headed charge points across the GM proposed as part of GM Clean Air Plan.
- Introduced pool bike scheme for Bury Council employees.
- 2 electric vans operated in our council fleet.
- £10 million of funding to upgrade our vehicles to electric and Euro 6 where an electric solution isn't available.

3.3 What do we need to do?

- Friend of the Earth suggest Bury sets a target to get 60% of people commuting by walking and cycling and public transport by 2030 – current figure is 23%.
- Implement a Clean Air Zone with supporting measures including schemes to promote active travel.
- As part of Clean Air Zone proposals - push government to provide assurances regarding our request for funding to support our communities to upgrade to cleaner vehicles (£141 million requested).
- Introduce a travel hierarchy at Bury Council to promote active travel and use of public transport over private car use.
- Look at feasibility of a Low Emissions car club for Council employees to use for council business.

- Include provisions in our Local Plan to ensure all new development are designed to promote walking cycling and access to public transport.
- Maximise funding bids to increase investment in cycling and walking infrastructure.
- Convert the council fleet to electric.
- Continue to expand the electric vehicle charging network to provide at least 108 chargers in our area.
- Use parking charges to discourage car use.
- Implement council motion for pilot anti idling zones outside schools.
- The diagram below helps to show the potential for older people to cycle more. This is a low impact activity that improves health and helps the environment. We will work with partners such as Age UK to encourage active travel amongst older people.
- Work with local partners such as Age UK to train older people to be cycle champions and train them to provide cycle proficiency training and cycle maintenance courses or services to our communities.

3.4 Where are the Gaps/ barriers?

Resource

- Council need to appoint a transport planner and ensure we have sufficient officer resource to maximise our ability to respond to funding opportunities and to deliver ambitious walking and cycling infrastructure schemes.

Funding

- Replacing our council fleet to meet emission standards will need a continued level of investment in vehicles and charging infrastructure.

Data

- Information on CCG current position and proposals.

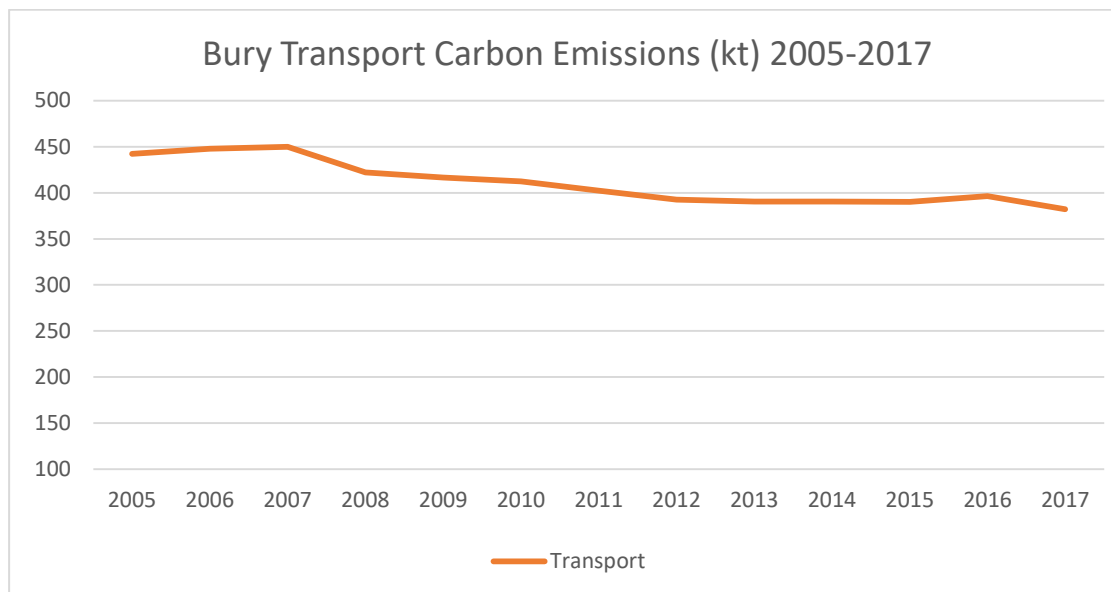
3.5 Who need to be involved?

- TfGM
- Bus Companies
- Age UK
- NHS
- Public sector agencies

3.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Use contracts to require electric vehicles/active travel and public transport where feasible to deliver services.
- Look at operation of the CCG to limit car use and to move towards active travel, public transport.

3.7 Diagram



The above chart shows that emissions from transport have decreased very little (13%) from 2005. This is a national trend with a number of causes including population and disposable income growth; growth in the length of trips being made; and a significant shift towards large vehicles (e.g. SUVs), which now represent 31% of new car sales, compared to 21% in 2010.⁶

The infographic presents several key statistics:

- 50%** of adults in GM are physically inactive (illustrated with a sofa icon).
- This costs the local NHS more than **£500,000** per week.
- 30%** of trips under 1km in GM are made by car, the equivalent of:
 - mins walking (illustrated with a clock showing 15 minutes)
 - mins cycling (illustrated with a clock showing 15 minutes)
- One recent UK study showed that walking or cycling to work led to an overall **46%** reduction in the risk of cardiovascular disease.⁷
- More than **600** people are killed or seriously injured on GM roads every year (illustrated with a person and a car icon).
- 10 people** in GM every day die early from air pollution.
- Traffic congestion has a **£1.3bn** annual cost to GM businesses (illustrated with a car icon).

4. Waste and Recycling

Raw materials are finite. Recycling, reusing and minimising what we throw away protects our planet by reducing the global carbon foot print involved in growing, manufacturing, transporting and processing goods. Food waste Throwing away fashion and packaging will be in the environment for a long time. We need to maintain our green spaces so the less waste we send to landfill the better. Waste disposed of illegally pollutes our watercourses, seas and land; damaging wildlife and ultimately human health.

Some figures

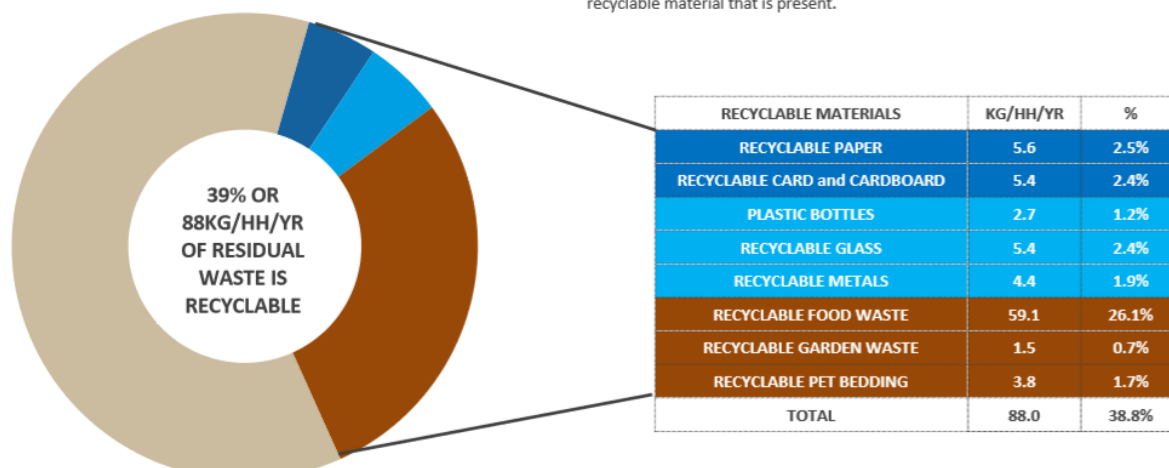
- EU Recycling Target for Household waste is 50%
- GMCA Recycling Target is 60% by 2020
- Current recycling rate in Bury is 58% average 55%
- Bury has third highest recycling rate in GM
- 38% of Burys grey bin residual waste could be recycled
- 26% of the residual waste is food waste
- If all waste was recycled properly in Bury we would achieve a rate of 69.7%
- Exceptions where those living in difficult circumstances and in hardship cannot reach higher rates
- 2522 incidents of fly tipping were recorded in Bury in 2018-19

Information taken from Burys Kerbside waste analysis in May 2019

Residual (General) waste – 78% of households set out their residual waste bin for collection

- RECYCLABLE PULPABLES
- CO-MINGLED RECYCLABLES
- RECYCLABLE ORGANICS
- RESIDUAL WASTE

Bury households dispose of 226.7kg/hh/yr of residual waste. Collections take place every three weeks. The survey shows that 38.8% of the waste found in the residual bin is recyclable which equates to 88kg/hh/yr. The bulk of the recyclable material is food waste which accounts for 59.1kg/hh/yr or 26.1% of the recyclable material that is present.



Of all the food waste placed in residual bins 81% was avoidable i.e. edible – and 70% of this was still in the original packaging. This amounted to 48kg of avoidable food waste per household per year. In times where 8.4million people

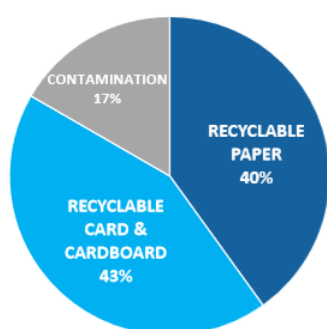
in the UK are struggling to afford to eat, we need to look in more detail at what that means in Bury. (FAO UN Voices of the Hungry 2016)

The recycling kerbside streams include Paper and Card, Mixed bottles, cans and Organic waste – see below for current figures

Pulpables (Paper and Card Info for Bury)

Pulpables (Paper and card) recycling – 64% of households set out these bins for collection

Bury households place 73.2kg/hh/yr of material in their pulpable recycling bins. Collections take place every three weeks. Of the materials households are recycling in this bin, around 16.6% or 12.2kg/hh/yr is formed from contaminants which are unacceptable to the scheme. Around 44% of the contamination is due to non-recyclable paper and card such as tissue paper, wallpaper, greaseproof paper and laminated card. Food waste formed 9% of the contamination with co-mingled recyclables contributing 3%. The remaining contamination came from a range of residual waste items most notably bagged waste, wood and plastic film.



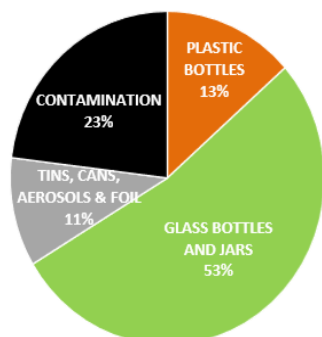
RECYCLABLE MATERIALS	KG/HH/YR	%	CAPTURE RATE
RECYCLABLE PAPER	29.3	40.1%	83.6%
RECYCLABLE CARD & CARDBOARD	31.7	43.3%	84.5%
CONTAMINATION	12.2	16.6%	-
TOTAL	73.2	100.0%	84.0%

Of all the recyclable paper generated by households, 84% is correctly captured in the pulpable recycling bin. The proportion of card and cardboard successfully captured is slightly higher at around 85%.

Co – Mingled (Mixed recycling Info for Bury)

Co-mingled (Mixed) recycling – 65% of households set out these bins for collection

Bury households place 110.7kg/hh/yr of material in their co-mingled recycling bins. Collections take place every three weeks. Of the materials households are recycling in this bin, around 23.1% or 25.5kg/hh/yr is formed from contaminants which are unacceptable to the scheme. Around 20% of contamination is due to contained liquids with 13% non-packaging dense plastics, 14% plastic tubs, pots and trays, 13% food waste, 6% non-recyclable metals and 6% non-recyclable glass. The remaining contamination came from a range of residual waste items including ceramics, bagged household waste, HHW and WEEE.



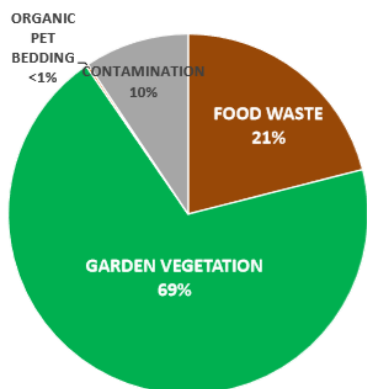
RECYCLABLE MATERIALS	KG/HH/YR	%	CAPTURE RATE
PLASTIC BOTTLES	14.9	13.5%	84.0%
GLASS BOTTLES AND JARS	58.5	52.9%	91.4%
TINS, CANS, AEROSOLS & FOIL	11.7	10.6%	71.9%
CONTAMINATION	25.5	23.1%	-
TOTAL	110.7	100.0%	86.8%

Of all the recyclable metal set out at the kerbside for collection, 71% is correctly captured in the co-mingled recycling bin, which means 29% of potentially recyclable material (tins, cans, aerosols and foil) is not being recycled. The proportion of plastic bottles successfully recycled is 83% with 92% of all glass bottles and jars also captured by the co-mingled recycling bin.

Organic – (Green Waste Collections Info for Bury)

Organics (Food and garden) recycling – 50% of households set out these bins for collection

Bury households place 223.3kg/hh/yr of material in their organics recycling bins. Collections take place every two weeks. Of the materials households are recycling in this bin, around 9.4% or 20.9kg/hh/yr is formed from contaminants which are unacceptable to the scheme. Around 66% of contamination is due to soil and turf with 7% scrap wood waste.



RECYCLABLE MATERIALS	KG/HH/YR	%	CAPTURE RATE
FOOD WASTE	46.9	21.0%	42.5%
GARDEN VEGETATION	154.6	69.2%	98.9%
ORGANIC PET BEDDING	0.5	0.2%	11.3%
CONTAMINATION	20.9	9.4%	-
TOTAL	223.3	100.0%	74.5%

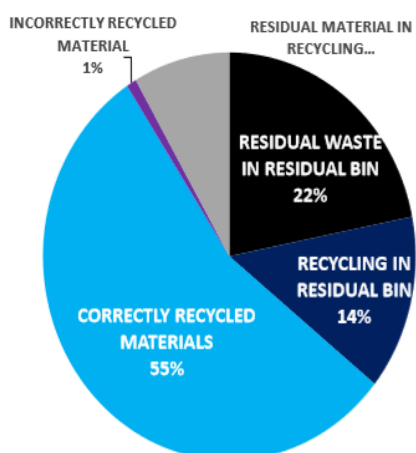
Of all the recyclable food waste generated by households, 43% is correctly captured in the organic recycling bin, which means 57% (63.6kg/hh/yr) of potentially recyclable food is not being recycled. Of the food waste being recycled, 62% is classified as avoidable. This proportion is lower than that seen for food disposed of in the residual bins. Almost all (99%) of garden vegetation is correctly recycled.

Recycling RIGHT in Bury

Separation of waste

Figures from this analysis suggest Bury households currently generate around 633.9kg/hh/yr of waste and recycling for kerbside collection. A total of 348.5kg/hh/yr of this is correctly recycled giving a recycling rate of 55%. An additional 14% (88kg/hh/yr) is formed from recyclable material placed into the residual bins. Finally, there is 5.6kg/hh/yr or 1% of kerbside waste that is due to recyclable material placed into the incorrect recycling bin. If all of the recyclable material that is disposed of at the kerbside were placed into the correct recycling container then the potential rate for diversion would be 69.7%.

Levels of contamination in the recycling bins were relatively high. In total, of the 633.9kg/hh/yr of total kerbside waste and recycling around 58.7kg/hh/yr is contamination found in the recycling bins (either residual materials or recyclables in the wrong container). This represents over 9% of the total weight set out by householders at the kerbside, levels of contamination in the pulpable and co-mingled recycling are 17% and 23% respectively.



KERBSIDE WASTE SEPARATION	KG/HH/YR	% BY WEIGHT
RESIDUAL WASTE IN RESIDUAL BIN	138.7	21.9%
RECYCLING IN RESIDUAL BIN	88.0	13.9%
CORRECTLY RECYCLED MATERIALS	348.5	55.0%
INCORRECTLY RECYCLED MATERIAL	5.6	0.9%
RESIDUAL MATERIAL IN RECYCLING	53.1	8.4%
TOTAL KERBSIDE WASTE	633.9	100.0%

4.1 Links to Health and Wellbeing,

Feedback from the Bury 2030 survey shows that a clean, green environment is what our residents love about where they live so it is important that we keep it that way for our population’s happiness, health and wellbeing. Litter and fly tipping blights our streets and parks and upsets people which can discourage outdoor physical activity.

4.2 What are we doing now?

The Greater Manchester Combined Authority (GMCA) disposes of the waste collected by its nine member Districts.

GM will be running a food waste awareness communication programme in 2020

Reducing food waste is a key priority from the 5-year environment plan. <https://www.greatermanchester-ca.gov.uk/what-we-do/environment/>

In Bury recycling is encouraged at all Council/CCG offices.

Bury Council provides a street cleaning service and enforcement officers investigate incidents of environmental crime. Prosecutions are difficult to

secure however 4 people were prosecuted and 5 more were cautioned in 2018-19

There is a network of voluntary Litter groups linked by social media providing support to keep private areas and green space litter free.

4.3 What do we need to do?

- Aim for zero waste to land fill or incineration
 - Introduce a deposit return scheme for cans and bottles which will improve littering
 - Improve recycling consistency to ensure all recyclables are put in the correct bin
 - Minimise food waste and use the food waste hierarchy of prevent, reuse, recycle for compost or biogas
 - Extend producer responsibility and encourage waste minimisation
 - Extend trade waste recycling to all Bury businesses – encourage support of food initiatives
 - Provide education and support to those in food poverty – social prescribing
 - Ban the use of single use plastics at the Council, CCG and encourage other partners to do the same

4.4 Where are the Gaps/ barriers?

- We have limited resources to carry out awareness raising campaigns for recycling, littering and environmental crime
- Do we have knowledge of food poverty and health impacts in Bury? Greater Manchester food poverty website and action plan has no mention of Bury <https://www.gmpovertyaction.org/food-poverty-action-plan/>
- Waste recycling streams need to be improved e.g. plastic trays and pots, textiles, cartons
- Limited resources for enforcement
- Sourcing funding opportunities
- Knowledge of local businesses and what they are doing to minimise waste – mentoring

4.5 Who needs to be involved?

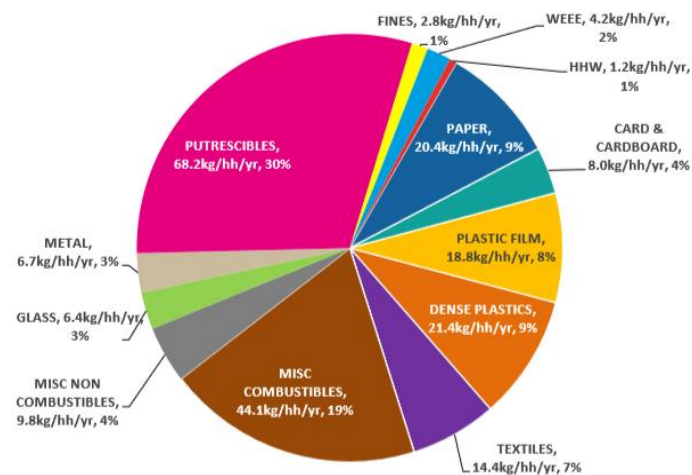
- Bury Council and CCG should recycle and manage waste
- Team Bury Partners should be on board
- Businesses and trade organisations – business opportunities for Waste management companies and the Council
- Voluntary sector – food banks, litter groups, environmental groups, incredible edible
- Community - awareness of recycling facilities and minimising food waste, responsible disposal of litter and waste

4.6 What could the Strategic Commissioning board do to support waste minimisation?

- Identify individuals and families in food poverty
- Social prescribing for cooking and growing food
- Sustainable procurement

4.7 What remains in the Bury Grey residual Bin

Figure 3: Main materials in the residual waste (Kg/hh/yr and % by weight)



*all unsortable fragments <10mm in size

5.0 Land Use

5.1 Links to Health and Wellbeing

- A study in the Netherlands showed that every 10 per cent increase in exposure to green space translated into a reduction of five years in age in terms of expected health problems (Groenewegen et al 2003) with similar benefits found by studies in Canada (Villeneuve et al 2012) and Japan (Takano et al 2002).
- Green space has been linked with reduced levels of obesity in children and young people in America (Liu et al 2007).
- The proportion of green and open space is linked to self-reported levels of health and mental health (Barton and Pretty 2010) for all ages and socio-economic groups (Maas et al 2006).
- Living in areas with green spaces is associated with significantly less income-related health inequality, weakening the effect of deprivation on health (Mitchell and Popham 2008).
- In greener areas, all-cause mortality rates are only 43 per cent higher for deprived groups, compared to 93 per cent higher in less green areas.
- By planning land use effectively, we can ensure that housing is close to workplaces, cycling/ walking infrastructure and good public transport links. This can limit reliance of local communities on car usage and encourage active travel and the health benefits this provides.

5.2 What are we doing now?

- We have 12 Green Flag awarded parks.
- 1700 whips planted in Boz Park, Bolton Road Park and Coronation Park
- 32 Extra heavy trees planted at Coronation Park and rear of Asda and Hutchinson Way Radcliffe.
- City of Trees – project to plant extra heavy trees at St Mary’s Park (10), Hoyles Park (20) as part of Urban Tree Challenge.
- Bury’s existing statutory land use development plan is the 1997 Unitary Development Plan, which though dated, includes important policies and a proposals plan which identifies sites for such uses as housing, employment, recreation and wildlife protection.
- A new GM Spatial Framework is currently being developed and due to be published in Summer 2020. We are producing our own new Local Plan to sit alongside this shortly afterwards.
- The Council has also recently committed to funding the production of a Strategic Regeneration Framework for Radcliffe.

5.3 What do we need to do?

- Complete and publish GMSF and Bury local plans with measures to promote low carbon in all development, double tree cover. Improve biodiversity and ensure our communities have good access to local quality greenspace.
- Work with Greater Manchester partners to deliver GM target of planting 3million trees by 2035.
- Work with City Of Trees to help deliver the City Forest Park project to provide a green haven over 800 acres spanning Salford, Bury and Bolton.
- Double tree cover on council owned land and protect existing trees.
- Manage council owned land and road verges to increase biodiversity.
- Produce a nature and ecosystem protection and restoration plan.
- Work with local stakeholders to improve tree cover and quality of our local greenspaces.
- Encourage our local communities to encourage wildlife in their gardens and allotments etc.

5.4 Where are the Gaps/ barriers?

Resource

- The GMCA, which is producing the GMSF, has much lower staff numbers than those at the County Council which adopted the last plans for Greater Manchester in 1986. Bury Council staff numbers are also much smaller than when the UDP was adopted. Since these county and local plans were produced, the complexity of plan-making has increased significantly. However, resources have been found to procure the services of consultants to support the plan-making.

Skills

- Expectations of land use plans continue to increase. Skills and techniques for using the planning system to reduce carbon emissions, reduce flood risk and assess biodiversity gain were not common in the past and are still not universal. We need to ensure that relevant policies are included in new land use plans and that they are meaningful.

Funding

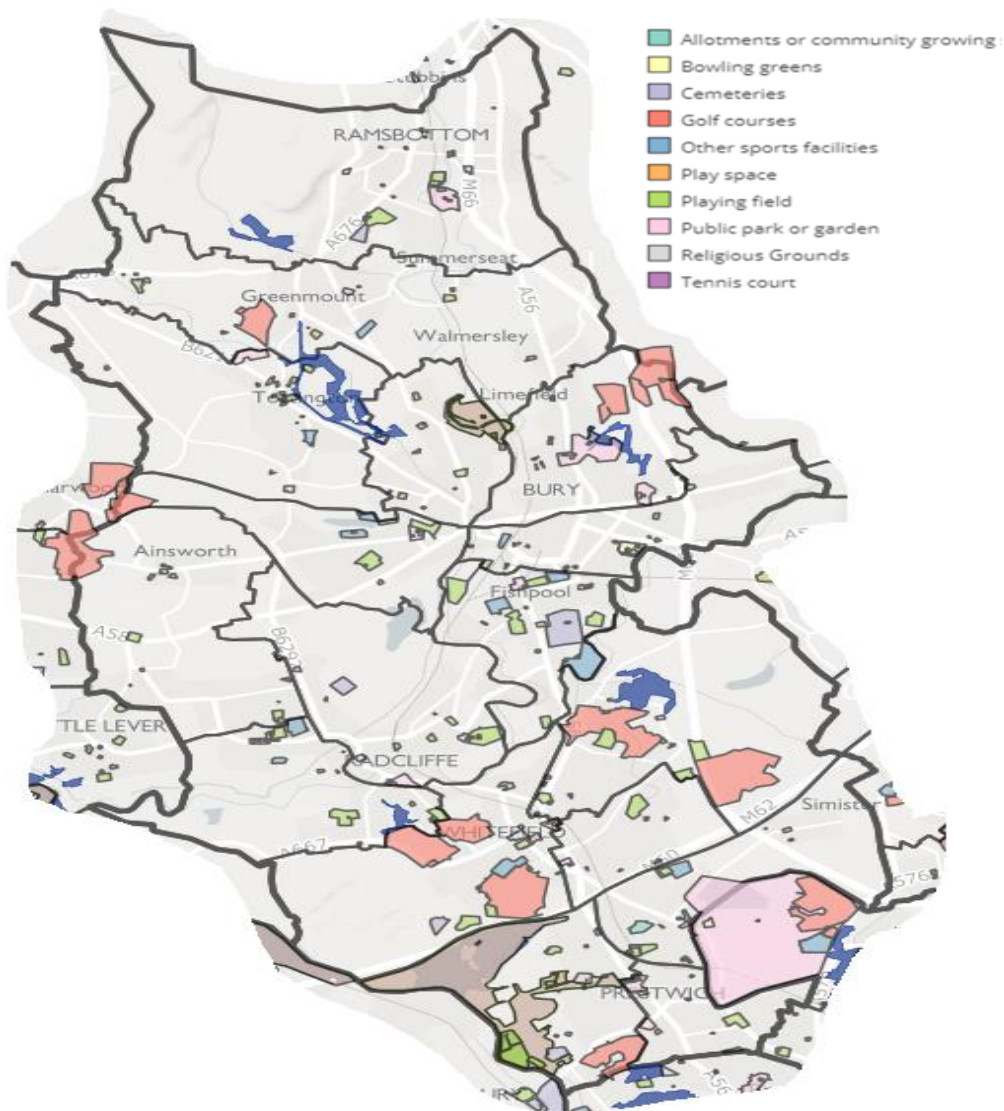
- The Council needs to facilitate the right sort of development in the right place. In addition to core activities of plan making and development management, this will require funding for site masterplanning, land acquisition and new infrastructure. It may also require funding for providing public facilities that the private sector does not provide.

5.5 Who needs to be involved?

- City of Trees
- GMCA
- TfGM
- Parks Friends groups
- Sports clubs
- Bike buddies
- Health walk leaders
- Green gym groups

5.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Protect and enhance greenspace in local estate and encourage wildlife and biodiversity.
- Double tree cover on owned land
- Consider funding a Planning Officer or joint funded post with particular responsibility for ensuring new developments are healthy, e.g. to avoid creating new obesogenic environments. It may be possible to require major planning applications to be accompanied by a 'health impact statement' but to be useful, they need specialised staff to agree useful interventions and ensure implementation.



6. PROCUREMENT

6.1 Links to Health and Wellbeing

- By ensuring that environmental issues such as carbon reduction and air quality are built into our procurement systems we will help to mitigate climate change and reduce pollution which will help to protect health.

6.2 What are we doing now?

- Where appropriate and identified by the commissioning service, environmental considerations may be built in to specifications for materials, services and works
- Social Value Policy is used to reward environmental best practice in the evaluation and award of contracts for materials, services and works.

Bury's policy is based on and supports the principles of the GM Social Value Policy

6.3 What do we need to do?

- Consider the carbon footprints of products and services when making sourcing decisions
- Build requirements into a sustainable procurement strategy through consideration of social, economic and environmental impacts
- Identify priority categories of spend and ensure specifications consider environmental factors such as emissions
 - Food
 - Electric/electronic equipment
 - Utilities – gas, electricity, water
 - Vehicles – use technical specifications for energy and environmental performance
 - Construction – materials and works including both council buildings and development projects (housing etc.)
- Ask suppliers to demonstrate how they seek to minimise energy, carbon and waste in manufacturing and associated processes
 - Consider energy use in operation and how this can be minimised
 - Include energy and environmental impacts in award criteria
- Create supplier toolkit to inform procurement and commissioning activity
- Include mandatory % (within Social Value) for evaluation of environmental impacts
- Launch/promote with suppliers e.g. Construction Network

6.4 Where are the Gaps/ barriers?

Resources,

- Procurement Team resources will be required to develop guidance and supporting documentation for both internal and external stakeholders. Capacity is under pressure and diverting resources to this task will impact on the delivery of other priorities such as the corporate budget savings delivery programme.
- Resources will be required on an ongoing basis both during procurement processes (specification writing and evaluation of tenders) and post-procurement in the subsequent management of contracts in order to ensure agreed environmental benefits are actually delivered and fully realised.

Skills

- Contract management skills are not routinely present across the organisation. These will need to be developed through appropriate

training and learning interventions. The development of a consistent corporate approach to contract management will also require capacity and skills.

Funding

- Markets are at different stages of development in relation to understanding and action in terms of environmental impacts. Over specifying or requiring specific commitments from suppliers could lead to cost escalation with consequential impact on budgets. Pre-procurement market engagement will be critical in managing perceived and actual cost pressures.

6.5 Who needs to be involved?

- NHS
- Other public sector agencies
- Local suppliers
- Business Growth Hub
- Local Business Groups

6.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Develop and implement procurement policies that support action to meet carbon neutrality, local air quality and other environmental targets

7. INFLUENCING BEHAVIOUR

- Although council emissions represent only 2% of the borough's total emissions the Council has a unique role to lead by example and influence the behaviour of our communities

7.1 Links to Health and Wellbeing

- Programmes to encourage active travel will also get more people active and improve health
- Increase awareness if effective can change behaviour to protect our air quality and our climate which will help protect health

7.2 What are we doing now?

- General awareness raising on proposals for Clean Air have been carried out over the last 2 years
- Bury Youth Environment Conference to take place on 12th March 2020
- Bury Council has a network of 50 Green Champions to help spread the word on environmental issues
- Carbon literacy pilot for a group of Bury Council officers
- Six Town Housing have already introduced a carbon literacy programme for all staff

- Council Motion to set up environmental groups in each township

7.3 What do we need to do?

- Embed climate change into the decision-making policies and practice across the council including capital strategies
- Roll out carbon literacy training across the council and CCG
- Consultation and awareness raising programmes in relation to the Greater Manchester Clean Air Plan and Clean Air Zone proposals
- Ongoing promotion of carbon neutral activity to keep this agenda in people's mind
- A plan for engaging supporting and influencing key Bury stakeholders (including businesses) to reduce their carbon footprint
- Work with GMCA and national networks to publicise examples of good practice
- Ensure that the voices of the most vulnerable communities are represented in council decision making and council –citizen deliberations
- Work with local partners such as Age UK to develop local Climate Change Champions amongst our older residents.

7.4 Where are the Gaps /barriers?

Resources

- Need to bring in relevant consultants to design publicity awareness raising programmes.

Skills

- Need to share experience and campaigns with CCG

Funding

- Funding will be needed for ongoing awareness raising in our communities and to deliver effective behavioural change initiatives
- Carbon literacy training can cost around £1k to set up an accredited course with £10 certification fee for each learner.
- Funding will be needed for promotion and awareness raising schemes.
- Financial incentives will be necessary to achieve the level of change we are looking for in relation to energy use and transport – Some funding will come from the Government, but it is likely that we will need to commit our own financial resources in order to achieve the ambitious carbon neutral target

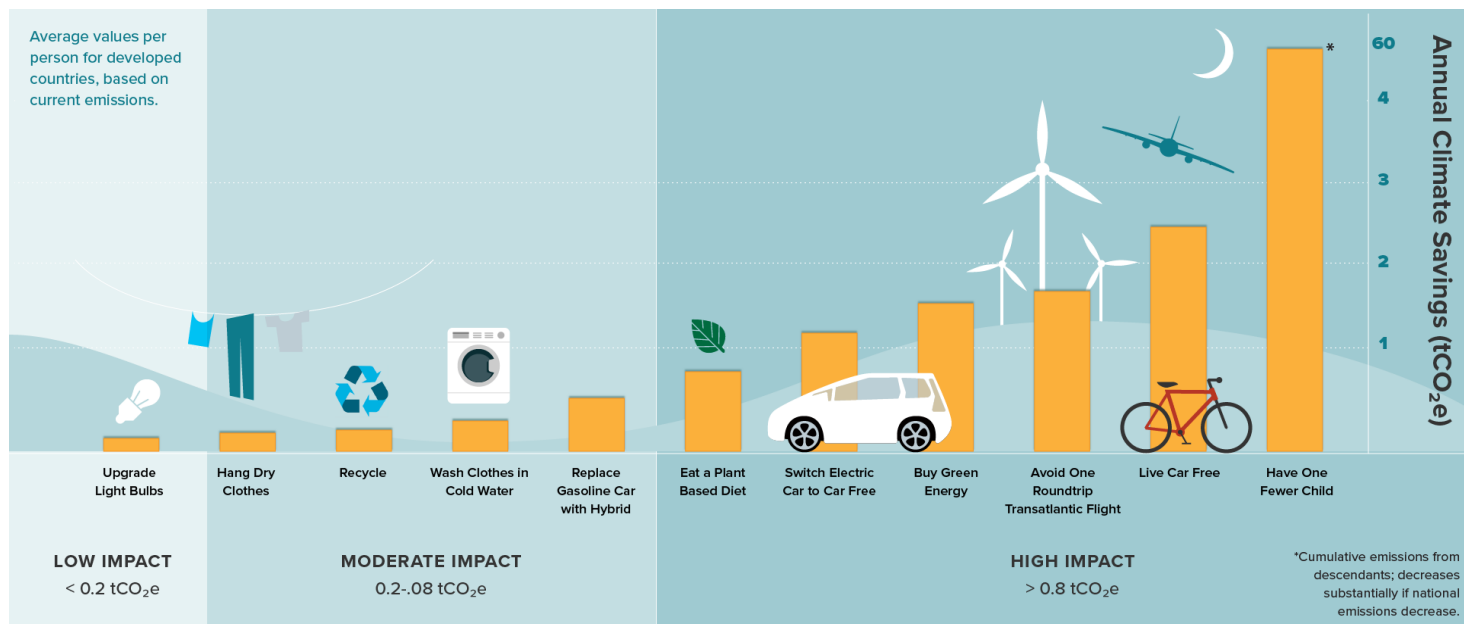
7.5 Who need to be involved?

- TfGM
- Consultants
- Public sector partners
- Community
- Voluntary sector

7.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Request that SCB:-
 - use networks and procurement activity to require and promote low carbon.
 - embed climate change into all decision making and policies

7.7 Impact levels



8. ADAPTING TO CLIMATE CHANGE

We must recognise that some climate change is now unavoidable, so we need to start adapting so that our communities are resilient to the likely impacts.

8.1 Links to Health and Wellbeing

- Extreme weather events can:
 - impact on our ability to deliver health and care services
 - pose a direct risk to health and safety
 - cause longer term health impacts that continue for some time after an extreme weather event for example the stress and anxiety produced by flood damage to people's homes and belongings
 - disproportionately affect the most vulnerable

8.2 What are we doing now?

- We have an Emergency plan
- We also have access to the Environment Agency national flood maps which advise where our flood risks are <https://flood-warning-information.service.gov.uk/long-term-flood-risk/map>

- In partnership with the Environment Agency work is commencing to provide a 4m high bund around playing fields at Close Park to protect local housing from flooding.
- Banking repair work at Nuttall Park to help mitigate effects of floods and droughts.

8.3 What do we need to do?

- Review all aspects of our operation, emergency services, the provision of health and social care and identify where there are vulnerabilities to the impacts of climate change.
- Plan and implement actions to ensure that our services are resilient to these potential impacts
- Promote climate and extreme weather preparedness in the health and social care sector.
- Raise awareness in the community on potential impacts and actions that need to be taken
- Have detailed plans and support available to help communities impacted by flooding and ensure this support continues long term to help with mental and social impacts.
- Identify those most vulnerable in the areas at most risk of flooding and target adaptation actions and spending in that area.

8.4 Where are the Gaps /barriers?

Resources

- Officer time to co-ordinate production of an action plan to ensure we address the impacts of Climate Change in our borough.
- Officer resource to implement the plan of action.

Skills

- Familiarity with existing frameworks and toolkits to assess our level of preparation for the impacts of climate change.

Funding

- Funding required to allow implementation of actions to address the impacts of climate change. Some of this may be available in the form of grant funding.

8.5 Who needs to be involved?

- NHS
- CCG
- Voluntary Sector
- Emergency services
- Communities

8.6 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Assess local services provided for health and social care and plan action to ensure that they are able to adapt to predicted changes in our climate. Services must be resilient and able to adapt to likely changes in needs from our community.

8.7 Environment Agency Flood Zone Areas Bury.



9. FINANCE

9.1 What do we have?

- £10million for council fleet replacement
- £12.5million allocated for Bee Network cycling and walking infrastructure
- Availability of Salix funding to provide interest free loan funding to cover the cost of energy efficiency and renewable energy measures in local authority buildings
- TfGM have £3million grant funding to install rapid electric vehicle chargers across GM - 2 in Bury town centre.
- Organisation for Low Emissions Vehicles (OLEV) grant funding available to provide-
 - 75% of costs of on street charge points
 - £500 towards the cost of workplace electric vehicles charge points
- Housing capital budget for Six Town Housing
- £35million grant from DEFRA/DfT to commence the delivery of a GM wide Clean Air Zone

- Approximately one off £1m commitment to get the climate action work off the ground and into our communities. This will include monies for the communities themselves to deliver reduction projects.
- Council Commitment of funding to establish Climate Action Fund to be confirmed at Council Budget setting.

9.2 What do we need?

Capital and revenue budgets to be available to support delivery and operation of carbon reduction schemes in the council and in the community for example:-

- Finance for match funding private sector contributions to energy efficiency and renewables in the residential sector
- Funding to pay towards energy efficiency schemes and support works in council buildings
- Match funding for grant awards for :-
 - electric vehicles charging network at council workplaces
 - on street charge points
- To work with private sector partners to lever in private sector funding to help deliver our targets
- Funding for pilot schemes and feasibility studies
- Positive response form the Government regarding GM bid for £141 million to help our communities upgrade to cleaner vehicles
- Funding for awareness raising campaigns.

9.3 Who needs to be involved?

- Energy providers
- TfGM
- GMCA
- Salix Finance
- Private sector

9.4 What could the Strategic Commissioning board do to support the development and delivery of an Environmental Policy for Bury?

- Request that SCB use available budgets and apply or support applications for further funding where possible to help Bury to meet carbon neutrality by 2030.

10. SUMMARY

In order to deliver a joint Bury and GM environmental vision and aims we need to close the gap between what is needed and where we are now.

1. We need to take different approaches to the following:
 - a. Support Environmental impact innovation in our areas of work.
 - b. Take new approaches to finance and funding
 - c. Build on existing partnerships between the public, private and voluntary, community and social enterprise organisations to ensure we maximise our assets and share Carbon Reduction information
 - d. Show leadership and engage with the many willing people already in our communities in this area of concern.
 - e. Engaging and educating residents, communities and businesses
 - f. Upskilling our own workforce and build Climate action into our behaviours and values as organisations.
2. Acknowledge and educate that Climate change and poor air quality present a significant risk to Public health
3. Bury council has responded by declaring a Climate Emergency, setting a carbon neutral target for 2030 and developing a Clean Air Plan with the Greater Manchester local authorities.
4. Achieving the carbon neutral target will require extensive change at scale and pace for the council, other public sector agencies, local business and our communities.
5. The council will draw up a Climate Action Plan to describe how we will work with our communities to achieve zero carbon. We must embed climate change into all decision making and policies at the council.
6. The resources needed to move the council to zero carbon will be significant.
7. We will require significant investment in local safe walking and cycling infrastructure.
8. To achieve the changes in our community's energy use will need attractive incentives which means significant levels of investment. It is expected that much of this investment should come from the Government but could be supplemented by private sector investment.
9. The development and delivery of plans to address climate change can't be delivered by the council alone – it will need the input from all other public sector agencies, stakeholders, businesses and our communities.

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Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Approve
Item No	7	Confidential / Freedom of Information Status	No
Title	Homelessness and Housing Strategy Update		
Presented By	Vicky Carroll, Special Advisor (Housing)		
Author	Julie Gonda	Director of Community Commissioning	
	Vicky Carroll	Special Advisor (Housing), Bury Council	
	Phil Cole	Interim Head of Service – Housing Needs & Options, Bury Council	
Clinical Lead	-		
Council Lead	Cllr Eamon O'Brien, Cabinet Member Finance & Housing, Bury Council		

Executive Summary

The Housing Needs Assessment (HNA) and development of a Bury Housing Strategy is underway and expected to be concluded by Summer 2020. Over 16,000 surveys have been posted to Bury residents across the Six Townships and an extensive list of stakeholders will be consulted. All Council Directorates and the One Commissioning Organisation have been invited to input with their adopted and emerging strategies/policies that impact on housing provision in the Borough. The HNA and Strategy development is being delivered with support from an external consultancy, Campbell Tickell

Bury Homelessness Strategy was recently refreshed in 2019. Overall the homelessness numbers presenting and actual homeless are increasing. The bigger increase is in presentations, these are people declaring themselves homeless either in person at the Council or partner organization's reception or over the phone. As a result of the Homelessness Reduction Act 2017 more preventative work is being undertaken. Pressures on the service have increasing due to both capacity and also the complexity of customers and this is being mitigated with increased resources, improved systems and more partnership working.

Recommendations

It is recommended that the Strategic Commissioning Board:

- note the report, and specifically that:
 - a workshop on housing and health is convened with the SCB and Six Towns Housing Board;
 - soft market testing with developers on perceived barriers to building new homes in Bury is convened jointly by Bury Council and GMCA;
 - the Bury Homelessness Steering Group develop an action plan by April 2020 to implement the required outcomes of the new Homelessness strategy; and
- Commit to attend the workshop with STH Board to look at what more can be achieved in partnership with regards Housing and Health.

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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 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 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?	This falls within the remit for health and wellbeing for Bury					
How do proposals align with Locality Plan?	Housing and homelessness is a priority within the LP					
How do proposals align with the Commissioning Strategy?	Housing Strategy has to be aligned with commissioning strategies for health and social care, wider wellbeing services					
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?	Development of Housing Strategy and increased links to Health in the Homeless service will help 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	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Assessment been completed?						
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	<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

Homelessness and Housing Strategy Update

1. Introduction

- 1.1. This paper provides an update on both the progression of the development of the Housing Strategy and Homelessness within the Borough.
- 1.2. With the emergence of housing as a key priority of the Ministry of Housing Communities and Local Government (MHCLG) more Councils are now developing new or refreshing their Housing Strategy. The last full assessment of housing need and demand in the Borough was undertaken in 2011. The changes within the housing market since then, together with the development of the Council's growth ambitions mean that this profile is due for update. Bury has commissioned a Housing Needs Assessment that will inform the development of a new Housing Strategy.
- 1.3. Bury Homelessness Strategy was recently refreshed in 2019. Overall the homelessness numbers have been steadily increasing since the Homelessness Reduction Act 2017.

2. Background

- 2.1. The new Housing Strategy will cover the key aspects of required affordability, supply and quality of housing in the Borough. It will be developed further to support the emerging Bury 2030 Strategy. The Strategy will help ensure that an adequate supply of new housing will be provided to support inclusive economic growth for the borough that will underpin improvements in people's health and well-being including reducing gaps in healthy life expectancy. The Housing Strategy will specifically reference the next five years; however, it will also consider the period to 2030 with regard to the new Bury Strategy 2030 consultation.
- 2.2. In January 2020 Campbell Tickell in partnership with Arc 4 were appointed to support the Council to deliver a Housing Needs and Demand Assessment, review and develop the Bury Housing Strategy. The survey will consider and report on all tenures and client groups on a ward and township basis, as well as for the Borough as a whole. The Housing Needs and Demand Assessment data will also be fundamental to the continued success of Bury's Affordable Housing Policy (including any supplementary planning documents) in evidencing the scale of affordable housing required in the Borough.
- 2.3. They will produce a final report will include a housing needs (supply and demand) forecast by Borough, township and ward for:
 - The next five years
 - An indication of need over the next ten years
 - The needs and demands for the Borough's wards and townships
 - The needs and demands of specific customer groups, including the BAME communities, faith communities, older people, and people with disabilities.

- 2.4. The Homelessness Reduction Act introduced a focus on early intervention and prevention in homelessness, which gives much better outcomes for people who are homeless. However, this has provided some challenges for the authority and service, due to the increase in statutory obligations with greater prevention actions, increased processes, accountability and advice for a greater cohort of customer. In response the Council has increased resources, improved working practices with a new case management system and are involved in several new initiatives and funded projects.
- 2.5. Rough sleeping has become a high agenda issue locally, regionally across GM and nationally with close scrutiny of LA's in how these services are being delivered to support these vulnerable and complex customers. In particular the GM Mayor and the GM Combined Authority have reducing homelessness as one of their key priorities. To support the increase in rough sleeping there has been the new Rough Sleepers Initiative (RSI) with additional funding streams by MHCLG to address rough sleeping across the Country.
- 2.6. Bury has a good relationship with our local stakeholders and partners to help address and support our homeless people and families in Bury. All homelessness partners and stakeholders are provided the opportunity to influence and have input through the successful Bury Homelessness Partnership and steering group to respond locally to the homeless agenda. The group has recently helped develop and co-produce the new 3-year Homelessness strategy and are currently helping to produce the action plan.

3. Update on Housing Strategy

- 3.1 The new Housing Strategy will to help ensure an adequate supply of affordable housing, as well as supported housing to cater for the significant growth in our ageing population and the right supply of homes for those with learning disabilities. The new strategy will seek to identify these challenges for Bury as having a decent quality home is a crucial factor in the wellbeing of an individual. We want housing of quality which improves rather than worsens health conditions due to issues such as damp, lack of insulation or is too expensive to run. The housing stock in Bury therefore needs to be affordable and appropriate, with adequate provision and adaptation to allow people to remain at, or return to home.
- 3.2 Quality, affordable housing was identified in the Bury Locality Refresh 2019-24 as one of the key determinants to residents achieving health and wellbeing. There are many challenges to providing the right supply of adapted, supported, sheltered and extra care housing both in the private and social housing sector. Bury face particular challenges in providing quality and good value accommodation for people with learning disabilities. In addition, we are undertaking specific pieces of work to ensure that housing is not a barrier to delayed transfers of care from both the acute and mental health sectors and this will be factored into the new strategy.
- 3.3 Alongside the new Strategy will be an action plan which will outline how we intend to deliver the key strategic objectives to enable Bury build an increased portfolio of new build and improved, higher quality, housing stock in partnership with the public, voluntary and private sector partners to meet the needs of local people and improve health outcomes.

- 3.4 In advance of the Housing Strategy officers have recently met GMCA partners to agree a soft market test with a selection of regional developers to ascertain any barriers to developing an increased number of new housing in the borough. We also support the work at GM level to increase the housing investment in social impact that could be attracted into Bury to help increase provision for supported housing such as those for people with learning disabilities. It is also worthy of note that in 2019 we have recently finished a 60-bed extra care at Peachment Place, have built and sold 8 quality homes for shared ownership at Mayfair Gardens. We are about to purchase 10 apartments for rent on the Radcliffe Times site.
- 3.5 The table below outlines the planned timetable and key project actions to develop both the Housing Needs Assessment and the Housing Strategy.

Date	Event
w/c 3rd Feb	Distribution of Household Survey (closes 2nd March). 16,664 paper copies of the survey posted a random sample of households in the Borough, evenly split between each of the six townships.
w/c 10 th Feb	Distribution of Stakeholder Survey.
w/c 24 th Feb	Secondary data response available (based on data sources published or belonging to the Council). Housing strategy interviews commence to 31st March.
Focus Groups Feb – Mar	To be selected from a suggested list including - <ul style="list-style-type: none"> • Bury VCFA. • Care Leavers Group • Estate Agents • Older Persons Group • Tenant and Resident Associations (TRA's)
w/c 30 th Mar	Present initial findings to the Council's Joint Executive Team.
w/c 30 th Mar	Full HNS report available. Housing Strategy concept document available.
w/c 27 th Apr	First draft of Housing Strategy including draft action plan available.
w/c 27 th April	Present draft Housing Strategy to JET.
May/June	Final Housing Strategy and action plan available for final consultation

4 Update on Bury Homelessness

- 4.1 Bury renewed the Homelessness Strategy in 2019 and will be refreshed again in 2022. Our new strategy was developed and refreshed in co-production with all homelessness partners, voluntary sector and stakeholders across Bury via the Bury Homelessness Partnership and steering group. This group is currently working on developing and co-producing an action plan by April 2020 to implement the required outcomes of the new strategy.

- 4.2 The Council's Homelessness statutory function is delivered by a team of housing advisors that manage and investigate cases and support customers and families working closely with our resettlement workers / team that support customers that are then placed into temporary accommodation. The team works closely with internal departments such as Adult and Children's Social Care and external partners such as Greater Manchester Police, Criminal Justice System, Private landlords, voluntary sector and other LA's and Registered Providers.
- 4.3 The Local Authority has a statutory duty to provide homelessness services, advice and guidance in accordance with Homeless legislation and Homelessness Act 2002 and the Homelessness Reduction Act 2017. We have emphasis on prevention and supporting potentially homelessness with new processes such as the Duty to Refer for statutory bodies such as the Police, Health, and Probation etc. and to inform LA's at least 56 days before their customers / clients potentially become homeless.
- 4.4 In terms of rough sleeping we have successful individual and joint bids with GMCA in 2018/19 to MHCLG (Ministry of Housing and Communities and Local Government) for Rough Sleeper Initiative Funding.
- 4.5 We currently run a range of service provision including-
- The Housing First (HF) program is specifically to target the most entrenched and complex rough sleepers. Great Places are the main provider across GM. Bury are in the cohort with Bolton and Rochdale lead by Petrus and The Bond Board. Bury has pledged 3 properties each year to help support and make this program a success.
 - Bury recognised the need for early, focused support for our rough sleepers in A Bed for Every Night (ABEN) .This has filled the gap in provision for non-priority need single homeless where LA's have no statutory obligation or duty to provide temporary provision. Rather than simply looking at providing 'a bed' we have designed services to ensure we move these customers into more sustainable housing, with support to break the cycle of homelessness. With ABEN Phase 1 we provided 15 bed spaces via a night shelter provision. We assisted 135 separate individuals in phase 1, and with 31 people to successfully move on into sustainable accommodation. The ABEN - Phase 2 re-commenced on the 1st October 2019. The new provision is provided by Adullum homes and provides 15 bed spaces. The service will run until June 2020.
 - Bury engaged in the RSI (Rough Sleeper Initiative) funding Phase 1 & 2; in addition to the successful GMCA joint bid with 6 LA's, Bury was also successful in obtaining £40k separate funding each year for 19/20 & 20/21 from the MHCLG, to support rough sleeping in Bury. The funding will provide 4 outreach workers across Bury and Bolton. We also have access to 2 GM wide Dual Diagnosis workers. Lastly £40k will fund a Rough Sleeper Coordinator post to manage the outreach workers to achieve the required RSI outcomes and also take responsibility for the operational day to day delivery of ABEN and the HF program.
- 4.6 The health and wellbeing of people who experience homelessness is worse than that

of the general population. They often experience the most significant health inequalities. The longer a person experiences homelessness, particularly from young adulthood, the more likely their health and wellbeing is at risk. For most people at risk of or are homeless/rough sleeping there is not a single intervention that can address health concerns on its own. There is a need to support better-integrated health and social care, help people to access the physical and mental health and substance misuse services they require to sustain stable accommodation.

4.7 The clinical lead for homelessness in Bury is Dr Cathy Fines, she is engaging with colleagues in CCG to agree and work on robust pathways to align services to homelessness health needs and how we need to work possibly differently to engage with Bury’s homeless and rough sleepers to provide the required medical support and outcomes. In addition, the Rough Sleeper Operational Panel (that manages referrals into the HF program and includes relevant partners and stakeholders) is working closely to coordinate our resources to our more complex rough sleepers and to ensure full use of the Housing first program and the RSI initiative.

4.8 Over the past twelve months demand on services have generally increased in all areas with the exception of singles placed in temporary accommodation. Please statistics below:-

	January 2019	January 2020	Trend
Active Homeless cases	243	363	33% +
Rough sleeper numbers	10	17	70% +
Placed in Temporary accommodation	Families 22	Families 38	73% +
	Singles 16	Singles 12	25%-
Duty to Refer cases – New HRA obligations	121	205	69% +

4.9 Rough sleeper numbers have increased in Bury and were traditionally around 10, but now fluctuate around 15 to 20 at present. The current support and provision through the many projects (ABEN, RSI, and HF) means that although numbers have increased, we have better capacity and options to support rough sleepers back into appropriate housing. Since Oct 2019 when ABEN phase 2 started we have moved on 11 rough sleepers into either supported, interim or longer-term sustainable accommodation.

4.10 We are aware of homelessness emanating from lack of access to the private rented sector, we are working closely with the Bond Board to help train and support landlords on Universal Credit and the GMCA insurance products to protect landlords from excessive rental and void losses.

4.11 We are also working closely with Six Town Housing (STH) who are proposing a social lettings agency, which plans to support up to 25 homeless people in the first year of operation to access private rented property. We believe more can be achieved in partnership and are proposing a joint workshop with the SCB and the STH Board to examine what more can be done together regards housing and health.

5 Associated Risks

- 5.1 There is a risk that the response to the Housing Needs Survey is not sufficient in scale to properly inform the developing Housing Strategy. This has been mitigated through internal close working with the Communications team and also close liaison with Arc 4 to ensure all available communications channels are accessed and a combination of written survey, interviews by phone and face to face are adopted. The lead member for Housing has also been consulted with regards reach of the survey focus groups and where possible this has been accommodated by Campbell Tickell.
- 5.2 There is a risk that the emerging strategy does not acknowledge and align with other council strategies. All directorates across the council have been invited to input directly to Campbell Tickell any formal or emerging strategies that may have impact on the future provision of housing within the Borough.
- 5.3 There is a risk that we may not meet our statutory homelessness functions due to increased demands on the service. This risk will be mitigated through the close working on the action plan and further developments in the eservice.

6 Recommendations

- 6.1 The Strategic Commissioning Board is required to
- Note the contents of this report and specifically that:
 - a workshop on housing and health is convened with the SCB and Six Towns Housing Board;
 - soft market testing with developers on perceived barriers to building new homes in Bury is convened jointly by Bury Council and GMCA;
 - the Bury Homelessness Partnership and steering group develop an action plan by April 2020 to implement the required outcomes of the new Homelessness strategy; and
 - Commit to attend the workshop with STH Board to look at what more can be achieved in partnership with regards Housing and Health.

Julie Gonda, Director of Community Commissioning, J.Gonda@bury.gov.uk

Vicky Carroll, Special Advisor (Housing), v.carroll@bury.gov.uk

Phil Cole, Interim Head of Service – Housing Needs & Options, p.cole@bury.gov.uk

February 2020

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Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Receive
Item No	8	Confidential / Freedom of Information Status	No
Title	Bury Strategy Update		
Presented By	Lynne Ridsdale, Deputy Chief Executive / Director Corporate Core		
Author	Lynne Ridsdale, Deputy Chief Executive / Director Corporate Core		
Clinical Lead	Dr Jeffrey Schryer, CCG Chair		
Council Lead	Cllr David Jones, Leader, Bury Council		

Executive Summary
An update to Board on the latest activity in the development of the Bury Town of Culture and the wider update of the Bury 2030 Strategy
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> Review the presentation slides and provide their strategic input into the proposals.

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
N/A	

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"/>

Implications						
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?	Proposals are in relation to development for overall vision and strategy for the Borough, including health and wellbeing.					
How do proposals align with Locality Plan?	The Locality Plan refresh was developed alongside the development of the Bury 2030 Strategy and in many ways a forerunner of the strategy.					
How do proposals align with the Commissioning Strategy?	The Bury Strategy will provide the strategic vision for the Borough for the next decade, articulating the key outcomes for the people of the Borough which should sit centrally within future commissioning plans.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	Focus on IMD will ensure Bury Strategy targets activity to drive necessary increases in quality of life and outcomes for residents of 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 at this stage – will be considered as part of wider integration work					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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
<i>CabJET</i>	20/01/2020	
JET	13/01/2020	Noted and comments fed back on

Bury Strategy Update

1. Introduction and background

- 1.1 This report is a further update to SCB following earlier papers in October and December 2019 and February 2020 with regards to the latest developments in relation to the Bury (2030) Strategy.
- 1.2 The Bury Strategy will be our 10-year vision for the place rather than a plan just for any given organisation – this is a plan for the Borough of Bury, by the people of Bury.

2. Presentation slides

- 2.1 Following the public engagement on Bury 2030 and discussions at key partnership meetings during the autumn work has continued to develop the narrative for an agreed vision and approach, based on feedback received and linked to the 5 themes of the Local Industrial Strategy.
- 2.2 National journalist, and Bury's own, Phil Collins has developed the Bury story, outlining the 'as is' state of the Borough and a development session with Team Bury partners in January brought public, private, voluntary and community sector leaders together to develop a joint delivery plan for the strategy.
- 2.3 On 23rd January a Team Bury workshop took place at the Fusiliers Museum to develop thinking further with Team Bury partners and wider community leaders to consider the thinking so far (strategy and delivery proposals); the content of the local economic position through evidence from Cambridge Econometrics; and a facilitated session with the Centre of Local Economic Strategies on the 2030 vision and detailed delivery plans.
- 2.4 Activity is taking place to bring all the current thinking and plans, from the early engagement and the narrative from Phil Collins, along with the delivery plan workshop findings in order to draft the strategy ahead of public consultation.
- 2.5 Plans are also developing at pace in relation to Town of Culture. The presentation highlights the key components of this.

3. Recommendations

- 3.1 It is recommended that the respective Members of the Board review the proposals outlined in the slides and provide their strategic input into the proposals.
- 3.2 That the Board consider health representation on the Town of Culture Steering Group (subject to approval by the Group co-chairs)
- 3.3 That the Board is encouraged to share ideas and thinking throughout their networks in relation to Happy and Culture more generally, and into townofculture@bury.gov.uk

4. Actions Required

- 4.1 To review this report and to provide strategic input into the development of the Bury Strategy with any specific contributions to be sent to corporate.core@bury.gov.uk

Lynne Ridsdale
Deputy Chief Executive (Corporate Core)
l.ridsdale@bury.gov.uk
February 2020

Bury 2030

Bury 2030

- Council and partners have been listening. Bury people – identify with where they live – their local town centre/their neighbourhood
- Ten years of reform – Bury will be one of the first post industrial northern towns to fully deliver inclusive growth
- Communities will be listened to, respected, re-engaged
- Bury – a place to live the good life you want for yourself and your family
- Bury – a place of enterprise: from John Kay to STEM/full fibre, 5G

Outcomes

- Clear economic strategy for Bury to stand out as one of the first post industrial northern districts to achieve higher than national average levels of economic growth and lower than national deprivation
- Communities re-engaged with a sense of pride & belonging
- National reputation for high standards of education and skills regained
- Gaps in healthy life expectancy closed
- In-work poverty diminished
- Carbon neutral by 2030
- Devolution:
 - Differential devolution
 - To CA for economic growth (CA is single tier)
 - To local places for integration of social policy and re-connecting communities

The emerging framework – 5 themes; 10 priorities

Relationships not services; Neighbourhood delivery; Community-led; Wellbeing

Happy People

**Community –
Aspiration &
Capacity**

**Neighbourhood
Delivery**

Thriving Places

**Carbon neutral
Economic Strategy**

Creative Ideas

**Culture
Wellbeing –
“Great Dream”?:
Giving; Relating; Exercising
Trying Out; Direction
Resilience; Emotions
Acceptance; Meaning**

**Enabling
Infrastructure**

**Digital
Transport**

**Enterprising
Business**

**Inclusive business
Growth
Education & Skills**

**Bury People Powered “behaviours”
– common way of living & working together**

Bury 2030

- Securing additional resource to bring together the narrative, findings of the engagement activity and recent Team Bury workshop and develop a draft strategy with clear vision and delivery plan – Mid March 2020
- To be followed by formal consultation
- Will include reviewing governance arrangements for ‘Team Bury’

Bury

GM Town of Culture 2020

Update to the Strategic Commissioning Board

February 2020

Bury - The GM Town of Culture 2020

happy

- Announced by Andy Burnham on 18 December 2019 who described it as ***“one of the moment; a powerful, life affirming concept – Bury makes me happy***
 - Bid based on performing & visual arts in Bury town centre, building on Victoria Wood’s legacy: “Happy” – Wood’s adjective for purpose of her work
 - Brings £160k investment - committed to performing arts festival activity & artist talent development
 - External partners & sponsors: VW Foundation; Arts Council (evaluation); the Halle & commissioned artists as mentors
- Opportunity to showcase all our towns, culture & communities – arts & culture hugely important to
 - Our pride in the borough
 - the sustainability of our town centres
 - health and wellbeing, through community engagement & combatting loneliness

Bury Town of Culture – Overall Strategy

- A delivery programme of two halves
 - “Happy” programme of visual & performing arts, largely January – July
 - Community culture programme to celebrate all our towns, people & events, July – December
- Overarching “brand” for the whole year of culture (to be designed by Bury Colleges)
- Plus capacity for academic study & evaluation
- Led by multi-partner Bury Steering Group, Co-Chaired by The Met & Council
- dedicated communication capacity & expertise – proactive social media, press & website visitbury.com

Delivery Plan

1. The “Happy” programme

happy

- Basis of bid to GM; led by The Met, Bury Arts Museum with commissioned support from Hamilton Foundation
- Programme of talent development, performing & visual arts, based on work & legacy of Victoria Wood
- Sponsorship from Victoria Wood Foundation; GM & Bury Council
- Key events:
 - “New Faces” talent development
 - Happy Festival 15-17th May – music, art, performance, comedy/fitness sessions, happy themed walks as part of GM Walking Festival
 - ‘Lets Do It’ social strand to provide opportunities and spaces across Bury to meet, socialise, share stories, learn and interact.
 - Symposium exploring happiness through Victoria Wood’s approach to her work and legacy
 - Happy Proms mid July in Burrs Country Park in conjunction with the Halle Orchestra including performances from New Faces
- Research & evaluation of impact funded by Arts Council via Salford Uni PhD student

Delivery Plan

2. Community Culture

- Community events for this year programmed & supported with events & communications support and Town of Culture brand
- Need to cover all our people, communities, heritage & places:
 - Every township
 - Planned events eg Prestwich Arts; Radcliffe Carnival; Pride; Bury Running Festival
 - Service hubs eg hospital art; libraries & museums
- Seeking to expand with additional “headline” events for this year
 - Head for the Hills (The Met)
 - “Light Night” (military celebration theme into Christmas lights)
 - Poetry festival – multiple contributions; poems from Children in Care Council shared today
- Celebrity involvement – Danny Boyle; Guy Garvey; Howard Jacobson; Constantine sisters; soap actors; Victoria Derbyshire

Evaluation & Output

- Evaluation throughout year:
 - Measuring socio-cultural value (Community engagement; health & wellbeing; economic development)
- Exploring academic underpinning
 - Study into the science of happiness
 - Engagement with Richard Layard: “Happiness czar”
- Output
 - Output is a Cultural Strategy for Bury as part of 2030 vision

Resources & Costs

Reporting to Partner Steering Group

- Happy – The Hamilton Foundation (costs within bid)
- Community Culture – Bury Council
- Additional capacity 2020 – Bury Council funding:
 - Communications – 2 days pw
 - Events Support – 2 days pw
 - Bury faces – task & finish engagement

Opportunity for wider health representation on Steering Group – suggestions welcome

Encouragement to gather/share ideas through your networks and into townofculture@bury.gov.uk

Appendix –

Unsolicited poems from Children in Care Council

When the lights go off
And the moon goes up
And your eyes are starting to close
And your mind runs away
To the dreams you dream
That make the world so strange
You see things you won't believe in
And your worst nightmares start to haunt
you
When the world is starting to hurt you
The dreams will heal the day

Dreams are some of the weirdest things
They change each night
And you forget them by morning
When the moon is out of site
But what about the other dreams
That live inside your head
The ones that keep you going
And get you out of bed
I dream of physiotherapy
Of helping great athletes
Helping people stand
Stand on their two feet

I want to be the Flash
An amazing super hero
Who can go back in time
And reset my life to zero
I'd stop myself from getting hurt
Life would be a blast
I'm already super clever
But as Flash I'd be super fast
I could throw a lightening bolt
And be faster than the speed of light
I would be untouchable
And I'd win any fight
Maybe being The Flash
Is a little hard to realize
So I'd love to be an astronomer
Studying stars up in the skies

I don't know what I want to be when
I'm older
But I know how I want to feel
I want to feel a sense of normality
With relationships that are real
I thought about being an air hostess
Or a beautician doing nails
Something I can earn my own money
To spend in all the sales
I'd like to live out in the sun
Maybe the United States
Somewhere by a golden beach
Just hanging with my mates
I hope wherever I end up
My life is full of smiles
I dream of feeling safe and loved
Without social work files

Poems from our Children in Care Council - Dreams

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Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Receive
Item No	10	Confidential / Freedom of Information Status	No
Title	Performance Report		
Presented By	Margaret O'Dwyer, Director		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>The CCG alongside other CCGs in Greater Manchester has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position, and actions being taken, against a number of the main CCG Performance Indicators. A further report setting out the position on all the Indicators is reviewed by the Quality and Performance sub-committee prior to submission to the Governing Body.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Receives this performance update – note the areas of challenges and action being taken.

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 type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input 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"/>

Implications						
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 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 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Performance Review

1. Introduction

- 1.1. The purpose of this report is to provide an overview of performance in November/December 2019 for Urgent Care, Elective Care, Cancer and Mental Health.

2. Background

- 2.1. This paper is a summary of the information presented to the Quality & Performance Committee in February and relates to the position as at November 2019 with reference to more recent information where this is available.
- 2.2. Appendix A shows a summary of performance against a specific set of metrics and includes a comparison between the Bury CCG, Greater Manchester (GM), North West and England positions.

3. Performance Review

Urgent Care

A&E 4 hour waits

- 3.1 Pennine Acute Hospitals NHS Trust (PAHT) performance was 75.1% in November (78.7% at Fairfield General Hospital (FGH)) and 73.9% in December (69.8% at FGH). Provisional data for January shows performance at 74.4% at FGH.
- 3.2 For Type 1 attendances for adults (standard A&E unit), FGH remains the best performing in GM.
- 3.3 At PAHT, Type 1 attendances were 7.9% higher between April and December 2019 when compared to same period last year with a similar increase of 7.7% seen at FGH in same period. A demand and capacity review commissioned by GMHSCP confirmed the increase in attendances is predominantly 'walk in' rather than ambulance conveyance. If admitted, these patients tend to stay for just 24-48 hours. Despite the increase in attendances, the conversion rate between A&E attendance and admission has remained stable.
- 3.4 A subsequent Utilisation Management Unit (UM) audit found that most patients reviewed did not require care or treatment in A&E and could have been deflected at an earlier stage, eg triage. The Bury Urgent Care Partnership Group will review the recommendations with a view to agreeing an action plan.
- 3.5 Improvement schemes in place include extended participation in the GM Clinical Assessment Service, continued development of Urgent Treatment Centre (UTC) at FGH, expansion of Green Car scheme, multi-disciplinary team approach via Integrated Neighbourhood Teams for high intensity service users and recruitment of additional staff to Crisis response and Re-enablement teams.

- 3.6 There are also two major service reviews taking place in Bury during 2019-20; one for urgent care and one for intermediate care. The main focus of the urgent care review is to redesign the urgent care system in Bury to ensure that we appropriately maximise the use of services, including the Urgent Treatment Centre and Same Day Emergency Care (SDEC). The public consultation period for this review commenced on 10th February and is scheduled to last four weeks.
- 3.7 PAHT has remained second best performing GM Trust for both “stranded” (admissions >7 days) and “super-stranded” (>21 days) patients across Q2 and Q3.

Delayed Transfers of Care (DToC)

- 3.8 Following a significant increase in October of Bury patients being delayed at FGH, a reduction to 3 patients was seen in November. This follows several months where there were zero Bury patients delayed at FGH.
- 3.9 The two main reasons why patients have not been transferred from hospital when they are medically fit continue to be completion of assessment and housing.
- 3.10 Below is a breakdown of delays for November at PAHT, broken down by reason:

PAHT DToC by Site – November 2019		
PAHT Site	No of Delay Days	No of Individual Patients
Fairfield	35	3
North Manchester	168	32
Oldham	36	6
Rochdale	0	0

Data provided by PAHT on 24/01/2020

- 3.11 Delays of Bury patients from NMGH continue to be the main area of concern. The numbers increased significantly across the autumn due to Bury Social Work availability to undertake assessments and the withdrawal of management support provided by Manchester City Council to the Integrated Discharge Service.
- 3.12 The position of DToCs is now an area of major concern for the GM Partnership. The deteriorating GM picture from a relatively good position over the last 2 years is now on the NHSE/I regional radar.
- 3.13 The locality’s winter plan has been mobilised. As part of this, elective activity was stepped down across December and January with the exception of urgent or suspected cancer cases and those waiting >40 weeks. Additionally, FGH has opened an additional 50 beds over the winter period.

Planned Care

- 3.14 There is a national requirement to maintain or improve the number of Bury patients on hospital waiting lists to the same number as at March 2018.
- 3.15 The variance from March 18 to December 19 for Bury CCG is an additional 2945

patients waiting, this being a slight improvement on the November position. Most patients are waiting for treatment at PAHT with the remainder principally split between SRFT and MFT.

- 3.16 The biggest increases continue to be for Ophthalmology (eye) and Dermatology (skin).
- 3.17 Other specialties where most significant increases have been seen include Trauma and Orthopaedics, Ear Nose and Throat, Cardiology and Gynaecology.
- 3.18 The waiting list at PAHT in November was significantly worse than had been predicted in the trajectory the trust had provided and there was a further slight increase in December. This is confirmed to be linked to the implementation of Pathway Plus, a pathway management tool that has replaced an old in-house system. Most of the increase is understood to be linked to process changes and not to 'real' growth and the trust is currently undertaking an extensive validation exercise to ensure that duplicated pathways are appropriately closed down. Approximately 4500 duplicate/mismatch records have been identified in the initial cohort to be validated. This software implementation is part of PAHT's Elective Access Transformation (EAT) programme.
- 3.19 Of note, the operational planning guidance for 2020-21 has reset the baseline for measuring waiting list growth with the new target being that the waiting list in January 2021 should be no bigger than it is in January 2020. Once data for January is published (mid-March), this new target position will be confirmed.
- 3.20 Advice & Guidance (A&G) has been implemented across a number of specialties: gastroenterology, gynaecology, paediatrics, cardiology, endocrinology, haematology, general surgery and trauma and orthopaedics.
- 3.21 The CCG is engaged with GM Elective Care Reform Board which will focus initially on dermatology, ophthalmology and gastroenterology pressures across the whole of GM.
- 3.22 The CCG is also engaged in joint work with Northern Care Alliance (NCA), North East Sector CCGs and Manchester & Salford CCGs with consultancy from Four Eyes Insight to look into outpatient management. The six-week diagnostic phase of this is now complete with recommendations being reviewed so that next steps can be agreed.
- 3.23 December also saw three 52-week breaches reported for Bury. One of these is for gynaecology and information is awaited to confirm the specialties of the others. In 2019-20 the CCG is charged a financial penalty of £2,500 for each breach. The value of the financial penalty for 2019-20 to the end of December is £50,000.

Cancer

Two Week Waits (2WW)

- 3.24 Significant improvement has been noted in November with a performance for the CCG of 91.5% against the 93% constitutional standard. Provisional data shows the

CCG achieving the target in December with improvement noted particularly for skin and gynaecology tumour groups.

- 3.25 At an aggregate level, PAHT achieved the constitutional standard with performance of 93.5%, whilst improvement is noted at SRFT (83.6% in November). Provisional data shows both providers achieving the standard in December.
- 3.26 Early data from the implementation of dermatoscopes in Bury is positive with 2WW demand significantly reduced in the 19 practices where this is implemented. Tele-dermatology was also launched in February with engagement and GP communication taking place throughout the month. Although this will impact mainly on planned demand, it should free up capacity in secondary to support 2WW management.

Two Week Waits (2WW): Breast Symptomatic (non-cancer)

- 3.27 Continued under-performance in November for the CCG with 62.5% noted against the 93% target though PAHT achieved the target for the first time since January 2018.
- 3.28 The main issue remains with Bolton FT where aggregated performance was 23.6% in November. NHS Bolton CCG has provided assurance that actions have been agreed with the trust. This includes demand management via referrals review along with the development of a breast pain pathway. Confirmation has also been received that the “one stop shop” approach will continue due to the positive patient experience. This follows a review where it was confirmed there have been no adverse clinical incidents linked to extended waits.

62 day waits following GP Referral

- 3.29 CCG performance remains below standard in November (66.7% against 85% standard). This is a deteriorating position from the previous month though provisional December data shows a slight improvement.
- 3.30 Nineteen breaches noted in November, mainly at PAHT with smaller numbers at other trusts. Breaches spread across seven different tumour groups, with most relating to delay in the pathway, eg diagnostics delay or outpatient capacity resulting in late transfer from one provider to another.
- 3.31 As referenced above, a tumour-group level action plan has been provided by PAHT though the accompanying recovery trajectory is awaited.
- 3.32 A North East Sector and GM Health and Care Partnership Task and Finish Group has been established and has now met several times. The aim is to identify and scrutinise improvement trajectories in planned care, cancer and diagnostics with PAHT.
- 3.33 The CCG is fully engaged in the GM Best Timed Pathways for lung, colorectal and prostate and the Rapid Diagnostic Centre (RDC) developments, all of which will ultimately have a positive impact on cancer performance.
- 3.34 The CCG remains fully committed to making efforts to improve performance against

this crucial standard and is engaging the support of the GM Cancer team to better understand the likely impact of new schemes for the people of Bury. A full development session on Cancer was held at the Clinical Cabinet on the 5th February.

Mental Health Improving Access to Psychological Therapies (IAPT)

3.35 There are four related national targets for Improving Access to Psychological Therapies:

- a) Prevalence. By March 2020, 22% of adults with depression/anxiety disorders should have been identified and treatment commenced. As at December 2019, the figure for Bury is 13.69% and it is unlikely that the prevalence standard will be achieved;
- b) Access to treatment commencing within 6 weeks. The national standard for this is 75%;
- c) 95% of referrals should have access to treatment within 18 weeks;
- d) At least 50% of people who start treatment should recover.

Whilst recovery and 18-week standards are being met, prevalence and access to treatment within 6 weeks are not. The CCG has continued to under-perform against the standard for patients requiring psychological therapies to be seen within 6 weeks. The current position for PCFT for November is 41.4% and December is 54.7% (indicative). This is significantly below the 75% national standard. Average waits for treatment after initial assessment is also growing and stands at 7 weeks.

3.36 When producing the performance trajectory associated with the additional CCG funding, PCFT had advised that achievement of the six-week target would be impacted for some time to come. This is because this indicator measures the waiting time for those who have completed treatment, with the six-week period therefore relating to the time before recruitment took place. The target for patients to be seen within 18 weeks, however, largely continues to be achieved.

3.37 As referenced previously, the CCG funded Cognitive Behavioural Therapy staff have now commenced in post though a lag in recovery against this standard was anticipated due to the need to work through the backlog of cases. Options are currently being worked up for consideration about how the backlog can be addressed in the short term. The locality is also reviewing digital solutions as part of a revised future therapy model.

3.38 Bury continues to be one of the worst performing localities for achieving 6 weeks for IAPT. A recovery plan is being pursued, but because of staffing issues, the CCG is unlikely to recover the position until the second half of 2020-21.

3.39 Of note in 2020-21, a new indicator will be introduced that measures the time between a patient's first and second appointment. These waiting periods are referred to as 'secondary waits' and often build up when there is pressure across the system.

4 Recommendations

4.1 For the Strategic Commissioning Board to accept this report, note the challenges

and actions being taken.

5 Actions Required

- 5.1 The Strategic Commissioning Board is required to:
- Receive this report.

Susan Sawbridge
Head of Performance
susansawbridge@nhs.net
February 2020

Appendix A: Greater Manchester Constitutional Standards Summary

Below standard Achieving Standard No Target

Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Jan-20	77.4%	73.9%	79.8%	81.7%
A&E 12 Hour Trolley Wait	0	Jan-20	329	12	556	2846
Delayed Transfers of Care - Bed Days	200	Nov-19	384.1	47.3 (PAHT)		4862.5
				36.5 (PCFT)		
Delayed Transfers of Care - Per 100,000	Null	Nov-19	17.4	17.8	13.7	11.3
Stranded Patients (LOS 7+ Days)	2196	Nov-19	2911	469	7223	44497
Super-Stranded Patients (LOS 21+ Days)	Null	Nov-19	1342	174	3229	17254
Referral To Treatment - 18 Weeks	92.0%	Dec-19	82.9%	84.0%	84.1%	83.6%
Referral To Treatment - 52+ Weeks	0	Dec-19	42	0	52	1602
Referral To Treatment - % Waiting List Change from March 2018	0.0%	Dec-19	19.6%	24.4%	6.7%	4.4%
Diagnostics Tests Waiting Times	1.0%	Dec-19	3.3%	1.5%	3.5%	4.2%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Nov-19	92.9%	91.5%	92.8%	91.3%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Nov-19	84.4%	62.5%	86.1%	87.5%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Nov-19	97.0%	94.1%	96.0%	95.9%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Nov-19	99.1%	95.8%	93.7%	91.7%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Nov-19	99.5%	100.0%	99.8%	99.4%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Nov-19	99.8%	100.0%	99.5%	96.9%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Nov-19	74.1%	66.7%	78.1%	77.4%
Cancer - 62-Day Wait For Treatment Following Screening Service Referral	90.0%	Nov-19	83.9%	62.5%	84.3%	83.8%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Nov-19	77.4%	73.1%	83.9%	81.8%
Cancer - 104-Day Wait	0.0%	Nov-19	56	6	126	1031
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	May-19	68.5%	73.7%	70.6%	71.3%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	May-19	58.9%	62.5%	60.3%	60.6%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	May-19	71.1%	72.9%	72.3%	70.2%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	May-19	76.2%	76.6%	75.9%	76.4%
MRSA	0.0%	Dec-19	1	0		76
C.Difficile (Ytd Var to Plan)	0.0%	Dec-19	11.5%	-23.4%		
E.Coli	Null	Dec-19	145	5		3370
Estimated Diagnosis Rate for People with Dementia	66.7%	Dec-19	75.9%	82.9%	72.3%	67.8%
Improving Access to Psychological Therapies Access Rate	5.3%	Oct-19	5.24%	5.58%	4.43%	4.66%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Oct-19	51.8%	57.5%	50.2%	51.8%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Oct-19	74.4%	50.0%	82.8%	87.3%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Oct-19	95.0%	96.7%	96.9%	98.5%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Oct-19	75.0%	78.0%	72.6%	74.1%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Sep-19	91.1%	100.0%	72.5%	74.9%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Sep-19	91.2%	100.0%	88.4%	80.7%
Access Rate to Children and Young People's Mental Health Services	33.2%	Oct-19	42.1%	40.5%		34.4%
CPA follow up within 7 days	95.0%	Sep-19	95.6%	95.3%	96.1%	94.5%
Mixed Sex Accommodation	0.0%	Nov-19	0.63	0.45	1.03	1.09
Cancelled Operations	Null	Sep-19	1.5%	1.8%	1.1%	1.0%
Ambulance: Category 1 Average Response Time	420	Nov-19	7:00	07:23	07:27	07:28
Ambulance: Category 1 90th Percentile	900	Nov-19	11:23	12:14	12:38	13:11
Ambulance: Category 2 Average Response Time	1080	Nov-19	36:48	38:16	30:43	26:02
Ambulance: Category 2 90th Percentile	2400	Nov-19	1:18:40	01:23:08	01:07:14	53:44
Ambulance: Handover Delays (>60 Mins)	Null	Dec-19	10.8%	7.7%	10.2%	10.4%
Cancer Patient Experience	Null	Apr-18	8.88	8.72	8.87	8.80
General Practice Extended Access	Null	Mar-19	100.0%	100.0%		

Source: GM Tableau site: Assurance / Greater Manchester Constitutional Standards Summary / Constitutional Standards Summary sheet

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Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Receive
Item No	11	Confidential / Freedom of Information Status	No
Title	Learning Disability and Respite - Commissioning Review Update		
Presented By	Julie Gonda, Director of Community Commissioning		
Author	Julie Gonda, Director of Community Commissioning Kez Hayat, Commissioning Programme Manager, Bury CCG Nasima Begum, Commissioning Manager, Bury CCG		
Clinical Lead	Dr Cathy Fines, Clinical Director Nigget Saleem Medicines Management & Learning Disability Clinical Lead		
Council Lead	Cllr Andrea Simpson, Cabinet Member for Health & Wellbeing		

Executive Summary
<p>The purpose of this report is to provide the Strategic Commissioning Board with an update in respect of the work being undertaken regarding Learning Disability Respite Services in Bury.</p> <p>The aim is to identify areas for greater joint working, ensuring a consistent approach for customers on an all age basis to enhance their experiences and inform future commissioning. Current respite options available for people with learning disabilities and complex needs are limited within Bury and more innovative options need to be considered and developed for individuals in order that their needs are met in a holistic way with the person truly at the centre of their support.</p> <p>A review of the Learning Disability respite/short breaks was identified as necessary due to lack of shared detailed knowledge across the Local Authority and CCG of what is available and what the activity and costs are. There is no single point of access to respite and short breaks in the borough.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note the progress reported.

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 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 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 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?	Development of services for people with learning disabilities fall within the remit of developing health and care services for Bury					
How do proposals align with Locality Plan?	Services for people with learning disabilities is one of the priorities within the Bury Locality Plan					
How do proposals align with the Commissioning Strategy?	Learning disability is part of 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?	A review of services for people with learning disabilities will be focused on reducing the 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?	None					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input 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	<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

Learning Disability and Respite Commissioning Review Update

1. Introduction

- 1.1. The purpose of this report is to provide the Strategic Commissioning Board with an update in respect of the work being undertaken regarding Learning Disability (LD) Respite Services in Bury.
- 1.2. There is a recognition across the system that services for people with learning disabilities need to be brought together and a clearer strategic approach identified to ensure that there is an appropriate and consistent offer for people in Bury with learning disabilities.
- 1.3. There are already a number of key pieces of work underway, across all age ranges, which are being undertaken by different teams within the Council and the CCG. This approach has the potential to duplicate time and effort, when the intention should be to streamline, become efficient and create a seamless offer for Bury people with learning disabilities and their families. It is therefore proposed to pull this work together into one programme for oversight through appropriate, joined governance arrangements. The work is therefore being scoped and will be underpinned by a needs analysis so that it is evidence based and brought back to the Strategic Commissioning Board in the near future.
- 1.4. In the meantime, however, the review of LD Respite Services is set to continue as one of the key pieces of work already under way.
- 1.5. Being undertaken by staff across the CCG and the Local Authority, the aim of the review is to identify areas for improved joint working, ensuring a consistent approach for customers on an all age basis to enhance their experiences and inform future commissioning of respite support to people with learning disabilities, their families and carers. Current respite are limited within Bury and more innovative options need to be considered and developed for and with individuals in order that their needs are met in a holistic way.

2. Scope of the Review

- 2.1. The scope of the review includes services commissioned by both the CCG and the Council, on an all age basis. This means that the services included in the review are:
 - Cambeck Close, which is a residential respite service, and is the only service commissioned by the CCG in respect of respite services for people with a Learning Disability;
 - Shared Lives, which is a service commissioned by the Council where people are offered short breaks in carers own homes; the service is CQC registered and delivered by Persona, the Council's LATCo;
 - Home from Home, which is similar to Shared Lives, but for children;

- Other services commissioned by the Council for both children and adults, but which are delivered by the Private Voluntary and Independent (PVI) sector. Where customers have both health and care needs, joint funding from the Council and the CCG is put in place.

3. Progress to date

- 3.1 Initial work has focused on Cambeck Close, which is the CCG funded facility delivering LD respite care. It is a short break (for the client) and respite (for families) service for people with complex learning disabilities and an additional health need, such as autism, complex epilepsy and/or challenging behaviors.
- 3.2 Cambeck Close is situated on a residential housing area in Whitefield, Bury. The Children's & Adults teams operate from two separate 3-bedroom bungalows where individuals can access a short break from a few hours to several overnights. The services provide to those individuals who have been assessed as having a severe or profound learning disability. Services are offered to children from the age of 0 to 18 and adults from 18 to no upper age limit
- 3.3 There is an open referral policy, accepting referrals from anyone who is registered with a Bury GP diagnosed with a severe or profound learning disability and having additional health care needs that require specialist intervention. People are supported by a team of qualified Nurses, Assistant Practitioners and Support Staff. A Registered Nurse/Assistant Practitioner is on duty at any time throughout the day and night to provide leadership and management of the service.
- 3.4 The core elements of the Cambeck service described in the service specification are:
- Providing overnight short breaks and day time short breaks as appropriate.
 - The provision of community nursing support to include specialist intervention and assessment
 - Providing person centred support based on an individuals' need
 - The development of accessible health promotion opportunities
 - Reducing health inequalities.
- 3.5 The work that has taken place to date is a desk top review of the customers placed in the service, to understand their needs and the access that they have to services across the whole system. This work has covered in depth reviews of the 40 customers on a multi-disciplinary basis across health and care, and on an all age basis.
- 3.6 Whilst the detailed work in respect of the individual people is now completed, it has to be pulled together in terms of a strategic narrative about the service as a whole, in the context of the other services available, to ascertain the need for a case for change.
- 3.7 A value for money review, based on the budget spend and benchmarking across other areas of GM and wider will also be provided, to underpin the case for change.

3.8 These steps will inform the development of a detailed case for change, which is expected to be completed by the end of April 2020.

4. Next steps

4.1 The next steps in respect of the review are to develop the business case for change based upon the themes emerging from the reviews of existing customers. This will include a detailed plan for consultation for any customers affected by this piece of work, focused on the proposals around specific services and alternative models of respite which can be offered.

5 Recommendations

5.1 The Strategic Commissioning Board is required to:

- receive this report and note the progress of the Bury Learning Disability and Respite Commissioning review.

Julie Gonda, Director of Community Commissioning
Kez Hayat, Commissioning Programme Manager, Bury CCG
Nasima Begum, Commissioning Manager, Bury CCG

February 2020

Meeting: Strategic Commissioning Board			
Meeting Date	02 March 2020	Action	Information
Item No	12	Confidential / Freedom of Information Status	No
Title	Bury System Board Meeting – 14 January 2020		
Presented By	Cllr D Jones, CCG Chair, NHS CCG Bury		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary
The paper includes the minutes of : <ul style="list-style-type: none"> Bury System Board Meeting held on 14 January 2020
Recommendations
It is recommended that the Strategic Commissioning Board: <ul style="list-style-type: none"> receive the Minutes of the Bury System Board Meeting held on 14 January 2020.

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:	N/A
<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 type="checkbox"/>	No	<input checked="" 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"/>

Implications						
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 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?						
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	N/A					

Governance and Reporting		
Meeting	Date	Outcome
Bury System Board	14/01/2020	Minutes being submitted for ratification

Title	Minutes of the Bury System Board 14 January 2020		
Author	Julie Hall, PA Bury CCG		
Version	2.0		
Target Audience	Members of the Bury System Board		
Date Created	17.01.2020		
Date of Issue			
To be Agreed	13 February 2020		
Document Status (Draft/Final)	Final		
Document History:			
Date	Version	Author	Notes
17.01.2020	1.0	Julie Hall	Draft Minutes submitted to MO'D for checking
21.01.2020	2.0	Julie Hall	Amendments received from MO'D and minutes updated.
Approved:			
Signature:			
		 Dr Jeff Schryer

Bury System Board

MINUTES OF MEETING

Wednesday 14 January 2020, 1.30pm to 3.30pm

Townside Primary Care Centre

Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer, Chair Bury CCG (Chair) **(JS)**
 Mr Geoff Little, Chief Officer, Bury CCG/Bury Council **(GL)**
 Ms Kath Wynne-Jones, Chief Officer, Bury LCO **(KWJ)**
 Mr Howard Hughes, Clinical Director, NHS Bury CCG **(HH)**
 Ms Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG **(MO'D)**
 Mr Chris O'Gorman, Independent Chair, LCO Board **(CO'G)**
 Ms Mui Wan, Associate Director of Finance, Bury LCO **(MWa)** representing Mr Craig Carter
 Mr Sajid Hashmi, Independent Chair, Bury LCO Representative **(SH)**
 Mr Mike Woodhead, Joint Chief Finance Officer **(MW)**
 Mr Keith Walker, Executive Director of Operations, Bury LCO Representative **(KW)**
 Ms Julie Gonda, Interim Executive Director for Communities & Wellbeing, Bury Council **(JG)**
 Dr Cathy Fines, Clinical Director, NHS Bury CCG **(CF)**

Others in attendance:

Mrs Julie Hall, Personal Assistant, Bury CCG
 Ms Nicky O'Connor, Interim Director of Transformation, Bury Council **(NO'C)**
 Ms Lesley Jones, Director of Public Health, Bury Council **(LJ)**
 Mrs Amy Lepiorz, Head of Delivery, Bury LCO / Deputy Director of Primary Care NHS Bury CCG **(AL)**
 Mr Paul Juson, Deputy Chief Officer, Bury GP Federation **(PJ)**

Apologies

Apologies for absence were received from:

- Dr Daniel Cooke, Clinical Director, Bury CCG **(DC)**
- Cllr Andrea Simson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council **(AS)**
- Dr Kiran Patel, Medical Director, LCO **(KP)**
- Ms Tracy Minshull, Interim Assistant Director (Strategy, Procurement & Finance), Bury Council **(TM)**
- Cllr David Jones, Leader, Bury Council **(DJ)**
- Ms Catherine Jackson, Executive Nurse, Bury CCG **(CJ)**
- Ms Karen Dolton, Executive Director of Children and Young People, Bury Council **(KD)**
- Mr Craig Carter, Director of Finance, Bury and Rochdale Care Organisation, Northern Care Alliance NHS Group **(CC)**

MEETING NARRATIVE & OUTCOMES

1.	WELCOME AND APOLOGIES
1.1	JS welcomed those present to the Bury System Board and introductions took place. Apologies were noted as outlined above. It was noted that the meeting was quorate.

2.	DECLARATIONS OF INTEREST
2.1	Members were asked to declare any interest they may have on any issues arising from agenda items which might conflict with the business of the Bury System Board.
2.2	There were no declarations of interest raised.
3.	MINUTES OF LAST MEETING (12 December 2019)/ACTION LOG
3.1	The minutes of the previous meeting held on 12 December 2019 were agreed as a correct record. The Action Log was noted, and updates were recorded within the log accordingly.

4.	Mental Health within LCO 2020/21 including Update of MH Strategy
4.1	JG provided an update on mental health within the LCO which included an update on the Mental Health Strategy.
4.2	A Mental Health Framework is being developed “Thriving in Bury”. A workshop took place in October with a number of professionals which received good feedback, however feedback from the voluntary and faith community was that engagement with their organisations should have been wider. The voluntary sector was asked to provide a briefing of the system including ADAB; BIG; Creative Living Centre and Early Break for Young People which has been received. The output of this engagement has just been received and it now needs to be reviewed to determine which points to include in the framework.
4.3	Issues raised at the workshop included; access, listening, knowing where to go, information, advice and flexibility of support.
4.4	A detailed report will be provided at the February Strategic Commissioning Board (SCB), along with a refresh of the framework and the four themes so that these can be benchmarked and thought given as to how these can be built in. Delivery and how this will be undertaken will begin following sign off at the SCB and will be feedback to the SCB.
4.5	GL referred to a discussion around the mental health strategy being part of the 2030 strategy linked to a happy, well, Bury to provide optimism and how resilience is built in to services and service users. GL asked if these things were being built in to the narrative. JG confirmed they were to a certain extent particularly around early years.
4.6	JS queried how this would be translated into the Neighbourhood Team (NHT) working; would Active Case Management (ACM) support mental health through NHTs? KW reported that mental health posts had been successfully recruited to sit as key links between secondary mental health and NHTs. Early feedback is there has been a significant improvement so far in terms of mental health input to the NHTs.
4.7	KWJ referred to the IAPT provision and voluntary sector provision and how they need to be connected into the neighbourhood offer; part of the mental health role is within MDTs and ACM. SH commented that in terms of roles there are now 5 specialist leads in mental health. Safeguarding is going ahead in partnership with ADAB; VCFA and BIG and will enhance the overall provision.
4.8	GL suggested that other organisations need to be engaged at Intermediate Care (IMC) level with secondary care and the LCO; mental health needs to be built into

	<p>the LCO at a neighbourhood level. IMC packages of care cannot be outside of mental and physical health and wellbeing. In Bury, mental health services must be available as part of that package, and where possible, available services are flexible enough to be part of the integrated health package. Lower level IAPT fits more at a NHT level and so Pennine Care is keen to have a discussion around this.</p>		
4.9	<p>JG referred to the GM Strategy and the ask that IAPT is delivered on a NHT footprint. The Commissioning Intentions, VCF and uplift in funding enables a more flexible approach. There will be a review of the community mental health team including social workers; there needs to be an understanding of the early intervention element. GL commented that the same applies to children in terms of support in schools and early help. LJ asked that links with the school health service be made as part of that offer.</p>		
4.10	<p>CO'G reported that there is a meeting next week to discuss the approach and next steps with the voluntary sector organisations. The LCO Board agreed that the priority this year is NHTs. It is hoped that following the meeting next week it will be agreed how this will be undertaken. The target roll out date is no later than the 1 April. It is hoped that a cohesive plan that can measure achievements will be produced following the meeting. Action: JG/KWJ/KW to work together to produce an action plan with trajectories which can be shared at the March meeting.</p>		
ID	Type	The System Board:	Owner
A/01/01	Action	JG/KWJ/KW to work together to produce an action plan with trajectories which can be shared at the March meeting.	JG/KWJ/KW

5.	IM&T System Wide Proposals in Bury		
5.1	<p>NO'C requested that for future agendas, the abbreviation IM&T be replaced with Digital.</p>		
5.2	<p>NO'C reported that a meeting was taking place on the 23 January with Digital Leads together to scope out issues. The GM Lead has confirmed there is a new refreshed strategy being produced by GM which will go through the Governance at GM; the strategy can then be shared next month. NO'C commented that Bury did not put in a bid for any digital funding and so had missed out on 19/20 funding. This will be discussed at the meeting on the 23rd.</p>		
5.3	<p>JS commented that digital is a wide issue particularly in terms of PCN/OCO data sharing etc. and queried how progress can be made and what this Board would want to see at the next meeting. HH suggested a Memorandum of Understanding (MoU) is needed agreed by Partners in the Bury System.</p>		
5.4	<p>MO'D advised that this has been discussed for some time. There is a need for an identified system leader and a Bury wide digital strategy which all Partners are signed up to. MW commented that in terms of honest brokers, everyone needs to be on the same page. NO'C remarked that the key risks and issues need to be identified and who will play a role in that.</p>		
5.5	<p>NO'C is leading on facilitating a meeting on Digital which will set out what is required. A plan is needed to sign up to that can be taken back to individual systems with principles. HH emphasised that Provider sign up is critical. CO'G suggested NO'C needs system support in order to reach a compromise with providers.</p>		

5.6	GL reported that part of the solution to solve Digital issues is the formal agreement to have one Chief Information Officer across the CCG/LA in terms of commissioning.		
5.7	It was agreed NO'C would report back on the meeting she has convened, setting out next steps.		
	Type	The System Board:	Owner
A/01/02	Action	It was agreed NO'C would provide regular Digital updates at this meeting.	NO'C
A/01/03	Action	NO'C to share the GM Digital Strategy once available.	NO'C

6	Finance		
	LCO Finance Report		
6.1	<p>MWa provided an update on the month 8 Transformation Fund (TF) forecast highlighting the key points:</p> <ul style="list-style-type: none"> The Transformation Fund forecast year end expenditure is £6,540k at the end of Month 8. The Strategic Oversight Group (SOG) agreed that the Falls and Fracture Liaison Service will continue until the end of June 2020 to allow further time for a review of the community rehabilitation offer as part of a wider system design. The Rapid Response (RR) and Urgent Care (UC) programmes are looking at non-elective savings. RR to cover over 65s and UC length of stays 0 – 1 days (under 65s). The criteria has been isolated to avoid the risk of duplicated savings as it has been identified where there is overlap in RR and UC. 		
6.2	MO'D asked if the above is reflected in the UC Business case savings. MW confirmed that the scope of the project had not changed; this was purely a counting exercise, and what gets accredited to which project.		
6.3	JS commented that most savings in the UC Review were not about reducing activity but more about running systems more efficiently.		
6.4	JS queried if the falls funding was time limited. KWJ reported that the service will continue until June 2020; a programme of work has commenced working with the UC frailty team with regard to what the model will look like. K Patel and J Stott are picking this up. LJ suggested that if funding continues this needs to be brought back into the Falls and Frailty meetings.		
6.5	GL referred to the programme 6 recruitment and asked if there is assurance that everything that can be undertaken is being done to help with recruitment. KWJ confirmed there was a big recruitment campaign for intermediate tier; messages/videos being promoted are positive. It was agreed KWJ would share the messages/feedback from the programme 6 recruitment.		
	Council/CCG Budget Projection 20/21		
6.6	<p>MW provided an update on the CCG/Council financial plans/closure of gap for 2020/21. Key points included:</p> <ul style="list-style-type: none"> CCG gap £17.5m; today the Health and Care Recovery Board (HCRB) has seen schemes with substantive recurrence of £13.9m. In year 20/21 this is not likely to be more than £5.3m. 		

<p>6.7</p>	<ul style="list-style-type: none"> • Future phase of schemes with savings of £4.5m are in the very early stage. • By the end of January there will be a recurrent opportunity of £18.4m against £17.5m. • A discussion is to be held with GM/NHSE. GM has control total; the CCG is part of that and will struggle to achieve this year. MW referred to the deficit and where this would sit if it carries over to next year; an extraordinary CFOs meeting has been arranged for next week to discuss this further. • Locally, contract negotiations have commenced with the main provider Pennine Acute/Northern Care Alliance. <p>Three types of contract are being considered:</p> <ol style="list-style-type: none"> Blended approach with risk share on Urgent Care and Payment by Result on elective; Block contract based on activity this year; NES consistent approach – this is a different type of block with an uplift on this year’s activity; no CCG inbuilt growth or Trust efficiency requirements. <ul style="list-style-type: none"> • The Council’s financial gap is £7m for 20/21 plus £3m additional costs for what needs to be undertaken to strengthen the corporate core and enact transformation change. • There is £7m of worked up schemes; £4m in Council Tax base and Business Rates base review; £1m Accounting Policy Review. This gives the headroom needed to get resilience of £2m. • There is confidence that there is some one-off funding available to support transformation of the Council to meet the funding gap in the medium term. • The financial direction is at a pivotal point where it has a more transparent, progressive and inclusive approach. 		
<p>6.8</p>	<p>GL commented that the SCB is aware of where the health care budget is heading; the SCB has asked for greater clarity in terms of strategic priorities for health and care going forward.</p>		
<p>6.9</p>	<p>SCB also requested a paper on the progress with GM and how that system works in terms of how savings will close the gap, including phasing of what needs to be undertaken to implement savings over the next 2 – 3 years.</p>		
<p>ID</p>	<p>Type</p>	<p>The System Board:</p>	<p>Owner</p>
<p>A/01/04</p>	<p>Action</p>	<p>KWJ to share the messages/feedback from the programme 6 recruitment.</p>	<p>KWJ</p>

<p>7</p>	<p>OCO Development Plan Update</p>
<p>7.1</p>	<p>NO’C provided a summary of the work undertaken over the last 9-10 months to bring the OCO together. A comprehensive OD plan has been developed to support the change process using the McKinsey 7S model.</p>
<p>7.2</p>	<p>There is still a lot of work to do but we are at a critical juncture. The consultation on the structure is now completed; meetings are taking place with regard to the outcome of that. The vision is to have the new structure and people in the right place as soon as possible. A range of activities have been arranged to bring systems together in order to work seamlessly.</p>
<p>7.3</p>	<p>KWJ referred to governance and the Professional Reference Board and how this would interface with the Professional Congress. NO’C reported that both were one</p>

	of the same with emergent terminology. HH commented that this is not confirmed as yet; an early proposal has been forwarded to Kiran Patel to agree to this but as yet a response has not been received. A meeting is being arranged to get people around the table to discuss this further.
7.4	NO'C reported that the LCO has an OD programme specific to the LCO which focuses on neighbourhood development.
7.5	The development of a 'Bury' leadership style has already begun. Staff need to feel supported and developed through this change process but also see recognisable emblems of change. Work has commenced on progressing a new 'brand' for the integrated organisation including templates, corporate styles, joint induction programme and lanyards that reflect the brand of Bury, incorporating the importance of the NHS brand.

8	Commissioning Review Updates
	Updates were provided on the following reviews:
8.1	<ul style="list-style-type: none"> • Urgent Care JS reported that the UC review was discussed at the SCB. The Health Scrutiny accepted the basic elements: <ol style="list-style-type: none"> i. to standardise the triage service so that wherever you are, the appropriate person is seen in the appropriate place; ii. the redesign of the A&E service to have a front end staffed and managed by primary care; iii. the Walk In Centre moving to the Urgent Treatment Centre to support and bring together Out of Hours and Extended Working Hours; contractual arrangements are being reviewed.
8.2	In terms of communication, all stakeholders have been involved; it is hoped the review will go out to consultation soon. Business Cases are being written which will go back to the SCB next month.
8.3	KWJ commented that the LCO is keen to look at how they could help with implementation of the design and budget of UC; Rochdale is doing something similar with budgets. MW reported that triangulation is needed in terms of contract negotiations with Pennine Acute.
8.4	KWJ advised that clarity around the recommendations had not been as visible in the LCO as described. The LCO Board is keen to lead on the implementation when the final model is agreed. CO'G remarked that at the LCO Board session, discussion was held on what help can be provided with the process.
8.5	<ul style="list-style-type: none"> • Intermediate Care JG reported that the IMC review has been built on a precise, transparent development of the Home Care Service. The new development has been funded by the Transformation Fund, growing the staff group to deliver care at home and provide therapy input. The IMC review is running alongside this work in terms of current services, some of which are bed based; not as many beds will be needed in that IMC.
8.6	A detailed report is being pulled together which should be completed by the end of this week. This will be taken through the SCB and working groups across the LCO including the NCA.

8.7	HH commented that part of the review is around bed-based stock and inefficiencies in the system. People are staying in beds longer than they should be; the review will make this more efficient to complement the home care service. The review will be discussed at the Scrutiny meeting this week.
8.8	<ul style="list-style-type: none"> • Learning Disabilities <p>JG reported that reviews are being pulled together to use as a themed approach any consultation will go through the appropriate groups.</p>

9	Integrated Neighborhood Team Review
9.1	AL and PJ presented a report which provided an overview of the work undertaken so far to develop a health and social care Integrated Neighbourhood Team (INT) model for Bury, provide an overview of the outputs from the recently completed INT review and to bring the Board's attention to the proposed next steps.
9.2	AL outlined the successes of the programme, the key challenges faced by the programme and the mitigations put in place to address the issues which are detailed in the next steps in the report.
9.3	Significant work has taken place to establish the INTs, however there are still a number of key projects that need to be established in order to meet the original ambitions along with addressing the challenges. These will be delivered through the formation of 6 task and finish groups.
9.4	KWJ commented that some of the groups will need a strategic discussion first; All Age Model; GP engagement and Neighbourhood Commissioning. The remainder of the groups have clear plans that can be put into operation; New Ways of Working; Target Operating Model and Active Case Management. PJ confirmed that there are existing groups for some of the 6 groups
9.5	GL commented that there needs to be a strategic and standardised approach to risk stratification which needs to be right as this will drive the target operating model; this needs highlighting more.
9.6	GL suggested that the more work is needed on the operating model in terms of population levels; risk stratification needs to be used to ensure the governance work is standardised. This needs working through with GPs/PCN.
9.7	KWJ commented that discussions around integration are taking place but is not being captured in a numerical way in terms of ACM.
9.8	PJ reported that work has been undertaken with regard to where integration has happened elsewhere and has worked to use as examples; there has also been a NES 'show and tell' and learning from that in terms of how Bury has mobilised Neighbourhood working quicker than elsewhere; the issues being encountered are not the same as elsewhere.
9.9	<p>MO'D made a number of points around the challenges:</p> <ul style="list-style-type: none"> • It is good to see the challenges have been outlined in a positive and open way. • Working as a system it would be helpful to know if there is anything the OCO can do to support this programme, particularly the challenges.

	<ul style="list-style-type: none"> From the presentation it sounded like not all PCNs have yet agreed to the Memorandum of Understanding (MoU); can the OCO provide any support. Variation in clinical engagement – is there anything the OCO can do to support this. AL confirmed that Clinical Directors are included in discussions being held in terms of improving GP engagement. There is a joint piece of work to be done around the anticipatory core of the DES against ACM. Loss of 50% of staff is substantial unless these were fixed term. AL reported that a wider conversation is needed in terms of working together on system priorities. Arrangements are in place to have interim staff in roles as soon as possible.
9.10	CF raised concern around getting sign up to the PCN DES as new specifications have recently been published for national consultation. AL confirmed that a number of the things in the DES are already being undertaken.
9.11	CF commented that the number of Neighbourhoods is still being discussed at the PSR Board; it needs to be clear what the view of the PSR Board is.

ID	Type	The System Board:	Owner
		Noted the progress to date in the implementation of the INT model.	
		Noted and agreed the proposed success measures.	
		Noted the challenges identified and considered if appropriate controls are in place to mitigate against the risks.	
		Confirmed support for the next steps.	
		Confirmed support for the proposed programme governance.	
		Confirmed support for the outputs and membership of the suggested task and finish groups.	
		LCO to seek OCO support as required to address the challenges highlighted.	

10	December 2019 TF Highlight Report
10.1	KWJ informed the Board that the report received today includes data from November 2019; the paper is currently being refreshed.
10.2	The IMT data for November highlights a negative picture in terms of admission rates in November. The December data shows improvement. There has been a stepped change in terms of how IMT works; there is a joint waiting list across facilities and further work being undertaken since the New Year. Relationship issues have been resolved due to different ways of working and flexibility across facilities.
10.3	Killelea and Discharge to Assess beds are at full capacity, additional beds are being used through winter.
10.4	Capacity has increased in RR; there were 50 referrals last week and in reach into A&E. There are positive case studies in A&E and RR teams with regard to extra capacity. An Advanced Practitioner has been recruited who can be utilised in RR and IMC.
10.5	KWJ agreed to circulate the latest RR data.

10.6	JS queried if the urgent care Green Car data could be captured. KWJ reported that this data is not included as this has now moved into business as usual. JS asked who was picking up that data. KWJ confirmed that the data is available but is not reported on. MO'D and KWJ agreed to meet to identify who collates the Green Care and Urgent Treatment Centre data and how it continues to be reported.		
ID	Type	The System Board:	Owner
A/01/05	Action	KWJ agreed to circulate the latest RR data.	KWJ
A/01/06	Action	MO'D and KWJ agreed to meet to identify who collates the Green Care and Urgent Treatment Centre data, and ongoing reporting.	MO'D/KWJ

11	Items from sub-groups
	<ul style="list-style-type: none"> Strategic Oversight Group (SOG) – notes from December 2019 meeting
11.1	The Board received the SOG minutes for information.
11.2	MO'D suggested it would be useful to have sight of the Terms of Reference for the SOG.
	<ul style="list-style-type: none"> OCO/LCO Outcomes and Performance Group <ul style="list-style-type: none"> ➤ Item for escalation
11.3	MO'D referred to Transaction of Community Services to PCFT and the gap in terms of District Nurse (DN) capacity. At a recent meeting with MO'D, KWJ, MW and Jacqui Burrows it was confirmed that no additional recruitment had yet commenced. Recruitment has now commenced however there will be financial consequences to that.
11.4	Post transaction standard costs at PCFT stand at £0.5m.
11.5	A NES Task and Finish Group is looking at IM&T across the system. Significant implications have come forward and challenges with themes across the system which need to dovetail into the work NO'C is undertaking.
11.6	MW commented that finance recognise the figure for the 10 DN posts. There has been a discussion with Craig Carter around recruitment with regard to say there is nothing to stop recruitment commencing. Information around additional appointments need to be shared with the CCG to facilitate the necessary financial discussions. MW also reported that a number of tablets have been identified to be sent to DNs to enable them to update patient records without having to go back to the office.
11.7	KWJ referred to a meeting held to talk about End of Life (EoL) Care and wound care and interdependencies in terms of what goes through the WIC and Bealeys. Wound care would not go through these facilities; expanding the DN role would fit with where patients should be treated.
11.8	In terms of EoL care, there is a request for temporary use of Transformation Funding for the consultant post which has been difficult to recruit to. A proposal from the EoL Group and the NCA will be submitted for funding from the Transformation Fund to support EoL specialist nurses for another 12 months.

	KWJ asked what the most appropriate route was for the discussion to extend 3 nurses. It was agreed the proposal should go through the Integrated Care Group for financial approval and then to this Board for sign off. If this is time critical then the proposal could go to the SOG with a recommendation to this Board.
11.9	GL queried the status on contracts for the LCO Management Team and the contract for Prestwich WIC. KWJ confirmed that the core LCO had been offered extensions but some people had been lost to permanent contracts; the LCO offered a 12-month extension.
11.10	This is a subcontract arrangement between the NCA and BARDOC. Both parties are in discussion to explore a 12-month extension (currently 3 months rolling extension) and to ascertain the impact this greater level of certainty can have on staff rota deployment.

ID	Type	The System Board:	Owner
A/01/07	Action	KWJ agreed to pick up with Jacqui Burrows re the communication to staff.	KWJ
A/01/08	Action	TOR for the SOG to come to System Board for sign off.	GL

12	Date of Meetings in 2020/21
12.1	The Board received the dates for future meetings.

13	Closing Matters
13.1	<ul style="list-style-type: none"> There had been an in-depth discussion on mental health and Integrated Neighbourhood Teams.
13.2	<ul style="list-style-type: none"> It was agreed there would be a Digital update on the agenda monthly.
13.3	<ul style="list-style-type: none"> Mental Health Strategy - an action plan with trajectories and how the strategy will be implemented to be shared at the March meeting.

Next Meeting	Date: 13 February 2020, 3.00 – 5.00pm, room 501, Townside
Enquiries	e-mail: jill.stott@nhs.net

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