

AGENDA FOR HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members : Councillor Dorothy Gunther, Councillor Tamoor Tariq, Supt Suzanne Downey, Val Hussain, Julie Gonda, Lesley Jones, Barbara Barlow, Steven Taylor, Councillor Andrea Simpson (Chair), Sajid Hashmi, Dr Jeffrey Schryer and Councillor Eamonn O'Brien

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Tuesday, 21 July 2020
Place:	Microsoft Teams
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MATTERS ARISING

4 MINUTES OF PREVIOUS MEETING *(Pages 1 - 4)*

5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 PHARMACEUTICAL NEEDS ASSESSMENT - APPLICATION TO CHANGE PHARMACY PROVISION WITHIN BURY *(Pages 5 - 26)*

Lesley Jones, Director of Public Health to update at the meeting.

7 SECONDARY CARE *(Pages 27 - 32)*

Simon Featherstone, Interim Chief Officer/Director of Nursing Bury Care Organisation will report at the meeting. Presentation attached.

8 COMMUNITY VOLUNTEERS *(Pages 33 - 34)*

Sajid Hashmi, Bury Voluntary, Community and Faith Alliance to update at the meeting. Report attached.

9 GREATER MANCHESTER POLICE UPDATE *(Pages 35 - 36)*

Update from Greater Manchester Police attached.

10 GREATER MANCHESTER FIRE AND RESCUE SERVICE UPDATE *(Pages 37 - 48)*

Nicola Mayor from the Contingency Planning Unit, to update at the meeting. Report attached.

11 NURSING & RESIDENTIAL HOMES *(Pages 49 - 52)*

Julie Gonda, Director of Community Commissioning to update at the meeting. Report attached.

12 TEST AND TRACE *(Pages 53 - 56)*

Lesley Jones, Director of Public Health to update at the meeting. Report attached.

13 CHILDREN SERVICES *(Pages 57 - 62)*

Karen Dolton, Executive Director Children's Services to update at the meeting. Report attached.

14 URGENT BUSINESS

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

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Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 20 February 2020

Present: Councillor David Jones, Leader of the Council, Bury Clinical Commissioning Group Chair, Dr Jeff Schryer; Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Director of Public Health, L Jones, S Downey GMP and Representing the Voluntary, Community and Faith Sector Alliance, S Hashmi

Also in attendance: Nicky Parker, Programme Manager, Bury CCG and Chloe Ashworth, Democratic Services

Public Attendance: 1 member of the public was present at the meeting.

Apologies for Absence: Interim Executive Director Communities and Wellbeing, Julie Gonda; K Dolton, Executive Director Children's Service, Healthwatch Chair, Barbara Barlow; Geoff Little, Chief Executive, K Walker, Pennine Care NHS Foundation Trust, V Hussain, GMFRS; representing Northern care alliance, Steve Taylor and Keith Walker Pennine Care.

HWB.1 DECLARATIONS OF INTEREST

Councillor Simpson declared a personal interest in all matters under consideration as an employee of the NHS.

HWB.2 MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the meeting held on the 20th November 2019 be approved as a correct record.

HWB.3 INTERMEDIATE CARE REVIEW

Adrian Crook, Assistant Director of Adult Social Care provided a report that highlights progress against the review of Intermediate Tier Services in Bury

Intermediate care services support people in the community, helping to promote independence and providing care, therapies and rehabilitation on a short term basis only. It was outlined that people in Bury do not have the same opportunity to access home based intermediate care, compared with other areas in the country. This review aims to change that and provide more opportunities for this service. Service areas included in the scope of the review are; Intermediate Care Nursing (bed based); Intermediate Care Social Care (bed based); Reablement (non-therapy social care home based) and Discharge to Assess (social care PVI sector bed based).

The Board were informed that Bury currently offers 74 beds that provide Intermediate Tier Care, yet the average occupancy is 75%. This demonstrates that 18 beds were not used. Therefore, a new model demonstrates that a reduction in beds of 25 using bed-based and reablement more efficiently delivers an extra 10 episodes of care a month and 123 over the course of a year. This is a principle aim of the project; to maintain or increase the number of episodes on intermediate care delivered.

Councillors were then invited to ask questions of which the following themes were discussed:

Discussions took place regarding obtaining public choice on where they may wish to receive services. The Board were informed that a consultation on the detailed proposals will be undertaken for a period of 4 weeks, from 01st June 2020 to 30th June 2020 and within this there is an expectation that the public will inform decisions that may be made.

It was agreed:

That the report be noted.

HWB.4 MENTAL HEALTH UPDATE

Kez Hayat, Bury CCG presented a report that highlighted progress against the delivery of Bury Mental Health Framework developed in October 2019, following a stakeholder event. A community engagement project was commissioned from the VCF sector, to inform the priorities of the framework.

The Board were advised that developing integrated approaches to mental health is a key priority for Bury. Historically mental health care has been disconnected from the wider health and social care system. The new 'Thriving in Bury' mental health framework was adopted for developing an integrated approach. This quadrant model covers 'Coping and Thriving', 'Getting Help', 'Getting More Help' and Risk Management and Crisis Support'.

Four project groups have now been established, with a lead supporting officer for each area. These groups will review Community Engagement findings and agree from the list of actions which are priority to develop.

The Board requested to seek assurances that there was involvement of Schools and money from Greater Manchester has been received for Children's mental health and this is being picked up through the 'I Thrive' Model.

It was agreed:

1. Project Groups Terms of Reference and Membership and the review of intelligence to be brought to a future meeting.
2. The update be noted.

HWB.5 CHILD DEATH OVERVIEW PANEL - ANNUAL REPORT RECOMMENDATIONS

Lesley Jones, Director of Public Health provided an update to the Board. At the Health and Wellbeing board on the 20th November 2020 the Child Death Overview Panel annual report findings were presented. The board requested an update on progress to date.

It was agreed:

1. The report be noted
2. The Board endorses ongoing work to address and prevent child deaths and to support those bereaved.

HWB.6 THE BURY SYSTEM URGENT CARE REVIEW AND RE-DESIGN BRIEF

Nicky Parker, Programme Manager and Dr Jeff Schryer, NKS Bury CCG Chair, provided an update on the current review and re-design. All responses will form a final report to the Strategic Commissioning Board to make a decision on 23rd March 2020 with final responses due by the 9th March 2020.

It was agreed:

1. The report be noted.

HWB.7 CORONAVIRUS UPDATE

It was agreed that further to the published agenda, this item be considered to ensure Board Members are briefed.

Lesley Jones, Director of Public Health provided an update and gave assurances about work that is being done to reduce the likelihood and impact of the Coronavirus on local residents.

The Board were advised pods are in place at hospitals and public awareness of the virus is heightened with fear levels dropping.

Lesley Jones was thanked for her leadership in this area which highlighted the power of the OCO and LCO coming together.

This item lead into discussions regarding publicity on increasing uptake of the Influenza Vaccine to assist with the reduction of Flu cases.

It was agreed:

1. That all officers ensure their business continuity plans consider what should happen in the event of staff sickness or isolation due to the virus.
2. An update on Vaccine Immunisation to come to the next Health and Wellbeing Board.

Document Pack Page 4

Health and Wellbeing Board, 20 February 2020

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 5.30 pm and ended at 7.00 pm)

Our Ref: CAS-2921973-F0Z5G1
(To be quoted on all correspondence)

Primary Care Support England

PCSE Enquiries, PO Box 350
Darlington, DL1 9QN
Email: pcse.marketentry@nhs.net
Phone: 0333 014 2884

Delivered via email to
All interested parties

29th June 2020

Dear Sir/Madam

Re: No significant change relocation to 3 Shirley Road, Manchester, M8 0WB by Khaliss Ltd C/O Rushport Advisory LLP.

We have received the above application, a copy of which is enclosed, and NHS England has completed its preliminary checks. We are now notifying interested parties of the application.

If you wish to make written representations on this application they should be sent to me at the above address within 45 days of the date of this letter i.e. by Thursday 13th August 2020. You should note that any comments submitted will be shared with other interested parties and the applicant, and may be shared under the Freedom of Information Act as requested.

NHS England will consider all representations that are received and will arrange an oral hearing to determine the application if it identifies a matter on which it wishes to hear further evidence.

I can confirm that no information that has been received in relation to this application is being withheld under paragraph 21(4), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yours Sincerely

Jaabir M

Jaabir M
Market Entry Officer

Enc

How we will involve patients in decisions on pharmacy applications

Primary Care Support England

When we receive an application to move an existing pharmacy or to open a new pharmacy we must write to:

- nearby pharmacies
- in some cases, nearby doctors' surgeries
- the Health & Wellbeing Board which is a committee of the borough, county or city council, and
- the local Healthwatch organisation, which exists to represent local patients in general

We send them a copy of the application and invite them to make comments within 45 days. Comments can be made by letter or email.

In addition, the law requires us to involve patients in our decision-making. We may do this by sending copies of pharmacy applications to:

- city/district and county councillors covering the area involved
- the town or parish council covering the area. In areas which do not have a town or parish council we may instead contact prominent community, neighbourhood or residents' groups
- patient representative groups attached to nearby doctors' surgeries.

They will also be invited to make comments within 45 days.

When we send them a copy of an application we will also send notes to explain:

- what the application is about
- why they are being asked for comments
- what we will consider when making a decision, and
- what happens next after a decision is made.

Applications are not confidential. If they want, councillors or patient groups may share details with local people so they can also make comments within the same 45 day period.

Any comments we receive will be sent to the pharmacy applicant. They will have a chance to respond to us about those comments.

Most applications are decided using written information, including any comments received.

In general, we will not hold public meetings about pharmacy applications. This is because an applicant cannot be made to attend to respond directly to any questions from members of the public.

However, we may hold a hearing if we need more information before making a decision. Where written comments from councillors or patient groups

suggest that local people hold strong views, we will invite those councillors or patient groups to attend the hearing.

Primary Care Support England

The hearing will be held in public so that (although members of the public will not be able to ask questions) they will be able to hear the arguments for and against the application. These will include any comments made by their representatives and the responses received.

All comments at the meeting will be taken into account in making a final decision on the pharmacy application.

Sent via email to:

Wise Pharmacy
Boots
Wellfield Pharmacy
Tesco Pharmacy
Boots
Cohens Chemist
SMS Pharmacy
Boots
Boots
Higher Broughton Salford Pharmacy
Boots
Newbury Place Pharmacy
Cohens Chemist
Cohens Chemist
Cohens Chemist
Formans Chemist
LloydsPharmacy
Tims and Parker
Asda Stores Ltd
Cohens Chemist
Victoria Chemist
Blackley Pharmacy
Wellfield Pharmacy
Cohens Chemist St Gabriels Medical Centre Pharmacy
Higher Crumpsall Pharmacy
Sedgley Park Pharmacy
Boots H/O North
Tesco H/O
Cohens H/O
Lloyds H/O
Asda H/O
Greater Manchester LPC
Manchester LMC
Manchester HWBB
Manchester HW
Manchester CCG

BURY & ROCHDALE LOCAL MEDICAL COMMITTEE
BURY HEALTH & WELLBEING BOARD
HEALTHWATCH BURY
BURY CLINICAL COMMISSIONING GROUP
SALFORD & TRAFFORD LOCAL MEDICAL COMMITTEE
SALFORD HEALTH & WELLBEING BOARD
HEALTHWATCH SALFORD
SALFORD CLINICAL COMMISISONING GROUP

Chapter 17

Annex 1

Application Form – Same HWB

Application in respect of a relocation within a HWB area that does not result in significant change to pharmaceutical services provision

Application for inclusion in the pharmaceutical list for the area of
Manchester (insert name of health and well-being board).

This is an application for a no significant change relocation of premises within a HWB's area and as such is an accepted application under regulation 24(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible.

Applicants should note that information provided in this form may be disclosed where this application is required to be notified to other parties or in response to a request made under the Freedom of Information Act 2000. Applicants are referred to paragraph 21 of Schedule 2 of the Regulations which sets out NHS England's responsibilities in relation to information provided in this application form which an applicant advises is confidential.

1. Information regarding the applicant

1.1 Full name and correspondence address of the applicant

<p>Khaliss Limited c/o Rushport Advisory LLP</p>

1.2 Applicant's legal entity

I/we am/are applying as a:

(Please tick relevant box. Only one box may be selected. GPhC registration numbers only need to be provided for pharmacy applications.)

Sole trader **My GPhC registration number is**

Partnership

Please list each partner and their GPhC registration number:

Please continue on a separate sheet if necessary.

Corporate Body

Superintendent's name and GPhC registration number is	Mr Nissar Ahmed 2048225
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1.3 Provision of fitness information required by Part 1, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

(Please tick relevant box)

I/We have provided the required fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, and there is no missing information. I confirm that the previously provided information remains up-to-date and accurate I am/We are already included in the pharmaceutical list for the health and well-being board in whose area the premises listed in section 3 below are located.

Please set out below when and to whom the information was provided. If NHS England cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

I/We have already provided the fitness information on a previous occasion to NHS England or, before 1 April 2013, to a home primary care trust, but there is missing information. I confirm that the remainder of the previously provided information remains up-to-date and accurate

Please indicate what information NHS England already has and when and to whom it was provided, and confirm the missing information that is being provided. If NHS England cannot locate the information previously supplied after using reasonable efforts to locate it, you will be asked to provide it again.

1.4 Relevant fee

I/we include the relevant fee for this application.

2 Address of the current premises

<p>460B Cheetham Hill Road</p> <p>Manchester</p> <p>M8 9JW</p>

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (approved retail areas)? (If yes, please complete section 7.1 below)

Yes No

Were these premises included in a pharmaceutical list as a result of an application to which Regulation 13(1)(c) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (one stop primary care centre)? (If yes, please complete section 7.2 below)

Yes No

Did you relocate to these premises within the last twelve months? (If yes, please complete section 7.3 below)

Yes No

3 Address of the premises to which you are applying to relocate¹

<p>3 Shirley Road</p> <p>Manchester</p> <p>M8 0WB</p>

These premises are currently in my/our possession* Yes No

* by rental, leasehold or freehold

¹ A full address must be provided – “best estimates” are not acceptable.

4 Opening hours – must be same as current core and total

4.1 Core opening hours²

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	Closed	Closed	40

4.2 Total opening hours³

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	9-1 2-6	Closed	Closed	40

5 Pharmaceutical services to be provided at these premises

Essential services (paragraphs 3 to 22, Schedule 4 – pharmacies)

Or

Terms of service (paragraphs 3 to 12, Schedule 5 – DACs)

If you are undertaking to provide appliances, specify the appliances that you undertake to provide (or write 'none' if the pharmacy does not provide appliances).

Part IX Drug Tariff – except items which require measuring or fitting

Please give details of any advanced and enhanced services⁴ you intend to provide. These details should include:

- confirmation that you are accredited to provide the services where that accreditation is a prerequisite for the provision of the services;
- confirmation that the premises are accredited in respect of the provision of the services where that accreditation is a prerequisite for the provision of the services;
- and

² These should be the same as the core opening hours at the current premises, unless as part of this application you are offering to provide more core opening hours.

³ The total opening hours includes the core hours and any supplementary opening hours, and should be the same as the total opening hours at the current premises unless as part of this application you are offering to provide more core opening hours.

⁴ Please note that enhanced services are those commissioned by NHS England. Do not include services which are commissioned by the local authority/council or the clinical commissioning group (CCG).

- a floor plan showing the consultation area where you propose to offer the services, where relevant. Where a floor plan showing the consultation area cannot be provided please set out the reasons for this.

Service	Accredited to provide (Y/N/NA)	Premises accredited (Y/N/NA)	Consultation area (Y/N/NA)
NONE			

Floor plan showing consultation area

Floor plan will be submitted once shop fitters have agreed the layout

6 Applications in relation to premises that are in close proximity to other listed chemist premises

This section should only be completed if the premises included in section 3 above are adjacent to, or in close proximity to, another pharmacy or dispensing appliance contractor premises.

In my/our view this application should not be refused pursuant to Regulation 31 for the following reasons:

No other pharmacy is same or adjacent premises so not applicable

7 Information in support of the certain applications

7.1 Relocation of premises in an approved retail area

This section applies where the current premises were included in a pharmaceutical list as a result of an application to which Regulation 13(1)(a) of the NHS (Pharmaceutical Services) Regulations 2005, as amended, applied (approved retail areas)

If the new address is not in the same approved retail area please explain why you believe your application should not be refused in accordance with Regulation 24(3)(a).

PLEASE SEE ATTACHED INFORMATION

Please use the box below to explain why you consider granting the application will not cause significant detriment to the proper planning in respect of the provision of pharmaceutical services in the HWB's area.

PLEASE SEE ATTACHED INFORMATION

Are the services to be provided at the new premises the same as those that have been provided at the current premises (whether or not, in the case of enhanced services, NHS England chooses to commission them)?

Yes No

Will there be any interruption to service provision? Yes No

9 Distance selling premises

9.1 Are you applying for a relocation in relation to distance selling premises?

Yes No

If no, continue to section 10.

If yes, please continue with this section.

9.2 Proposed premises that are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

This section should only be completed if the premises included in section 2 above are on the same site or in the same building as the premises of a provider of primary medical services with a patient list.

In my/our view this application should not be refused pursuant to Regulation 25(2)(a) for the following reasons:

SEE ATTACHED INFORMATION

9.3 Please explain how the pharmacy procedures used within the premises will secure:

- (a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
- (b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

Please describe the procedure that will be followed where a patient attends the premises and asks for one or more of the essential services.

If you are undertaking to provide advanced services at the premises please describe how you will do so without providing any element of essential services.

See attached information

10 Undertakings

By virtue of submitting this application I/we undertake to notify NHS England within 7 days of any material changes to the information provided in this application (including any fitness information provided under paragraph 3 or 4, Schedule 2) before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake to notify NHS England if I/we am/are included, or apply to be included, in any other relevant list before:

- the application is withdrawn,
- while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
- if the application is granted, I/we commence the provision of the services to which this application relates,

whichever is the latest of these events to take place.

I/We also undertake:

- to comply with all the obligations that are to be my/our terms of service under Regulation 11 if the application is granted, and
- in particular to provide all the services and perform all the activities at the premises listed above that are required under the terms of service to be provided or performed as or in connection with essential services.
- that at no point will two NHS pharmacies operate at the premises to which we are seeking to relocate

The following only applies where the applicant is seeking to provide directed services. I/We:

- undertake to provide the directed services mentioned in this application if they are commissioned within 3 years of the date of grant of this application or, if later, the listing of the premises to which this application relates,
- undertake, if the services are commissioned, to provide the services in accordance with an agreed service specification, and
- agree not to unreasonably withhold my/our agreement to the service specification for each directed service I/we are seeking to provide.
-

I confirm that to the best of my knowledge the information contained in my/our application is correct.

Signature

NameMr Nissar Ahmed.....

PositionDirector.....

Date- 25/04/2020

On behalf of the company/partnershipKHALISS LTD.....

Contact phone number in case of queries..... ..

Contact email number in case of queries

Registered office

460B Cheetham Hill Road Manchester M8 9JW

Please send the completed form to:

Email: PCSE.marketentry@nhs.net

Post: Primary Care Support England, PO Box 350, Darlington, DL1 9QN

NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018

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10-12 Barnes High Street
Barnes
London
SW13 9LW

Tel: 020 8878 3007
Email: conor.daly@rushport.co.uk

PCSE Enquiries, P O Box 350
Darlington DL1 9QN

Sent by email to PCSE.marketentry@nhs.net

30 April 2020

RE: Application in respect of a relocation that does not result in significant change to pharmaceutical services provision - Khaliss Limited from 460B Cheetham Hill , Road, Manchester, M8 9JW to 3 Shirley Road, Manchester, M8 0WB

I act for Khaliss Limited in the above application and have been instructed to submit this information in support of my client's application.

My client operates as a distance selling pharmacy. No essential, enhanced or advanced services are provided to patients at the pharmacy premises.

The distance involved in the relocation is approximately 0.4 miles within the same area. As this is a distance selling pharmacy with no patients attending the premises, the distance of the move is not a material consideration.

The Regulations permit a relocation of a distance selling pharmacy subject to meeting the legal test as set out in Regulation 24.

In order to show that my client's application meets all parts of the test under Regulation 24 my client has:

- a. Defined their Patient Group
- b. Shown that, for this Patient Group the proposed location for the pharmacy will not be significantly less accessible; and
- c. Demonstrated that the application meets all parts of the test under Regulation 24.

Patient Group

When considering the definition of the relevant 'patient groups' NHS England is required to consider accessibility "for the patient groups that are accustomed to accessing

pharmaceutical services at the existing premises". In this case all patients fall into a single patient group which is defined as "patients who access services other than at the premises".

As my client does not provide any pharmaceutical services to patients attending at the current pharmacy premises and patients are unable to access pharmaceutical services at the existing or proposed premises there is no patient group that is "accustomed to accessing pharmaceutical services at the existing premises" and therefore no patient group that could find the relocated pharmacy significantly less accessible.

The requirements of regulation 24(1)(a) are therefore met.

As the relocation relates to a distance selling pharmacy my client is required to explain how the procedures used at the premises will secure;

- (a) the uninterrupted provision of essential services during the opening hours of the premises, to persons anywhere in England who request those services, and
- (b) the safe and effective provision of essential services without face to face contact between any person receiving the services, whether on their own or someone else's behalf, and the applicant or the applicant's staff.

We ask that the Committee refers to the attached information which explains the processes and procedures that will be used at the premises.

In addition, NHS England will also consider the other matters required under Regulation 24:

1. In the opinion of the NHSCB, granting the application would not result in a significant change to the arrangements that are in place for the provision of pharmaceutical services

There is no evidence that granting the application would result in a significant change to the arrangements that are in place for the provision of pharmaceutical services. The same services will be provided from the new premises and will be provided in the same manner.

2. The NHSCB is satisfied that granting the application would not cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the HWB's area

My client is not aware of any plans in respect of the provision of pharmaceutical services to which significant detriment would be caused should their application be granted.

3. The services the applicant undertakes to provide at the new premises are the same as the services the applicant has been providing at the existing premises

My client undertakes to provide the same services at the new premises as are provided at the existing premises.

4. The provision of pharmaceutical services will not be interrupted (except for such period as the NHSCB may for good cause allow)

My client confirms that the provision of pharmaceutical services will not be interrupted during the proposed relocation.

For the reasons given above we request that NHS England approves this application.

Yours faithfully,

Conor Daly
Partner
For and on behalf of Rushport Advisory LLP

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Chapter 29

Annex 7

Relocation Application

Application by Khaliss Ltd to relocate from to relocate from 460b Cheetham Hill Rd, Manchester, M8 9JW to 3 Shirley Rd, Manchester, M8 0WB

Explanatory notes by NHS England (Greater Manchester Team)

Q1. What is this application for?

Khaliss Ltd runs the NHS pharmacy at **460b Cheetham Hill Rd, Manchester, M8 9JW** They wish to move the pharmacy to the **3 Shirley Rd, Manchester, M8 0WB**.

A NHS pharmacy can only move if NHS England gives permission.

These notes explain the process we follow when deciding whether to give permission.

Q2. Why have I been sent a copy of the application?

You have been identified by NHS England as someone who may have an interest in, or may be affected by, the decision NHS England takes in relation to this application. You are being invited to make comments on the application before NHS England takes a decision on whether the pharmacy can go ahead. Any comments must be received before the end of the 45-day period mentioned in the letter.

Applications are not confidential. If you want, you may share details with anyone else who might be interested. If you do, please ensure that any comments they wish to make are submitted to NHS England through you within the same 45-day period.

Any comments we receive will be sent to **Khaliss Ltd** They will have a chance to respond to us about those comments.

When we come to make a decision, NHS England will consider any comments it has received and any response to those comments from **Khaliss Ltd**

Q3. How will NHS England decide whether to give permission for the move?

We can only give permission for the move if we are sure that it will not be more difficult for the groups of patients who use the pharmacy in its current location at **460b Cheetham Hill Rd, Manchester, M8 9JW** to get to **3 Shirley Rd, Manchester, M8 0WB** instead.

When looking at this, we will try to identify groups of patients who use the current premises by factors such as:

NHS England's [Privacy Notice](#) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

- which doctors' surgeries patients use (and so may have given the patient a prescription)
- where patients travel from when coming to the pharmacy
- how they travel to the pharmacy
- how they access the pharmacy's services (in particular, whether they actually need to visit the premises to use those services).

If we find that the new location would be more difficult for any group of patients to access (even if it is accessible for all other groups of patients), then we would have to refuse the application.

We will also look at whether:

- The move will cause any major changes to how patients access pharmacy services in the area, and/or will have significant negative effects – if it will then we must refuse the application
- The same services will be provided at the new site, and check that there will not be any interruption to services caused by the move – if these requirements are not met then we must refuse the application.

Q4. What would the pharmacy's opening hours be and what services would it provide?

Section 4 of the application form includes the opening hours at the new premises, which must be the same as the opening hours at the current premises.

“Core opening hours” are those which the pharmacy would be unable to change without our permission. The pharmacy may also open for longer: this is called having “supplementary opening hours”. The pharmacy can change their supplementary opening hours by giving us three months' notice.

The core and total opening hours included in this application are the same as for the current location.

Every pharmacy must dispense NHS prescriptions, accept unwanted medicines for disposal and give advice on how to treat minor illnesses yourself.

Q5. When will a decision be made?

We expect to make a decision within four months of receiving the application.

Q6. What will happen if permission is given?

If we decide to give permission for the pharmacy to move, this does not automatically mean that it will go ahead. Other local pharmacies may be able to appeal against the decision. Appeals are dealt with at national level by NHS Resolution.

If no appeals are received or if they are rejected by NHS Resolution, **Khaliss Ltd** would then have up to six months to relocate, although this could be extended to nine months. If those deadlines were not met, then the permission would expire.

Q7. What if permission is refused?

Khaliss Ltd would be able to appeal.

Q8. Where can I find more information?

For more information about how applications like this are dealt with, read Chapter 10 of the guidance available on this webpage:

<https://www.gov.uk/government/publications/nhs-pharmaceutical-services-assessing-applications>

See also NHS Resolution's guidance note on how it considers appeals on relocation applications:

<https://resolution.nhs.uk/resources/regulation-24/>

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Saving *lives*,
Improving *lives*



**Bury & Rochdale
Care Organisation**
Northern Care Alliance NHS Group

Secondary Care Recovery

Agreed principles for delivery:

- Home first
- No overcrowding
- Social Distancing where PPE isn't used
- Zoning across the estate
- Testing used to keep us safe
- Reality rounding will validate our principles
- Prioritisation based on clinical urgency
- Safe patient flow in and out of hospital
- Resource is where the need is
- Reduce staff exposure
- Optimising IPC standards – in and out of hospital
- Redesign not restart



Driver Diagram for Planned Care (Non Admitted)

Keep patients and staff safe by designing a Home First approach to outpatients and moving to 60% non face to face outpatients by 31st March 2021

Diagnostics

- Direct access pathways
- One stop / RDC model
- Advice & guidance – targeted referral to RDC via GP to Specialist telephone triage
- Making visiting a healthcare facility the path of most resistance
- Off-site units, understanding their functionality and review of the need in a new model (flows / B,G,Y ‘zoning’)

Transfers of Care

- Resource allocation to follow the patient
- Referral pathway redesign
- Patient Tracking
- Advice & guidance
- Telemedicine
- Medico legal and clinical governance considerations
- Onward referral routes for patients into 1ary/2ary care
- Mitigating pushing demand into unplanned care

Digital / Virtual

- Virtual consultations as default - communication strategy to serve the public, primary and secondary care stakeholders and local authorities
- IG and data sharing
- Recording of activity (both counting & documentation)
- Telemedicine
- Scheduling & resources

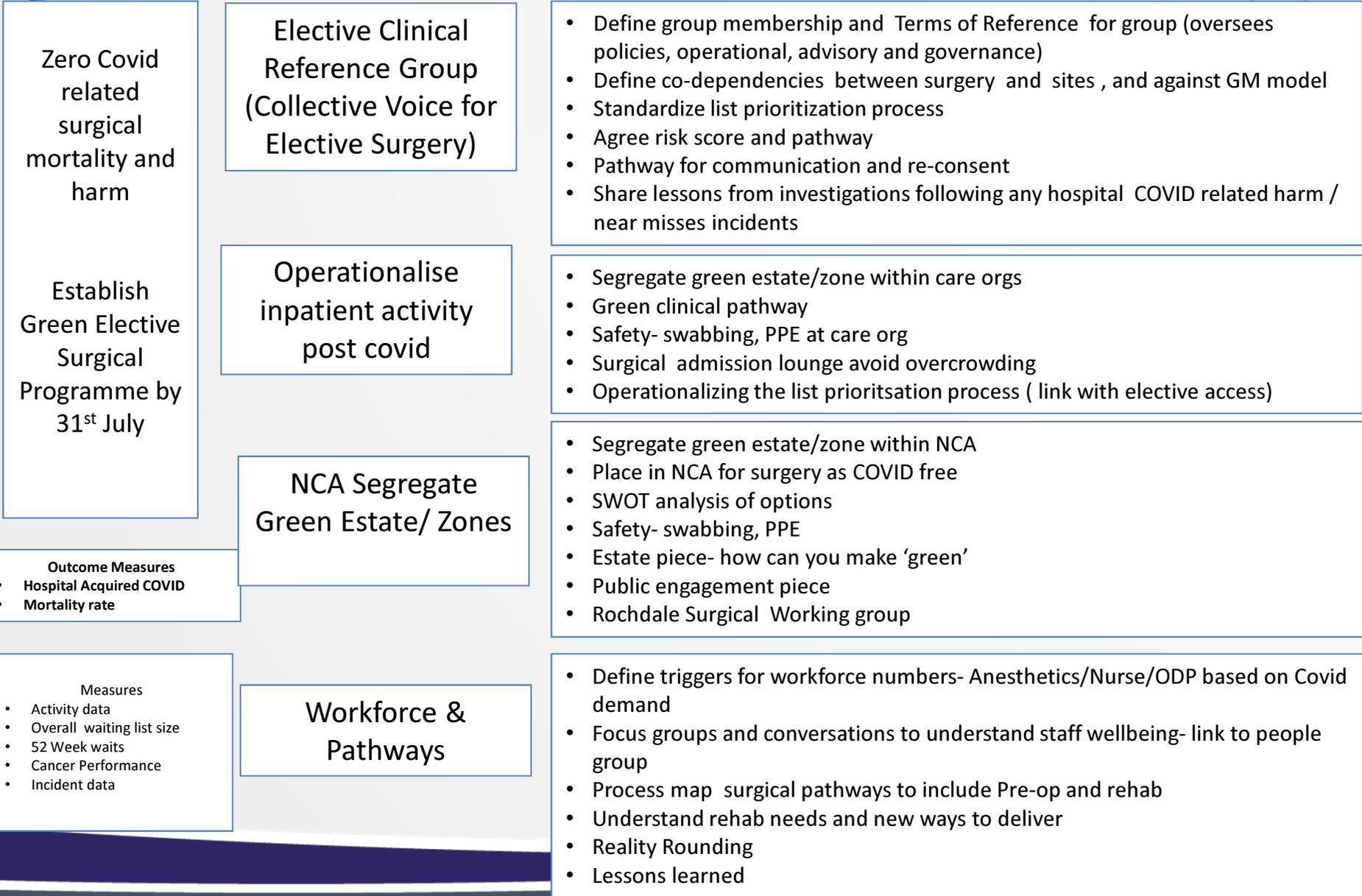
Value Add

- Human factors and staff training
- Use of advanced and extended practice
- Personalisation of care
- Patient and staff experience
- Monitoring clinical effectiveness
- Reduction of Timpwood wastes

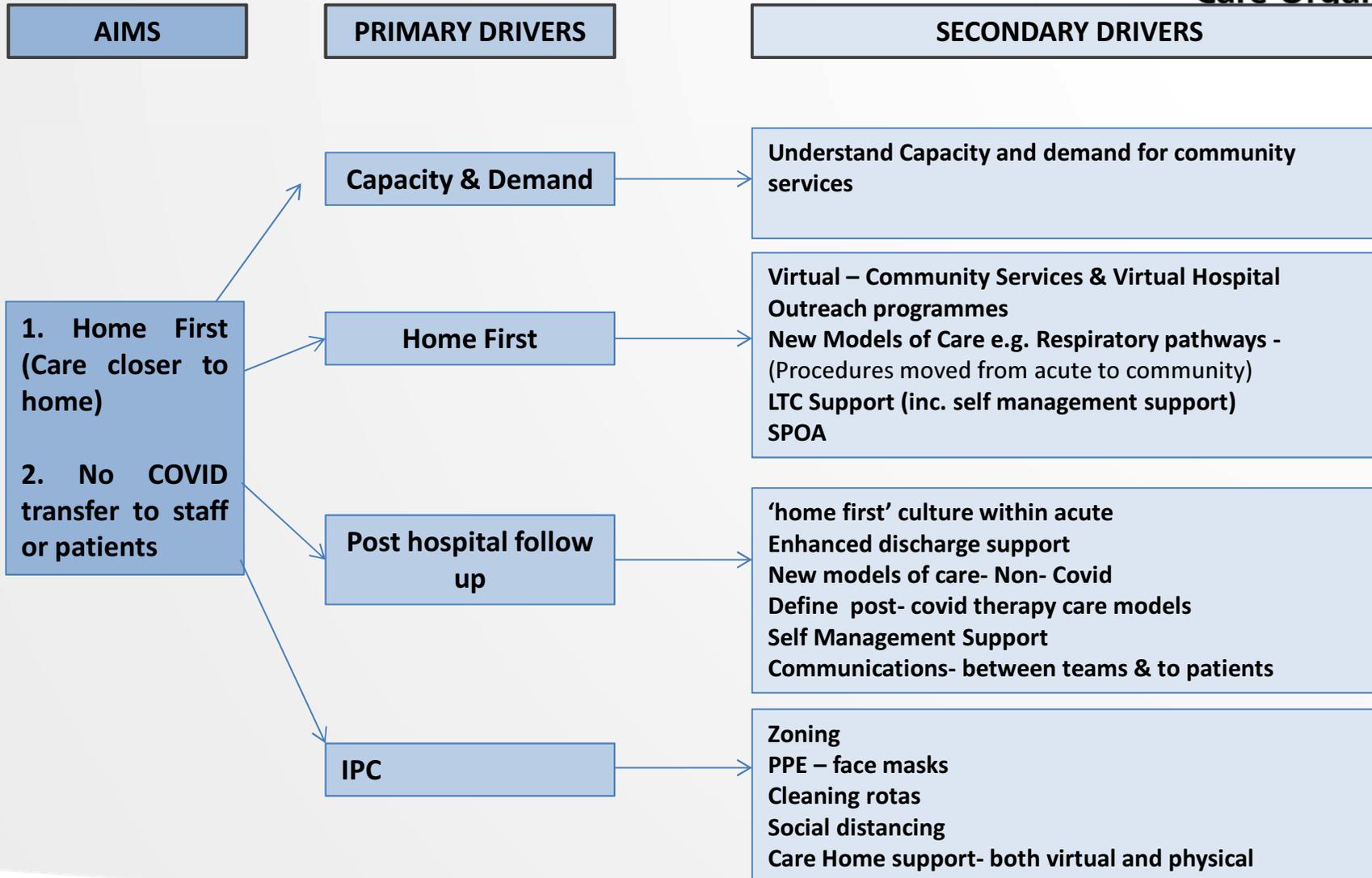
Outcome Measure:
Proportion of outpatient appointments with patient not from hospital (virtual, face 2 face and RDC)

- Process Measures:
- Waiting list additions
 - Satisfaction scoring for patients, GP's and specialists
 - Referral process measures against Timpwood wastes

- Balancing Measures
- ED attendances
 - Number of follow up appointments
 - Use of conservative management



Community Driver Diagram





1. Hubs Support

VCFA recruited and signpost 717 volunteers directly to the Hubs, since April. We have now reverted to recruiting volunteers for the VCF sector organisation and not just solely for the Hubs. There has been a significant fall in the number of volunteers available as people start returning to work.

Our volunteers all expressed concern around the anxiety and physical fitness levels of those shielding/isolating at home alone where there is no immediate support.

This includes communication, especially where there may be language difficulties, getting those concerned to interact socially, out into shopping and other daily tasks, adapting to social distancing and dealing with transport where they do not have any of their own. e.g. use of public transport and 'ring and ride' when the message has been stay at home and keep off public transport.

Befriending and buddying has been suggested as part of a solution. There needs to be a co-ordinated approach to helping these groups of people to come to terms with what they are going to find as they come out of isolation when a lot of their previous support will no longer exist.

Most volunteers we get are from the fit and healthy retired who are currently shielding/isolating as such not available. People who are unemployed or on benefits do not volunteer due to risk of sanctions.

2. Business Support Grants

With the exception of New Springs Community Project and Age UK none of the other local VCS organisations have been able to access support from the Discretionary Business Grants which has left almost all those with premises struggling to survive.

3. State of the VCF Sector in Bury

A survey of the local sector has shown that approximately 60% of local community groups have less than 3 months operating costs and may close by the end of the year. In order to try and generate income most are returning to work within the next few weeks.

VCFA Covid-19 Impact Survey - Initial findings show

- 50% of VCF organisations have reserves for fewer than 6 months (of these, 8 have reserves less than 3 months)
- The loss of monthly-income ranges from £300 per month - £20k per month;
- Inability to pay rent and utility bills due to lack of funds
- funding opportunities being overwhelmed with the number of applications, so have been closed;
- just under 50% indicate that physical distancing is main factor in prohibiting normal service;

Groups who have been seeking help and support have also stated

Bury VCF Sector Update



- **Lost income to VCF during lockdown and due to social distancing** – an urgent need to recoup lost income find alternative sources to ensure sustainability.
- **Volunteers** – As people return to work the pool of volunteers will shrink drastically
- **Day centres** - How soon can they start giving support to dependents and much needed **respite for carers?**
- **Dependency** - will need to be reduced gradually on help with shopping, medication collection, frequency of support and welfare calls
- **Mental Health issues** (e.g depression and agoraphobia) due to restrictions/isolation, managing this going forward and returning to face 2 face support
- **Rough sleepers** - Move on plan and alternative accommodation for those currently housed by Bury council
- **Increased financial hardship** due to reduced income/, Furloughed or lost jobs all need help with debt management
- **Support** – continued demand on food banks and need for
- **Carers who carers relief has been cancelled or postponed** during lock down period – getting this started again
- **Consistent Communication** – need for consistent communication across VCF, as we move to recovery phase
- **Social Distancing** – Policies and guidance needed for shared VCF space in buildings and workplaces

Smaller community groups have raised concern about the cost of a COVID safe return to work. VCFA have produced a Risk Assessment & Checklist [please click here](#) to download or view the Covid-19 Risk Assessment.

4. Funding

We have been raising awareness of funding opportunities via our Funding Bulletin, Bury VCFA Website and twice weekly newsletter. Many local VCF organisations have been supported with funding applications. As a result, £501,224 has been brought into the Bury economy since April:

- 53 Bury Organisations have secured £387,990 for the govt COVID support fund via the lottery
- 35 community groups in Bury have secured £133,234 in COVID related support grants via Forever Manchester.
- 32 groups shared £29,296 from Bury Council's emergency COVID grants

Bury Health and Wellbeing Board

Report Title	Greater Manchester Police Update - COVID-19 Recovery		
Meeting Date	21 st July 2020		
Contact Officer	Sue Downey		
HWB Lead	Sue Downey		
1. Executive Summary			
Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Purpose of report:	To provide the Board with an update on Greater Manchester Police - COVID-19 Recovery		
Key Actions:	For Information		
What requirement is there for internal or external communication?	None		
Assurance and tracking process:			

2. Introduction / Background

GMP Initially assisted the public and the local authority to support businesses via the 4 E plan. This went very well and was positively received in Bury with very good compliance from the members of the public. One of the main areas of support was around licensing and compliance for certain businesses such as hairdressers, barbers and licensed premises.

GMP have been integral in the support and planning with partners of re-opening of the night time economy in Bury and continues to be one of our key areas of business.

Internally with have supported our partners with the attendance of on-line meetings. Testing of our staff at an early stage enabled us to ensure we were in a good position to support our communities with maintained staffing levels. Bury and Whitefield Police Stations are COVID compliant which assists us to support staff, reduce infection rates, and ensure we are complaint for the TTT system.

We have attended both Borough level Gold and Silver meetings throughout the pandemic.

3. key issues for the Board to Consider

The Board is asked to note the action taken to date.

4. Recommendations for action

None

5. Financial and legal implications.

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Mike Woodhead (Mike.Woodhead@nhs.net).

None directly arising from this report

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

N/A

GMFRS Recovery Overview

Chief Mayor mayornj@manchesterfire.gov.uk

Have worked for GMFRS since October 2004

Have been working at home since 9th March

Normally based at FSHQ in Swinton

Responsibilities and roles: BCM and all that it entails but also

Have a background in COMAH, Testing and Exercising,

Incident briefing, Adhoc planning for GMFRS and Multi-Agency

Partnership Working

Have been a BCM mentor for four people in other FRS's with the

EMCC, and I was the Vice Chair for over two years

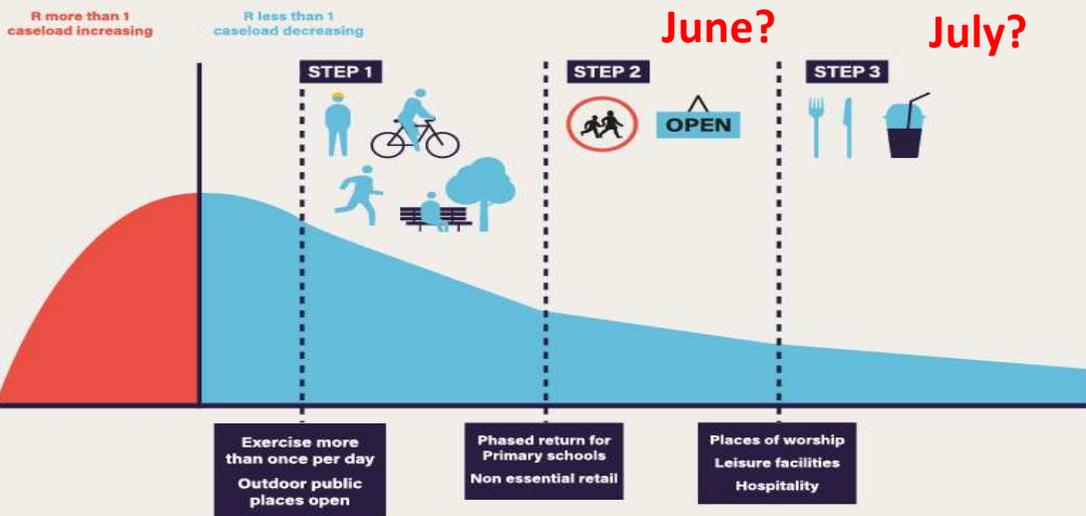


Context: Government's Phased Recovery Plan



Release from Lockdown in steps

Stages of adjustment to current social distancing measures



- Risks will be monitored and timings adjusted if appropriate
- May step back to lock down and/or stronger controls if risks rise
- Requirements for social distancing, careful prevention of spread of virus and protecting vulnerable likely to remain for over 12 months
- Release from lock down in the wider environment will impact GMFRS recovery e.g. education opening affecting staff & carers; response & protection demand as businesses reopen differently; car share & public transport

GMFRS Recovery Phases

**Release from
Lockdown**
(2months?)

Living-with-COVID-19
(upto or more than 12months)

Building Back Better
(more than 12 months)

Further Peaks
Different seasons/time of year
Historically more vulnerable people
Elderly often have to decide to Eat or Heat!!!
More prone to Pneumonia and underlying health conditions
Not as many opportunities to go outside due to the weather
Shorter days
Health and Wellbeing of staff
Community Assistance Plan will be in place

Recovery Principles – Draft

Safety First - Current guidance is continue to work from home. Staff need to feel safe to both continue to work from home and return to the workplace

Align with the principles of GM - This includes the recovery principles of build back better, active travel, less reliance on public transport in short term

Ensuring business of CA is delivered - Whilst ensuring that staff are safe and supported our function is to deliver the business of the CA

Supporting health and well-being of staff - We should be an exemplary employer, particularly as we want to be seen to lead by example. We need to acknowledge and respond to both physical and mental stresses of the changes that have taken place and the new working environment

Ensuring connectivity in a digital world- Continuing on the Digital First journey with the balance of ensuring that people can and should connect in the physical workplace and that is it beneficial to do so

Focus on outcomes - Be clear about our work objectives and focus on delivery rather than time spent or place of work

Enable maximum flexibility - Allow people maximum flexibility in working patterns to deliver the service.

Ensure inclusivity - Always consider that staff will have differing personal circumstances and arrangements that should be accommodated as much as possible. This may include caring responsibilities, health issues, travel difficulties etc.

Maintain enhanced staff engagement

PLANNING ASSUMPTIONS FOR LIVING WITH COVID-19 – Draft

Although COVID-19 will remain part of our lives for ever, the “living with COVID-19” period is the time where we have limited controls on the spread of the virus. Control measures (e.g. track & trace, vaccine) will improve over time and planning assumptions will change, however, for now, the planning assumption is that for 12 months (possibly more):

- . We will recover critical functions, that have stopped or been degraded, first - developing sustainable approaches for living with COVID and managing risks
- . All other staff will continue operating as during lock down, with services reformed and built back better over time
- . It will remain critical to prevent the spread of virus amongst staff and our community. This means
 - Staff will work from appropriate locations – there will not be a wholesale return to the office
 - Social distancing remains essential – at the workplace inc. shared facilities (stairwells, exits/entrances, lifts, toilets) and in community
 - Vulnerable individuals need to be protected (staff and community)
 - Face-to-face gatherings/meetings will be subject to stringent restrictions
 - Hygiene requirements remain essential (including equip, buildings, shared facilities e.g. catering & toilets, stairwell etc
 - Management of persons with symptoms and tracing of contacts is essential
 - PPE required where risks demand it
- . There may be further periods of pandemic, potentially worse than experienced to date, so BCM Plans need to be in place and ready to remobilise

A Joined up/Coordinated approach

Coordinated network

Recovery Approach
Recovery Strategy
Recovery Working Group
Governance arrangements
Impact analysis, lessons
learned & opportunity
assessment
Planning assumptions
Recovery Roadmap

Coordinated Planning

Release
from
lockdown
(0-2 months)

Living-with-
COVID-19
(0-12 months)

Build Back
Better
(PfC refresh)

Coordinated Delivery

3 strands of work

Service Recovery

Workforce Recovery

Future Change Agenda

PHASE

PURPOSE

OUTPUTS

Strategic Planning for Recovery

1. Develop shared understanding
2. Informed GMFRS approach
3. Cross functional challenge & support
4. Consistent approach, Templates & tools development

1. Strategy
2. High Level Plan
3. Functional planning Templates & tools and guidance
4. Shared perspective, stretch, challenge, support

Detailed Functional Planning

- Functional led detailed planning
1. Release from lock down
 2. Living- with-COVID-19
 3. Build back better

1. Critical function impact and recovery plan & functional risk mgmt plan
2. Functional resourcing/repurposing plan
3. Workforce individual risk assessment and personalised plan for work and proposed date for return to the workplace
4. Workplace risk assessment and proposed changes to arrangements

GMFRS Prioritisation & planning (Recovery Working Group)

1. Organisational review and challenge of functional plans
2. Challenge, stretch and support
3. Agreement of priorities

1. Prioritised GMFRS service recovery plan & refreshed functional plan
2. Corporate Living-with-COVID-19 Functional resource requirement/repurp (& impact on supporting wider GM Recovery/humanitarian assistance)
3. Prioritised plan for return to the workplace & phased building occupancy management plan
4. Prioritised facilities plan
5. Refreshed/reprioritised ICT/equipment plan
6. Refresh of the future change priorities
7. Financial impacts (income, costs & efficiencies) and budget
8. Corporate lessons learnt register, report and ongoing learning approach
9. Recovery roadmap and consolidate recovery plan
10. Recovery reporting framework
11. Communications & engagement plan
12. Directorate and corporate risk management action plans

Implement and continuously improve

1. Coordinated implementation
2. Effective engagement and collaboration with wider GM recovery agenda
3. Staff safe and supported
4. Understand risk, learn & adapt

1. Corporate Policies/guidance/etc
2. Functional guidance/processes etc
3. Implementation of changed practice and phased return to workpla
4. Implementation of suitable facilities and welfare arrangement
5. Communications of staff communities, partners etc
6. Wider GM recovery engagement and delivery
7. Functional reporting & governance

RISK REGISTER

Approach

Develop a shared understanding, learn the lessons and maintain a clear focus to build back better

Develop a GMFRS Recovery approach is informed by

- Functional High level Consideration of recovery
- NFCC best practice developed
- GMCA Recovery approach developed
- Established practice and lessons from previous experience (& the “wicked issues”)
- PFC future plans

Cross functional challenge, stretch and support

Develop a coordinated approach

Outputs

Finalised Recovery Strategy, Policy & Guidance, Templates and other outputs

High level Recovery Plan

Outline Living-with-COVID-19 Service offer

Detailed Planning: Functional Service Recovery Planning

Approach – Key questions

What are the impacts of Living-with-COVID-19 on your service (operations, demand, financial ..)

What lessons have been Learnt from lock-down

How will you deliver your service during the Living-with-COVID-19 period

- Critical functions – the first priority for consideration
- Other functions – stage 2

Will this be full recovery or remain a degraded service? Risks and impacts and how long this can be tolerated (maximum tolerable period of disruption)

When do you plan to transition from Lockdown to Living with COVID-19 arrangements -this may be in multiple phases; what assumptions. (recovery point objective)

What are your workforce requirements during Living-with-COVID-19

What is the financial impact (income, costs & efficiencies)

What is your ongoing support/exit strategy for GM support/humanitarian assistance??

How will your staff will work safely; where they will work and when do you propose to bring them back to the workplace

What is the impact on your future change agenda

Outputs

Critical function impact and recovery plan

Functional resourcing/repurposing plan

Workforce risk assessment and personalised plan for working and proposed date for return to the workplace

Workplace risk assessment and proposed changes to arrangements

Directorate action plan (inc. to release from lock down, live with COVID, build back better) with key dependencies

Refined Future change plans and priorities

Implementation

Approach

1. Functional delivery and regular reporting against plan
2. Continuous monitoring of emerging and changing environment and impacts, risks & issues, outcomes
3. Learn lessons refresh/change/adapt/respond

Outputs

1. Corporate Policies/guidance/ etc.
2. Functional guidance/processes etc.
3. Implementation of changed practice
4. Implementation of phased return to workplace
5. Implementation of resourcing/repurposing plan
6. Implementation of suitable facilities, Functional resource requirement/repurposing plan
7. and welfare arrangement
8. Communications of staff communities, partners etc
9. Wider GM recovery engagement and delivery
10. Functional reporting & governance

Thank you



Mayor mayornj@manchesterfire.gov.uk

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Bury Health and Wellbeing Board

Report Title	Residential and Nursing Care – Support Provided during COVID-19 pandemic		
Meeting Date	21 st July 2020		
Contact Officer	Matthew Logan		
HWB Lead	Julie Gonda / Tracy Minshull		
1. Executive Summary			
Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Purpose of report:	To update partners on the support provided to our Nursing and Residential Homes and the current situation.		
Key Actions:	Update		
What requirement is there for internal or external communication?			
Assurance and tracking process:	<i>The original Provider Offer went through the appropriate sign off process and was agreed by Cabinet. The extension was discussed with Democratic Services and was appropriately signed off via an Operational Decision.</i>		

2. Introduction / Background

There are just under 1400 residents that are supported in one of over 50 Residential and Nursing Homes in Bury. At the start of the COVID-19 pandemic, while wider focus was on the support and impact expected on the Acute Sector, Bury Council worked hard to ensure measures were in place to support Providers to manage the pressure associated with COVID-19. In a proactive move, Bury Council agreed a COVID Support Offer to all providers at the beginning of April which included support with access to PPE, staffing and wider financial measures. This was funded via the CCG coordinated COVID-19 fund.

The COVID Provider offer outlined support including but not limited to:

Recruitment Support

- Promotion of Provider job adverts via Local Care Organisation social media channels and wider

- Funding of DBS checks for new staff
- Reimbursement of any increased costs that our Providers have incurred due to having to bring in agency cost to cover staffing shortfall.

PPE

- Where Providers had to purchase additional or specific PPE, over and above regular stock, to protect staff and support our customers during this pandemic, we will fund these purchases.

Financial support

- Where providers start a new customer from hospital or Choices for Living Well on either the same day, or a date requested by the relevant team, they can claim an additional one off payment of £100. Where they start a new customer from hospital or Choices for Living well over the weekend they can claim a payment of £150. This is aimed at ensuring customers do not have to stay in hospital any longer than they need to.
- Offer to block book vacancies where necessary within our Older People's Residential and Nursing homes. The aim of which was to ensure we maintained capacity within the community sector to assist discharges from hospital. It also provided some Providers with financial security given the large number of vacancies being held as well as ensuring customers do not have to stay in hospital longer than needed.
- All discharges into care homes from hospital will be fully funded via COVID fund. This includes standard rate, dementia premiums where applicable, full nursing cost and top ups. This provides assurance to providers of appropriate funding before admission.
- Where a resident is diagnosed with COVID-19 and due to their presenting needs requires the Provider to bring in additional staff to support them on a one to one or two to one basis, this increase in care will be funded.
- Where due to COVID-19, providers have had to pay inflated costs for items that are required to ensure the safe running of their service then we look to support funding of them.
- Flexibility around upfront payments where providers require it.

This formal offer sat alongside other holistic support including:

- Dedicated Provider Relationship Officer for each home
- Daily bulletins sharing advice and guidance from the Council and partners
- 7 day access to relevant Council staff
- PPE escalation process for emergency stocks
- Workforce Hub to access staffing in an emergency
- Support with both individual and whole home testing
- Regular forums for providers with relevant partners including Infection Control Teams.

- An Innovation fund allowing applications for small amounts of money to support residents maintain contact with family or improved activities and facilities during lockdown.

The Council have since facilitated the distribution of an Infection Control Grant to Adult Social Care Providers, nearly £1m of which has gone to Care Homes.

The Borough's Care Homes have also benefited from increased joint working between the Council, Public Health, CCG and Primary Care, including the roll out of linked GP's to each Care Home and dedicated Infection Control contacts to discuss specific issues.

Although the number of deaths suffered in our Care Homes is a tragedy, the proactive approach taken by the Council, its partners and our Care Homes has resulted in Bury being the 3rd lowest authority for excess COVID deaths in Residential Homes across Greater Manchester.

3. key issues for the Board to Consider

The CCG coordinated COVID-19 funding is secure until the end of July, allowing some flexibility is offering a continuation of part of the COVID Provider Offer. With an original end date of June 30th 2020, we have taken into account the Governments easing of lockdown measures. The cost implications of COVID remain for the majority of providers; guidance around the use of PPE has not changed for a number of months and staffing capacity continues to be impacted on by infection, contact tracing and shielding. By streamlining our COVID Provider offer now we are ensuring support is still there where required but easing ourselves and providers into a recovery phase.

Care Homes are therefore still able to access:

- Funding for additional PPE
- Funding for increased costs incurred by using agency staff
- Funding assured for all hospital discharges into care homes via the COVID fund.
- Dedicated Provider Relationship Officer for each home
- Twice a week bulletins sharing advice and guidance from the Council and partners
- PPE escalation process for emergency stocks
- Workforce Hub to access staffing in an emergency
- Support with both individual and whole home testing

- Regular forums for providers with relevant partners including Infection Control Teams.
- An Innovation fund allowing applications for small amounts of money to support residents maintain contact with family or improved activities and facilities during lockdown.

4. Recommendations for action

The extension of at least part of the offer will align with work being carried out on the Adult Social Care Recovery Plan. Market Sustainable plans are actively being developed to ensure that support is targeted to those providers who need it most to remain viable. The extension of the COVID Provider Offer to end of July allows time where focus can shift further to recovery, to work with providers around long term plans to ensure they can meet the changing demands of the care market. We have recently held a Strategic Care Home forum where owners and chief executives of all Bury Care Homes were invited to discuss and share ideas around securing the sustainability of the market, meeting demand going forward and jointly develop implementations plans with the Council.

5. Financial and legal implications.

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Mike Woodhead (Mike.Woodhead@nhs.net).

The CCG coordinated COVID-19 funding is secure until the end of July, allowing some flexibility is offering a continuation of part of the COVID Provider Offer. Work is currently ongoing to establish the financial impact of any wider sustainability offer we have to provide to our Care Homes post COVID funding.

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

CONTACT DETAILS:

Contact Officer: Matthew Logan

Telephone number: 0161 253 7252

E-mail address: m.logan@bury.gov.uk

Date: 8th July 2020

Bury Health and Wellbeing Board

Report Title	Contact Tracing and Outbreak Management Update		
Meeting Date	21 July 2020		
Contact Officer	Steven Senior		
HWB Lead	Lesley Jones		
1. Executive Summary			
Is this report for?	Information X	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Purpose of report:	To update the Board on Contact Tracing and Outbreak Management in Bury		
Key Actions:	To note the contents of the report		
What requirement is there for internal or external communication?	A separate communications plan has been prepared that explains the		
Assurance and tracking process:	This report has been adapted from a paper presented to the Bury OCO Strategic Commissioning Board.		

2. Introduction / Background**Context**

1. England has had a large epidemic of COVID-19. This epidemic has been controlled using strict social distancing measures. But these measures have also caused harm by limiting access to care, curtailing personal freedoms, and damaging the economy.
2. Despite the large epidemic evidence suggests that between 5% and 9% of the English population has had COVID-19¹. For the epidemic to stop, 60% to 70% of the population would need to be immune. So the potential for another, worse epidemic still exists.
3. Contact tracing and outbreak management can reduce the spread of infectious diseases. If successful, contact tracing and outbreak management may let us reduce social distancing without having another big COVID-19 epidemic.

¹ See ONS (2020) "[Coronavirus \(COVID-19\) Infection Survey pilot: 5 June 2020](#)"

Contact tracing and outbreak management

4. Contact tracing in England is organised into three tiers. Tiers two and three are the national system. Tier one is a regional and local system that deals with complex cases and cases and outbreaks in high risk settings, like care homes and prisons. In Greater Manchester, tier one is made up of a Greater Manchester Integrated Contact Tracing Hub (GM ICTH), and local areas' own arrangements.

5. Most of the contact tracing in Tier one will be done by the GM ICTH. Local authorities will do contact tracing in specific circumstances, which includes tracing contacts in care homes or where local authorities' contacts are needed. The local authority also provides proactive support to key sectors like primary care, social care, schools and early years' settings, businesses, and faith groups to prevent outbreaks. The local authority is also responsible for managing the consequences of outbreaks and the actions taken to control them like the closure of a school or GP practice. This work is being done by an expanded Infection Control Team in Bury Council.

6. Although still young, the contact tracing system across Greater Manchester is working well. The local Infection Control Team can escalate cases and outbreaks to the GM ICTH for contact tracing and further investigation. Good links with settings built through proactive work means that the Infection Control Team sometimes finds out about cases before any referral comes to the GM ICTH from the national Tiers 2 and 3. This means we can speed up the process of contact tracing in high risk settings, reducing the risk of further spread. As well as managing outbreaks, the system also allows lessons from outbreaks across Greater Manchester to be captured and shared as part of the Infection Control Team's proactive work.

Bury's Local COVID-19 Outbreak Control Plan

7. Bury's Local COVID-19 Outbreak Control Plan describes our arrangements for contact tracing and outbreak management. There is a separate Greater Manchester COVID-19 Outbreak Control plan that describes the Greater Manchester part in more detail. Bury also has a generic Outbreak Control Plan that was written before the pandemic and describes the arrangements we have for dealing with the full range of infectious diseases. Our COVID-19 Outbreak Control Plan is built on this foundation. It is a live document and we will update it as the situation and our response changes.

8. The plan is overseen by the Bury COVID-19 Health Protection Board (HPB). The HPB also maintains a programme plan and risk register that drives the actions needed to build our response.

9. Like all of public health, the response to COVID-19 needs to include the whole system. Our COVID-19 Outbreak Control Plan has been written with partners from across the Council, CCG, and wider system. This is reflected in the membership of the HPB.

10. The plan has been signed off by the Council and has been published on the council's website².

3. key issues for the Board to Consider

11. None: this briefing is for information only.

4. Recommendations for action

12. None: this briefing is for information only.

5. Financial and legal implications.

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Mike Woodhead (Mike.Woodhead@nhs.net).

13. Bury Council has received funding as part of the Governments £300 million to support local authorities' contact tracing and outbreak management work. This funding is being used to pay for extra infection control staff, dedicated analytical and communications support, environmental health officers to support enforcement of infection control guidelines, and to support the community hub staff who support people in Bury who are required to isolate at home.

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

14. COVID-19 has hit people from ethnic minority backgrounds and people living in deprived areas hardest³. This has worsened existing health inequalities. Bury's COVID-19 Outbreak Control Plan highlights these and other vulnerable groups as important priorities. The Council and its partners are working to identify the best ways to protect these communities as social distancing measures are relaxed.

² <https://www.bury.gov.uk/index.aspx?articleid=15566>

³ See PHE (2020) [Disparities in the risk and outcomes of COVID-19](#).

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10.2019 version

CONTACT DETAILS:

Contact Officer: Steven Senior
Telephone number: 0161 253 6772
E-mail address: s.senior@bury.gov.uk
Date: 09 July 2020

Bury Health and Wellbeing Board

Report Title	Re-Setting The Education System – COVID-19 Recovery		
Meeting Date	21/07/2020		
Contact Officer	Karen Dolton		
HWB Lead	Karen Dolton		
1. Executive Summary			
Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Purpose of report:	To provide the Board with an update on the implications of Covid-19 on schools, on school attendance, and the impact on learning by children and young people.		
Key Actions:	For Information		
What requirement is there for internal or external communication?	None		
Assurance and tracking process:			

2. Introduction / Background**Context**

This report provides members of the Board with an update in on the impact of COVID-19 on schools, and on the education of children and young people across the Borough.

Schools were required to close with effect from 23rd March 2020 to all pupils, but to continue to meet the needs of vulnerable children and the children of key workers. The majority of schools have remained open to serve these two groups, many of them doing so throughout the Easter period, and the June half term. From initially seeing daily attendance of 250 children in the last week of March, this had increased to 1,200 by the end of May.

This is from a total 4-16 pupil population of 29,000.

The ambition by Government was that, in addition to being open to serve vulnerable children, and the children of key workers, all primary schools should re-open to Reception, year 1 and year 6 pupils from 1st June, and secondary schools should re-open to year 10 pupils from 15th June.

The Council made the decision to advise schools to delay opening, and subsequently indicated that all schools should aim to re-open to the specified year groups no later than 22nd June. Government subsequently supported a more flexible approach to re-opening.

With the exception of two Academies, all schools met this revised date and were open to specified year group cohorts by the 22nd. The two Academies opened a few days later.

The daily pattern of attendance fluctuates because of the arrangements that individual schools have put in place. For example, many primary schools have established rota's so that not all children are in attendance at the same time, but over the course of a week, an increased number of children have the opportunity to attend. Similarly, secondary schools have admitted no more than 25% of year 10's at any one time, but over a week, all year 10's will attend.

The daily attendance rate therefore provides a snapshot of the typical number of children attending on a daily basis, but not the number of children that may be attending over the course of the week.

On the 23rd June, with all but two schools open to wider cohorts, there were 4,214 children in attendance. This represents 14.5% of the total 4-16 cohort. This is the second highest attendance rate in GM.

This number has remained stable throughout the last week in June and first week in July.

On the 2nd July, Government issued guidance to support all schools to re-open to all pupils with effect from the start of the new academic year in September.

The focus is now on re-Setting the Education Service, and plan for recovery

Re-Setting the Education System

The processes of resetting the Education Service, and recovering the learning, skills and life opportunities for our children and young people, sits within the wider Bury Recovery Programme.

Whilst some children have flourished during the Covid-19 pandemic lockdown, others including our most vulnerable children (those Children who have an allocated social worker, those children who are looked after by the local authority, those children in receipt of free school meals or in receipt of an EHCP) will have lost valuable learning and unless we focus sharply on their needs.

The report focusses on vulnerable young people in Bury. It highlights key issues and concerns which have been identified and it proposes strategies to secure a safe return to school. It identifies plans to recover well-being and lost educational opportunities: and it sets a strategic longer term agenda for our ambition that education in Bury should become one of the best, regionally and nationally.

We know from the detailed work of the Council, vulnerable young people are very likely to experience significant challenges associated with some, or all of: family poverty, poor health and well-being, poor housing, poor employment prospects, a higher risk of domestic violence and abusive behaviour. The impact of the Covid-19 pandemic will have exacerbated these life constraints.

The challenge then is to reset a meaningful and appropriate education agenda within a supportive wider community context. In this way children are supported, and their families are also assisted.

Phase One: Preparing for Children to return to School

Whilst schools in Bury have remained open for the children of critical workers and vulnerable children, a substantial programme of preparation has taken place to anticipate the phased arrival of additional pupils.

The Council has had careful regard to all national guidance, including that relating to the return of key groups of children to school. A Council decision to modify government advice on return dates and to provide an additional safety margin, was strongly supported by schools, and parents.

The additional time gained in Bury through a carefully calibrated return to school for some children has proved valuable in equipping schools with robust risk assessment procedures, based on the Bury Risk Assessment Guidance, a template to support local risk assessment, and a checklist, with support from the Council, and including a Council led quality assurance process.

There continues to be daily briefings to schools; daily management planning meetings; weekly school cluster meetings, weekly meetings with trade unions and associations; and weekly meetings of the Head Teacher Advisory Group.

Phase Two: Medium Term Recovery Work: for at least the next academic year.

The four main elements of this phase are:

School and setting based strategies for pupil well-being and recovery of learning; each school, early years setting, and the PRU, are developing their own approach to assessing the needs of all pupils, including identification of those who have become newly vulnerable. In responding to those needs, support is available through the Local Authority, Multi Academy Trusts and Dioceses. This will include support from a range of LA services across Education and Inclusion and links with health partners in addition to safeguarding.

Support from the Local Authority and the Bury Teaching Schools Alliance, with additional regional HMI support, is focused on key priorities; three cross-service themes have been identified as being critical in resetting an effective service delivery. The three themes link to recovery learning with a focus on specific vulnerable groups (children who are transitioning

from one education establishment to another, children with SEND, the newly vulnerable and children who have fallen further behind in their learning than their peers). The three themes are:

- school Readiness
- recovery curriculum
- impact of support for SEND and inclusion

Up to the end of August 2020, HMI will support and challenge LA Officers in the implementation and evaluation of the LA's COVID-19 recovery plan.

The National COVID-19 Catch Up grant, to primary and secondary schools, will be available during the next academic year to support 'catch up' due to lost teaching time. Head teachers will be able to use this funding flexibly against need however, there is an expectation that this will include one to one and small group tuition. The scheme recognises that all children and young people will have lost time in education as a result of the pandemic. This means that additional support can be provided both to disadvantaged pupils and more widely to address gaps in learning and so raise attainment.

Local deployment of the National Tutoring Programme. This innovative partnership with the Sutton Trust, the Education Endowment Foundation and other partners, offers access to high quality individual tuition for some of the most disadvantaged pupils through approved and accredited Coaches and Tutors. This is a centrally funded subsidised programme for the 2020/21 academic year with legacy activity in 2021/22.

Phase Three: The Strategic Reset; concurrent with phases one and two.

Whilst members will be familiar with the original School Improvement Strategy for the Education Service in Bury; and will recall the steady progress being made in restoring our performance profile, the Covid-19 pandemic has paused that programme, and it has required us to reset our approach to securing robust improvement in pupil attainment and school performance.

Just as each school and setting will need to reset its performance priorities; so too the Local Authority has begun the process of re-basing our performance profiles and our strategic targets. This work will need to be based on revised data to show the profile of our pupils and students across each age group, key learning stage, by ethnicity, by special need and to reflect disadvantage. The programme will inevitably take time as it needs to be progressed on the reassessment of each of our pupils and students in a new education setting with different learning parameters.

3. key issues for the Board to Consider

The Board is asked to note the action taken to date, both by schools, and by the local authority working with its partners. Colleagues in Public Health and in CCG and

commissioned services have made a significant contribution to the Education Service response.

4. Recommendations for action

None

5. Financial and legal implications.

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Mike Woodhead (Mike.Woodhead@nhs.net).

None directly arising from this report

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

Not Applicable

CONTACT DETAILS:

Contact Officer:

Telephone number:

E-mail address:

Date:

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