

Strategic Commissioning Board

Agenda

Date & Time:	4 October 2021, 16.30 -18.30
Venue:	In the Council Chamber at Bury Town Hall
Chair:	Dr C Fines

Key	A – Approval	R – Recommendation	C – Consideration	I – Information	
Item	Description	Report (Re) Verbal (V)	Action	Presenter	Time
1.	Welcome, Apologies & Quoracy	V	I	Chair	16.30
2.	Declarations of Interest	Re	C	Chair	16.30
3.	Minutes of the last Meeting and Action Log •6 September 2021	Re	A	Chair	16.35
4.	Public Questions	V	C	Chair	16.40
5.	Chief Executive and Accountable Officer Update	V	C	G Little	16.45
Strategy / Policy / Proposals					
6.	ICS Update	V	C	G Little / W Blandamer	16.50
7.	Intermediate Care beds in the community	Re	A	W Blandamer	16.55
8.	Radcliffe SRF – proposals for the Radcliffe Model	Re	C	G Little	17.05
9	Community Health Services Contract paper	Re	A	W Blandamer	17.10
10.	SEND JSNA	Re	C	W Blandamer	17.15
Recovery & Transformation – no items					
Finance / Performance / Risk					
11.	Integrated Commissioning Fund Financial Position Month 5	Re	C	S Evans	17.30
12.	Performance Update	Re	C	W Blandamer	17.35

Key	A – Approval		R – Recommendation		C – Consideration		I – Information	
Item	Description		Report (Re) Verbal (V)	Action	Presenter		Time	
Information								
13.	• Minutes of meetings		Re	I	Information		___	
Close								
14.	AOB and Closing Matters		V	I	Chair		17.40	

Next Meetings in Public	Strategic Commissioning Board Meeting (formal): Monday, 6 December, 4.30 p.m, Formal Public meeting at Bury Town Hall
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance Email: emma.kennett@nhs.net

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	04 October 2021	Action	Receive
Item No	2	Confidential / Freedom of Information Status	No
Title	Declarations of Interest Register		
Presented By	Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr C Fines, Co-Chair of the SCB and CCG Chair, NHS Bury CCG		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
<p>Introduction and background</p> <ul style="list-style-type: none"> The CCG and Local Authority both have statutory responsibilities in relation to declarations of interest as part of their respective governance arrangements. The CCG has a statutory requirement to keep, maintain and make publicly available a register of declarations of interest under Section 14O of the national Health Service Act 2006 (as inserted by section 25 of the Health and Social Care Act 2012). The Local Authority has statutory responsibilities detailed as part of Sections 29 to 31 of the Localism Act 2011 and the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012.
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Receives the latest Declarations of interest Register; Considers whether there are any interests that may impact on the business to be transacted at the meeting on the 4 October 2021; and Provides any further updates to existing Declarations of Interest includes within the Register.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

Implications						
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	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
October 2021

Strategic Commissioning Board

Name	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
		Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Voting Members									
Will Blandamer, Executive Director of Strategic Commissioning - Voting Member	Ashton on Mersey Football Club			X	Direct	Chairman	2018	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Manchester Football Association			X	Direct	Board Champion for Safeguarding	2018	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Fiona Boyd, Governing Body Nurse - Voting Member	NHS England / NHS Improvement (Cheshire & Merseyside)		X		Direct		Sep-21	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	DWF Law		X		Direct	Medical Assessor	Aug-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Peter Bury, Lay Member Quality and Performance - Voting Member	Labour Party		X		Direct	Member	1979	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury College		X		Direct	Member of Board of Governors	2008	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Unite the Union		X		Direct	Member	1974	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Clare Cummins, Bury Council, Councillor - Voting Member	Mental Health – Deputy Manager	X			Direct	Deputy Manager		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Johnson's Control	X			Indirect	Spouse / Civic Partner is a Regional Manager		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour party				Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Election Campaign – Ramsbottom							Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Branch & Labour Group							Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Sam Evans, Executive Director of Finance - Voting Member	None declared					Nil Interest	05/05/2021	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Cathy Fines, CCG Chair - Voting Member	Bury GP Federation	X			Direct	Practice is a member	2013	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Tower Family Health Care	X			Direct	Member practice is part of Tower Health Care	2017	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Horizon Clinical Network	X			Direct	Practice is a member	2019	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Central Manchester Foundation Trust			X	Indirect	Husband is employed		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Richard Gold, Councillor Bury Council - Voting Member	RIGOLD LTD	X			Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Richard Gold T/A Richard Gold Books	X			Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	GM Police, Fire & Crime Panel		X		Direct	Cabinet Appointment		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	The Ephemera Society		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Holy Law South Broughton Congregation Synagogue		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Yeshurun Hebrew Congregation Synagogue		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Jewish Labour Movement NW Region		X		Direct	Membership and Education		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Jewish Labour Movement		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Community Union		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Preswich Labour Party		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury South Consistency Labour Party			X	Direct	Sedgley Branch Delegate		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Brookvale Care Home			X	Indirect	Parent is Vice Chair of Trustees		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Howard Hughes, Clinical Director - Voting Member	Prestwich Pharmacy LTD	X			Indirect	Spouse is Director	1996	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Prestwich Pharmacy LTD	X			Direct	Director	1996	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Greater Manchester Mental Health Foundation Trust			X	Indirect	Sister is performance Manager	2014	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Hughes McCaul LTD (Dormant Company)	X			Indirect	Spouse is Director	1995	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Hughes McCaul LTD (Dormant Company)	X			Direct	Director	1995	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Geoff Little, Chief Executive for Bury Council & Accountable officer Bury CCG - Voting Member	Ratio Research			X	Indirect	Close family member is an employee	Apr-19	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.

Name	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
		Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
David McCann, Lay Member - Voting Member	Praxis Real Estate Management LTD, Manchester	X			Direct	Director and General Legal Counsel	2011	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCL (CIP) GP LTD - Nature of Business Asset Management	X			Direct	Director	2014	Present	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	Director and majority shareholder	2014	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	Hanover Law Limited – (changed name from Praxis Law)	X			Direct	Director and 50% shareholder	2018	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	The Airfields Residential Management Company Limited	X			Direct	Director	Oct-19	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	The Aldermaston Estate Management Company Ltd	X			Direct	Director	Oct-19	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	Praxis Residential Limited	X			Direct	Director	Oct-19	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	Praxis Facilities Management Ltd	X			Direct	Director	Nov-19	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	Praxis Group Limited	X			Direct	Director	Oct-20	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	The Airfields Commercial Management Company Limited	X			Direct	Director	Feb-20	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCP III Number 2 Limited	X			Direct	Director	Mar-21	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCP III Number 1 Limited	X			Direct	Director	Mar-21	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCP III Number 4 Limited	X			Direct	Director	Apr-21	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCP III Number 3 Limited	X			Direct	Director	Apr-21	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
	PCP III Holdco Limited	X			Direct	Director	Mar-21	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury Council			X	Indirect	Daughter is an employee	2012	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Charlotte Morris, Councillor Bury Council - Voting Member	University of Salford	X			Direct		Jun-17	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Font Communications			X	Indirect	Partner Employed	Sep-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Unison		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Eamonn O'Brien, Bury Council Leader - Voting Member	Bury Council - Councillor	X			Direct	Councillor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Young Christian Workers – Training & Development Team	X			Direct	Development Team		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Prestwich Arts College		X		Direct	Governor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury Corporate Parenting Board		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	No Barriers Foundation		X		Direct	Trustee		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	CAFOD Salford		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Prestwich Methodist Youth Association		X		Direct	Trustee		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Alan Quinn, Councillor Bury Council - Voting Member	Unite the Union		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury Council	X			Direct	Councillor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	BAE Systems - Military Aircraft	X			Direct	Skilled Aircraft Fitter		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Harrogate and District NHS Foundation Trust			X	Indirect	Daughter in Law employed		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Mid York NHS Trust			X	Indirect	Son employed		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Citizens Advice Bureau			X	Direct	Spouse Advisor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Greater Manchester Waste Disposal Authority		X		Direct	Member/Council Representative		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	City of Trees		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	University of Manchester		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.

Name	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
		Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Cllr Alan Quinn, Councillor Bury Council - Voting Member (cont)	Co-operative Party		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Unite the Union		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	North West Rivers - Floods & Coastal Committee		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	GM Green City Partnership (via the Waste Authority)		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	The Down Syndrome Association			X	Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Uk Government in Switzerland (permanent UK Mission to the UN Geneva)			X	Indirect	Daughter is an employee		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Tahir Rafiq, Bury Council, Councillor - Voting Member	Juris Solicitors	X						Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Hollins Grundy Primary School		X			Governor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Hollins Institute Educational Fund		X			Trustee		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Law Society (England & Wales)		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Law Society (Ireland)		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Punjab Bar Council Pakistan		X			Member/High Court Advocate		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Unite the Union		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	KM Solicitors LTD	X						Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Tamoor Tariq, Bury Council, Councillor - Voting Member	Legal Property and Consultancy	X						Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury Council - Councillor	X			Direct	Councillor	May-10	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Health Watch Oldham	X			Direct	Manager	Aug-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	The Derby High School			X	Direct	Governor	Apr-18	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Unite the Union		X		Direct	Community Member	May-12	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Andrea Simpson, Councillor Bury Council - Voting Member	Labour Party		X		Direct	Member	Jun-07	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Silverdae Medical Practice	X			Direct	Practice Manager		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Parrenthorn High School			X	Direct	Governor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Ribble Drive Primary School			X	Direct	Governor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Community Union		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Community Union			X	Indirect	Spouse is a Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury Council	X			Direct	Councillor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Salford LMC Subcommittee			X	Direct	Neighbourhood Lead for Swinton		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Village Greens	X			Direct	Shareholder		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Medical Defence Union		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Labour Party		X		Direct	Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Chris Wild, Lay Member - Audit and Finance - Voting Member	Joe Hague Photography			X	Indirect	Spouse is Owner		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Northern Industrial Generation Limited	X			Direct	Shareholder/Director	Jun-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Secure Generation Limited	X			Direct	Shareholder/Director	Nov-15	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Efficient Generation Limited	X			Direct	Shareholder/Director	Nov-15	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	McNally Wild Limited	X			Direct	Shareholder/Director	Jul-14	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Capitas Finance Limited	X			Direct	Shareholder/Director	May-19	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Lower 48 Energy Limited	X			Direct	Shareholder/Director	Jul-19	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.

Name	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
		Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Chris Wild, Lay Member - Audit and Finance - Voting Member (Cont)	Close Brothers PLC	X			Direct	Retained Advisor	Sep-14	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury College			X	Indirect	Wife Employed	Feb-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.

Name	Declared Interest- (Name of organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Nature of Interest	Date of Interest		Comments
		Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	

In attendance - Non-Voting Members

Donna Ball, Executive Director of Operations, Bury Council - Non-Voting	Oldham Pathology (Pennine Acute)			X	Indirect	Husband is and Employee		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Catherine Jackson, Executive Nurse - Non-Voting	NCA			X	Indirect	Husband is a Director at the NCA.		Present	General arrangements for declaring Conflicts of Interest to be followed.
Lesley Jones, Director of Public Health, Bury Council - Non-Voting	Bury Social Care Provider			X	Indirect	Daughter is employed	Oct-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Nick Jones, Bury Council - Non-Voting	Arum Systems Ltd (Arum)	X				Account Director		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Elms Bank			X		Governor		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Conservative Friends of Israel			X		Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	PLC Flats Management Limited	X				Director		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	RNLI					Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Anglo-Swedish Association					Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Friends of the British Overseas Territories					Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Bury North & South Conservative Association		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	the Conservative & Unionist Party		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Conservative Councillors Association		X			Member		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr James Mason, Councillor, Bury Council - Non-Voting	DFS Trading	X			Direct	Service Manager		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Hairdresser			X	Indirect	Self Employed - Spouse		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Serving Freemason			X				Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Radcliffe First		X		Direct	Registered Political Party		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Save Greater Manchester's Greenbelt		X		Direct			Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Cllr Michael Powell, Bury Council, Councillor - Non-Voting	St Thomas Primary School –	X				Teacher employed by Stockport Council	Nov-19	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Elms Bank School –	X				Spouse / civic partner: teacher employed by Oak	Sep-17	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Liberal Democrats		X			Member	Jan-12	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	National Education Union (NEU)		X			Member	Sep-17	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Lynne Ridsdale, Assistant Chief Officer - Non-Voting	Together Trust		X		Direct	Trustee	Jan-20	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.
Emma Kennett, Head of Corporate Affairs and Governance - Non-Voting	None Declared					Nil Interest		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Karen Johnston, Head of Communications, Engagement and Marketing - Non-Voting	None Declared					Nil Interest		Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Peter Thompson, Secondary Care Consultant - Non-Voting	Field of obstetrics	X			Direct	Performs legal work	Jun-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
	Shrewsbury and Telford Hospitals ,Maternity Services	X			Direct	Work as a Consultant Obstetrician	Sep-20	Present	Specific arrangements in respect of potential conflicts arising to be given further consideration when situation arises.
Sheila Durr, Executive Director for Children and Young People, Bury Council - Non-Voting	None declared					Nil Interest	13/08/2021	Present	General guidance to be followed in respect of declaring conflicts of interest where identified. In advance and during the meeting.

Meeting: Strategic Commissioning Board (Public)			
Meeting Date	04 October 2021	Action	Approve
Item No	3	Confidential / Freedom of Information Status	No
Title	Minutes of Last meeting and Action Log		
Presented By	Cllr E O'Brien, Co-chair of the SCB and Bury Council Leader / Dr C Fines, Co-Chair of the SCB and CCG Chair, NHS Bury CCG		
Author	Emma Kennett, Head of Corporate Affairs and Governance		
Clinical Lead	-		
Council Lead	-		

Executive Summary
Introduction and background <p>The attached minutes reflect the discussion from the Strategic Commissioning Board held on 6 September 2021.</p>
Recommendations <p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the Minutes of the Meeting held on 6 September 2021 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
Add details here.	

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

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					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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

Strategic Commissioning Board Virtual Meeting

MINUTES OF MEETING
Strategic Commissioning Board Meeting 6 September 2021 16.30 – 18.30 Chair – Cllr E O'Brien

Voting Members	
Cllr Eamonn O'Brien	NHS Bury CCG (Chair)
Dr Cathy Fines	NHS Bury CCG (Chair)
Geoff Little	Chief Executive Bury Council & Accountable Officer NHS Bury CCG
Will Blandamer	Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG
Fiona Boyd	Registered Lay Nurse of the Governing Body, NHS Bury CCG
Cllr Clare Cummins	Cabinet Member, Housing Services, Bury Council
Sam Evans	Executive Director of Finance, Bury Council & NHS Bury CCG
Cllr Richard Gold	Cabinet Member Communities, Bury Council
Howard Hughes	Clinical Director, NHS Bury CCG
Cllr Alan Quinn	Cabinet Member, Environment and Climate Change, Bury Council
Cllr Tahir Rafiq	Cabinet Member Corporate Affairs & HR, Bury Council
Cllr Andrea Simpson	First Deputy Leader, Health & Wellbeing, Bury Council
Cllr Tamoor Tariq	Deputy Leader, Cabinet Member Children, Young People & Skills, Bury Council
Others in attendance	
Philippa Braithwaite	Principal Democratic Services Officer, Bury Council
Jane Case	Commissioning Programme Manager, NHS Bury CCG
Cllr Nick Jones	Council Opposition Member, Bury Council
Emma Kennett	Head of Corporate Affairs and Governance, NHS Bury CCG
Jo Knight	Interim Deputy Chief Finance Officer, Bury Council
Sam McVaigh	Director of People & Inclusion, Bury Council
Cllr Debbie Quinn	Council Member, Bury Council

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies and Quoracy		
1.1	The Chair welcomed those present to the meeting and noted apologies.		
1.2	The Chair advised that the quoracy had not been satisfied in line with the Terms of Reference for the SCB. From a CCG perspective, this would involve operating in good faith outside of the Standing Orders which would involve onward notification via appropriate governance channels. From a Council perspective, it was noted that the required quoracy in respect of elected members had been achieved.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/01	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	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. <ul style="list-style-type: none"> • Declarations of interest from today's meeting 		
2.5	The Cabinet Member, Environment and Climate Change, Bury Council declared that he had retired and that his employment could be removed from the Declaration of Interest Register.		
2.6	<ul style="list-style-type: none"> • Declarations of Interest from the previous meeting There were no declarations of interest from the previous meeting raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/02	Decision	Noted the published register of interests.	

3 Minutes of the last Meetings and Action Log			
3.1	<ul style="list-style-type: none"> • Minutes The minutes of the Strategic Commissioning Board meeting held on 7 June 2021 were agreed as an accurate record.		
3.2	<ul style="list-style-type: none"> • Action Log The following updates were provided in respects of the Action Log: <ul style="list-style-type: none"> • A/04/09 – Noted that a paper on initial thoughts and proposals for the Radcliffe model would be brought to the Board's meeting in October. 		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/03	Decision	Approved the minutes of the meeting held on the 7 June 2021	

4	Public Questions		
4.1	There were no public questions raised.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/04	Decision	Noted the information.	

5	Chief Executive and Accountable Officer Update		
5.1	<p>The Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG provided an update on the latest CCG and Council developments. It was reported that: -</p> <ul style="list-style-type: none"> • Announcements were expected soon regarding changes to social care funding and a second extension of funding for hospital discharges. It was noted that once the detail had been released a report would be brought to the Board outlining the effect on the pooled budget. • Pressures continued for Fairfield hospital from the high levels of demand and acuity of cases in addition to staffing absences. The partnership was coping well so far in addressing those pressures and work was underway to support weekend discharges. • Current Covid infection rates were 300 per 100,000 and were on the cusp of increasing owing to easing of restrictions and schools going back. With regards to schools reopening, it was noted that the bubble system had ended to address school absences. • Vaccinations continued to go well and were on a par with national figures. It was noted that the pop-up clinics and other efforts had been successful in significantly closing the gaps in hard-to-reach populations, and now similar work was planned in gaps presenting in younger cohorts. • Finally, it was noted that two of the largest areas of concern for the Board, elective care and mental health, were on the agenda this meeting, as was an update on the work establishing the ICS and locality boards which would be in shadow form from October. 		
6.2	<p>Members discussed the update, noting the positive change that social care was being discussed alongside health issues, but that they were still being considered as distinct areas rather than interdependent. If additional monies were to be made available, discussions around financial flows would be key to ensure the entire system would benefit. It was also agreed that the workforce in social care was as important as funding.</p>		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/05	Decision	Noted the update.	

6	Integrated Care System		
6.1	<p>The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented three reports which set out the GM ICS arrangements and work underway, local partnership arrangements being developed, and the neighbourhood target operating model.</p>		
6.2	<p>The Board discussed the reports, including the position statement regarding GM financial flows, and noted that updates on this would be reported to future meetings when more detail was finalised. With regards to the neighbourhood model, it was noted that the lack of clarity around definitions had led to some confusion but the focus was on engaging with patients in a different way with Community Hubs as a focus. It was</p>		

	agreed that describing patient journeys was a way to help residents visualise themselves using the service and make the changes meaningful to service users.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/06	Decision	Noted the contents of the reports, and endorsed the documentation as indicated.	

7.	Proposal to manage funding requests to NHS Bury CCG for spot purchases of services		
7.1	The Clinical Director, NHS Bury CCG presented the report which outlined the current position within NHS Bury CCG for the management of requests for funding for services that were not currently commissioned and sought approval for Proposed Process to be set up in Bury to manage funding requests that fell outside the remit of the GM EUR team who were currently handling them on a goodwill basis.		
7.2	In response to questions, it was noted that the proposed solution was a two-step change with the initial change to commence as soon as is practicable and to continue until the end of March 2022, and the second step to be decided once the GM model for management of Individual Funding Requests is agreed.		

ID	Type	The Strategic Commissioning Board:	Owner
D/09/07	Decision	Acknowledged the current issues within the system relating to work undertaken on a good will basis by the GM Effective Use of Resources Team	
D/09/08	Decision	Approved the Proposed Process (Appendix 1) to be set up in Bury to manage funding request that fall outside the remit of the GM EUR team	
D/09/09	Decision	Requested that the Executive Director of Strategic Commissioning identify a resource to act as the SPOC and establish a timeline for the pathway to commence	
D/09/10	Decision	Agreed the that next steps for the identified SPOC closely with Work stream Leads and Clinical Leads to establish principles for approving individual requests, based on NICE guidance, the current pathways of care in GM, best use of resources and the CCG agreed criteria for exceptionality.	

8.	Review of Armed Forces Covenant		
8.1	The Cabinet Member for Communities and Director of People & Inclusion, Bury Council presented a report regarding the preparations for Bury to continue to support those that are serving/have served in the Armed Forces and their families, by way of a refreshed Armed Forces Covenant and associated Action Plan.		
8.2	The Board discussed the report, noting that the Council could identify some individuals from questions asked as an employer and broader statistical data could be picked up from the census, but work was ongoing regarding sharing that information on a service-based approach. Members discussed the differences the new Steering Group from the previous one and noted that regular updates from the Group could be provided to SCB.		

ID	Type	The Strategic Commissioning Board:	Owner
D/09/11	Decision	Approved the proposed Armed Forces Covenant, to complement the Greater Manchester Armed Forces Covenant.	
D/09/12	Decision	Agreed that that Bury Council and NHS Bury Clinical Commissioning Group (CCG) refresh and re-sign the Armed Forces Covenant.	
D/09/13	Decision	Agreed that delivery of the Armed Forces Covenant will be monitored by a working group comprising officer champions across the Council and Bury CCG, reporting to the Armed Forces Covenant Steering Group, with an annual report on progress being submitted to the Strategic Commissioning Board.	

9.	Care at Home Contract Award		
9.1	The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented a report regarding the tender for the Bury Care at Home service, which was the result of a review of the service in advance of its initial 3-year contract end to ensure the contract was both effective and high performing for its final year and beyond.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/14	Decision	Approved the request to award the contract to those providers successful in the tender for the Bury Care at Home service for both Lots 1 and 2.	
D/09/15	Decision	Approved an extension of up to 2 months to the current care at home contract to allow sufficient time for a smooth and successful transition from the current service to the new.	

10	Designated Beds – Shared Provision		
10.1	The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented a report regarding the updated arrangement to maintain sufficient designated COVID beds in the Bury system. Members discussed the report, noting that although agency staff was used for the 'hot' site resulting in higher staffing costs, uniting with Rochdale mitigated this significantly.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/16	Decision	Approved retrospectively the commissioning of designated units for COVID positive patients at Millfield House in line with the request from the DHSC, with awareness of the financial risk resulting from the misaligned national funding guidance.	
D/09/17	Decision	Agreed to continue to support the responsive rapid commissioning of additional capacity in forthcoming months should it be required. This will take the form of additional designated care home beds and home care, accepting a paper will be presented for retrospective approval and members of Bury Council and Bury	

	Clinical Commissioning Group briefed beforehand.	
--	--	--

11 Integrated Delivery Board			
11.1	The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented a report on the work of the IDC Board to create the structures and environment to enable the IDC to operate in shadow form through 2021/22, and to be fully operational from April 2022.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/18	Decision	Considered and noted the Integrated Delivery Collaborative Programme Update for August 2021.	

12. Elective Care			
12.1	The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented a report which provided a summary of an improvement programme NHS Bury CCG has commenced with the Bury Care Organisation (BCO) in Orthopaedics. The improvement programme of work aligned to the wider Elective Care Transformation Programme, co-developed and delivered with Northern Care Alliance (NCA), for which the Board received a comprehensive briefing at their last formal meeting in June 2021.		
12.2	Members discussed the report, welcoming the emphasis on waiting well and noting that although the situation was worrying it was a national problem and the prioritisation of cases and improvement programme was the best way to address it. It was also noted that knowledge from lessons learned was being shared through workshops, but problems remained in sharing these systemwide.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/19	Decision	Noted the content of the briefing and work to date.	

13. Mental Health			
13.1	The Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG presented a report relating to the service pressures and impact of Covid on Emotional Health and Wellbeing and Mental Health and introduced how mental health pathways for adults and children/young people will be redesigned moving forward from Covid. The Board also heard from the Commissioning Programme Manager, NHS Bury CCG regarding the care system for young people and the need for greater capacity and guidance to build a better model of support.		
13.2	Members discussed the report, noting the oversubscribed counselling services in schools and lifelong benefits mental health services could have for young people. It was agreed that mental health would be an issue for the ICS to address early on, and it was noted that although there were non-recurring monies to fund this for this year there were implications to be worked through regarding medium term finances.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/20	Decision	Approved part 1 of the 'Enhanced Staffing options proposal' which will allow the recruitment of 6 Mental Health Practitioner posts (NHS Band 6).	
D/09/21	Decision	Approved part 2 of the 'Enhanced Staffing options proposal' - further requirement of an additional 9 staff	

		(NHS Band 6) to make the service safe. Recruitment is likely to take place in Quarter 4 2021/22 for an intention to employee 2 Mental Health Practitioners.	
D/09/22	Decision	Recognised the expansion of the service with the redesign of the CMHT service and development of the Community Mental Transformation.	
D/09/23	Decision	Approved the actions and investment set out within this report for Children's and Young Peoples Mental Health investment.	
D/09/24	Decision	Acknowledged the complexity and timeliness of the task at hand and endorse the use of any additional slippage in recruitments to be redirected to shore up the children's system within the ascribed financial costs	

14.	GM Contracting Principles and Extension of Bury Contracts		
14.1	The Executive Director of Finance, Bury Council & NHS Bury CCG presented the report regarding the 56 contracts that were due to end before March 2024 and identifying the commissioning intention for each to provide stability and enabling planned service redesign to continue whilst ensuring that no nonrecurrent funding commitment extends beyond the period that funding is available.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/25	Decision	Approved the Commissioning Intentions in line with the Greater Manchester Contracting Principles.	

15.	Integrated Commissioning Fund		
15.1	The Executive Director of Finance, Bury Council & NHS Bury CCG presented the report which provided a summary of the financial position of the Bury Integrated Commissioning Fund (ICF) in 2021/22 for quarter 1. It was noted that H2 allocations were expected for the end of September, but the situation would be challenging.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/26	Decision	Noted the ICF financial position at quarter 1.	
D/09/27	Decision	Noted the financial risk in the position reported in particular as a result of the uncertain CCG finance regime beyond September and the Councils current unachieved savings targets.	

16.	Risk Report		
16.1	The Executive Director of Finance, Bury Council & NHS Bury CCG presented the report which provided an update in respect of the five strategic risks which are captured on the CCG's Governing Body Assurance Framework (GBAF) which have been assigned to the Strategic Commissioning Board for oversight.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/28	Decision	Received the Strategic Commissioning Board Risk	

		Registers and reviewed the information presented.	
--	--	---	--

17	Minutes of Meetings - Bury System / Transition Board Minutes		
17.1	Minutes of the Bury System/Transition Board meeting held on 15th April 2021 were noted.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/29	Decision	Noted the minutes.	

18	Any Other Business and Closing Matters		
18.1	The Chair summarised the main discussion points from today's meeting and thanked members for their contributions. Board members also welcomed Dr Cathy Fines to her first SCB meeting as Chair of the CCG.		
ID	Type	The Strategic Commissioning Board:	Owner
D/09/30	Decision	Noted the information.	

Next Meetings in Public	Strategic Commissioning Board Meetings: <ul style="list-style-type: none"> Monday, 4 October 2021, 4.30 p.m., Formal Public meeting (Chair: Cllr E O'Brien / Dr C Fines)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net

Strategic Commissioning Board Action Log – September 2021

Status Rating



- In Progress



- Completed



- Not Yet Due



- Overdue

A/04/09	Agreed that a paper on initial thoughts and proposals for the Radcliffe model would be brought to the Board's next meeting	G Little		October 2021	Included on agenda
A/06/03	Noted that a follow-up paper on CCG Transformation Funding would be brought to the Board in August.	S Evans		October 2021	Finance update included on agenda

Meeting: Strategic Commissioning Board			
Meeting Date	04 October 2021	Action	Approve
Item No	7	Confidential / Freedom of Information Status	No
Title	Adult Social Care Commissioning Of 13 Intermediate Care Beds in the Community		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Shirley Allen, Integrated Commissioning Officer Matthew Logan, Strategic Lead Adrian Crook, Interim Director of Community Commissioning		
Clinical Lead	-		
Council Lead	Cllr Simpson, Communities and Wellbeing		

Executive Summary
<p>Seeking permission to commission, through a full open tender process, 13 residential intermediate care beds to deliver rehabilitation and reablement for people who are medically stable and optimised.</p> <p>These customers are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home.</p> <p>The commission is a part of the Intermediate Tier review. Approval was received from Strategic Commissioning Board in January 2021 to:</p> <ul style="list-style-type: none"> Decommission Bealey's Intermediate Care Facility. Decommission the GP support to Bealeys Intermediate Care Facility The nursing capacity at Killelea would be expanded to provide 24 beds and Commission 13 Intermediate Care beds in the Independent Care Sector through a tender exercise <p>Also seeking permission to utilise delegated approval to award the contract to the successful provider following full procurement process where the contract will be advertised in accordance with Contract Procedure rules on The Chest – e-tendering system. Contract is for 12 months with an option to extend for 12 months after a satisfactory annual review.</p> <p>The cost of the commission is as follows;</p> <p>Cost per bed per week - £522.72 Reablement payment per bed per week - £30.00</p> <p>Total cost per bed per week – £552.72</p>

13 x residential beds at a weekly rate of £522.72 per bed x 52 weeks = £353,358.72

Additional reablement payment 13 beds at a weekly rate of £30.000 x 52 weeks = £20,280

Total cost of commission = £373,638.72 for 1 year, with an option to extend for a further 12 months which would incorporate any fee uplifts which will be determined by 1st April 2022.

The total funding allocated to this service is £625,000 of which:

- £373,638.72 is required to fund the beds and the rest of the allocation will be required to fund staffing, including nursing staff, therapists, social work staff, equipment and transfers.
- £251,361.28 to support the extension of the nursing provision at Killelea.

The contract will be held by Bury Council Integrated Community Commissioning Team but funded through the CCG as part of pooled budget arrangements using existing payment mechanisms.

Recommendations

It is recommended that the Strategic Commissioning Board approve the following:

Approve that the tender for 13 Intermediate Care Beds in the Community to be commissioned from an independent provider.


Approve to go out to open tender via The Chest electronic tendering system

Approve delegated authority to appoint preferred provider after full procurement process has been followed to the Executive Director of Strategic Commissioning

Approve the appointment of a provider for 12 months in the first instance, with an option to extend for a further 12 months after a successful annual review.

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

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

Implications						
will be affected been consulted?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input 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?	Aligns investment and saving plans in an integrated way to our key health and wellbeing priorities.					
How do proposals align with Locality Plan?	Working in an integrated way to align investment and saving plans to our key priority areas of urgent care, intermediate care, mental health and learning disabilities					
How do proposals align with the Commissioning Strategy?	Aligns to the "Let's Do It" strategy by supporting joined up health and social care services through jointly developed investment and savings plans					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Supports the targeting of resources to the areas that most need them to close the inequalities gap.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
 -EA - ASC IMC Beds in the community.doc						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Not applicable						
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/	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Strategic Commissioning Board's Risk Register?						
Additional details						

Governance and Reporting		
Meeting	Date	Outcome
Community Commissioning Management Team (CCMT)	17/08/2021	Recommended
Finance, Contracting and Procurement Committee Meeting	26/08/2021	Recommended

Commissioning 13 IMC Beds in the Community

1. Introduction

- 1.1 Seeking permission to commission, through a full open tender process, 13 residential intermediate care beds to deliver rehabilitation and reablement for people who are medically stable and optimised. These customers are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home.
- 1.2 Also seeking permission to utilise delegated approval to award the contract to the successful provider following full procurement process where the contract will be advertised in accordance with Contract Procedure rules on The Chest – e-tendering system. Contract is for 12 months with an option to extend for 12 months after a satisfactory annual review.

- 1.3 The cost of the commission is as follows;

Cost per bed per week - £522.72

Reablement payment per bed per week - £30.00

Total cost per bed per week – £552.72

13 x residential beds at a weekly rate of £522.72 per bed x 52 weeks = £353,358.72
 Additional reablement payment 13 beds at a weekly rate of £30.000 x 52 weeks = £20,280

Total cost of commission = £373,638.72 for 1 year, with an option to extend for a further 12 months which would incorporate any fee uplifts which will be determined in 1st April 2022.

The total funding allocated to this service is £625,000 of which:

- £373,638.72 is required to fund the beds and the rest of the allocation will be required to fund staffing, including nursing staff, therapists, social work staff, equipment and transfers.
 - £251,361.28 to support the extension of the nursing provision at Killelea.
- 1.4 The contract will be held by Bury Council Integrated Community Commissioning Team but funded through the CCG as part of pooled budget arrangements using existing payment mechanisms.
- 1.5 The commission is a part of the Intermediate Tier review. Approval was received from Strategic Commissioning Board in January 2021 to:
- Decommission Bealey's Intermediate Care Facility.
 - Decommission the GP support to Bealeys Intermediate Care Facility
 - The nursing capacity at Killelea would be expanded to provide 24 beds and
 - Commission 13 Intermediate Care beds in the Independent Care Sector through a tender exercise
- 1.6 Intermediate Care services provide the following services and benefits;
- Intermediate Care services support people in the community, helping to promote independence and providing care, therapies, and rehabilitation.
 - Provide short term rehabilitation to enable people to regain their optimal levels of independence.
 - Prevents people from being admitted to hospital and supports people to return home after a recent hospital admission.
 - Provide multi -disciplinary teams that support people and their carers when they are in transition between hospital and home

2. Definition and Legal Framework

- 2.1 Section 2 of the Care Act 2014 and its associated guidance places a statutory duty on a local authority and its NHS partners to "Prevent, Reduce and Delay" the need for care and support and encourages local authorities to deliver targeted interventions to do so, intermediate care and reablement is a core component of this range of interventions.
- 2.2 The Care and Support (Charging and Assessment of Resources) Regulations 2014. This statute states a local authority must not make a charge for meeting needs under section 14(1) of the Care Act. The care in this facility will therefore be free of charge to a customer for a maximum of 6 weeks. It is at the discretion of the local authority, who can choose to extend this care beyond 6 weeks.

3. Service Criteria

- 3.1 The service will be provided by a registered and regulated Residential Care Service Organisation with the Care Quality Commission that have achieved Outstanding or Good Ratings under the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. The scope of the registration will include Personal Care and the regulated service structure of the Organisation must have a registered Nominated Individual and Registered Manager.

- 3.2 The 13 residential beds are being commissioned by Bury Council to deliver rehabilitation and reablement for people who are medically stable and optimised. However, these customers are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home
- 3.3 The criteria for admission for hospital step down provision is as follows;
- People who need active rehabilitation
 - People who need recovery and recuperation
 - No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed
 - Short term stays pending start date for community care package.
- 3.4 The criteria for community step up is as follows;
- For those who would be avoiding admission to hospital, whose health, social and therapy needs cannot be met at home.
 - There may be occasions when the provider will need to accept referrals for patients who require short term one to one care
 - There may be a need to support people with a diagnosis of dementia and/or delirium
- 3.5 Exclusions are as follows:
- Those who require a nurse over a 24-hour period for either general nursing or mental health nursing needs
 - Unstable mental health needs
 - Those whose primary need is housing
 - Complex or challenging dementia
- 4. Service Requirements.**
- 4.1 The beds must be provided on one site
- 4.2 The service will develop strong links with the intermediate tier.
- 4.3 The commissioner will provide equipment for people to use in this service, but this must be returned when no longer required by the customer. Any lost or misplaced equipment must be replaced by the provider and is the property of the commissioner.
- 4.4 The provider must be able to host a small team of a nurse, a therapist, social work support either in reach, or based in the unit. The team will set the goals for the customer and the provider will implement the goals. The provider will become a part of the multi-disciplinary team. The team will commission the package of care for the customer. The provider will manage and record a customer's progress towards set goals.
- 4.5 All customers will have been assessed by a multi-disciplinary team as requiring a recovery, rehabilitation or reablement pathway prior to discharge and there will be a confirmed assessment that the person is medically fit for hospital discharge

- 4.6 The Admissions Co-Ordinator will make the referral using the Trusted Assessor form and will have already assessed that the care setting will be the most appropriate setting for the customer.
- 4.7 Customers can access up to a maximum of 6 weeks funded care but there is an expectation that a customer will be discharged earlier than this if their goals are met.
- 4.8 The service must have a decision maker available to accept referrals within 1 hour, including at weekends.
- 4.9 The assessment will be in the form of a Trusted Assessor document and may come from any member of the multi-disciplinary team, the service must accept this referral / screening from any member of the multi-disciplinary team. Team members could include;
- Hospital Discharge team
Social Workers
Therapists
Community Matrons
- 4.10 All customers will need to be registered with a Bury GP
- 4.11 The service will need to operate on a 7-day basis
- 4.12 The service must confirm acceptance of referral within 1 hour
- 4.13 The service must accept admissions up until 8 pm 7 days a week

5. Service Outcomes and Performance Targets

- Reduction in non-elective admissions
- Increased customer satisfaction
- Reduction in length of stay in hospital
- Enable greater flexibility for step down / step up customers
- % referrals admitted on same day
- % of referrals accepted within 1 hour
- % discharge from IMC bed to normal residence
- % transfers from an IMC to an acute setting
- % readmissions from IMC to an IMC bed within 30 days
- Number of customers declined and reason for decline
- Number and themes of unsafe discharges
- Number and themes of readmissions to hospital within 72hrs of discharge
- Numbers of deaths within 72hrs of admission
- Admission source
- Monthly occupancy levels

6. Hours of Service

- 6.1 The service provider will need to operate the service fully within the 365 days of the year (366 days of a leap year)

- 6.2 The service will operate on a 7-day basis
- 6.3 The service must confirm acceptance of referral within 1 hour
- 6.4 The service must accept admissions up until 8 pm 7 days a week
- 6.5 The service must have a decision maker available to accept referrals within 1 hour including weekends

7. Payment Terms

- 7.1 Each of the 13 block booked beds will be reimbursed at a cost of £522.72 per week plus an additional £30.00 enhancement per bed (total £552.72) for the additional provision of reablement. The contract is for 12 months initially subject to review with an option to extend for 12 months. For the avoidance of doubt, payment will be made regardless of whether the beds are utilised.
- 7.2 Payment will be made every 28 days unless agreed separately with the Council

8. Financial Context 2021-22

- 8.1 The financial year 2020/21 has been like no other in recent times and the Council, and Adult Social Care particularly, faces delivering extremely challenging cost savings that dwarf even those required during Central Government's austerity programme. Local Authorities have been subject to ongoing funding reductions since 2010, however, the impact of the COVID-19 pandemic has exacerbated this even further. This is set against continuing economic and demographic pressures faced by the Council and Care Providers in Bury placing an ever-greater strain on shrinking resources.

9. Social Value

- 9.1 Under the Public Services (Social Value) Act 2012 all public bodies are required to consider how the services they commission might improve the economic, social and environmental landscape of the area. This involves looking beyond the requirements of the individual contract and service specification and assessing what the additional benefit to a community will be.
- 9.2 What social value means in the borough of Bury is:
 - Making a difference to the people in our communities and neighbourhoods by improving their health, wellbeing and standard of living;
 - Getting the best social, environmental and economic benefits from every £1 spent.
- 9.3 Bury Council has an opportunity to embrace the concept of social value and to maximise its impact to the benefit of the communities of Bury. By adopting an innovative approach to our definition of what constitutes social value in Bury, and by recognising changing priorities, we can radically improve outcomes for our neighbourhoods. We hope that this will encourage all organisations to be as creative and resourceful as they can be.

9.4 It is expected that the service provider considers how they can contribute to these priorities whilst delivering the service within the terms of the contract and service specification. This is a real opportunity to consider how innovative practices can achieve rewards in the wider community. Some examples of social value include:

- Creation of a number of traineeships, including apprenticeships within Bury;
- Training and skills development over and above the minimum is provided;
- Reducing social isolation (for example, by the use of befriending);
- Raise awareness of older people as a valuable resource and source of skills and expertise;
- Reducing energy consumption;
- Promoting healthy lifestyles and / or physical activity campaigns;
- Reducing stigma.

9.5 The service provider will collect evidence of, and report on, the social value they have delivered as part of this service specification. This will be monitored as part of the standard contract monitoring process.

10. Procurement Process

10.1 All responses will be measured against the following criteria;

ID	Criteria	Max Score Attainable
Quality Criteria		
Selection Questionnaire (Section 8)		
Part 3	Financial Standing	Pass/Fail
8.1	Insurances	Pass/Fail
8.5	Health & Safety	Pass/Fail
6.1	Contract Examples (see Section 8, Sub Section 6)	Pass/Fail
	At least 2 satisfactory Contract Examples provided	Pass
	Less than 2 or unsuitable Contract Examples provided	Fail
Method Statements/Quality Questions/Response to Requirements (Section 6)		
6.1	Confirmation of meeting requirement specifications	Pass/Fail
6.2	Method of Operation	20%
6.3	Service Delivery	20%
6.4	Service Outcome Requirements	10%
6.5	Staffing	10%
6.6	Service Particulars	15%
6.7	Performance & Contract Monitoring	15%
6.8	Social Value	10%

11 Methodology for Applying Quality Score

11.1 The overall quality score of 100% is broken down further into a number of project

specific outcomes. Each question within the Response to Requirements will be scored out of 10, as detailed in the definitions of scoring categories and translated into the weighted score detailed in the award criteria matrix box

- 11.2 If a bidder, at any point during the scoring of the tender, is scored with a Fail, this will automatically result in the bid being rejected from this procurement. If applicants' responses to any of the requirements are left blank (e.g., no written response) then the question(s) concerned will be scored "0"
- 11.4 If applicants' fail to score a minimum of 6 for any of the 'Quality Criteria' their tender submission will not be evaluated any further.
- 11.5 In the event of a tie with more than one company achieving the same highest overall score, the Contract will be awarded to the company offering the 'Lowest whole life costs'.

12 Evaluation Panel

- 12.1 All Tenders will be evaluated by a selected panel of technical and business users and will include the IMT Service Lead, Integrated Commissioning Team Strategic Lead. Integrated Commissioning Officer and Integrated Commissioning Support Officer. The evaluation panel will individually score responses to the Quality Criteria after which, the panel will come together to moderate and agree a single score for each of the Quality Questions/Method Statements.

13 Interview

- 13.1 The evaluation process will also include an interview to clarify and support information submitted in this quotation. Scores will not be allocated for this aspect of the process, but evidence gained may influence the draft scores allocated. As a result, scores may be increased or decreased.

14 Successful Bidders

- 14.1 For Financial Standing, Insurances and Health & Safety the successful bidders will be further assessed following evaluation to ensure their suitability. References may also be taken up.

15. Recommendations

- 15.1 It is recommended that the Strategic Commissioning Board approve the following:
 - Approve that the tender for 13 Intermediate Care Beds in the Community to be commissioned from an independent provider.
 - Approve to go out to open tender via The Chest electronic tendering system
 - Approve delegated authority to appoint preferred provider after full procurement process has been followed to the Executive Director of Strategic Commissioning
 - Approve the appointment of a provider for 12 months in the first instance, with an option to extend for a further 12 months after a successful annual review.

Shirley Allen

Integrated Commissioning Officer
s.allen@bury.gov.uk

EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partners organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY

Refer to Equality Analysis guidance page 4

1.1 Name of policy/ project/ decision	To commission 13 Intermediate Care Beds in the Community
1. 2 Lead for policy/ project/ decision	Adrian Crook, Director of Community Commissioning, OCO
1.3 Committee/Board signing off policy/ project/ decision	Community Commissioning Management Team, Finance, Contracting and Procurement meeting, Strategic Commissioning Board
1.4 Author of Equality Analysis	Name: Shirley Allen - Role: Integrated Commissioning Officer, Provider Development, Contract Monitoring and Complaints
1.5 Date EA completed	9 th August 2021

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT

Refer to Equality Analysis guidance page 5

2.1 Detail of policy/ decision being sought	<p>To commission 13 Intermediate Care Beds in the Community through Contract Procedure Rules and via The Chest – e tendering system.</p> <p>The service will be provided by a registered and regulated Residential Care Service Organisation with the Care Quality Commission that have achieved Outstanding or Good Ratings under the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. The scope of the registration will include Personal Care and the regulated service structure of the Organisation must have a registered Nominated Individual and Registered Manager.</p> <p>The 13 residential beds are being commissioned by Bury Council to deliver rehabilitation and reablement for people who are medically stable and optimised. However, these customers are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home</p>
--	---

The criteria for admission for hospital step down provision is as follows;

- People who need active rehabilitation
- People who need recovery and recuperation
- No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed
- Short term stays pending start date for community care package.

The criteria for community step up is as follows;

- For those who would be avoiding and admission to hospital, whose health, social and therapy needs cannot be met at home.
- There may be occasions when the provider will need to accept referrals for patients who require short term one to one care
- There may be a need to support people with a diagnosis of dementia and/or delirium

2.5 Exclusions are as follows:

- Those who require a nurse over a 24-hour period for either general nursing or mental health nursing needs
- Unstable mental health needs
- Those whose primary need is housing
- Complex or challenging dementia

Service Requirements

- The beds must be provided on one site
- The service will develop strong links with the intermediate tier.
- The commissioner will provide equipment for people to use in this service, but this must be returned when no longer required by the customer. Any lost or misplaced equipment must be replaced by the provider and is the property of the commissioner.
- The provider must be able to host a small team of a nurse, a therapist, social work support either in reach, or based in the unit. The team will set the goals for the customer and the provider will implement the goals. The provider will become a part of the multi-disciplinary team. The team will commission the package of care for the customer. The provider will manage and record a customer's progress towards set goals.
- All customers will have been assessed by a multi-disciplinary team as requiring a recovery, rehabilitation or reablement pathway prior to discharge and there will be a confirmed

	<p>assessment that the person is medically fit for hospital discharge</p> <ul style="list-style-type: none"> • The Admissions Co-Ordinator will make the referral using the Trusted Assessor form and will have already assessed that the care setting will be the most appropriate setting for the customer. • Customers can access up to a maximum of 6 weeks free care but there is an expectation that a customer will be discharged earlier than this if their goals are met. • The service must have a decision maker available to accept referrals within 1 hour. • The assessment will be in the form of a Trusted Assessor document and may come from any member of the multi-disciplinary team, the service must accept this referral / screening from any member of the multi-disciplinary team. Team members could include; <p>Hospital Discharge team Social Workers Therapists Community Matrons</p> <ul style="list-style-type: none"> • All customers will need to be registered with a Bury GP • The service will need to operate on a 7-day basis • The service must confirm acceptance of referral within 1 hour • The service must accept admissions up until 8 pm 7 days a week over 365 (366 Leap Year) days. <p>Service Scope To be eligible for this service customers must be;</p> <ul style="list-style-type: none"> • Aged 18 plus • People who need active rehabilitation • People who need recovery and recuperation • No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed • Short term stays pending start date for community care package. • For those who would be avoiding an admission to hospital, whose health, social and therapy needs cannot be met at home. <p>All aspects of the specification should be assumed to apply to all these groups unless explicitly stated.</p>
--	---

2.2 What are the intended outcomes of this?

The main aim of the service is to provide proactive and personalised care. This means that the service provider should work in a person-centred way and respond to a person's changing needs to preventing crisis situations from occurring. This will address the person's social-care related quality of life as well as their wider wellbeing (for example housing, social inclusion, and environment) in line with their assessed needs and individual outcomes.

The key principles behind this service will be reducing, preventing, or delaying the need for further care and support, promoting the statutory principle of individual wellbeing and introducing positive behavioural change to encourage independence where possible. In line with the Care Act 2014, wellbeing is described as:

- Personal dignity, including respect;
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day-to-day life (including over care and support provided and the way it is provided).

Recognise and act upon signs of improved wellbeing and/or deterioration by continually reviewing the person's support needs;

Achieve individual, personalised outcomes for the person to ensure they retain their independence, choice and control;

Work alongside the person to maintain current family and friendship support networks and to develop new ones, as appropriate, if required. This will ensure that the person does not experience social isolation and experiences equality in access to all community care and support services;

Support people to remain as physically active and mobile as possible as this is a prime determinant of independence;

Recognise and respond to conditions such as dementia.

Consider the individual 'holistically' and facilitate access to supportive community services, technologies and neighborhood assets which meet the individual's existing and emerging needs;

Work in partnership with the Integrated Neighborhood Teams to enable the provider to work in co-operation and collaboration with a wide range of organisations and agencies such as health and social care organisations, community and voluntary groups, other council, fire and police services as necessary.

The service provider will:

Adhere to the Equality Act 2010;

Not discriminate against individuals on the grounds of age, gender, ethnicity, religion, disability, sexual orientation or any other protected equality characteristic; and

Respect the diversity and specific needs arising from an individual's protected equality characteristics, making reasonable adjustments as required.

Where a person has been assessed as having a need, the service provider will be expected to demonstrate against the following outcomes:

- Improved quality of life;
- Improved health and wellbeing;
- Reduced social isolation;
- Increased ability to live independently and access meaningful activities;
- Improved ability to manage the practical aspects of daily living;
- The person feels safer;
- The person feels part of the community around them and can access local services and amenities;
- The person can control the service around them, and their views are listened to.

People who use the service will be able to say:

- I am respected as an individual;
- Those around me and looking after me are well supported and understand how to maximise my independence;
- I am treated with dignity and respect;
- I know what I can do to help myself and who else can help me;
- I can enjoy life.

Service Outcomes and Performance Targets

- Reduction in non-elective admissions
- Increased customer satisfaction
- Reduction in length of stay in hospital
- Enable greater flexibility for step down / step up customers
- % referrals admitted on same day
- % of referrals accepted within 1 hour
- % discharge from IMC bed to normal residence
- % transfers from an IMC to an acute setting
- % readmissions from IMC to an IMC bed within 30 days
- Number of customers declined and reason for decline

SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS

Refer to Equality Analysis guidance pages 5-8 and 11

Please outline the relevance of the activity/ policy to the Public Sector Equality Duty

General Public Sector Equality Duties	Relevance (Yes/No)	Rationale behind relevance decision
3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	<p>Section 1 of the Care Act 2014 (Promoting individual well-being) requires the Council when exercising its care and support functions in respect of an individual, to promote the individual's wellbeing. "Well-being", in relation to an individual, means that individual's (a) personal dignity (including treatment of the individual with respect); (b) physical and mental health and emotional well-being; (c) protection from abuse and neglect; (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided); (e) participation in work, education, training or recreation; (f) social and economic well-being; (g) domestic, family and personal relationships; (h) suitability of living accommodation; and (i) the individual's contribution to society.</p> <p>In exercising its care and support function in the case of an individual, the Council must have regard to, amongst others, a) the individual's views, wishes, feelings and beliefs; b) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist; c) the importance of the individual participating as fully as possible in decisions relating to the care and support. The Department of Health and Social Care ("DHSC") has issued statutory guidance ("CSSG") under the Care Act 2014 ("the Act") which the Council must have regard to in exercising its function under the Act.</p> <p>Section 2 of the Act (preventing needs for care and support") requires the Council to "provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers</p>

		<p>will” contribute towards preventing, delaying or reducing individuals’ needs for care and support, or the needs for support for carers. In performing this duty, the Council must have regard to, amongst others, the importance of identifying services, facilities and resources already available in the Council’s area and the extent to which the Council could involve or make use of them in performing that duty. The CSSG at paragraph 2.1 provides that “It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.</p> <p>Section 5 of the Act (Promoting diversity and quality in provision of services) requires the Council to promote an efficient and effective market in services for meeting care and support needs with a view to ensuring service users (a) has a variety of providers and services to choose from; (b) has a variety of high-quality services to choose from; and (c) has sufficient information to make an informed decision about how to meet the needs in question. This is often referred to as the duty to facilitate and shape the market for care and support. The CSSG provides at paragraph 4.2. “The Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.</p>
<p>3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not.</p>	<p>Yes</p>	<p>The care act criteria promote equality despite a person’s background, beliefs or any protected characteristic.</p> <p>The service provider will be contractually obliged to:</p>

		<p>Adhere to the Equality Act 2010;</p> <p>Not discriminate against individuals on the grounds of age, gender, ethnicity, religion, disability, sexual orientation or any other protected equality characteristic; and</p> <p>Respect the diversity and specific needs arising from an individual's protected equality characteristics, making reasonable adjustments as required.</p>
3.3 To foster good relations between people who share a protected characteristic and those who do not	Yes	<p>The service criteria has been set and anybody who falls within these criteria can be referred into the service</p> <p>Where a person has been assessed as having a need, the service provider will be expected to demonstrate against the following outcomes:</p> <ul style="list-style-type: none"> • Improved quality of life; • Improved health and wellbeing; • Reduced social isolation; • Increased ability to live independently and access meaningful activities; • Improved ability to manage the practical aspects of daily living; • The person feels safer; • The person feels part of the community around them and can access local services and amenities; • The person can control the service around them, and their views are listened to.
3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not detrimental to the Human Rights of any individual affected by the decision being sought.		
The list of Human Rights have been explored and this proposal does not have a detrimental impact on any area specified.		

SECTION 4 – EQUALITIES DATA

Refer to Equality Analysis guidance page 8

Protected characteristic	Outcome sought	Base data	Data gaps (to include in Section 8 log)
4.1 Age (Yes	Customers must be aged 18 plus to access this service.	

		Children's services will cater for anybody below 18. There is no upper age limit – the service is accessed via a need's assessment.	
4.2 Disability	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed</p> <p>Short term stays pending start date for community care package.</p> <p>For those who would be avoiding an admission to hospital, whose health, social and therapy needs cannot be met at home.</p>	
4.3 Gender	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	

4.4 Pregnancy or maternity	No	There are other specialist services for pregnancy and maternity	No – Not applicable
4.5 Race	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
4.6 Religion and belief	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	

4.7 Sexual Orientation	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
4.8 Marriage or Civil Partnership	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
4.9 Gender Reassignment	Yes.	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p>	

		<p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
4.10 Carers	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p> <p>There are other specialist services available for those carers whose family or friend has been admitted to the facility</p>	
4.11 Looked After Children and Care Leavers	Yes	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p>	

		<p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p> <p>Anybody under 18 would access provision through Children's Services</p>	
4.12 Armed Forces personnel including veterans	.	<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p> <p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
4.13 Socio-economically vulnerable		<p>The service is accessed via a need's assessment.</p> <p>Aged 18 plus</p> <p>People who need active rehabilitation</p>	

		<p>People who need recovery and recuperation</p> <p>No condition would be excluded.</p> <p>For people with a mental health need, admission would only take place if the condition was stable and managed- there are other specialist services for customers who do not fulfil this criterion</p>	
--	--	--	--

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT

Refer to Equality Analysis guidance page 8 and 9

	Internal Stakeholders	External Stakeholders
5.1 Identify stakeholders	Customers using the services Carer and family of customer Workforce	Potential future users of the service Members of the public
5.2 Engagement undertaken	N/A	N/A
5.3 Outcomes of engagement	N/A	N/A
5.4 Outstanding actions following engagement (include in Section 8 log)	Public Consultation is not required – we are required to provide this service under Statute	Public consultation is not required – we are required to provide this service under Statute

SECTION 6 – CONCLUSION OF IMPACT

Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

Protected Characteristic	Positive/ Neutral Negative/	Impact (include reference to data/ engagement)
6.1 Age	Positive	The set criteria for access to the service is the same for all protected characteristics
6.2 Disability	Positive	The set criteria for access to the service is the same for all protected characteristics

6.3 Gender	Positive	The set criteria for access to the service is the same for all protected characteristics
6.4 Pregnancy or Maternity	Positive	The set criteria for access to the service is the same for all protected characteristics
6.5 Race	Positive	The set criteria for access to the service is the same for all protected characteristics
6.6 Religion and belief	Positive	The set criteria for access to the service is the same for all protected characteristics
6.7 Sexual Orientation	Positive	The set criteria for access to the service is the same for all protected characteristics
6.8 Marriage or Civil Partnership	Positive	The set criteria for access to the service is the same for all protected characteristics
6.9 Gender Reassignment	Positive	The set criteria for access to the service is the same for all protected characteristics
6.10 Carers	Positive	The set criteria for access to the service is the same for all protected characteristics
6.11 Looked After Children and Care Leavers	Positive	The set criteria will apply to anybody over 18 as long as they fulfil the rest of the service access criteria – anybody under the age of 18 will fall under the jurisdiction of Children’s Directorate.
6.12 Armed Forces personnel including veterans	Positive	The set criteria for access to the service is the same for all protected characteristics
6.13 Socio-economically vulnerable	Positive	The set criteria for access to the service is the same for all protected characteristics
6.14 Overall impact - What will the likely overall effect of your activity be on equality, including consideration on intersectionality?	Positive - The set criteria for access to this service does not discriminate against any of the protected characteristics.	

SECTION 7 – ACTION LOG*Refer to Equality Analysis guidance page 10*

Action Identified	Lead	Due Date	Comments and Sign off (when complete)
8.1 Actions to address gaps identified in section 4			
None that will have an impact on this service			
8.2 Actions to address gaps identified in section 5			
None that will have an impact on this service			
8.3 Mitigations to address negative impacts identified in section 6			
N/A			
8.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics			
N/A			

SECTION 8 - REVIEW*Refer to Equality Analysis guidance page 10*

Review Milestone	Lead	Due Date	Comments (and sign off when complete)
Review EIA at 12 months annual contract review	SA	October 2022	



Service Specification

IMC beds in the Community (Adults)

11th September 2021 to 10th September
2022

With an option to extend for a further 12
months dependent upon a satisfactory
annual review

Contents

Section One Description of Service

- 1 Introduction
- 2 Service to be Commissioned
- 3 Statutory Requirements
- 4 Principles
- 5 Service Outcomes
- 6 Service Scope
- 7 Service Description
- 8 Links to other Services

Section Two Requirements of the Service Providers

- 9 Workforce
- 10 Leadership, Culture and Values
- 11 Staff Training and Qualifications
- 12 Service Particulars
- 13 Quality Performance and Contract Monitoring
- 14 Payment Terms
- 15 Social Value
- 16 Occupational Health & Safety (OHS)

Section Three Standards and Compliance

- 17 Continuity of Care
- 18 Medication
- 19 Complaints
- 20 Emergencies

Appendices

- Appendix 1 – Let's do It Strategy
- Appendix 2 – Social Value Policy

Section One

Description of Service

1 Introduction

- 1.1 Bury Council is seeking to commission 13 Intermediate Care Beds in the Community, a service that is focused on delivering positive outcomes for individuals who live in Bury. This service specification outlines Bury Council's vision for the delivery of this service, the key features of the service and the outcomes we expect it to achieve. This is an exciting opportunity to provide a service to people in a new and flexible way to maximise their ability to live independently and safely, in their own home within their community and in-line with Bury 2030 strategy: <https://www.bury.gov.uk/CHttpHandler.ashx?id=21540&p=0> and the 'Lets Do It' approach, see appendix 1 for the strategy.

This specification must be read with the terms and conditions of the contract.

- 1.2 The main aim of the service is to provide proactive and personalised care. This means that the service provider should work in a person-centred way and respond to a person's changing needs to preventing crisis situations from occurring. This will address the person's social-care related quality of life as well as their wider wellbeing (for example housing, social inclusion, and environment) in line with their assessed needs and individual outcomes.
- 1.3 The key principles behind this service will be reducing, preventing, or delaying the need for further care and support, promoting the statutory principle of individual wellbeing and introducing positive behavioural change to encourage independence where possible. In line with the Care Act 2014, wellbeing is described as:
- Personal dignity, including respect;
 - Physical and mental health and emotional wellbeing;
 - Protection from abuse and neglect;
 - Control by the individual over day-to-day life (including over care and support provided and the way it is provided).
- 1.4 To fully support this, it is expected that the provider will actively plan care with the person whilst considering that individual's aspirations and personal support networks (for example, family, friends and any other support the person receives in the community). In order to meet this requirement, the service provider will develop a strong relationship with the person and have the skills and ability to recognise signs of deterioration and act upon them without necessarily referring to commissioners. The service provider will also be expected to facilitate access to further provision within the community.
- 1.5 The 13 residential beds are being commissioned by Bury Council to deliver rehabilitation and reablement for people who are medically stable and optimised. However, these customers are often stepping down from

hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home

1.6 The new Intermediate Care Beds team members will develop a strong relationship with the person they support to ensure they receive personalised support enabling them to recover after a period spent in hospital or after an event which precludes them from staying in their own homes and receiving care, provide reablement, rehabilitation and recovery time which will enable them to return to their own homes thus allowing them to remain living well in their own homes for as long as possible;

- Recognise and act upon signs of improved wellbeing and/or deterioration by continually reviewing the person's support needs;
- Achieve individual, personalised outcomes for the person to ensure they retain their independence, choice and control;
- Work alongside the person to maintain current family and friendship support networks and to develop new ones, as appropriate, if required. This will ensure that the person does not experience social isolation and experiences equality in access to all community care and support services;
- Support people to remain as physically active and mobile as possible as this is a prime determinant of independence;
- Recognise and respond to conditions such as dementia.
- Consider the individual 'holistically' and facilitate access to supportive community services, technologies and neighborhood assets which meet the individual's existing and emerging needs;
- Work in partnership with the Integrated Neighborhood Teams to enable the provider to work in co-operation and collaboration with a wide range of organisations and agencies such as health and social care organisations, community and voluntary groups, other council, fire and police services as necessary.

1.8 In support of achieving these outcomes, the new service will take a strengths-based approach. This shall mean service providers working with people, to help them maintain their independence, not doing tasks for them, because it's quicker and easier. The Intermediate Care beds service will not:

- Approach care and support with a 'one size fits all' approach;
- Provide a service which does not promote choice and control to the person;
- Make decisions on behalf of the person;

1.9 The "Making it Real framework" is built around six themes to reflect the most important elements of personalised care and support.

Each theme has a number of "I statements" that describe what good looks like from an individual perspective. These are followed by "We statements" that express what organisations should be doing to make sure people's actual experience of care and support lives up to the "I statements".

In Bury we aim to use the “Making it Real framework” as a Quality Assurance benchmark that will enable us to work towards achieving best practice in all the areas below. Providers to work in line with this:



- 1.10 Bury Council and Partner Agencies are committed to revitalising neighbourhoods and to work with local people to tackle the issues that matter to them on their doorstep in-line with Bury 2030 Strategy. Neighbourhood working looks to address issues that adversely impact on people's quality of life, their health and wellbeing and aspirations. This approach actively engages local residents, to improve the environment where they live and build pride of their neighbourhoods - without compromising its identity. Services will operate in-line with the neighbourhood approach, enabling them to improve and maintain their own health and wellbeing.
- 1.11 Integrated Neighbourhood Teams (INT's) are based at specific locations throughout the borough and consist of health and social care staff dealing with demand and priorities from a specific neighbourhood. The INT's link in with partners such as Police, local authority, housing providers, community health, GM Fire and Rescue, substance misuse, work and skills providers, early help providers, health services and others as defined by the priorities in the community.
- 1.12 There are a number of non-clinical support services provided by local voluntary organisations, community, faith groups and charities in local

communities, such as the Bury Directory, VCFA, Beacon Service and the Staying Well Team to provide support with accessing the following:

- Help with Basic Daily Needs
- Low Self-esteem/Confidence
- Motivation for Learning
- Personal Development
- Physical Inactivity
- Socially Isolated
- Mental Health + Wellbeing
- Social Prescribing

2 Service to be Commissioned

- 2.1 The service will be provided by a registered and regulated Residential Care Service Organisation with the Care Quality Commission that have achieved Outstanding or Good Ratings under the Health and Social Care Act 2008 (Regulated Activities Regulations) 2014. The scope of the registration will include Personal Care and the regulated service structure of the Organisation must have a registered Nominated Individual and Registered Manager.
- 2.2 The 13 residential beds are being commissioned by Bury Council to deliver rehabilitation and reablement for people who are medically stable and optimised. However, these customers are often stepping down from hospital discharge and can on admission have more complex needs and require a holistic assessment to maximise personal outcomes. Some customers will need to enter the service as a community step up as their current care needs cannot be met through providing care in their own home
- 2.3 The criteria for admission for hospital step down provision is as follows;
- People who need active rehabilitation
 - People who need recovery and recuperation
 - No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed
 - Short term stays pending start date for community care package.
- 2.4 The criteria for community step up is as follows;
- For those who would be avoiding and admission to hospital, whose health, social and therapy needs cannot be met at home.
 - There may be occasions when the provider will need to accept referrals for patients who require short term one to one care
 - There may be a need to support people with a diagnosis of dementia and/or delirium
- 2.5 Exclusions are as follows:
- Those who require a nurse over a 24-hour period for either general nursing or mental health nursing needs

- Unstable mental health needs
- Those whose primary need is housing
- Complex or challenging dementia

2.6 Service Requirements

- The beds must be provided on one site
- The service will develop strong links with the intermediate tier.
- The commissioner will provide equipment for people to use in this service, but this must be returned when no longer required by the customer. Any lost or misplaced equipment must be replaced by the provider and is the property of the commissioner.
- The provider must be able to host a small team of a nurse, a therapist, social work support either in reach, or based in the unit. The team will set the goals for the customer and the provider will implement the goals. The provider will become a part of the multi-disciplinary team. The team will commission the package of care for the customer. The provider will manage and record a customer's progress towards set goals.
- All customers will have been assessed by a multi-disciplinary team as requiring a recovery, rehabilitation or reablement pathway prior to discharge and there will be a confirmed assessment that the person is medically fit for hospital discharge
- The Admissions Co-ordinator will make the referral using the Trusted Assessor form and will have already assessed that the care setting will be the most appropriate setting for the customer.
- Customers can access up to a maximum of 6 weeks funded care but there is an expectation that a customer will be discharged earlier than this if their goals are met.
- The service must have a decision maker available to accept referrals within 1 hour of receipt between 9-5pm
- The assessment will be in the form of a Trusted Assessor document and may come from any member of the multi-disciplinary team, the service must accept this referral / screening from any member of the multi-disciplinary team. Team members could include;

Hospital Discharge team

Social Workers

Therapists

Community Matrons

- All customers will need to be registered with a Bury GP
- The service will need to operate on a 7-day basis
- The service must confirm acceptance of referral within 1 hour
- The service must accept admissions up until 8 pm 7 days a week

- 2.7 Local authorities have a duty to carry out an assessment of needs where it appears that an individual may have needs for care and support, and a duty to meet eligible needs. However, local authorities cannot lawfully commission services that are clearly the responsibility of the NHS (such as registered nursing care and services that the NHS has to provide because

the individual has a primary health need and is therefore eligible for NHS Continuing Healthcare).

Whilst there is no legal lower limit to what the NHS can provide, there is a legal limit to nursing and healthcare that can be provided by local authorities.

Section 22 (1) of the Care Act 2014 confirms the general limits of local authority responsibility (as clarified in the Coughlan Judgment) stating that the local authority may not meet needs by providing or arranging for the provision of a service or facility that is required to be provided under the NHS Act 2006 unless:

- doing so would be merely incidental or ancillary to doing something else to meet needs under sections 18-20 of the Care Act 2014, and
- the service or facility in question would be of a nature that the local authority could be expected to provide.

Therefore, the care commissioned under this specification will only be those that are the duty of the local authority and not those that would fall under the responsibility of the NHS and NHS Continuing Healthcare.

- 2.4 The service provider will not sub-contract any of their obligations under this contract. The hiring of agency staff is permitted in cases of emergency or any planned absence, although it is essential that written consent from the commissioner is gained prior to this.

3. Statutory Requirements

- 3.1 The main piece of legislation used to develop this service specification is the Care Act 2014. The main directives in the Care Act 2014 are to:

- Clarify entitlements to care and support;
- Emphasise a preventive approach to care in terms of preventing, reducing and delaying the need for formal health and social care support;
- Introduce Ofsted-style ratings for hospitals and care homes, enabling the identification of problems with care quality and then to take action;
- Outline the responsibilities of local authorities and other partners in relation to safeguarding adults;
- Provide information, advice and facilitate access to appropriate services in the individual's community;
- Work with individuals in a person centred way to achieve the outcomes identified through assessment (re-focus strength-based assessments);
- Provide one single, clear statute supported by new regulations and a single bank of statutory guidance.

- 3.2 Bury Council will ensure that further directives within the Care Act 2014 or any other relevant future legislation which may affect this service will be communicated and discussed with all successful providers.

4 Principles

4.1 The new service shall adhere to the principles and values of Bury Health and Care Commissioning, this means that:

- People are at the heart of the service: people who use services, their unpaid carers and their support workers
- Service Providers shall take a strengths-based approach, focused on enabling people to do as much as they can for themselves
- Commissioners and Service Providers shall work collaboratively to secure the best outcomes for people; they should be outward looking, seek opportunities to learn from best practice and to continually improve
- Service Providers, commissioners and others shall work together to improve the access of people who use this service to activities and community organisations in their local area
- Service Providers will adhere to principles outlined in the Bury Inclusion Strategy 2020-24

4.2 The service provider will:

- Adhere to the Equality Act 2010;
- Not discriminate against individuals on the grounds of age, gender, ethnicity, religion, disability, sexual orientation or any other protected equality characteristic; and
- Respect the diversity and specific needs arising from an individual's protected equality characteristics, making reasonable adjustments as required.

5 Personal Service Outcomes

5.1 Where a person has been assessed as having a need, the service provider will be expected to demonstrate against the following outcomes:

- Improved quality of life;
- Improved health and wellbeing;
- Reduced social isolation;
- Increased ability to live independently and access meaningful activities;
- Improved ability to manage the practical aspects of daily living;
- The person feels safer;
- The person feels part of the community around them and can access local services and amenities;
- The person can control the service around them and their views are listened to.

5.2 People who use the service will be able to say:

- I am respected as an individual;
- Those around me and looking after me are well supported and understand how to maximise my independence;
- I am treated with dignity and respect;
- I know what I can do to help myself and who else can help me;

- I can enjoy life.

5.3 Service Outcomes and Performance Targets

- Reduction in non-elective admissions
- Increased customer satisfaction
- Reduction in length of stay in hospital
- Enable greater flexibility for step down / step up customers
- % referrals admitted on same day
- % of referrals accepted within 1 hour
- % discharge from IMC bed to normal residence
- % transfers from an IMC to an acute setting
- % readmissions from IMC to an IMC bed within 30 days
- Number of customers declined and reason for decline
- Number and themes of unsafe discharges
- Number and themes of readmissions to hospital within 72hrs of discharge
- Numbers of deaths within 72hrs of admission
- Admission source
- Monthly occupancy levels

6 Service Scope

6.1 To be eligible for an IMC bed under the terms of this service specification, individuals must be:

- Aged 18 plus
- People who need active rehabilitation
- People who need recovery and recuperation
- No condition would be excluded; but for people with a mental health need, admission would only take place if the condition was stable and managed
- Short term stays pending start date for community care package.
- For those who would be avoiding an admission to hospital, whose health, social and therapy needs cannot be met at home.

6.2 All aspects of the specification should be assumed to apply to all these groups unless explicitly stated.

6.3 For the purpose of this service specification, complex specific needs refers to needs that would require specialist training outside of those listed in the specification and without prior agreement with the manager of the contract from the Council.

7. Service Delivery

7.1 The service provider is actively encouraged to consider innovative approaches to service delivery and discuss trialling new practices with the commissioner. The service provider is actively encouraged to work with technology, wherever possible to support residents to continue to live independently in their own homes. Any significant changes to the service must be agreed with the commissioner prior to implementation.

7.4.3 It is a requirement for the provider to respond to ALL referrals within 1 hour and to commence the service provision within 24 hours of acceptance of the package. For the avoidance of doubt, commencement of the service provision means support of the customer. Failure to meet this requirement will be seen as a breach of the contract and could result in formal action being sought including suspension and termination of the contract.

7.4.4 Hours of service

- The service provider will need to operate the service fully within the 365 days of the year (366 days of a leap year)
- The service will operate on a 7-day basis
- The service must confirm acceptance of referral within 1 hour
- The service must accept admissions up until 8 pm 7 days a week
- The service must have a decision maker available to accept referrals within 1 hour.

7.6 Dementia Support

7.6.1 The demographic profile of people who are likely to access this service means that some people may have a cognitive impairment or dementia. These people will be treated in accordance with the terms of this specification; however, we will also expect that the following important considerations are in place:

- Staff will undertake mandatory training as determined by the commissioner in respect of dealing with people with dementia;
- Being able to recognise when specialist care and support is required;
- The importance of consistency and continuity in support workers;
- Recognising when someone is developing dementia type behaviours and ensuring they are referred for assessment;
- The utilisation of life stories and other memory aids.

7.6.2 The service provider will deliver the service paying due regard to the NICE Quality standard for supporting people to live well with dementia, in particular statements 2 and 3, which emphasise the importance of the individuals and carers involvement in design and review of their support.

Bury is committed to tackling health inequalities within and between neighbourhoods and expect providers to support this work where appropriate. This would include being a key stakeholder in ongoing transformation work.

Providers should also link in with Primary Care services and the appropriate Primary Care Network (PCN) as necessary.

8.7 Choices for Living Well

Bury has invested significantly in its reablement service. Changes to this service should mean that more people are supported back to independence, delaying or reducing their need for further support. A new complex reablement service will work with people with complex needs and challenging behaviours which should also lead to a shift in the type and complexity of the people receiving Care at Home support.

8.8 Voluntary Sector

The health and care sector in Bury is committed to building stronger and better links with the city's voluntary sector organisations, many of which describe health and care as their main area of work. Voluntary sector colleagues will be connected to INTs and this shall help support workers understand the voluntary sector activity in their area and the opportunities to connect the people they are caring for to the wealth of support and social activities the sector has to offer. Good Neighbours Groups and organisations supporting carers are the most obvious connections to customers, as well as charities focused on specific long-term health conditions. There are also many community and neighbourhood organisations that can help improve the social connections and access to meaningful activities of customers.

Section Two Requirements of the Service Provider

9 Workforce

- 9.1 Commissioners recognise the workforce is important to the health and social care system in Bury. This specification therefore sets out some minimum requirements and expectations for Service Providers. We see the workforce as being the major route by which Service Providers can demonstrate the added social value they can bring to Bury, for example via local employment, investment in staff training, development and apprenticeships.

9.3 Recruitment

Service Providers should refer to workforce guidance issued by Skills for Care. Service Providers should demonstrate effective approaches to values-based recruitment and retention, for example, following the guidance issued by Skills for Care 'Recruiting for values and behaviours in social care'.

- 9.4 Service Providers shall have and follow safe recruitment and employment practices including, but not limited to, ensuring that they have completed a DBS check for each member of care staff, that Identification (ID) documents and Right to Work documents are valid, and that reference checks including the last employer (or school or college reference if new to the work place) and any previous employment in the care sector are completed. Service Providers should also have appropriate procedures for gaining references for individuals who have not been in the workforce for several years because of caring commitments. Pre-employment checks should comply with

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

9.5 Employers should be satisfied that their workers have the required level of core skills (see Skills for Care Core Skills guidance) including:

- English skills (reading, writing & spoken)
- Digital skills
- Number skills
- Employability skills.

9.6 Management

Research has shown effective management and supervision to be critical in retaining care staff. Our experience demonstrates that good Care Co-ordinators and Registered Managers are key to the delivery of a good quality service. All staff, including managers, should receive regular supervision and appraisal as to their competence and performance of their work and a regular appraisal of staff training needs, each of which should be properly and timely recorded. Follow-up actions should also be recorded.

9.7 Service Providers shall ensure the effective day-to-day management of staff to enable reasonable discussion of operational issues, service developments and/or changes including at regular and recorded staff meetings. staff must have access to management support, at all times when on duty.

9.8 Service Providers must ensure staff have the required knowledge, skills, competencies, attitudes and behaviours and are supported to attain relevant qualifications to deliver care that can meet and exceed the agreed outcomes and assessed needs of customers whilst safeguarding their own health, safety and welfare.

9.9 Service Providers must take the appropriate steps to ensure that at all times there are sufficient numbers of suitably qualified, skilled and experienced staff to reflect the needs of this contract. This includes the provision of a Registered Manager who is aware of and meets the requirements of the duties and responsibilities of a Registered Manager.

9.10 Bury Council is moving to being a Real Living Wage paying authority and that will include its commissioned services. For Care Homes this will be a phased approach over the next 3 years. The Provider must pay their care staff a minimum of £9.11 in the current year.

10 Leadership, Culture and Values

10.1 We expect all Providers to share a common set of values and characteristics, we expect to see:

- A commitment to working in a strengths-based way and ensuring all staff understand what this means for them in their daily work.
- That managerial arrangements across the organisation create the climate for staff from different professional backgrounds to work together in a positive, open and trusting climate.
- That you work together with other services in your neighbourhood, building a deep understanding of the community assets and capability in that place to support residents to be connected to their community and each other.
- That service administration is organised on a neighbourhood basis, allowing alignment with key public service providers organised on the same footprint.
- The organisation embraces positive risk-taking and permission-based working, supporting and liberating the workforce to demonstrate innovation and creativity on a daily basis.
- That the principles of development and continuous improvement are built into the way your organisation carries out all its planning and activities.

10.2 To facilitate collaborative working, commissioners would support the establishment of a Registered Managers network for Bury to provide peer support, share best practice and innovative ways of working.

11 Staff Training and Qualifications

11.1 Staff Training and Competencies

In order to identify and deliver outcomes to individuals with a range of needs, service providers will be required to ensure that they have appropriate numbers of staff who are trained and skilled to provide the services defined. There will also be an expectation that organisational frameworks support the improvement of service provision and are delivered in line with national guidance and legislation. Whilst not exclusive, some of these areas include:

11.2 Induction of social care staff

As outlined by the Department of Health, Skills for Care England and the Care Quality Commission, service providers must ensure that all staff employed after March 2015 achieve the [Care Certificate](#):

- Standard 1: Understand your role;
- Standard 2: Your personal development;
- Standard 3: Duty of care;
- Standard 4: Equality and diversity;
- Standard 5: Person centred values;
- Standard 6: Communication;
- Standard 7: Privacy and dignity;
- Standard 8: Fluids and nutrition;
- Standard 9: Mental health, dementia and learning disabilities;
- Standard 10: Safeguarding adults;
- Standard 11: Safeguarding children;
- Standard 12: Basic life support;
- Standard 13: Health and safety;

- Standard 14: Handling information;
- Standard 15: Infection prevention and control.

11.3 For staff employed prior to March 2015, evidence of an induction commensurate with the requirements of the Common Induction Standards Skills for Care. They must also complete additional top up induction standards of the new care certificate framework:

- Standard 7: Privacy and Dignity;
- Standard 8: Fluids and Nutrition;
- Standard 9: Mental Health Dementia and Cognitive Issues;
- Standard 11: Safeguarding Children;
- Standard 14: Handling Information.

Staff who have achieved the care certificate should not be expected to complete this at change of employer, however it is the responsibility of the provider that the employee has sufficient knowledge as part of their induction. Additionally, staff who have achieved the appropriate level qualification for their role (QCF) will not be required to complete the care certificate.

11.4 Induction of management

All managers responsible for the service must receive an induction commensurate with the [Management Induction Standards Skills for Care](#) completed within the first 12 weeks of employment.

11.5 Induction of workers not involved in direct care

All staff must be inducted using their organisational induction framework which must include the relevant standards of the Care Certificate relevant to their role and must be able to demonstrate the ability to support performance to the appropriate standard.

11.6 Qualifications of social care and senior staff

As a minimum all staff must have the appropriate level of qualification as identified by Skills for Care. This will be by way of level 2 and level 3 diplomas or commensurate level diploma meeting the [RQF](#) such as a National Vocational Qualification. For staff working in specialised services it is also required that generic pathways have been followed as a top up in specialist dementia, or mental health, learning disability and physical disability RQF credits.

11.7 Qualifications of management

It is a requirement that all Registered Managers hold the Level 5 Diploma in Leadership and Management for Health and Social Care if they were recruited post March 2011. For Registered Managers in place prior to this date they must hold an appropriate level care and management qualification that meets current Qualifications and Credit Framework (RQF) requirements and show evidence of continuing professional development.

11.8 Refresher training

The provider must have evidence within their workforce plan and training needs analysis that all training is refreshed and updated in line with requirements from regulators, legal frameworks, new and emerging guidance or changes in policy.

11.9 Workforce plan and training needs analysis

The service must have an up-to-date workforce plan to ensure that the skills mix, training and qualifications of staff are reflective of and meet the service needs of individuals. This must also highlight any unmet needs and how these are managed and resolved. These themes must be integrated into employee reviews and supervision models along with service plans for the organisation.

11.10 Bury Council specific requirements for training, development and policy support

As the minimum, the standard of training will be outlined in the Care Certificate, induction processes and workforce plan. Service providers must ensure that all staff are trained and are able to comply with the following:

- Safeguarding Adults and Children;
- The Care Act;
- The Children's Act / 0-25 SEND
- Health and Safety;
- Complaints;
- Moving and Handling;
- End of Life care and support;
- Managing challenging and difficult behaviour;
- Administering medication;
- Medication auditing;
- Identifying, supporting and working with carers;
- Reabling approach to service delivery;
- Rehabilitation of people discharged from hospital;
- Supporting people with long term conditions;
- Supporting and working with people with dementia, particularly those who have complex needs;
- Mental Capacity Act 2005, including Deprivation of Liberty Safeguards, with appropriate use of mental capacity assessments and best interest decision making;
- Infection prevention and control;
- Food hygiene;
- Malnutrition and dehydration.
- Staff Wellbeing policies.

12 Service Particulars

12.1 Physical assets

The provider must arrange and be responsible for the following physical assets:

- An office premises, which operates during standard office hours (8:00 am until 8:00 pm);
- The service must have a decision maker available to accept referrals within 1 hour.
- For referrals received out of hours or at weekends the service must have a decision maker accessible to accept referrals.
- A 365-day service provision.
- Local rate telephone number with appropriate local rate divert out of office hours (people should not be required to contact Mobile telephone numbers);
- Secure e-mail systems with out of office communication;
- Care File and Documentation in situ
- Secure Electronic Records.

12.3 Health and safety

The service provider must comply with the requirements of the Food Safety Act 1990 (as amended by the Food Standards Act 1999), Food Hygiene (England) Regulations 2006 and the Health and Safety at Work Act 1974. The service provider will have a co-ordinated approach to assessing and managing security and health and safety risks that potentially affect all people, staff and the wider community. The service provider will have an effective health and safety policy which is in accordance with current legislation and has been reviewed in the last two years. There will be appropriate arrangements in place to enable people to access help in crisis or emergency.

12.4 Safeguarding & deprivation of liberty

The service provider must comply with [Safeguarding Adults - Bury Integrated Safeguarding Partnership](#) relating to safeguarding of at-risk adults from abuse. They must also have their own safeguarding policy and suitable procedures to complement this. It is essential that the provider has an awareness of what constitutes a [Deprivation of Liberty](#) (DOL) and how to raise a DOL referral should the need arise.

The service provider must ensure that all staff receive training in safeguarding adults every two years. To evidence this, the service provider must provide the commissioner with a quarterly training log during the contract monitoring process which identifies the name of staff and the dates of their training.

All staff must be informed about, and comply with, the Safeguarding Policy when providing the service under this agreement.

12.5 Disclosure and Barring Service (DBS)

The service provider will ensure that all staff have an Enhanced DBS check when engaged in regulated activity with adults. This must be applied for via the DBS update service to enable it to move with the member of staff should

they change their employment. It is also expected that the service provider will be registered for DBS first checks for times of major operational incidents such as winter pressure hospital discharges.

DBS checks will be undertaken every three years for all staff engaging in regulated activity.

12.6 Record keeping

The service provider must maintain an audit of service delivery through which exceptions are identified and plans are set in place to address them. The provider must collect data in line with the requirements set out in section 13 below (quality, performance and contract monitoring) and share this with the commissioner (in line with the data sharing agreement).

Each party shall ensure that it and its Representatives comply in all respects with the Data Protection Act 1998 and the General Data Protection Regulation EU 2016/679 together the Data Protection Legislation ("**DPL**") and any other relevant Data Protection Requirements in relation to all information made available to it during the term of the Contract by the other Party or arising through the delivery of the Services.

12.7 Confidentiality

The service provider will keep all matters of the service confidential and will use all reasonable endeavours to prevent their staff from making any disclosure to another person about the service or the people who use it.

Electronic systems and consent - the service provider, including all staff, will respect information given to them by the person or their representatives and will handle this in accordance with the Data Protection Act 1998.

Where confidentiality needs to be broken in order to protect the person or those around them, in-line with Safeguarding, the service provider will have a robust set of policies and procedures in place to ensure that this is undertaken in an appropriate manner with a full risk assessment.

It is expected that the service provider will have an information sharing protocol in place to cover the information that they pass to other service providers while delivering components of the persons support plan.

It is expected that the service will comply with Caldicott principles in the provision of the service, including management and handling of data.

12.8 Self-Care Customer/family/carers involvement

The service will develop the skills of people, in a planned and targeted manner, in order to enable them to move towards more independence. This will increase their control over their life and outcomes.

Social care and health today are less about 'doing to' people and more about working with people, enabling them to make their own choices about what they want, and to support them in achieving these things. Even where this means doing things on behalf of an individual, that person should still be an equal partner in decision-making. More often though, providing care is about helping people to manage their own lives.

Self-care is something we all do every day, usually without really thinking about it. It has been defined as:

"the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and well-being after an acute illness or discharge from hospital."

Executive summary, CCPs for Self-care, 1st edition

Beyond just focusing on health and wellbeing, self-care incorporates self-management. Self-management means people drawing on their strengths and abilities to manage or minimise the way a condition may limit their life, as well as what they can do to feel happy and fulfilled.

Creating environments in which this can happen means changing how people who need care and support are perceived: from passive recipients to active and equal partners who bring their own expertise about their lives. Professionals no longer control decision-making; rather, their role is to use their expertise to support and enable people to make their own choices.

It is integral to ensure that the individual is engaged, consulted with and consents to their care and support. Any third party views of individual outcomes, although important, must be consented to by the individual or there must be a lasting power of attorney in place or deputeeship where a person has been assessed as lacking capacity for health and social welfare. Copies of this must be on record within the care file, form part of the support plan and a copy provided to the care manager.

12.9 Business continuity

As a service provider in Bury, you will be expected to have a Business Continuity Plan for your service to ensure that the risk to service delivery is minimised, which prevents business disruption and ensures that people continue to receive services as commissioned.

12.10 Insurance

The provider must have in place the following level of insurance:

- Mandatory - Public Liability Insurance: no less than £5 million;
- Mandatory - Employers Liability Insurance: no less than £10 million;
- Optional – Business Disruption Insurance (must be assessed along with business continuity plan).

Where a privately owned vehicle is used to carry out any part of the service, the owner will have fully comprehensive insurance and shall be authorised by the insurer to use the vehicle in connection with business purposes and must cover carrying passengers, i.e. other members of staff, if required. It is essential that the driver has a current and valid driving licence appropriate to the category of the vehicle and that the vehicle is deemed to be roadworthy.

13 Quality, Performance and Contract Monitoring

13.1 Bury Council has made a commitment to supporting care providers that we contract with and to ensuring high quality provision, sustainability and market shaping within the sector.

13.2 Bury Council will work proactively with service providers and will complete rigorous ongoing performance monitoring and development to provide quality of provision by way of:

- Provider Engagement and Development Forums;
- Development Opportunities;
- Sharing best practice;
- Site Visits;
- Self-Assessment;
- Customer engagement and feedback;
- Complaints Monitoring;
- Performance Indicator measurement based on outcomes;
- Regular review meetings;
- Programmes for Improvement;
- Information Sharing with the Care Quality Commission;
- Partnership working with Community Nursing Teams/Medical Practitioners;
- Attendance at meetings and action within the Safeguarding Function;
- Liaising and working with Social Workers in locality and Neighbourhood models.

13.3 The Council will only work with providers who can meet the Care Quality Commission ratings of 'Good' and 'Outstanding'. For any new providers who have not yet received a CQC rating, Bury Council would carry out our own due diligence checks, including quality assurance rating before awarding a contract.

13.4 A performance framework will be developed but key indicators include:

- Continuity of Staffing – future
- Recruitment/Retention of Staff
- Staff Qualifications
- Workforce Development and Training
- Staff Supervision
- Compliance with Care Quality Commission Fundamental Standards
- Safeguarding events
- Complaints (Formal and Informal)

- Number and % of customers declined and for what reason
- Customer Satisfaction
- Annual service review
- Provider customer surveys/feedback to evidence meeting of Service Outcomes.
- Provider to submit suitable and robust evidence of the payment and implementation of the Real Living Wage for staff. This may include surveys of staff by the Council.

14 Payment Terms

- 14.1 Each of the 13 block booked beds will be reimbursed at a cost of £522.72 per week plus an additional £30.00 enhancement per bed (total £552.72) for the additional provision of reablement. The contract is for 12 months initially subject to review with an option to extend for 12 months. For the avoidance of doubt, payment will be made regardless of whether the beds are utilised.
- 14.2 Payment will be made every 28 days unless agreed separately with the Council

15 Social Value

- 15.1 Under the Public Services (Social Value) Act 2012 all public bodies are required to consider how the services they commission might improve the economic, social and environmental landscape of the area. This involves looking beyond the requirements of the individual contract and service specification and assessing what the additional benefit to a community will be.
- 15.2 Bury Council Bury Council is committed to delivering wider social, environmental and economic benefit from procurement, and embraces its responsibilities under the Social Value Act 2012.
- 15.3 What social value means in the borough of Bury is:
- Making a difference to the people in our communities and neighbourhoods by improving their health, wellbeing and standard of living;
 - Getting the best social, environmental and economic benefits from every £1 spent.
- 15.4 Bury Council has an opportunity to embrace the concept of social value and to maximise its impact to the benefit of the communities of Bury. By adopting an innovative approach to our definition of what constitutes social value in Bury, and by recognising changing priorities, we can radically improve outcomes for our neighbourhoods. We hope that this will encourage all organisations to be as creative and resourceful as they can be.

15.5 Bury's Social Value Policy 2017-2020 links to the five Team Bury outcomes. These are:

- All people of Bury live healthier, resilient lives and have ownership of their wellbeing;
- Bury people live in a clean and sustainable environment;
- People of Bury at all ages have high level and appropriate skills;
- All Bury people achieve a decent standard of living (and are provided with opportunities through growth);
- Bury is a safe place to live with all people protected (and feel protected from harm).

15.6 It is expected that the service provider considers how they can contribute to these priorities whilst delivering the service within the terms of the contract and service specification. This is a real opportunity to consider how innovative practices can achieve rewards in the wider community. Some examples of social value include:

- Creation of a number of traineeships, including apprenticeships within Bury;
- Training and skills development over and above the minimum is provided;
- Reducing social isolation (for example, by the use of befriending);
- Raise awareness of older people as a valuable resource and source of skills and expertise;
- Reducing energy consumption;
- Promoting healthy lifestyles and / or physical activity campaigns;
- Reducing stigma.

15.7 The service provider will collect evidence of, and report on, the social value they have delivered as part of this service specification. This will be monitored as part of the standard contract monitoring process.

16 Occupational Health & Safety (OHS)

16.1 General Occupational Health and Safety Requirements

Bury Council is obligated to provide and maintain, so far as is reasonably practicable, a working environment for its employees and members of the public, that is safe and without risk to health. As a condition of this contract, Bury Council requires that any Contractor(s) or subcontractor(s) that may be engaged to perform a service on its behalf will, at all times, identify and exercise all necessary precautions for the health and safety of all persons. This includes Contractor employees and members of the public who may be affected by the services.

The Contractor will inform itself of all occupational health and safety policies, procedures or measures implemented or adopted by Bury Council and/or the occupiers of any premises, at or within, which the Contractor will perform works under this contract. The Contractor will comply with all such policies, procedures and measures: and in the event of any inconsistency, will comply with such procedures or measures in order to produce the highest level of health and safety.

The Contractor will comply with any and all directions by Bury Council relating to occupational health and safety.

16.2 Legislative Compliance

The Contractor must comply with and ensure that its employees, subcontractors and agents comply with all current UK health and safety legislation, codes of practice and Bury Council OHS policy and procedures which are in any way applicable to this contract or the performance of the services under this contract.

16.3 Contractor OHS Management Systems

The OHS management system of the Contractor must as a minimum requirement demonstrate compliance with all duties of an employer specified in the Health and Safety at Work Act 1974.

The preferred method by which the Contractor must provide evidence of certification of their OHS management system is by an assessment scheme that is a member of the S.S.I.P forum body (Safety Schemes in Procurement see).

Alternatively, the Contractor must when requested by Bury Council, submit specific details of their company OHS management system documentation including evidence of implementation. As a minimum this should include:

- OHS policy statement
- Organisation structure and responsibilities
- Safe work practices and procedures
- OHS training and induction
- OHS auditing and inspection procedures
- OHS consultation procedures
- OHS performance monitoring

16.4 Risk Assessment

The Contractor shall prepare and submit a 'suitable and sufficient' Risk Assessment prior to commencing the works under the contract. The Risk Assessment shall be used to identify the significant hazards, who might be harmed, the assessed level of risk and risk control methods to be employed by the Contractor.

The completed risk assessment shall be submitted to the Bury Council Contract Specific Responsible Officer for review prior to commencement of works under the contract.

16.5 OHS Performance Reporting

The Contractor must when requested by Bury Council, provide evidence of ongoing performance of the Contractor's OHS management system. Without limiting the requirements of this obligation, for all Higher Risk

activities with a duration of longer than 6 weeks, the Contractor shall provide in relation to the contracted works, the following information on a monthly basis in the form of a Contractor OHS Performance Report:

- Number of lost time injuries
- Working days lost due to injury
- Current status of any injured personnel, damaged property, environmental damage or pollution
- Status of the implementation and outcomes of corrective actions undertaken as a result of OHS inspections and risk assessments

The Contractor shall when requested by Bury Council provide reports on OHS inspections, audits, or assessments undertaken during the course of the contract.

16.6 Incident Notification

The Contractor is required under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2012 (R.I.D.D.O.R) or by any other regulations to give notice of an accident or incident occurring during the performance of the contract. The Contractor shall at the same time or as soon thereafter as possible in the circumstances give a copy of the notice to the Bury Council Contract Specific Responsible Officer.

The Contractor shall inform the Purchaser with two working days of any notifiable incidents in line with Regulations 12, 14, 15, 16, 17, 18, 20, 21 and 22 of the Care Quality Commission (Registration) Regulations 2009 or any subsequent standards. Please note that Regulations 12, 16, 17 and 18 were amended in 2012 and the detail of some requirements have changed.

16.7 Non-Compliance

If during performance of works under the contract Bury Council informs the Contractor that it is the opinion of the Council that the Contractor is:

Not conducting the work in compliance with the Contractor's health and safety procedures, relevant legislation or health and safety procedures provided by Bury Council

Or

Conducting the work in such a way as to endanger the health, safety or welfare of members of the public, Contractors employees or Bury Council's employees, or its Contractors and subcontractors' employees, plant, equipment or materials.

The Contractor shall promptly remedy that breach of health and safety.

Bury Council may direct the Contractor to suspend the work until such time as the Contractor satisfies the Council that the work will be resumed in conformity with applicable health and safety provisions.

During periods of suspension referred to above, Bury Council shall not be required to make any payment whatsoever to the Contractor.

If the Contractor fails to rectify any breach of health and safety for which the work has been suspended, or if the Contractor's performance has involved recurring breaches of health and safety, the Council may, as its option, terminate the work forthwith without further obligation to the Contractor. In this event, Bury Council's liability shall be limited to payment for the work performed and costs incurred by the Contractor up to the time of termination or an earlier suspension of works.

Section Three Standards and Compliance

17 Continuity of Care

- 17.1 Continuity of care is important to our customers; therefore it is essential that service providers consider this when allocating work among their workforce to reduce the number of staff and ensure continuity of care at all times.

18 Medication

- 18.1 The Service Provider shall have a documented medicines policy based on current legislation and regional and local guidelines. It should define governance arrangements including who is responsible and accountable for providing medicines support and define the scope of support provided.

Where relevant the medicines policy should include processes for:

- Joint working with other health and social care providers
- Sharing information about a person's medicines and communication across organisational boundaries, where appropriate to include the individual's community pharmacist
- Ensuring the records are accurate and up to date with allergy status noted
- Assessing a person's medicines support needs and supporting people to take their medicines
- Pathways for escalation relative to medicines, for example if an individual refuses a medicine or doses of a critical medicine have been missed
- Managing concerns about medicine, including medicines-related safeguarding incidents and reporting of medication safety incidents
- Unlicensed use or administration of medicines, including giving medicines to people without their knowledge (covert administration)
- Ordering and supply of medicines
- Approach to minimising medicines waste

- Medicines-related staff training and assessment of competency
- Safe storage, transport and disposal of medicines.

21 Complaints

- 21.1 The Service Provider shall operate a complaints policy; all employees and customers shall be made aware of this and know how to complain in writing.

23 Emergencies

- 23.1 The Service Provider shall have a manual containing the organisation's emergency procedures, and all employees shall be made aware of these procedures and shall take all reasonable steps to ensure compliance.

Appendix 1

Social Value Policy



Bury Social Value
Policy.pdf

Appendix 2 Lets Do It Strategy



Let's do it
strategy.docx



We have an opportunity to develop every township in the Borough to be better and stronger than before the pandemic. We can tackle the causes of inequality. We can ensure that our children have a better start in life, with better education and broad horizons; that every adult has the opportunity to contribute including access to high quality, local work and that older residents can stay connected and independent. We can confront the great challenges ahead of us, from supporting local businesses to delivering net zero emissions. This Bury 2030 Community Strategy sets out the ambition and ideas of our communities, businesses and public service leaders to build back a better Borough over the next ten years.

“Let’s do it ... !”

Contents

Introduction	1
Context	2
Our Vision	3
Our Strategy: Let's do it!	4
Let's ... All work together with a common approach.	6
Do it! ... Deliver on our plans for community and economic development where we all play our part	7
Local neighbourhoods.....	8
Enterprise	10
Delivering Together.....	13
A Strengths-Based Approach.....	16
Making it Happen	19
Measuring Our Impact.....	20

Over the past year we've taken a long, hard look at ourselves as organisations that serve the borough, and the borough as a whole.

We have looked at our strengths: our accolade as the first Greater Manchester Town of Culture in 2020; the new system-wide ways of delivering health and social care; our award-winning town centres and green spaces and our resilient communities that are supporting each other and standing strong in the face of the global pandemic.

We have also acknowledged our big challenges. There is work to be done to improve educational outcomes across our Borough. Our average life expectancy has stopped improving and the pockets of deprivation that existed in 2010 and 2015 still persist.

In the midst of this work the COVID-19 pandemic presented the greatest challenge that our communities, businesses and public services have ever faced. As both a health and economic crisis, it highlighted many of the underlying problems that exist in our Borough, from ill health to poor life chances. We have lost a number of our residents to Covid and it has already taken its toll on our businesses and town centres. We will doubtless be dealing with the consequences for some time.

But the response to the pandemic also guides a new approach in our Borough. It is one in which everyone, from communities and businesses, to the Council and our partners must pull together. It is one in which the power of the relationships within and amongst these groups is what matters most. Our emergency response instils us with the belief that, when we work together, we can make a real difference.

In recent months we have talked with people who are passionate about the future of our Borough: local people, community groups, public service providers and businesses large and small. We have shared our hopes for the next ten years, listened to and learnt from theirs, and discussed how together we can realise them.

This Bury 2030 Strategy is the sum of these conversations. The reforms laid out in this plan are wide-ranging, from health to housing, from commerce to communities

But this is not just a strategy for service improvement, it is a radical new proposition for community power; putting relationships first and a Borough in which every single person plays their part.

The time has come for us to decide what our future will be. This strategy sets out the vision and ideas of our communities, businesses and public service leaders for a clear ambition and delivery plan for the next ten years.

So, as one of our Borough's most famous daughters, Victoria Wood, Prestwich-born and Bury-raised, once said:

Let's Do It!

Leader of the Council
Chair of NHS Bury Clinical Commissioning Group

Context

Any programme of reform that looks forward to 2030 has to start with an honest reflection of its context, and in 2020 it is clear that our Borough, and the nation at large, is facing enormous social, health and economic challenges caused by the COVID-19 pandemic. This is the greatest challenge we have faced in living memory.

COVID-19 has affected everyone in our Borough. Every business and every community has been changed in some way. At best, the pandemic has been disruptive and challenging. At worst, it has been devastating. We have lost many residents and a number of others are now managing challenging health conditions. Many businesses have been forced to let go of staff and others to close entirely. Given the prolonged response further business closures and redundancies are, tragically, inevitable. In many cases the impact has fallen most often on those least able to bear the strain. This crisis has been unequal and unfair, revealing and exacerbating the inequalities in our society.

However, recent months have also revealed some positive aspects of life in our Borough. The strength of our communities, the community spirit of our residents, and the power of our partnerships and relationships have been clear to see. For example, joint working between partners in the health and care system- primary care, hospital services, community based services, and private care providers has been exceptional in responding to the crisis.

Given this context our Bury 2030 strategy has to start with a period of activity focused on emergency recovery.

This decade of reform begins with a two-year plan that attempts to repair the damage caused by the pandemic. The initial priorities are to:

- respond to issues such as poverty and the health impacts of COVID-19 on our communities and the health system;
- maintain the relationships that have been forged between communities and their public services during the crisis; and
- put carbon neutrality at the heart of new ways of living and working in a covid-secure society.

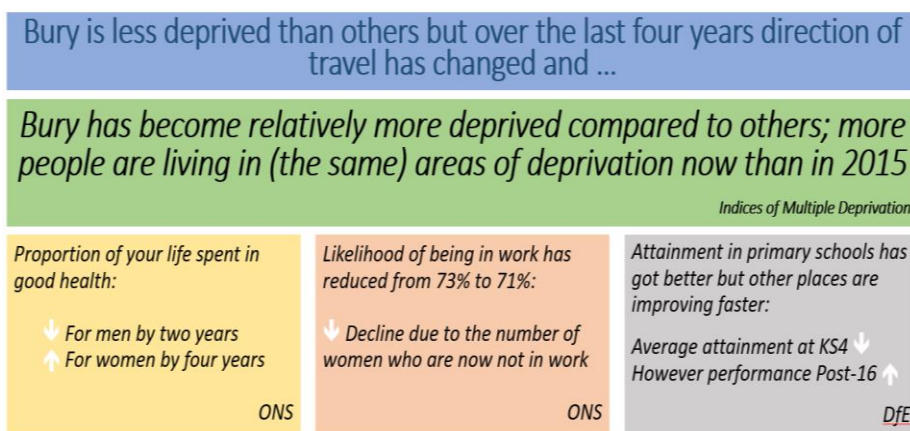
But we must look further ahead too. We have an unprecedented opportunity to address some of our deepest challenges, from building a fairer society that leaves no-one behind, tackling the climate emergency, and addressing inequalities of opportunity within our Borough. To do this we will embrace the national “Levelling Up” agenda with investment propositions that seek to raise productivity; empower people in places; improve education standards and maximise employment to aid economic recovery.

Throughout this plan, we have laid out the immediate priorities that fall within the initial two-year recovery plan, alongside our longer-term goals. Together, they are how our Borough, as part of the wider Greater Manchester city region, will build back better.

Our Vision

Our vision for Bury 2030 is built upon conversations with communities and the goal is simple: to stand out as a place that is achieving **faster economic growth than the national average and lower than national average levels of deprivation.**

This is, however, challenging given our starting point in 2020:



By 2030 we will collectively tackle these deep rooted issues by giving everyone the **encouragement and support** to play their part; joining together the delivery of all **public services as one** and delivering an ambitious plan for both **social and economic infrastructure.**

How will we measure our progress?

Our ambition is that by 2030:

The Borough of Bury will have made the fastest improvement in reducing levels of deprivation than any other post-industrial northern locality.

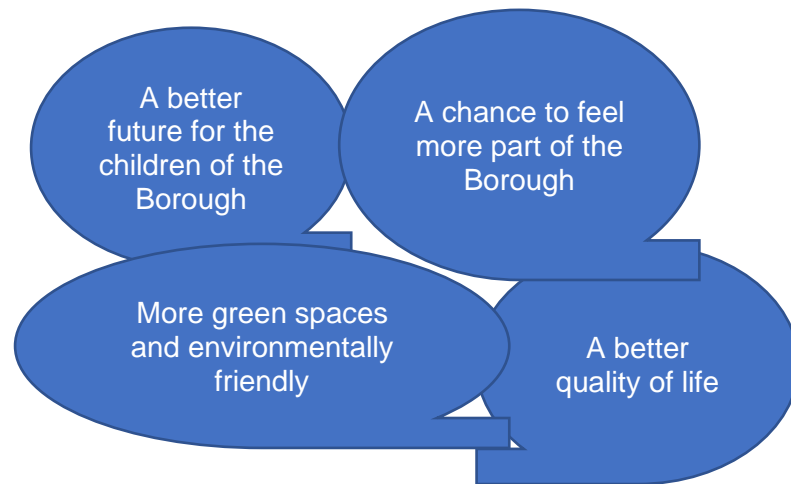
- We will be measured against comparable Boroughs and the Greater Manchester authorities.
- To achieve this means reversing the decline seen in 2015.
- It is dependent on us making progress against all the aspects of this Strategy particularly economic growth
- It accepts the impact of the pandemic but sets out an ambition to recover faster than others.

We will measure our progress to achieving this ambition by tracking seven core outcome measures which are explained more detail later in this document:

1. Improved quality of life
2. Improved early years development
3. Improved educational attainment for our children and young people
4. Increased adult skill levels and employability
5. Inclusive economic growth
6. Carbon neutrality by 2038
7. Improved digital connectivity

Our Strategy: Let's do it!

The vision for 2030 has been developed and tested with our communities. Local people have said this vision will achieve:



.... But people also said they identify locally within their townships and neighbourhoods, not Borough-wide. And whilst many agree with the vision there is less confidence reported that it would be delivered - there have been big ideas before but change has not always happened.

We believe things are now different, however. **Things have changed.**

During the pandemic we have started to work together in different ways.

The **Voluntary, Community and Faith Alliance** has mobilised over **800 volunteers** who have supported thousands of vulnerable people over the last year and are now working on community projects as well as supporting vulnerable people. Age UK is now providing a befriending service in partnership with the Community Hubs; our food banks are working together and setting up pantries to maintain user's independence; community leaders have established the **Bury Community Support Network** to connect with Council hardship support and the Citizens Advice Bureau.

Feedback also tells us that statutory services are working much better with parents and carers of children and young people with Special Educational Needs, fulfilling the spirit of co-design.

We have established **multi-disciplinary teams** to deliver our Covid response, for example clinicians delivering vaccinations and covid testing are being supported logistically by hundreds of volunteers from Greater Manchester Fire and rescue service; communities and furloughed businesses.

The way we deliver **health and care services** is increasingly integrated – staff from different organisations working more effectively together as if they were one organisation, and seeking to support residents to be as well, connected and independent as possible. Increasingly this joined up working is delivered through five integrated neighbourhood teams across the borough and focused on the prevention of poor health and early intervention to avoid unplanned care in hospital and other settings.

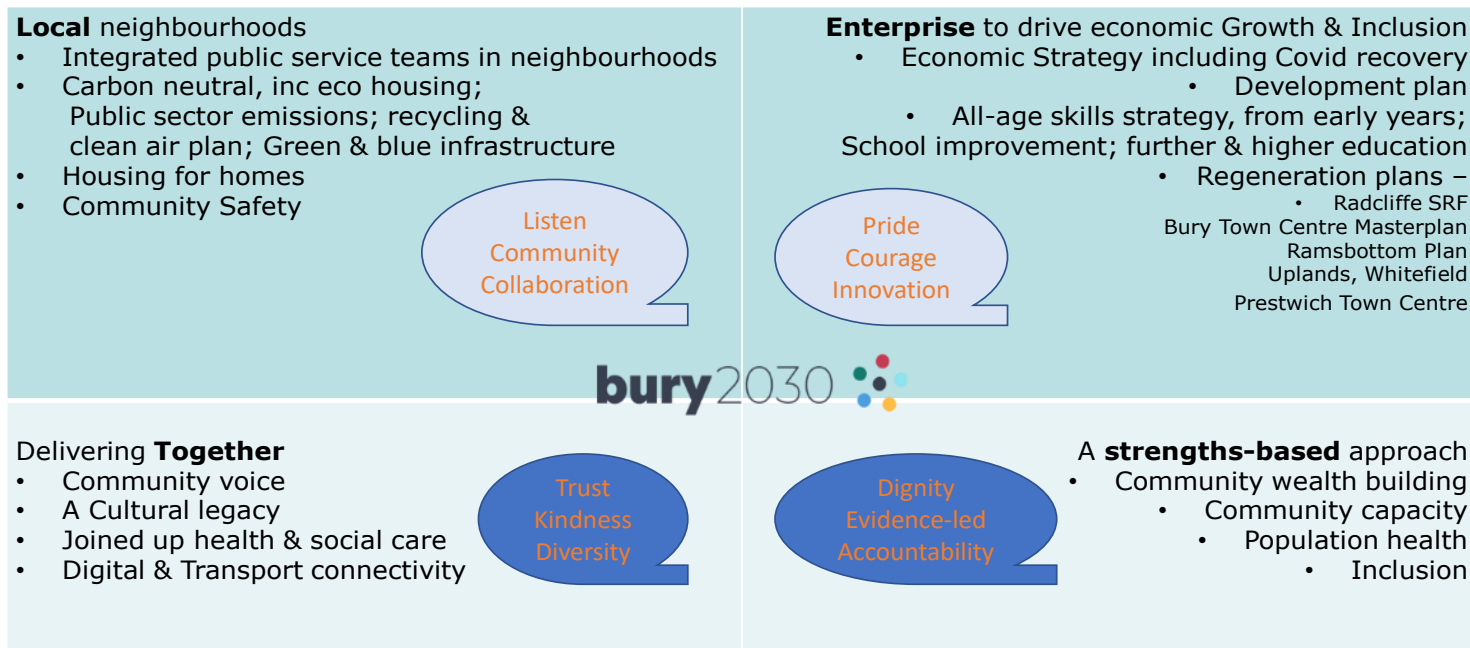
Health and Care Teams in Neighbourhoods are working alongside **community hubs** – connecting and supporting the assets of local communities and supporting vulnerable residents to independent and connected. And increasingly health and care teams are working closely and on the same neighbourhood footprint with staff from other public services – e.g housing providers, GMP, schools

This strategy is about **how to maintain the momentum of this movement:**

- **Let's ...** All play our part in **local** communities; with **enterprising** spirit; working **together** in a way that recognises and celebrates the assets and **strengths** of our communities and our residents
- **Do it ...** by connecting everyone to the plans for economic growth and public service improvement across every township.

The strategy sets out four clear principles that will drive everything we do and a clear set of priorities to create the conditions for change.

Principles & Actions - Let's do it



Let's ... All work together with a common approach.

These are the Bury 2030 principles that will guide our work.

Local neighbourhoods

We know that it is the **relationships**, not services, which truly make the difference to people's lives. We want to build on this through **empowered** local communities within each township where **individuals, families and communities** are in control and at the heart of decision making. We will bring our collective talents, energies and **community power** together for the greater good by:

- **Engaging** with people where and how they live
- **Hearing** all voices and learning from them
- **Trusting** and helping each other, always working together
- Listening when others talk, helping and **enabling**
- Supporting development and **growth** and removing barriers to **collaboration**

In support of this approach we will work to bring public services together as one team in each neighbourhood, behaving together in line with these principles

An Enterprising spirit

We are known for our spirit of enterprise and innovation and we will harness that spirit to raise aspirations to grow and develop our people and businesses. We will remove the barriers that prevent people from getting on and **connect** local people to opportunities through their skills, confidence and relationships by:

- Demonstrating **pride** in our collective and individual achievements and in the place where we live
- Ensuring everyone has an equal voice and equal life chances by harnessing and **nurturing** all talents
- Championing **innovation**, always looking for ways to improve quality of life for all
- Being **courageous** and stepping out of our comfort zone to help ourselves and others
- Opening doors at every **opportunity**

Delivering Together

This strategy represents a completely new relationship between public services, communities and businesses which is based on **co-design** and **accountability** for shared decision making. It is about doing “*with*” not “*to*” by bringing a greater focus on **wellbeing**, **prevention** and **early intervention**. We will all take responsibility for making a difference by:

- Committing to making a **positive, practical difference** in addressing and tackling our challenges
- **Valuing and developing** the role and voices of people and communities to shape and deliver, wherever we can
- **Empowering** residents and groups to take decisions and harness resources
- **Strength** through **cultural diversity**
- **Growing** relationships and new connections across boundaries
- Demonstrating **dignity**, **kindness** and **respect** in everything we do

A strengths-based approach

Our vision is for a place in which people are helped to make the best of themselves, by recognising and building on the strengths not deficits of all our **children, families and our communities** and taking an **evidence-led** understanding of risk and impact to ensure the right intervention at the right time. We will do this by:

- Really **listening to understand** each other and our shared potential
- Being **flexible** and putting our energies into where we can make the most positive difference; **asking** ‘what matters to you?’
- Being open to **trying** new things and **doing things differently**
- Valuing the **skills, strengths** and **successes** of individuals and communities

Do it! ... Deliver on our plans for community and economic development where we all play our part

The spirit of the people of our Borough has always been our greatest asset, but the conditions must exist for this mindset to thrive.

The next pages describe our approach to progressing the Bury 2030 vision. They describe:

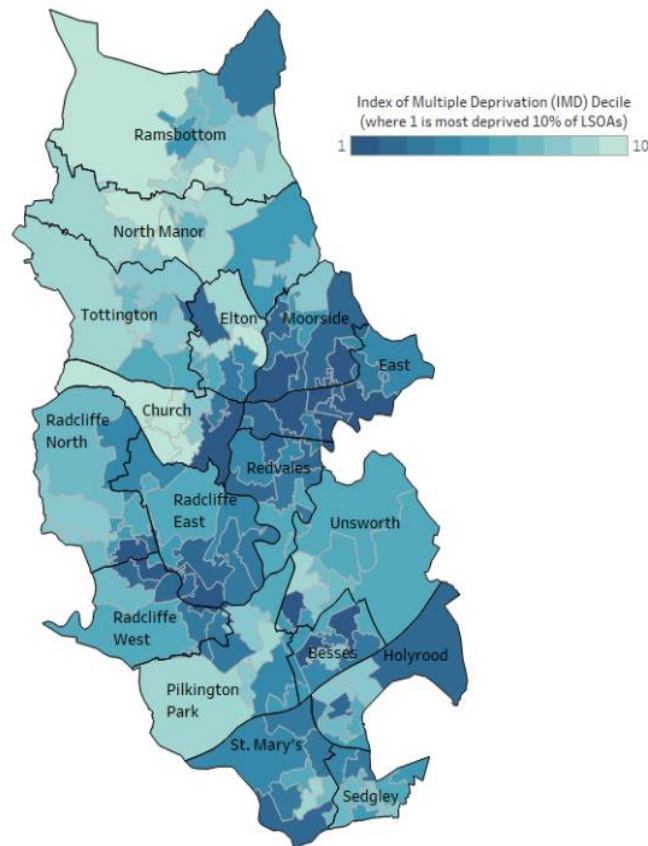
- the plans the **Council and our public sector partners** have to improve infrastructure and create conditions for growth;
- the way in which every **resident** can get involved to make even small changes which, together, would make a big difference.

This is a long-term strategy from which rolling two-year delivery plans will be produced with clear priorities for each period, informed by progress and outcomes across the partnership. The first two years will be focussed on supporting **emergency recovery** including recovery of the **health and care** system and delivering “Levelling Up” priorities around **productivity**; place-based **empowerment**; improving **education** standards and maximising **employment** to aid economic recovery.

Our specific **priorities for 2020 – 2022** are to:

1. Deliver an **economic recovery** strategy including a statutory development plan and **regeneration** plans in Radcliffe; Ramsbottom; Whitefield, Prestwich and Bury town centres
2. Progress towards carbon neutrality with particular progress in **decarbonising** public buildings
3. Bring about full implementation of the GM model of **unified public services** which are orientated towards prevention and take a personalised “whole person” approach and build on strengths and assets
4. Expand our integrated **neighbourhood teams** in health and care and with wider public services, to support our children, families and communities; maximise the untapped potential of the Voluntary Community and Faith Alliance (VCFA) and ensure that mental health services are as important and integral as those relating to physical health.
5. Progress our **inclusion** strategy to ensure every community has a voice, is embraced and celebrated
6. Deliver our key priority areas for **health and care** transformation: urgent care, planned care, community based services, mental health and well being and learning disabilities and a greater emphasis on prevention
7. Maintaining progress with **educational** improvement and employment, pre-employment and apprentice opportunities for young people, including targeted work for school age and school leavers who have been disaffected because of the emergency and delivery of the new high school in Radcliffe.

Local neighbourhoods



Our Borough is the place we are proud to call home, six towns built with areas of extraordinary natural beauty. It is a place rich in possibility which we must preserve, improve and cherish for future generations.

We want to recognise the **distinct identities of our townships** and the diversity of each community; to **invest** in our town centres, create **more spaces** where people can meet and enable access to affordable decent **housing** for all. As we do this, we are committed to becoming eco-leaders, ensuring future generations can enjoy our **green spaces** and breathe clean air.

Overall our Borough is relatively less deprived than our statistical neighbours but our trend is a negative one. **Deprivation** is highly concentrated and was reported to be getting worse in both 2019 and 2015. To reverse this trend and close the inequalities gap we will target our resources locally, in the places that need them most. Public services and others will work together better, seamlessly and with knowledge of communities. We will create **public service hubs** which work within and across townships on a “neighbourhood” footprint, to bring different agencies together to target resources around greatest need; understand and galvanise community assets and focus on prevention as well as management of risk.

This “local” approach provides a foundation stone to develop a different relationship with residents and communities – to connect people together. To do this, all of our work in neighbourhoods will be guided by the LET’S principles: taking a **local** approach; driving **enterprise**; working **together** and with a **strengths-based** approach.

Let’s Do It! ... Looking after our local neighbourhoods

Do your bit to look after our clean and green space. Join a community clean-up team; find out about what and how to recycle more; make changes in your lifestyle to consume less and move us towards our carbon neutral goals. Connect through your local community hub if you want to get involved

A neighbourhood delivery model

In Prestwich, Radcliffe, Whitefield, Ramsbottom and Bury we will establish multi-disciplined neighbourhood teams which, between them, will cover the whole Borough with activity comprised of:

- A **Community Hub** which will support people to take responsibility for their own health and wellbeing and seek support in the community in the first instance, including partnering with existing community services such as the Staying Well service and Community Education
- The existing **health and care integrated teams** which, together with primary care services, focus on early intervention; prevention and the avoidance of unplanned care. The teams actively case manage the care for people with chronic, long term physical and mental health conditions, to help them remain in control of their care and live well at home
- **Wider public service early help team** will target our support to help vulnerable people to access opportunities and create new ones on their own, without creating long-term dependency on public assistance. The teams will provide joined-up support from social workers, schools, housing, youth services, employment teams, probation, police and other services. This new network will build on the children's early help teams to provide support across whole families and communities.

Putting our Borough on track for carbon neutrality

In 2019, Bury Council announced a **climate emergency**, striving to be carbon neutral by 2030 and a 'single-use plastic' free Borough by 2022. Significant progress has been made, with carbon emissions in Bury down 31 percent between 2007 and 2017, but carbon neutrality is unlikely to be possible by 2030. We will instead align our commitments to that of Greater Manchester's other districts and target carbon neutrality by 2038. To achieve this and more, we will:

- **Create a Climate Action Strategy** including:
 - **Making our public estate carbon neutral**
 - **Supporting greener modes of transport** in our Borough
 - **Creating a Greater Manchester Clean Air Zone**
 - **Developing a Housing Strategy for carbon neutral homes,**
 - **Developing the City Forest Park**, a 330 hectare urban forest in partnership with Salford and Bolton Councils.
- **Help develop the Greater Manchester Clean Air Action Plan** to reduce nitrogen dioxide levels generated mainly by road vehicles.
- **Develop a "green and blue infrastructure strategy"** to lay out how the Borough will make the most of its access both to beautiful green spaces (the "green") and the two greater waterways the River Irwell and the Manchester, Bolton and Bury Canal (the "blue").

Making our Borough a safe place to live

Our Community Safety Partnership leads the local implementation of the Greater Manchester *Stronger Together* community safety strategy. By 2022 the partnership will have created a refreshed strategy for the remainder of this framework. The current five objectives are to:

- **Protect and support vulnerable people** with a focus on Early Intervention and developing a new Complex Safeguarding Plan.
- **Put victims first and** increase the numbers of victims we support
- **Reduce reoffending through** "restorative justice model"
- **Build stable, cohesive communities** and reduce Hate Crimes
- **Develop a partnership approach to community safety** across public services and with the local community.

Building houses that are homes

Our new housing strategy recognises the need to make a house a home, with a series of commitments to achieving that, including:

- **A housing strategy for every township**, shaped by our development and regeneration plans to support the future of each town centre and neighbourhood.
- **More, high-quality and low-carbon homes in the Borough**
- **More affordable homes**, to get everyone on the housing ladder
- **A more dynamic housing market**, with a broader range of housing tenures and more tailored support for people
- **Additional support that enables people to live healthily and well in their own community long into later life**
- **Eliminating rough sleeping by 2025**, by helping homeless people achieve financial independence.



Bury was at the centre of the first industrial revolution, home to entrepreneurs like John Kay, the inventor of the “flying shuttle”, who put the north of England at the centre of the world. Bury will also be at the forefront of the fourth industrial revolution, with the resources for our entrepreneurs and innovators to work with digital technology. This will be in the context of one of the biggest economic challenges of a generation, as we lead economic recovery from the COVID-19 pandemic.

The Council will continue to progress its statutory development plan that will identify opportunities to deliver the new homes and jobs needed (including the Northern Gateway) as well as the necessary supporting infrastructure such as public transport, roads and schools.

The driver of reform in Bury for the next 10 years is, however, to create a place that stands out not just in Greater Manchester but nationally as the example of what inclusive growth looks like. This means addressing the underlying drivers of inequalities by considering how, through our economic development plans, we can achieve a fairer distribution of wealth and income.

We want our Borough to offer a unique blend of opportunity for business to prosper and for people to live well; to provide green, blue and digital infrastructure and grow the spaces for businesses to incubate and expand. Our towns will become places where businesses thrive and all our residents have the skills and aspiration to access high quality work, with a genuine prospect of progress and promotion.

Let's Do It! ... Building Back Better in our Enterprising Borough

If you are an employer, contact one of our Hubs and talk to them about setting up **apprenticeships and hosting work experience** placements. We are also seeking volunteers to help mentor people looking for work across the Borough. Connect with the Bury Business Leaders' network if you think you do your bit to make our vision of inclusive growth a reality

Delivering an economic strategy

Bury has been working with Barclays Bank as one of a small number of national pilot sites to help understand what make a *Thriving Local Economy*. We will use the learning from this research, together with input from our business community and Greater Manchester growth Hub, to develop a local economic strategy which drives local economic growth and informs the economic recovery strategy from the COVID-19 pandemic.

The Greater Manchester Independent Prosperity Review found that our Borough is highly reliant on its traditional strengths in manufacturing. It also uncovered **new opportunities** for growth in highly skilled areas: computer programming, management, consulting, and specialised design. Since then, however, the economy has experienced a profound shock nationally which is not yet fully understood. Local economic planning must take account of the impact of the emergency on our business sector, informed by the local Business Leader's Group and deep-dive research commissioned by the council including evaluation of the impact of COVID-19 emergency business grants.

Over the next 10 years we will:

- grow our business base in both existing and emerging sectors
- develop the conditions and capacity for business to grow, particularly space for business incubation and expansion
- connect the commercial pipeline to the curriculum in our schools and colleges to ensure that local people have the skills and aspiration to access quality local jobs. Sadly, that is not yet true of Bury today. Businesses are struggling to find the skills they need in our Borough, with a third of recent job vacancies unfilled. By 2030, we intend to fill at least 90% of these roles with local people

Investing in all our town centres

The sustainability of our six town centres will of course depend on the ability to attract inward investment. This is something that we have seen in Bury town centre, where considerable investment and regeneration has seen it become the third ranked retail destination in Greater Manchester, behind only Manchester city centre and the Trafford Centre. We will ensure equivalent appropriate investment is made in each other town centres:

- In **Prestwich**, we will see new, high quality and sustainable housing; more community spaces; a public service hub; a new library; and lots of flexible spaces for local entrepreneurs
- In **Radcliffe**, we will deliver the key projects identified in the Strategic Regeneration Framework, including a public service hub, refurbishment of the Market Chambers, the redevelopment of the East Lancashire Paper Mill Site for new housing, improved access to parking, a new leisure centre, and a new secondary school.
- In **Bury**, we will produce an updated masterplan for the town centre to guide its future role, function and physical development and regeneration. There will also be new regeneration, including the redevelopment of the former police and fire station sites, a new Flexi Hall adjacent to the market, a replacement Transport Interchange, a new multi-agency public building as well as improvements to areas that have become tired and run down.
- In **Ramsbottom**, we will soften the impact of traffic by making it less reliant on car travel, build more communal space, and create more scenic, river access points. We will develop a townscape plan, identifying a ten-year plan for a series of works to further enhance the town centre, open up the river and promote independent trading.
- In **Tottington** and **Whitefield**, we will continue to support the vitality of the town centres where opportunities arise.

Equipping residents with the skills they need to thrive

Our Borough once had an enviable reputation for educational excellence and it is our ambition to reclaim this. This is particularly important to mitigate the risk to our children and school leavers of disruption throughout the pandemic

We are committing to the development of an all-age skills strategy for residents which includes:

1. **Ongoing educational improvement** to continue to drive up standards for our 29 000 school children. Our strongest Head Teachers are mentoring others and we are supporting top performing schools to support those seeking to lift standards
2. Ongoing investment in **Adult Education** through the Council's Community Learning Service
3. **a Borough-wide apprenticeship strategy**, asking any company that bids for public sector contracts to provide apprenticeships, internships and pre employment opportunities to be reserved for residents of the Borough.
4. **Launching a bespoke version of Barclays's LifeSkills programme, in partnership with the bank**, to raise aspirations across our Borough and equip school leavers with the professional and personal finance skills they need to thrive. Across the country, these programmes are already helping 6.7 million young people in the UK.
5. **The development of new education settings** including delivering the new high school in Radcliffe; exploring a partnership with Bolton University to ensure everyone in our community has access to local higher education and plans to establish a coding college that equips our residents with the digital skills of the fourth industrial revolution.

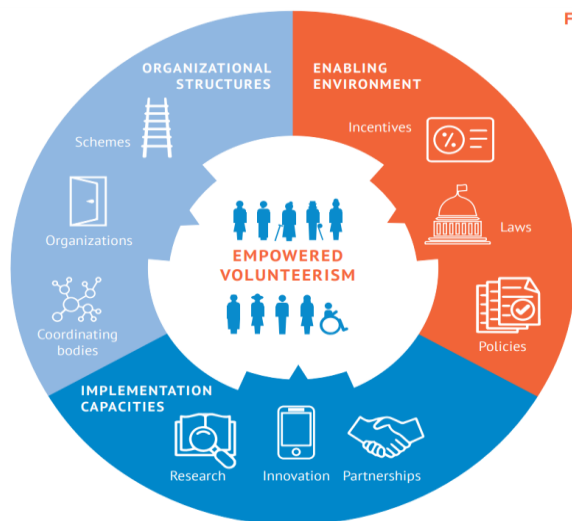
Delivering the housing and economic growth that Bury needs

The planning system in England is plan-led and it is a requirement for all local authorities to have an up-to-date development plan in place that sets out policies and proposals to guide and control future development in the Borough.

We are continuing to progress our development plan which will establish a framework for delivering sustainable development in the Borough by balancing economic, social and environmental objectives. In particular, the plan will seek to:

- build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity, such as through the identification of land for employment growth at the Northern Gateway;
- support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that support communities' health, social and cultural well-being; and
- contribute to protecting and enhancing our natural, built and historic environment, by making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy

Delivering Together



Fig

The vision for Bury 2030 is to enable every person in the Borough to fully participate in, and shape, our future by supporting people to be themselves and to speak out about ideas and concerns. Our Borough should be a place where people are helped to make the best of themselves, wherever they are born and whoever they are born to.

Achieving this requires us to develop relationships at every level: the relationship of front line staff between each other and with residents; within communities; and between community groups and public services; and a relationship of trust between the Council, the combined authority and central government. This will be achieved by:

- Driving change from the service “front line” – which requires the Council, the OCO and other public bodies in the Borough to become better at being learning organisations
- Pursuing the science of happiness through our culture strategy including the Victoria Wood “Happy” Festival and supporting communities to maintain aspiration, optimism and resilience
- Supporting community involvement and organisations which enable people and communities to take control, including developing community assets and connecting people to them
- Where necessary, intervening by integrating services around individuals and families at neighbourhood level into bespoke packages with lead workers
- Driving digital inclusion to give everyone the platforms to get involved
- Developing a network of Community Connectors and developing the role of Ward Councillors as part of a new network of Community Hubs

happy

Let's Do It! ... Get involved working together to make a difference

Why not **join a group** across the Borough? We have equalities networks, faith networks, networks for those who share interests and passions. Join one and make your voice heard. Tell us about what you are doing for the community and how you think we can help. The Bury Directory has information about groups and activities to get involved with or how to establish your own

Joined-up health and social care

Across our public service providers we have resources of over £600 million devoted to health and social care, yet still we know the system is not financially sustainable. By uniting the power of residents, all health and social care providers and voluntary and community organisations, we can make major improvements to people's lives and secure the resilience of health and care for future generations. We will:

- Continue to develop the five integrated neighbourhood teams we have established; a 600-strong team of nurses, social workers, health workers, clinicians and volunteers who, in conjunctions with primary care services, support people to live healthy lives, as part of our 'Living Well at Home' strategy. The teams specifically help those people who are at risk of multiple long-term conditions or hospital admissions and are continually increasing the numbers of people with whom they work intensively. By 2022, the teams will include further support for mental health and improve how quickly we target those who need support
- Make a **healthy life easier** in our Borough, by investing in "health literacy" resources, creating a new Wellness team for the Borough, and making it easier to get out and get active in our communities. We will review our Council leisure centres and create new opportunities for running, cycling and walking through the beautiful countryside that surrounds our Borough. This is part of a wider focus on preventing health issues, rather than just responding to a crisis when it occurs.
- **Transforming some services** to maximise quality and sustainability. This will include a focus on mental health; Urgent Care, planned care, community-based services, intermediate care and learning disabilities

Transport and digital connectivity

Our townships are well connected to each other and to strong northern cities but, while we are well placed, we could be better connected to Manchester. Through the Greater Manchester Transport Strategy for 2040, we will invest tens of millions into the Borough's transport infrastructure, including:

- **Improving the quality of the Borough's roads**, by building new routes and improving both local and major junctions to reduce congestion and pollution.
- **Expanding bus routes and improving Metro links across the Borough.** As part of the Northern Gateway, we will seek to ensure that there are new high-frequency bus services direct to employment opportunities including in the city of Manchester.
- **Making it easier to get around without driving**, by creating new walking and cycling routes as well as access to public transport.

New technology means we no longer rely solely on transport to be connected. We will invest to ensure that digital infrastructure underpins our future by:

- **Delivering 4/5G mobile and full-fibre broadband as part of the Greater Manchester Local Full Fibre Network Programme;** the largest investment of its kind in the UK. Research shows that if just 25% of local buildings had full-fibre investment, we could add £117m to the local economy.
- **Investing in the skills that will allow Bury residents to benefit from digital.** Bury's £6m STEM (science, technology, engineering and mathematics) centre will open in 2021 to complement the renowned Applied Science department at Holy Cross College in Bury. The Barclays Business Centre will be redeveloped as an "Eagles lab" to train people in the basic skills that allow them to operate well online.

Giving voice to all our communities

Our strategy for Bury 2030 is one in which the council, public services, businesses and communities all work together in pursuit of our vision. We need to ensure there are opportunities for every voice to be heard. To do this we will develop a new approach to community engagement:

- **Create new forums for different voices** to be heard including (though not limited to) a reinvigorated **Youth Cabinet**; business leaders through the network of **Town Centre Boards** established through the COVID-19 response; **Green Township Forums** and regularly convening **Listening Events with communities of interest**, such as the race events facilitated by ADAB in 2020 which informed the development of the inclusion strategy
- Developing connections with **faith leaders** through the Faith Leader's forum and particular networks such as those with the Jewish community
- Through our new network of **community hubs** we will organise regular for a for local communities to come together, to help shape the local agenda; develop a common approach to tackling issues and get involved in making change happen
- Establish a network of **community champions** who will represent the views of local communities and connect residents to the resources in local places, in conjunction with ward councillors who will provide local leadership in places and drive collaboration
- **Refresh our commitment to the Armed Forces Covenant** with an action plan for the Borough which supports and engaged former armed forces personnel now back on civvy street.

Building a cultural legacy

In 2020 Bury was named Greater Manchester's first town of Culture. The award particularly celebrated the Borough's partnership with the Victoria Food foundation and Bury Art Museum's work to keep the connection with Wood as both a daughter of Bury and inspiration in the science of happiness by connecting skills; exploration and social connection

The accolade continues into 2021 and, subject to the restrictions of Covid, will involve a programme of events including:

- the "Happy" Festival of Victoria Wood's comedy
- profiling the Met's artistic programme both locally and at Greater Manchester including the United We Stream digital culture programme for lockdown
- a calendar of events from other local groups including the Prestwich Arts Festival and Radcliffe carnival

During 2021 the learning from the festivals and events will be developed into a culture strategy for the Borough which will:

- Maintain the Borough's legacy as a cultural destination, to strengthen our **cultural economy**
- showcase the diversity and cultures of all our residents to further **inclusion**, including faith groups and communities of interest
- further **community engagement** by creating opportunities for local people to connect and get involved through art, by learning new skills and the pleasure of performance

A Strengths-Based Approach

“I have stayed true to that first idea that people can have a day in their lives that is very important and if they can reconnect with that day, reconnect with the people they were then, they can suddenly revive their emotions”



Victoria Wood

Our strengths-based approach means focusing on individuals' strengths and not on their weaknesses. This includes people's personal resilience and capabilities but also on the current and potential social and community networks; it put the emphasis on achieving on outcomes, not focusing on processes and services and means everyone works together to get results.

To deliver through a strengths-based approach we will be guided by the principles of:

- **Listening** to what is important to residents within each neighbourhood and using local intelligence to help identify the local outcomes.
- Supporting each neighbourhood to determine its **own priorities** which will influence where we all focus our efforts.
- Recognising and valuing the important contribution of **voluntary, community and faith** groups in improving **health and wellbeing**.
- Starting by recognising the things that people and places have and gain an understanding of what a good life means for them and **targeting of resources** based on risk.
- **Empowering** public service staff to support people in ways that work for them. Staff will not be constrained by organisational boundaries and will work together to respond to individual and community needs.

Let's Do It! ... Be part of playing to our strength to deliver our vision for Bury 2030

All of us have a role to play in promoting healthier and happier lives in our Borough. It is estimated that physical inactivity in our Borough costs over £4.5 million each year, so getting out and getting active is both good for you and good for Bury. Keeping fit and healthier is easier and more fun to do together –walking groups, jogging groups, cycling, sports teams. And make physical activity part of your daily life – use our parks, our cycle lanes, our amazing grass roots sport clubs. The Bury Directory has information about groups and activities across the Borough.

Community wealth building

Bury public services will join the **Northern Care Alliance Community of Practice** to leverage our collective power for social economic development and improve population health and wellbeing. Specific objectives will be to:

- Create **pre-employment** opportunities for those furthest away from the employment market through placements, apprenticeships and internments.
- For example Bury Council has already signed up to the government's Kickstart initiative and will be providing over 50 placements in 2021/22
- Support **workless** residents into meaningful, quality work. This leadership will build on existing programmes such as:
- *Bury Works*, the youth unemployment initiative focussed on supporting young people into work through a "Hub" approach with access to employment, wellbeing, finance and benefits advice
- ongoing roll out and development of the **Working Well** programme and other initiatives to get long term unemployed and people with complex health and social circumstances into work. In 2021 the programme will be expanded into a Job Entry Targeted Support (JET) programme, focussed on a wider reach and earlier intervention
- Increase the proportion of **local people employed** in Bury public services through economic and inclusion strategies, starting with the NCA
- Provide coaching and peer mentoring support through NHS Career Ambassadors and maintaining the Council's partnership with Barclays who provided Life **Skills coaches**, to support schools and colleges with career advice and positive role models.

Building community capacity

We need to do more to reach out into the community to create opportunities for communities to bring their views and ideas to us. To do this we will:

- **develop Voluntary and Community Sector Infrastructure**, to ensure that organisations have the support and advice they need to thrive and collaborate, and creating an environment in which small, self-led community groups can easily form and have an impact. This will include access to space and facilities through the neighbourhood hubs and a refreshed commitment to Community Asset Transfers where practicable
- **Develop a new volunteering strategy, including a Volunteer Passport**, that will create new opportunities for everyone who wants to continue the extraordinary momentum picked up during the initial response to COVID-19.
- Maintain the **'Making Bury Friendly Strategy'** to become a dementia, ageing well, autism, learning disability, carer and breast feeding friendly Borough, while, at the same time, reducing loneliness and social isolation for all. We are also encouraging intergenerational activities through community groups such as 'Bee Keepers', 'Corrie Gardeners', 'The Fed'; 'Rammy Men' and so many more who are linking in with school age children to share learning, build relationships and challenge perceptions
- A **new community engagement strategy** which provides the tools and techniques for meaningful collaboration and co-design of local decisions, to respect the value of lived experience and give everyone the opportunity to express their view.

Population health and well-being throughout life

Our health is our greatest asset which we need to invest in collectively and individually recognising that some people have less access to the resources needed for good health than others. We will:

- Ensure every child has the best start in life through implementation of the Greater Manchester Early Years Delivery Model
- Further develop the Borough's **physical activity strategy and food and health strategy** including supporting community-led groups, to ensure that everyone has an opportunity to be active and access to nutritious good quality food.
- Create the conditions where **healthy options** become the easy and default options. This will include investing more resources in: 'health literacy' and new opportunities for running, cycling, walking across the green space in our beautiful Borough.
- Learn lessons from our Covid-19 response to protect people from infectious diseases

Building a more inclusive Borough

Our vision for 2030 is that every member of our diverse communities feels that there is a place for them; that they are able to both be themselves and shape the community that they are a part of.

To do this, partners have signed up to a common inclusion strategy which reflects all 9 of the protected characteristics in law:

- sex;
- gender reassignment;
- race;
- disability;
- sexual orientation;
- age;
- religion or belief (or lack thereof);
- pregnancy and maternity
- marriage or civil partnership

but also recognises additional groups defined as vulnerable and to be supported with the same level as priority. These groups are:

- carers
- our Looked After Children and Care Leavers
- Military Veterans and
- the socio-economically vulnerable.

The strategy takes a common approach to meetings our equalities duties to these groups be removing disadvantage; meeting needs and encouraging participation in public life.

Making it Happen

Delivery of this ambitious strategy will require development and support for us all to work differently. We need to continually review our skills and capacity to make change happen, but initial investments to launch 2020-2022 delivery are below:

communities to understand this vision and work out how to get behind it.

This began with a digital lecture series called *Bury Futures*, which provided insight and skills development from local thought leaders on our

We will **develop our staff** to have a shared understanding of the local needs of neighbourhoods and the skills to apply the principles of prevention, early intervention and the targeted use of our resources.

We will offer our residents the opportunity to become **qualified community connectors**, including free training to reach Level 2 of the Royal Society of Public Health accreditation standard. This will give communities the skills to really mobilise their networks and a foothold into a career in health and social care

We will engage and develop our **community and public service leaders to work as a team** and with a clear purpose. This will start with a systems leadership development programme for around 100 local leaders

We will continue to support the development of the voluntary and community sector infrastructure, with updated requirements from the VCFA infrastructure body and access to participatory grants wherever we can make them available

This strategy is underpinned by a **detailed delivery plan** which sets out exactly what will be delivered and by who over the first two years of this plan.

Updates on progress made and outcomes achieved will be produced in an annual state of the borough report.

The strategy and delivery priorities and plan will be refreshed annually

We will direct all our work in neighbourhoods from maintained **information** about issues and outcomes locally. We will also develop place-based induction for public service staff on the history and culture of our communities

Measuring Our Impact

Our ambition is that by 2030:

The Borough of Bury will have made the fastest improvement in reducing levels of deprivation than any other post-industrial northern locality.

Why this measure?

- It will allow us to compare our progress against our statistical neighbours and other Greater Manchester authorities.
- It means reversing the decline seen in 2015 and sets an ambition target for reform.
- It is dependent on us achieving progress against all four principles of Bury 2030 as it is a measure based on combined variables.
- It accepts the impact of the pandemic, but sets out an aspiration to recover faster than others through our collective effort

Measuring Progress

We will measure our progress to achieving this ambition by tracking seven core outcome measures on an annual basis:

Outcome	Target	Baseline
Improved quality of life	Reduce the life expectancy gap between our worst and best performing MSOAs to under ten years for both males and females.	2015 gap: Males = 19 years Females = 19 years
Improved early years development	Narrow the gap between the school readiness levels of all pupils and those eligible for free school meals to no more than our previous best performance of 8.5 percentage points.	2018/19: Bury: All pupils 71.4% - FSM pupils 59.8% = 11.6
Improved educational attainment for our young people	Narrow the gap in average attainment 8 score for all pupils and those eligible for free school meals. Our target is to maintain or improve current gap of 8.5 percentage points.	2020: Bury: 48.1 - 39.3 = 8.5
Increased adult skill levels and employability	Increase the gap of adults with no qualification and those with NVQ Level 3+ qualifications by reducing the number of adults with no qualifications and improving on our previous best position of 58.5 percentage point in 2017.	2020: Bury: 57.9 - 9.1 = 48.8
Delivering inclusive economic growth	Maintain position in Top 3 GM ranking for average total household income and increase the proportion of households in the top quartile.	2018: Average Income: Bury: £40,281
Delivering carbon neutrality by 2038	By 2030 maintain decline in CO2 emissions per capita and be within the top 5 localities in GM with the lowest emissions	2018: Bury = 4.4
Improved digital connectivity	Improvement in the Borough rank within GM for digital connectivity based on the % of people over 16 who state they have not used the internet in the last 6 months or ever	Baseline only available as part of the North East Sector. 2019: 6.7%

These high-level outcomes will be underpinned by a wider Bury 20303 outcome framework; measured against the four principles of ***Lets' Do It:***

Local Neighbourhoods <ol style="list-style-type: none"> 1. Improved access to services 2. Cleaner environment through improved waste management 3. Increase in affordable, good quality homes 4. Reduction in overall crime rates 5. Improved feelings of safety 	Economic Growth and Inclusion <ol style="list-style-type: none"> 1. Improved business start-up and survival rates 2. Increased economic activity rates 3. Improved attendance and attainment in education and training 4. Improved quality ratings for schools, colleges and training providers 5. Increased investment in regeneration
Delivering Together <ol style="list-style-type: none"> 1. Increased engagement in volunteering / community aid 2. Increased participation in social and cultural activities 3. Increased participation in democracy and decision making 4. Improved digital connectivity and inclusion 5. Improved infrastructure and sustainable transport options 	Strength-based approach <ol style="list-style-type: none"> 1. Improved population health and wellbeing 2. Increased participation of all equalities groups in decision making and delivery 3. Increased referrals to social prescribing 4. Increase in successful outcomes from Active Case Management within Integrated Neighbourhood Teams 5. Increase in ownership of community assets

This will be underpinned by a Performance Management Hierarchy embedded with the statutory partnership boards for the Borough, delivered through the corporate plans of the constituent organisations:

Health & Wellbeing Board	Community Safety Partnership	Bury Economic Partnership	Children's Partnership Trust
Population Health <ul style="list-style-type: none"> - Public Health Outcomes Framework - NHS Outcomes Framework and KPIs - Adult Social Care Outcomes Framework - CQC and other Regulatory Inspection Frameworks - Joint Strategic Needs Assessment 	Community Safety Plan <ul style="list-style-type: none"> - Crime and Offending - Probation and Rehabilitation - Community Cohesion - Protecting the Vulnerable - Community Safety Needs Assessment 	Economic Growth Strategy and Local Plans <ul style="list-style-type: none"> - Development Framework - Planning and Regeneration Frameworks - Inclusive Growth - Cultural strategy - Housing and renewal - Economic needs assessment 	Children and Young People's Plan <ul style="list-style-type: none"> - Safeguarding - Looked after children - Children in need - Education and Training - SEND - Ofsted / CQC Inspection Frameworks - Children's Health
Organisational Corporate Plans			



Bury Council
Social Value Policy
2017-2020

1. Introduction	Page 3
2. Public Services (Social Value) Act 2012	Page 3
3. Definition of social value	Page 3
4. Bury's Single Outcomes Framework	Page 3
5. Application to the commissioning and procurement process	Page 4
6. Examples of social value	Page 4
7. Policy review period	Page 9
8. Contact details for further information	Page 9

1. Introduction

- 1.1 Bury Council's Social Value Policy 2017-2020 sets out our vision for social value and how this can be applied by all sectors within the borough.
- 1.2 It is important that social value is not just seen as a procurement issue but one which applies equally to the redesign of services and the procurement of goods, services or works, irrespective of the value.
- 1.3 This policy has been written to communicate Bury Council's approach to internal colleagues and external partners and will be used to explain what is expected from external organisations and service providers when they work with the Council.

2. Public Services (Social Value) Act 2012

- 2.1 The Public Services (Social Value) Act 2012 was passed at the end of February 2012 and, for the first time, asked that all public bodies in England and Wales considered how the services they commission and procure might improve the economic, social and environmental wellbeing of the area. It is a new way of thinking about how resources should be allocated and although value for money is the principal factor, it is the potential benefits to the local community which is the real value.

3. Definition of social value

- 3.1 For the purposes of this policy, Bury Council has adopted the definition of social value as described in Greater Manchester Combined Authority's Social Value Policy: 'A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation but also to society and economy, whilst minimising damage to the environment'.
- 3.2 What social value means in the borough of Bury is:
 - (1) Making a difference to the people in our communities and neighbourhoods by improving their health, wellbeing and standard of living;
 - (2) Getting the best social, environmental and economic benefits from every £1 spent.

4. Bury's Single Outcomes Framework

- 4.1 Team Buryⁱ has developed a Single Outcomes Framework (SOF) to align a wide range of priorities for the people of Bury. The SOF provides an agreed, joint, set of outcomes

that partners are collectively looking to achieve. An outcome in this context is regarded as a condition of wellbeing for a community, population, family or person.

- 4.2 The Single Outcomes Framework is accompanied by a set of indicators and performance measures that allow an understanding of what difference is being made to the lives of people in the borough.
- 4.3 Bury's Social Value Policy 2017-2020 will use this Single Outcomes Framework to provide examples of what could be considered to be social value. The five Team Bury outcomes are:
- (1) All people of Bury live healthier, resilient lives and have ownership of their wellbeing;
 - (2) Bury people live in a clean and sustainable environment;
 - (3) People of Bury at all ages have high level and appropriate skills;
 - (4) All Bury people achieve a decent standard of living (and are provided with opportunities through growth);
 - (5) Bury is a safe place to live with all people protected (and feel protected from harm).

5. Application to the commissioning and procurement process

- 5.1 Social value must be considered whenever Bury Council redesigns services or commissions goods, services or works, irrespective of the value of this.
- 5.2 When a procurement process does take place, a weighting of between 5%-20% of the quality assessment will be attached to social value. The actual weighting will depend on the nature of the requirement and will be determined by the Commissioning/Procurement lead officer.
- 5.3 Bidders will be required to confirm what they already provide in terms of social value and clearly identify what will be offered in addition as part of the contract for which they are bidding. This will support the monitoring process by providing clarity of the deliverables associated with a particular contract.

6. Examples of social value

- 6.1 Examples of what Bury Council mean by social value are in the table below. Please note that this is not an exhaustive list and we encourage the organisations we work with to be as creative and resourceful as they can be.

OUTCOME	WHAT DOES THIS MEAN?	EXAMPLES OF WHAT THIS COULD MEAN
All people of Bury live healthier, resilient lives and have ownership of their wellbeing	Helping people to help themselves and others in their local neighbourhood	<ul style="list-style-type: none"> ▪ Facilitating communities to develop their own wellness schemes and support networks. ▪ Offering a free room/venue/facility that could be used to hold a neighbourhood meeting or event. ▪ Providing the community and voluntary sector with space to hold meetings, events or groups. ▪ Facilitating training events or seminars with local stakeholders (including families and organisations) to strengthen understanding of the outcomes we are trying to achieve. ▪ Facilitate staff who live in Bury to attend a one day Royal Society for Public Health (RSPH) 'Understanding Health Improvement Qualification' to effectively signpost themselves and others to health and wellbeing support. ▪ Identify all staff who are carers and ensure flexible working practices are implemented to support them. ▪ Sponsor of local groups, clubs or organisations or support to enable such groups to be assets within their community. ▪ Offering advice, support, 'x' amount of working hours or training to support a community or voluntary group in a business related area such as HR, Finance, writing grant applications or IT. ▪ Providing training or up skilling of community volunteers. ▪ Release staff to undertake volunteering in their neighbourhood at 'x' hours per month or year. ▪ Encourage all staff to become a dementia friend. ▪ Demonstrating a commitment to work practices that improve staff wellbeing (and that of the wider community) ▪ Offer a pot of 'participatory budget' funding that groups can bid for to make a difference in their local neighbourhood. ▪ Sponsorship of a neighbourhood award ceremony or specific award category to celebrate when people have made a difference and helped others in their local neighbourhood. ▪ Providing support to vulnerable people to help them live independently.

OUTCOME	WHAT DOES THIS MEAN?	EXAMPLES OF WHAT THIS COULD MEAN
Bury people live in a clean and sustainable environment	Bury is a nice place to live	<ul style="list-style-type: none"> ▪ Support community-led change projects around energy usage or cleanliness. ▪ Reduce carbon emissions by x% per year. ▪ Reduce overall energy/water consumption by x% per year. ▪ Recycling of old equipment or furniture that could be used to support local groups, charitable organisations or the community and voluntary sector. ▪ Provide donations of equipment to support neighbourhood gardening and community clean-up's or provide flowers, plants or grow your own vegetables to a local area. ▪ Increase the use of renewable energy/community generated renewable energy. ▪ Environmentally friendly /green materials used in building, cleaning and maintenance. ▪ Sponsor Bury's entry into Britain in Bloom. ▪ A commitment to reducing the amount of waste generated and championing this within the community. ▪ A commitment to kitchen recycling and disposal of food waste within canteens or kitchens. Train all staff on how to undertake this effectively. ▪ A commitment to use, and promote the use of, 'green' methods of transport or electric vehicles ▪ Support households to better (self) manage their energy demands through improvements in the fabric of their homes, bringing them out of fuel poverty and contributing to climate change goals. ▪ CommuniTree environmental education provided to employees and community networks.

OUTCOME	WHAT DOES THIS MEAN?	EXAMPLES OF WHAT THIS COULD MEAN
People of Bury at all ages have high level and appropriate skills	People have good skills for the work place	<ul style="list-style-type: none"> ▪ Commitment to provide meaningful work experience/apprenticeships/traineeships/volunteer opportunities to local people. ▪ Provide employment skills workshops and training materials. ▪ Increase the skills/knowledge of existing and new employees with relevant recognised qualifications. ▪ Link with schools/colleges to provide support to ensure young people are ready for transition into the workplace. ▪ Provision of workshops, IT courses and help with CVs to support people back to work. ▪ Offering mentoring to individuals, groups or organisations.
All Bury people achieve a decent standard of living	Promoting the economic prospects of people living in Bury	<ul style="list-style-type: none"> ▪ Employing people who typically face additional challenges competing in the labour market, e.g. ex-armed forces, carers, parents with young children, young people, older people, ex-offenders, people who have a disability, long term unemployed. ▪ Providing meaningful work placements. ▪ Supporting people back to work by providing career mentoring. ▪ Engaging with schools and contributing to curriculum improvement. ▪ Providing business support/advice to SMEs and social enterprises. ▪ Donate voluntary hours to support third sector organisations in Bury. ▪ Spending in the local supply chain. ▪ Commitment to a base line spend in Bury. ▪ Support organisations to facilitate health and wellbeing policies to reduce sickness absence and encourage supply chain to be health promoting organisations.

OUTCOME	WHAT DOES THIS MEAN?	EXAMPLES OF WHAT THIS COULD MEAN
Bury is a safe place to live with all people protected	People are safe	<ul style="list-style-type: none"> ▪ Provide peer support or training to community or voluntary sector groups around health and safety or lone working. ▪ Provide meaningful opportunities to rehabilitated ex offenders. ▪ Provide awareness sessions to your workforce around key health and social care issues or participate in public health risk reduction campaigns. This could include dementia friend training, promoting an understanding about autism and other disabilities, and supporting stopping smoking and sexual health campaigns. ▪ Provide support to vulnerable people to increase digital awareness, inclusion and security. ▪ Increase awareness of vulnerable groups with training events/information on issues such as neglect, child sexual exploitation, domestic violence, mental health, social isolation etc. ▪ Donate/trial new equipment or technology to vulnerable groups, e.g. communication aids, 'stay safe' apps, alarms.

7. Policy review period

- 7.1 This policy will be reviewed annually and will be refreshed fully at 3 years.
- 7.2 We invite organisations and the community to provide Bury Council with feedback on this policy and its application to influence any amendments made. If you wish to comment, please contact the representatives identified in section 8.

8. Contact details for further information

- 8.1 For more information on social value within Bury, please contact:

Sarah Janusz
Head of Strategic Procurement & Project Planning
Bury Council
0161 253 6147
s.e.janusz@bury.gov.uk

ⁱ Team Bury is a board which brings together the main public sector organisations in the borough, such as Bury Council, Greater Manchester Police, Six Town Housing, Greater Manchester Fire and Rescue, Bury Clinical Commissioning Group, Pennine Care NHS Trust and Job Centre Plus.

This page is intentionally left blank

Meeting: Strategic Commissioning Board			
Meeting Date	04 October 2021	Action	Approve
Item No	8	Confidential / Freedom of Information Status	No
Title	Radcliffe Regeneration		
Presented By	Geoff Little, Chief Executive Bury Council and CCG Accountable Officer		
Author	Geoff Little, Chief Executive Bury Council and CCG Accountable Officer		
Clinical Lead	Dr Cathy Fines, CCG Chair		
Council Lead	Councillor Eamonn O'Brien, Leader of the Council and Cabinet Member for Finance and Growth; and Councillor Andrea Simpson Cabinet Member for Health and Wellbeing		

Executive Summary

This report was requested by the Strategic Commissioning Board (SCB) at its meeting on 12th April 2021. It proposes a plan and an approach to ensure that the regeneration of Radcliffe leads to better outcomes for Radcliffe people, including their health and wellbeing. The report provides an update on the progress of the Radcliffe Strategic Regeneration Framework (SRF) and proposes the development of a People and Community Plan to be developed by listening to and engaging with Radcliffe residents and communities.

There is clear evidence of high levels deprivation and poor quality of life compared to other places, but there is also tremendous work by local community groups helping to support people and improve Radcliffe as a place to live.

This report proposes that the neighbourhood model of public service reform, as set out in the Let's Do It strategy, should be rolled out quickly in Radcliffe. A Community Hub has recently been set up in Radcliffe, a legacy of the Borough's response to Covid. The Hub is embedded in the community and will help create the conditions where it is easier for families, friends, neighbours, self-help groups and community groups to support people who need help.

The Hub will also connect front line public services at a neighbourhood level so that people get joined up packages of support tailored to their specific circumstances. This will build from the work of the Integrated Neighbourhood Team for health and care which is now well established in Radcliffe.

The approach suggested for Radcliffe is totally in line with the approach set out in the refreshed Bury Locality Plan for Health Care and Wellbeing approved by the SCB on 7th June 2021 to improve population health and to support residents to be in control of their lives and in control of the way health and care services are organised around them.

The health and care aspects would be integrated within a holistic plan along with themes of culture, education, skills and access to high quality jobs.

Recommendations

1. That the SCB approve the approach to the people and community aspects of the regeneration of Radcliffe as set out in this report.
2. That the Chief Executive and Accountable Officer be requested to submit a further report to Shadow Bury Locality Board on the draft People and Community Plan for Radcliffe and the role of the health and care partnership in its delivery.

Links to Strategic Objectives/Corporate Plan

Yes

Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:

No

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<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?	As detailed in the report					
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	As detailed in the report					

Implications						
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						

Governance and Reporting		
Meeting	Date	Outcome
<i>Strategic Commissioning Board</i>	12/04/2021	This report was requested by the SCB at its meeting on 12th April 2021

1. Introduction

- 1.1. At its meeting on 12th April 2021 the Strategic Commissioning Board (SCB) discussed a report on the regeneration of Radcliffe coordinated through the Radcliffe Strategic Regeneration Framework (SRF). The report highlighted the opportunity of the SRF to improve health and well-being of the Radcliffe population and reduce inequalities.
- 1.2. The SCB noted the report and asked for a further report on proposals for the model for the regeneration of Radcliffe taking a holistic view of peoples' lives including their health, housing, jobs, communities, and access to services. This is that report.
- 1.3. Structure of this report:

After this introduction the report begins with an update on the progress of the SRF (in section 2).

The report proposes the development of a People and Community Plan to form part of the SRF (in section 3) and suggests (in section 4) how such a plan can be built from existing and planned listening and engagement with Radcliffe residents and

communities.

The report then outlines (in section 5) the framework of strategies, plans and governance which will turn the People and Community Plan into change and better lives for Radcliffe people.

There is a strong evidence base for the people side of the regeneration of Radcliffe and this is discussed (in section 6) and set out more fully in Appendix A.

A key passage (in section 7) of the report describes the role that existing community groups and civil society will play and gives some examples of existing groups.

The way in which the neighbourhood model of public service reform will operate in Radcliffe is explained (in section 8) before the specific role of health and care is discussed (in section 9).

Other thematic, aspects of the People and Community Plan are briefly outlined (in section 10) and the report concludes (at sections 11 and 12) with suggestions about how the plan will be delivered and what the next steps should be.

2. Radcliffe Regeneration Progress

- 2.1. Good progress is being made with the physical and economic aspects of the SRF. A comprehensive redevelopment of the town centre has been planned with a new public service hub incorporating community space, a new leisure centre, a new library and offices for public service staff including the Radcliffe Health and Care Integrated Neighbourhood Team and the district Adult Social Care team. The plan for the town centre also includes further development of Radcliffe Market which has already made an impact to the cultural renaissance of the town. There are also plans to convert the existing Library into a flexible workspace for local business and to promote innovation.
- 2.2. The purpose of the plan is to diversify the uses the town centre to rely less on retail. Retail will still be key to the success of Radcliffe town centre, but it will be supported by increased footfall from the public service hub and cultural, leisure and entertainment uses. The development of the town centre will then act as a catalyst for the regeneration of the wider Radcliffe area.
- 2.3. A funding bid for £20m has been submitted to the Levelling Up Fund to support the capital costs of these developments. The outcome of the bid is expected next month.
- 2.4. A bid by Star Academies for funding a new secondary school in Radcliffe has also been successful and the new school is scheduled to open in 2024.
- 2.5. A transport investment strategy has been created. Transport was one of the priorities identified by Radcliffe people during consultation on the draft SRF. As well as developing the infrastructure needed to support the town's regeneration and growth, the transport strategy will prioritise infrastructure for active travel such as cycling and walking journeys in and around Radcliffe. It will also support the GMP Clean Air plan to reduce the public health harms caused by pollution.

- 2.6. Good progress has also been made on new housing in Radcliffe, making it accessible to the people of Radcliffe as well as attracting new residents. This has included successful bids for funding to support affordable housing on brownfield sites.
- 2.7. The discussion at the April meeting of SCB centred on how the regeneration process must be about people's lives not just buildings and the impact for people already living there as well as those moving into the town. The Board discussed the need to create the right infrastructure to empower people, to understand local people and communities and to work with existing contacts.

3. A People and Community Plan for Radcliffe

- 3.1. As requested by the SCB in April, this report focuses on the people and community aspects of the regeneration process. The physical regeneration and the people aspects are two sides of the same coin; one without the other will not work.
- 3.2. The clear framework for co-ordinated investment which the SRF provides is starting to attract capital investment from different public and private institutions for the key town centre interventions, housing, transport infrastructure and social infrastructure such as the school, leisure centre and library. To underpin the people side of regeneration the capital investments in physical and infrastructure change must be linked to prioritisation of the revenue budgets of the Council, the NHS and other public services.
- 3.3. Therefore, to ensure that there is the right balance, a Radcliffe People and Community Plan will be developed as part of the SRF. The SCB will be concerned to ensure that the health and well-being of Radcliffe residents is at the heart of the People and Community Plan, and it will be. However, health and wellbeing has to be part of a wider plan to able Radcliffe people to take the opportunities that will be created by the economic and physical regeneration, including culture, education, skills and high quality jobs.
- 3.4. At the same time the People and Community Plan has to be more than a coordinated series of public service interventions. It has to take a strength based approach based on what matters to the people of Radcliffe. It is about a local approach to community development with enterprise and collaboration at it's core.

4. Community Engagement and Co-design.

- 4.1. The starting point for developing the People and Community Plan is to consider how the plan can be developed from listening to and engaging with Radcliffe people. There is a strong foundation to build from with existing and planned work across a continuum of information, consultation, engagement and co-design.
- 4.2. There has already been a significant process in providing information for Radcliffe people on the regeneration process. This has included leaflets to all households at key stages of the SRF development process, press and social media campaigns and drop-in stakeholder briefings. A new Radcliffe Regeneration Office opened on 27th September as a base for project officers to be available to provide information to local residents and businesses.

- 4.3. There was also extensive and successful consultation with people and businesses during the development of the SRF with feedback leading to changes in the framework that was finally approved. This included well attended webinars for Radcliffe residents.
- 4.4. More direct engagement of Radcliffe people and businesses is ongoing process. A Radcliffe Regeneration Advisory Group has been working for the past several years engaging local community groups and businesses in the regeneration process. There is also a Radcliffe Town Centre Recovery Board which has been supporting Radcliffe businesses through the pandemic.
- 4.5. These processes of engagement are connected to the local democratic process through quarterly meetings with Ward Members from all three Radcliffe wards and through clear governance comprising a Radcliffe Regeneration Delivery Board, externally chaired by Sir Howard Bernstein, and a Committee of the Council's Cabinet devoted solely to Radcliffe. The Board includes ward Councillors and makes recommendations to full Cabinet on investment decisions.
- 4.6. Looking forward, the People and Community plan is an opportunity to co-ordinate the involvement of Radcliffe people in co-design of the community space in the public service hub and other public spaces, and in the future development of public services. There are specific opportunities to empower Radcliffe people in the way public bodies work with Radcliffe people, for example on an anti-poverty strategy, on action to develop skills and employability and on a bespoke cultural strategy.
- 4.7. The involvement of Radcliffe people in shaping the future of their town and the opportunities available to themselves and future generations only works if it is connected to a powerful set of strategies, plans and governance which can provide the essential leadership to deliver change. The next section therefore explains the strategic planning framework for Radcliffe, within which the health and care partnership can play its part.

5. Strategic Planning Framework

- 5.1. The Radcliffe SRF was adopted in September 2020 as the Council's policy for the future regeneration of the town. It has been endorsed by key partners within Bury and in Greater Manchester.
- 5.2. The SRF is a key component of the Let's Do It strategy for the Borough as a whole, with its focus on inclusive economic growth and delivery through integrated action at neighbourhood and township levels.
- 5.3. The recently refreshed Locality Plan for the transformation of health and social care, approved by SCB in September 2021 set out how the challenges of the health and care system over the next few years, but also the vision and core principles of the way in which the health and care system will work differently. Core to this vision is a focus on addressing population health and health inequalities and drawing on the wider determinants of health and care to secure better outcomes for residents and less cost to services.

- 5.4. Continuous management of the connections between these strategies and plans will ensure that the people side of the regeneration process - health, education, skills, culture and the role of friends, families, community groups and civil society in Radcliffe - has as much attention as the economic and physical side. To ensure this happens the People and Community Plan will be run through the same governance as the delivery SRF (see sections 4.4/4.5 above).
- 5.5. This framework of strategies and plans only works if all partners use it in their service planning and resource allocation. If public bodies are to prioritise Radcliffe in that way they need be able to explain why. The next section explains the evidence base which justifies that focus.

6. Evidence Base

- 6.1. There is a strong evidence base to inform the development of the People and Community Plan. Attached at Appendix A to this report is a Radcliffe Profile which sets out the key facts about the demographics and the social and economic context of life in Radcliffe. SCB members will note the key challenge to be addressed. These include:
- Radcliffe has the most concentrated and entrenched deprivation in the Borough. For example, one of Radcliffe's Lower Super Output Areas is the fifth most deprived in Greater Manchester for employment deprivation.
 - The highest levels of deprivation are around Radcliffe town centre including Coronation Road, Water Street, the St Thomas Estate and Milltown Street.
 - Radcliffe has a higher proportion of white, working age males than elsewhere in the Borough.
 - Radcliffe West has the lowest levels of life expectancy for both males and females compared to the borough as a whole.
 - Radcliffe is significantly worse than Bury and England averages for all causes of mortality, in particular coronary heart disease.
 - The areas with the highest proportion of people living with a limiting illness or disability are around the Coronation Road area.
 - Short and long-term unemployment within Radcliffe is above the regional and national averages.
 - In Radcliffe, there are more Lone Parent households, co-habiting couples and under 65 one person households than the Bury and England percentages.
 - Approximately 29% of all Six Town Housing properties in Bury are located in Radcliffe.

- Radcliffe wards have one of the highest proportion of reported fly tipping and Radcliffe town centre has the highest reported levels of anti-social behaviour and crime across the borough as a whole.
- The highest areas of reported crime are around the centre of Radcliffe which includes Coronation Road, Spring Lane and Redbank Fields and the Bury/Bolton Road area, towards the centre of Bury.

- 6.2. From this data three conclusions can be drawn. The first is that whilst there is a clear set of data describing the problem, there is not yet a set of targets to drive action close the gaps. It is therefore proposed that floor targets developed to establish agreed levels of performance for each of the key outcomes for the people of Radcliffe.
- 6.3. The second conclusion relates to the vision of the Let's Do It strategy that by 2030 Bury will be achieving faster economic growth than the national average, with lower than national average levels of deprivation. If that ambition for inclusive growth for the Borough is to be achieved, it has to be achieved in Radcliffe which has the highest proportion of opportunities for growth and of the highest proportion of deprivation of all of the Borough's townships.
- 6.4. The third conclusion is that the data shows where in Radcliffe deprivation is concentrated and gaps in quality of life are widest. Implementation of the People and Community Plan, and the Health and Care Locality Plan must therefore be concentrated in some neighbourhoods more than others.
- 6.5. The need to focus on those local neighbourhoods with the most deprivation has to relate particularly to the neighbourhood model of integrating public services around the bespoke needs and opportunities of individuals and their families and the role of families, friends, neighbours, community groups and self-help groups in supporting people.
- 6.6. This hyper - local approach will be within the context of a Radcliffe- wide approach to improving universal public services in Radcliffe. Despite the levels of need identified by the profile, it is noticeable that there is no Job Centre office provision in Radcliffe and no secondary (until the new school is built), further or higher education provision.
- 6.7. The hyper - local approach can only be built from the ground up working with existing community action groups. The next section explains some of the opportunities that exist to do just that.

7. Radcliffe: Community Action

- 7.1. The contribution of voluntary, community, faith and social enterprise partners will be critical to creating sustainable improvement in the quality of life for residents of Radcliffe. Existing groups and networks will provide insight on the specific needs and opportunities at a hyper - local level i.e. within individual streets and subsets of communities in Radcliffe.
- 7.2. There is a vibrant network of local social action groups and community anchor

institutions in Radcliffe. These must be heart of the delivery of a People and Community Plan. One example is the Growing Together Radcliffe project. This brings together partners including Corrie Gardeners (who key members of the wider Bury Community Support Network), Radcliffe Rotary, Woodies Men In Sheds and Women of Worth, in addition to the broader network of hyper local neighbourhood level partners they collaborate with. This project has recently secured funding from the Council's Tackling Loneliness and Social Isolation Fund to deliver community based digital enablement to gain confidence and skills through digital community champions.

- 7.3. The Beacon (social prescribing) service will be critical in linking these examples of social action to improving health and well-being of Radcliffe people so that they are able to take advantage of the economic opportunities that regeneration will bring.
- 7.4. Radcliffe Ward Councillors have a key role to play as community connectors into community based provision and support, alongside that of the Bury Voluntary and Community Faith Alliance.
- 7.5. The next section describes how public bodies can connect to the community action described above.

8. The Neighbourhood Model in Radcliffe

- 8.1. The Let's Do It strategy and the Locality Plan for health and social care both set out how change will be delivered within neighbourhoods and townships, not a one size fits all approach for the Borough as a whole. Both documents promote a neighbourhood model of multi-disciplinary teams of front line public service staff supporting those who need most support and supported by the sort of community action described in the last section of this report.
- 8.2. The neighbourhood model is already well advanced in health and care with the Integrated Neighbourhood Teams, including one for Radcliffe. The implementation of the model is now moving into a new phase.
- 8.3. Radcliffe now has a Community Hub led by a small team, embedded in the community. The Hubs is a legacy of the Boroughs's response to Covid. The purpose of the Community Hub is to create the conditions at neighbourhood level for families, friends, neighbours, self-help and community groups and civil society to support people who need help.
- 8.4. The Hub also exists to change ways of working at a neighbourhood level so that frontline public service staff are empowered to work in teams with bespoke plans tailored to the needs and opportunities of individual people and their families, with lead workers and other staff following their lead.
- 8.5. The next phase is to target the operation of the neighbourhood model for those individuals and families most at risk of requiring expensive public service interventions.

- 8.6. The Community Hubs are place-based connectors, matching people to the opportunities that will be created by regeneration. Over time this will reduce demand for expensive public service interventions as people's economic opportunities improve, deprivation reduces and economic growth increases. This is how capital investment for regeneration links to the prioritisation of revenue spend on public services.

9. Health and Care

- 9.1 The model of Integrated Neighbourhood Teams (INT) working is well developed in health and care in each of the 5 neighbourhoods including Radcliffe. We have an integrated team working across community health services and with adult social care, and an integrated neighbourhood leadership including clinical (GP) leadership and an INT manager. The INTs have worked primarily thus far on delivering new ways of joined up working across Active Case Management – cohorts of residents at risk of unplanned admissions to hospital.
- 9.2 Increasingly the INTs are being recognised as the way we organise most health and care services in the community, and a new operating model describing the increase in breadth and depth of integration at the neighbourhood team level is in development for approval by the new Integrated Delivery Collaborative Board.
- 9.3 In the meantime the health and care integrated team continues to build relationships with key partners, including the work of the community hubs, and further developing the understanding of the assets of communities.
- 9.4 The Radcliffe INT works effectively to build working relationships with key stakeholders in Radcliffe and will be core to the successful operation of the hub.

10. Thematic Priorities

- 10.1 So far this report has addressed the People and Community Plan being delivered through local neighbourhood action. Action will also be required on a thematic basis Radcliffe- wide. Key themes to be developed are as follows:

10.2. Education

The Radcliffe Profile shows the performance of pupils attending a Radcliffe school and is not based on where the pupils live. 76% of primary aged pupils from Radcliffe attend a Radcliffe primary school. In the Early Years, the percentage of pupils reaching a good level of development in 2019 at age 5 compared well with the average for the Borough. However, the percentage of pupils reaching the expected standard in reading, writing and mathematics on leaving primary school has declined from being in line with national in 2017 to being below in 2019.

Performance for secondary age children in Bury is below where we want it to be with lower than national percentages of pupils gaining a 'good' pass in English and mathematics. The new secondary school is designed to help address this by offering

high quality provision within Radcliffe so that Radcliffe children do not have to travel to schools across the Borough and beyond. Action is planned to improve work on transition between primary and secondary schools.

In preparation for the opening of the new secondary school, it is proposed that Star Academies is invited to join the Bury Association of Secondary Heads in advance. Star now has a role in the local self-improving school led system as the Bolton, Bury, Rochdale Teaching School Hub.

Whilst there is no provision for further and higher education within Radcliffe, there are strong, established links with the local colleges for post-16 progression and strong performance across the borough in relation to the percentage of pupils who are in education, employment and training post-16. Opportunities to promote pathways for pupils in Radcliffe will need to be maximised.

10.3. **Skills and employability**

A bid has been submitted to the Government's Community Renewal Fund for the resources to run an integrated, person centred approach to work and skills provision at a neighbourhood level across Radcliffe. There are over 250 organisations operating across the Borough offering a range of support on preparing for, or returning to work.

The objective of the Radcliffe programme will be to ensure a joined-up approach, encouraging integration and cooperation across these services. The programme will create individually tailored packages of support, taking a key worker approach to identify and respond to individuals who will benefit from this support, planning a programme of activity with them and sequencing and navigating through a range of interventions.

This programme will be used to build an end-to-end pathways, including for those furthest from the labour market, linking Radcliffe residents into community and enterprise assets within their community.

10.4. **Digital Inclusion**

The roll out of the GM Full Fibre Network has created an opportunity to connect full fibre to public sector buildings, including a dozen in Radcliffe. As well as bringing better public Wi-Fi coverage into Radcliffe Town Centre this will also provide opportunities for the private sector to connect to the extended network.

There are also opportunities to use this as a springboard to reduce the digital divide in Radcliffe's most deprived neighbourhoods using Bury Adult Learning's Digital Champions, the Barclays Life Skills project as Digital champions.

10.5. **Culture**

The current GM Town of Culture has shown that there is a great breadth of cultural activity within Radcliffe to build on and a wide range of stakeholders to work with.

The Council has now created a catalogue of the cultural offer across all arts organisations, freelancers and independent artists. This includes groups such as the Radcliffe Carnival, Radcliffe Heritage Society, Radcliffe Male Voice Choir, and Radcliffe Market as well as many independent freelancers and small community groups.

Radcliffe is also home to an important section of one of the most significant features of the cultural landscape in Bury, the Irwell Sculpture Trail, one of the largest public art programmes in the UK.

This extensive cultural offer can be used to bring together other stakeholders in the community who have the networks and expertise to reach people who may be socially isolated.

10.6 Environment

Bury Council declared a climate emergency in 2019 and with a Climate Action Strategy and adjoining Action Plan now ready for approval, we are in an excellent position to launchpad climate action across our many communities and Townships. Through the development of our new Climate Action Forums, Radcliffe will be given a new opportunity to kickstart community climate action and highlight to the Council what needs to be prioritised. There are a number of plans for Radcliffe and it is vital that we embed climate action at the heart of those plans. With a town centre surrounded by excellent parks and nature, and residents and businesses proud of their local area, there is already a strong desire for sustainable improvements.

Bury Council Neighbourhood's Enforcement Team and Waste Management are currently developing a proposal to trial of community engagement and targeted enforcement and in Radcliffe during November 2021. The proposal would see engagement with local residents, businesses, and the local Radcliffe Litter Picking group, to deal with fly tipping and littering in local hotspots. In addition to engagement with the local community, there will be a robust period of enforcement, which will include the issuing of the new fly tipping Fixed Penalty Notices and other enforcement action where appropriate.

11. Next Steps

- 11.1. There is a well-developed set of programme management and governance arrangements for the physical and economic aspects of the SRF, including the town centre interventions and the housing and transport strategies. The development of the new secondary school is connected into the programme management and governance of the SRF.
- 11.2. Subject to the views of the SCB on the proposals in this report the next steps for the people and community side would be as follows:
 - (a) Co-ordinate the involvement of Radcliffe people in co-design of the community space in the public service hub and other public spaces and in the future development of public services.

- (b) Service quarterly meetings with Radcliffe Ward Member.
- (c) Develop the Radcliffe People and Community plan, working with community groups and all stakeholders.
- (d) Develop floor targets of agreed levels of performance for each of the key outcomes for the people of Radcliffe.
- (e) Arrange governance of the People and Communities Plan through the existing governance for the Radcliffe SRF.
- (f) Facilitate Community engagement within Radcliffe, including working with Growing Together Radcliffe and members of the Bury Community Support Network to support community capacity at street level with others from the Community Champions programme.
- (g) Define cohorts of individuals and families in Radcliffe most at risk of high end public service; identify people meeting that definition and organise the targeting of the neighbourhood model at those individuals and families.
- (h) Develop the health and care elements of the People and Communities Plan.
- (i) Developing thematic elements of the plan: education; skills and employability; digital; culture and environment.

Appendix B sets out lead responsibilities for each of the next steps set out above.

12. Conclusion

12.1. It would be helpful for SCB to provide views on the proposals in this report.

12.2. The views of the Board will then be used to shape the way forward.

12.3. Recommendations appear at the start of the report.

Geoff Little

Accountable Officer

g.little@bury.gov.uk

October 2021

Appendix B:

Lead responsibilities for developing the Radcliffe People and Communities Plan.

(a) Engagement and co-design.

Action: To coordinate the involvement of Radcliffe people in co-design of the community space in the public service hub and other public spaces and in the future development of public services.

Lead: Community Hub Manager.

Action to service quarterly meetings with Radcliffe Ward Members.

Lead: Community Hub Manager.

(b) Developing the plan.

Action: To develop the Radcliffe People and Communities Plan.

Lead: Chief Executive / CCG Accountable Officer.

Action: To develop floor targets of agreed levels of performance for each of the key outcomes for the people of Radcliffe.

Lead: Joint CIO Bury Council and CCG.

Action: Run the People and Communities Plan through the existing governance for the Radcliffe SRF.

Lead: Chief Executive / CCG Accountable Officer.

(c) Community Development.

Action: To facilitate Community engagement within Radcliffe, including working with Growing Together Radcliffe and members of the Bury Community Support Network to support community capacity at street level with others from the Community Champion programme.

Lead: Community Hub Manager, supported by the Community Engagement Officer and Community Champions.

(d) Targeted support to defined cohorts.

Action: Define cohorts of individuals and families in Radcliffe most at risk of high end public service; identify people meeting that definition and organise the targeting of the neighbourhood model at those individuals and families.

(e) Health and Care.

Action: Develop the health and care elements of the People and Communities Plan.

Lead: Executive Director of Strategic Commissioning.

(f). Developing thematic elements of the plan.

- Education. Acting Director of Children and Young People.

- Skills and Employability. Chief Executive.
- Digital divide. Executive Director Place and Housing.
- Culture. Deputy Chief Executive.
- Environment. Executive Director, Operational Services.

Radcliffe Profile

Welcome to Radcliffe's Profile

This profile provides an insight into the neighbourhood of Radcliffe. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Radcliffe East, Radcliffe West and Radcliffe North.

There are around 35,110 people living in Radcliffe, which constitutes just under 19% of the total population in Bury. 6% of residents in Radcliffe are from a Black and Minority Ethnic background, which is significantly lower than the proportion in Bury.

Within Radcliffe, Radcliffe West ward has the lowest levels of life expectancy for both males and females and the highest proportion of the adult population who smoke.

- The highest cause of mortality and premature mortality in Radcliffe is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions.

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Radcliffe are found around Radcliffe town centre. In contrast, household income levels are highest in the top of Radcliffe North.

Radcliffe West has had the highest number of early help cases for children; yet also has the highest proportion of families who have been successfully turned around as a result of the Troubled Families programme. As a whole, Radcliffe children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. However, young people living in Radcliffe West achieved the highest rates of A Level attainment in 2018/19.

Adult social care service users with Radcliffe have a higher satisfaction with care and support services than Bury and England, yet carers have a higher satisfaction rate than Bury. Learning Disability is the main primary support reason for those aged 18-64 in Radcliffe, whereas for those aged 65+, it is support with physical mobility.

There are around 19,000 households within Radcliffe. Only 13% of properties are rented privately; 68% are owned or under shared ownership. There are more terraced houses, bungalows, and detached houses in Radcliffe when compared to Bury and England.

The highest cause of domestic noise complaints in Radcliffe is dogs. Radcliffe wards have the highest proportion of reported fly-tipping across Radcliffe and the town centre of Radcliffe has the highest levels of reported anti-social behaviour and reported crime.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information is required please contact: JSNA@bury.gov.uk

Version History

This table will be updated once data within the Profile is refreshed

Originally published February 2020

	Date updated	Data updated	Comment
Version 1	March 2020	Latest data for each area	First publication

1. Population and Demographics

- 1.1. [Population Pyramid](#)
- 1.2. [Ethnicity & Language](#)
- 1.3. [Index of Multiple Deprivation](#)

2. Population Health & Wellbeing

- 2.1. [Life Expectancy](#)
- 2.2. [Mortality](#)
- 2.3. [Long Term Conditions](#)
- 2.4. [Smoking](#)
- 2.5. [Alcohol](#)
- 2.6. [Physical Inactivity](#)
- 2.7. [Obesity](#)

3. Education and Skills

- 3.1. [Schools and Colleges](#)
- 3.2. [Early Years](#)
- 3.3. [Education Attainment](#)

4. Health and Social Care Activity

- 4.1. [Early Help](#)
- 4.2. [Adult Social Care](#)
- 4.3. [Primary Care](#)
- 4.4. [Secondary Care](#)

5. Employment and Income

- 5.1. [Median Income](#)
- 5.2. [Disability Living Allowance/ Personal Independence Payment](#)
- 5.3. [Benefits](#)
- 5.4. [Poverty and Fuel Poverty](#)
- 5.5. [Key Businesses](#)
- 5.6. [Community & Voluntary](#)

6. Housing

- 6.1. [Tenure](#)
- 6.2. [Social and Private Rented Housing](#)

7. Environment

- 7.1. [Noise Complaints \(Domestic & Commercial\)](#)
- 7.2. [Accumulations and Hoarding](#)
- 7.3. [Fly Tipping](#)
- 7.4. [Transport](#)

8. Crime & Safety

- 8.1. [Crime](#)
- 8.2. [Fire Safety](#)

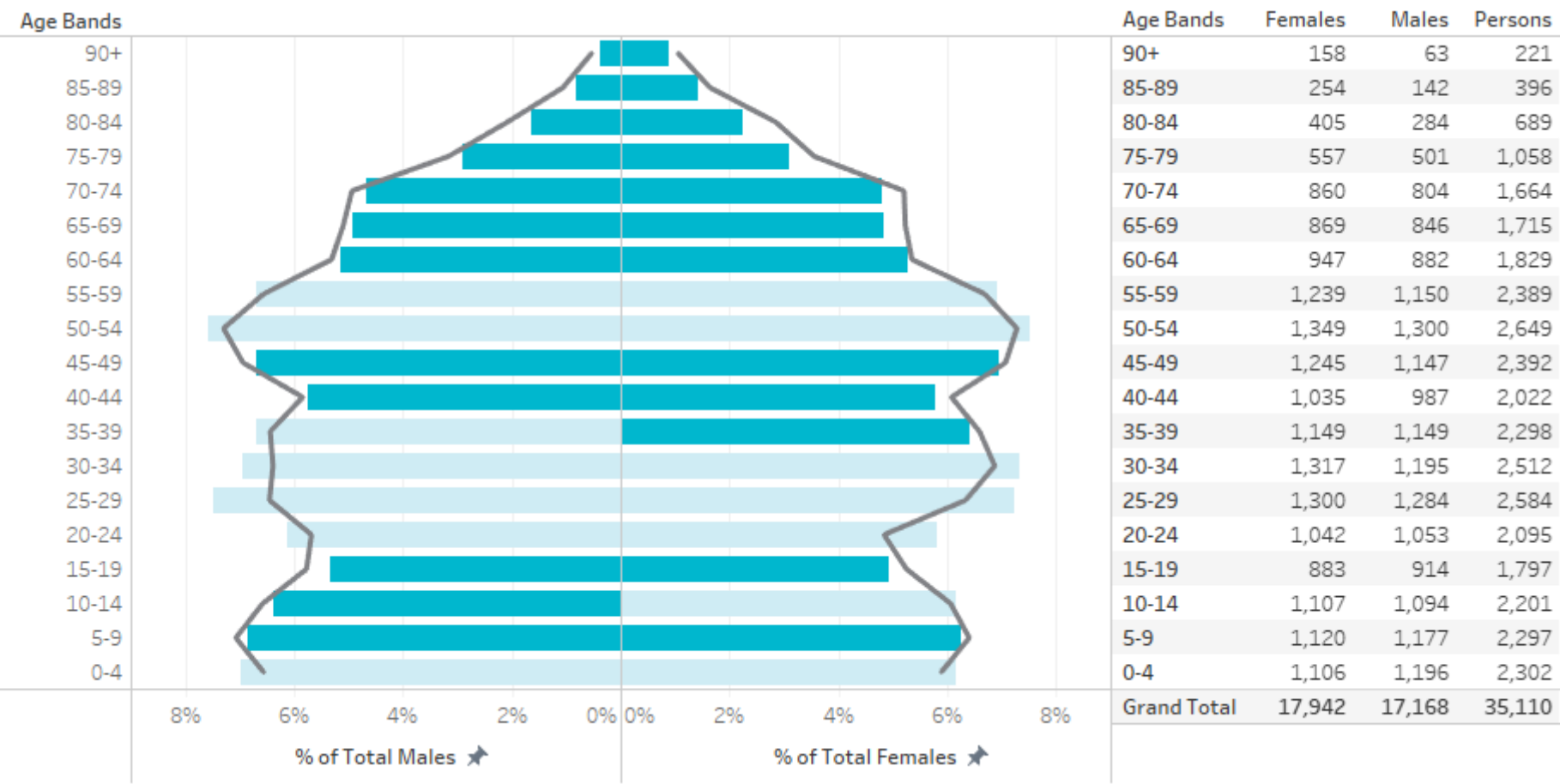
1. Population and Demographics

Population Pyramid

Figure 1: Percentage of Male and Female Population in Radcliffe compared against the percentage of Male and Female Bury Population [MYE 2018]

The table on the right is the estimated population within Radcliffe for Males, Females and All Persons

Source: ONS Mid-Year Estimates (MYE) [2018]



The Population pyramid compares the percentage of the population in five year age bands for Radcliffe (which is in a bar formation) to the percentage of the equivalent Bury population (which is the line at the edge of the bars). The colours of the bars are as follows:

- Pale blue – there is a higher percentage of people in this age band within Radcliffe compared to Bury.
- Teal – there is a lower percentage of people in this age band within Radcliffe compared to Bury.

From the above pyramid, Radcliffe has a higher percentage of males and females aged 20-34, 50-59 and 50-59 than the total percentage of Bury overall.

1. Population and Demographics

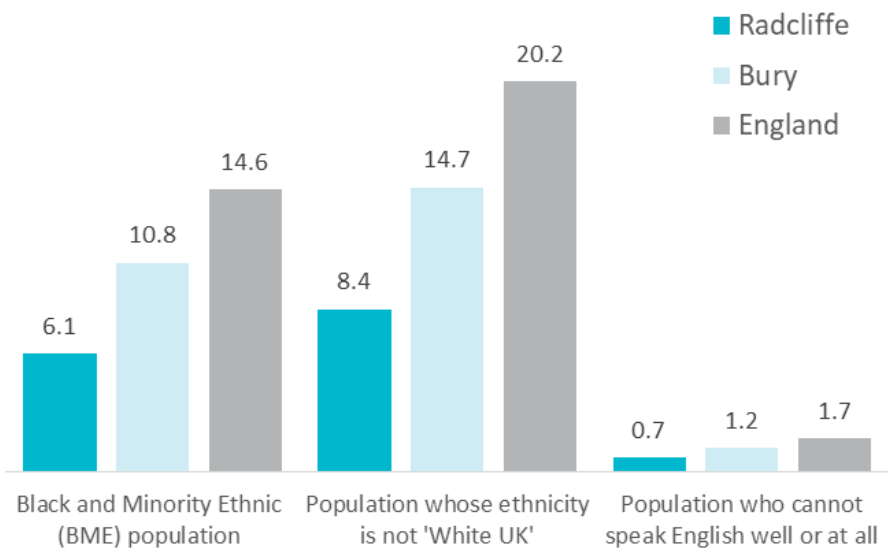
Ethnicity and Language

Index of Multiple Deprivation

Sources: ONS Census 2011; Mid-Year Estimates 2018

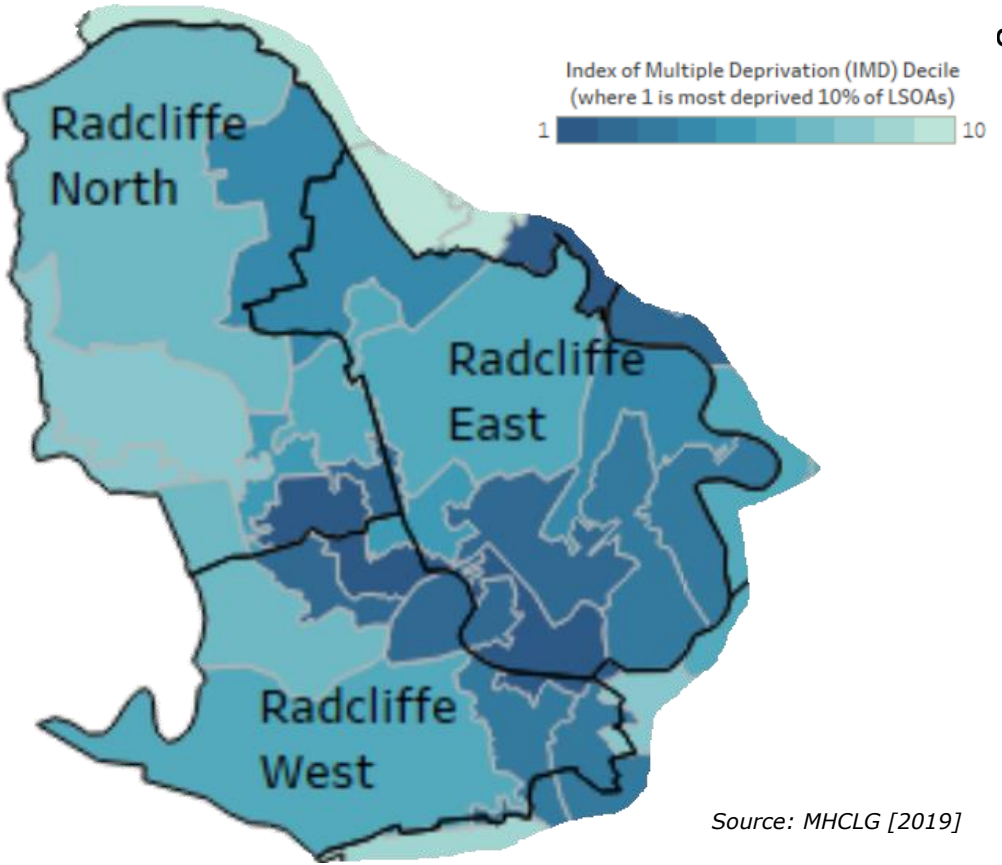
	Radcliffe	Bury
Total Population (Mid-Year Estimates 2018)	35,110	190,108
Black and Minority Ethnic (BME) population (Census 2011)	2,064	20,028
Population whose ethnicity is not 'White UK' (Census 2011)	2,838	27,163
Population who cannot speak English well or at all (Census 2011)	235	2,144

Figure 2: Percentage of Ethnicity and Language [Census 2011]



Taken from the last Census, this is the most recent data available about ethnicity and language within Radcliffe.

Radcliffe has a significantly lower BME population and those whose ethnicity is not White UK than both the Bury average and the England average. Similarly, Radcliffe has a lower percentage of those who cannot speak English well or at all.



The Indices of Deprivation 2019 provide a set of relative measures of deprivation for small areas across England, based on seven domains of deprivation. The domains are:

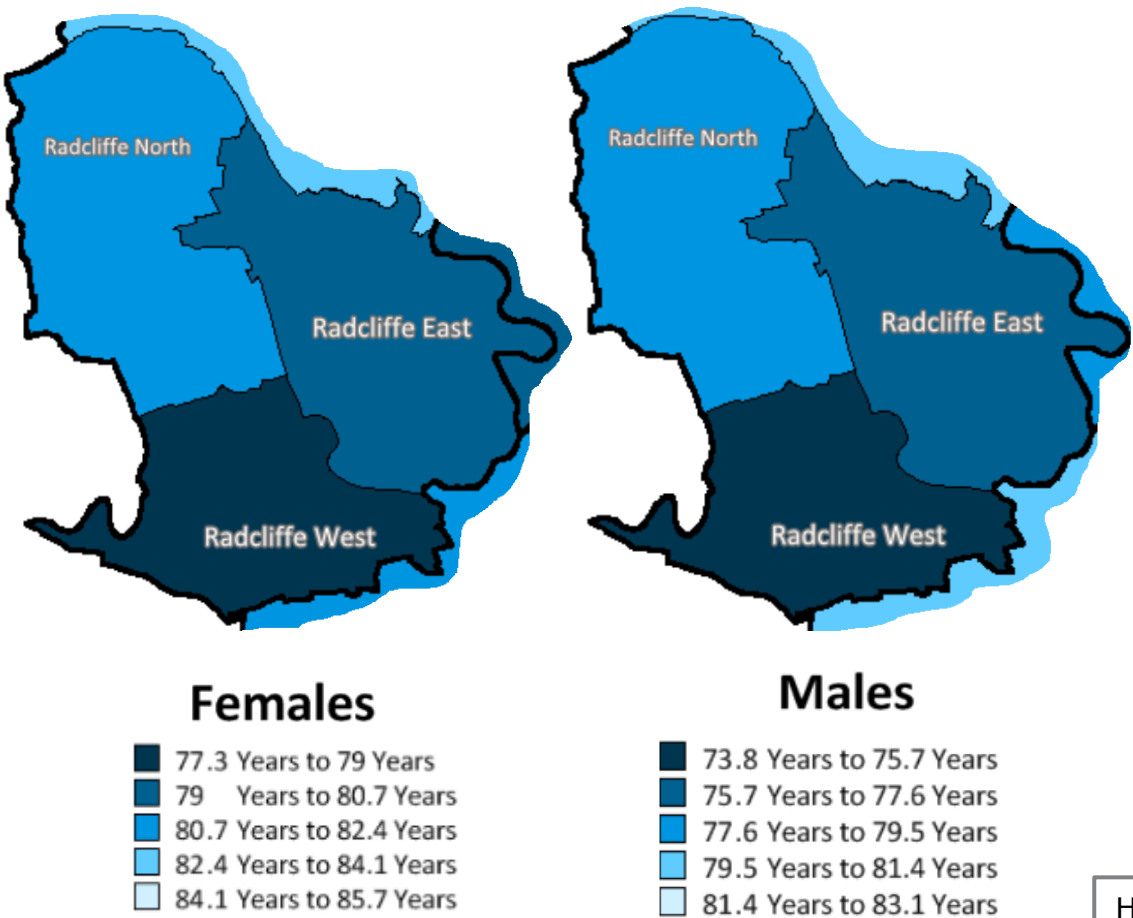
Income, *Employment*, Education, *Skills and Training*, Health and Disability, *Crime*, Barriers to Housing and Services, and *Living Environment*.

Within Radcliffe the areas of highest deprivation are around Radcliffe Town Centre and include Coronation Road, Water Street, the St Thomas Estate, Milltown Street and around Coronation Park.

2. Population Health & Wellbeing

Life Expectancy

Source: Primary Care Mortality & MYE [2013-2017]

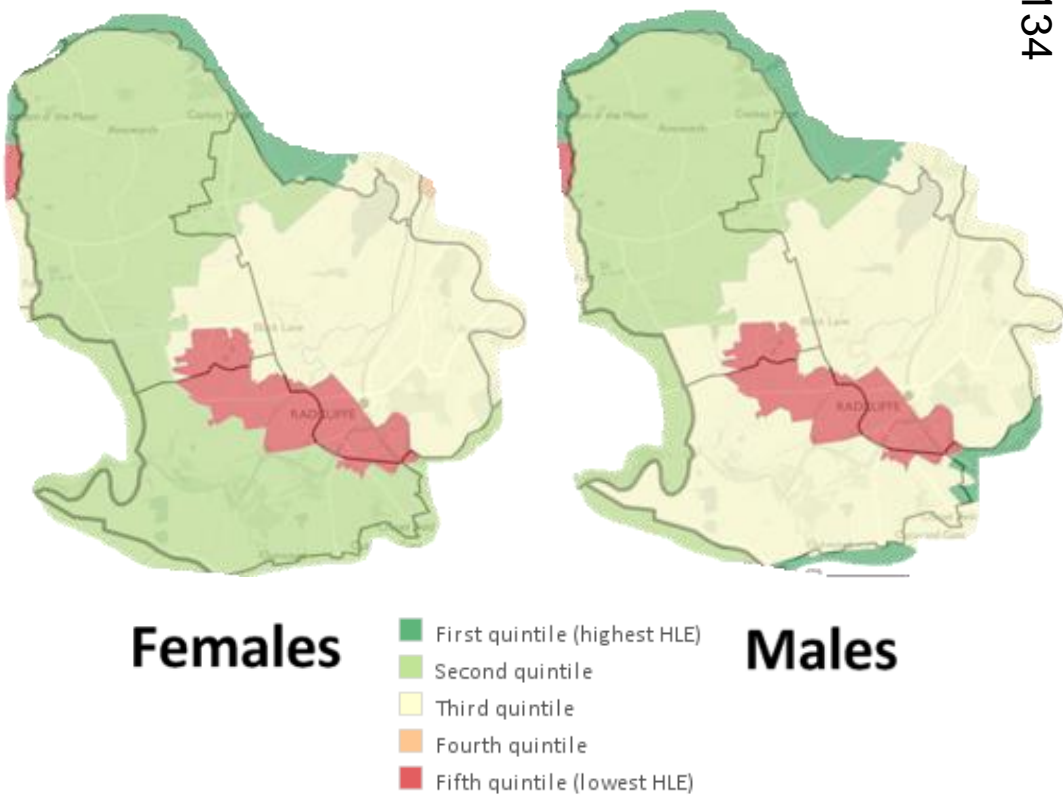


Life expectancy is calculated at electoral ward level for females and males.

Radcliffe West has the lowest life expectancy and is lower for males in the ward than females. Radcliffe North ward has the highest life expectancy within Radcliffe. Females in Radcliffe generally have a higher life expectancy than males.

Healthy Life Expectancy

Source: Census [2011] and Primary Care Mortality, Annual Population Survey & MYE [2013-2017]



Healthy Life Expectancy is calculated at middle super output area for females and males and is based on mid-year estimates of the population, Mortality data and Annual Population Survey data.

The centre of Radcliffe, which includes Coronation Road, Spring Lane and Redbank Fields, has the lowest levels of healthy life expectancy. The highest levels of healthy life expectancy can be found around the Ainsworth area in the north and Outwood area in the south of Radcliffe. Females have a higher healthy life expectancy than males in the south of Radcliffe.

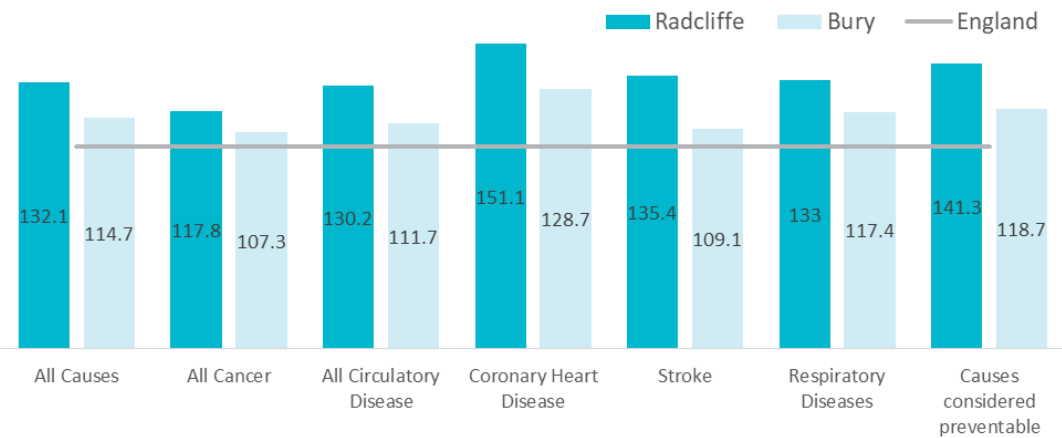
2. Population Health & Wellbeing

Mortality

Source: Public Health England

	Radcliffe	Bury
All Causes of Mortality (2013-2017)	1,638	9,091
All Cancer	434	2,440
All Circulatory Disease	413	2,300
Coronary Heart Disease	217	1,179
Stroke	103	551
Respiratory Diseases	219	1,270
Causes considered preventable	400	1,918

Figure 3: Causes of Mortality (all ages) - Standardised Mortality Ratios [2013-2017]



Cancer is the highest cause of mortality for people in Radcliffe, followed by circulatory disease. This is consistent with the highest causes of mortality in Bury.

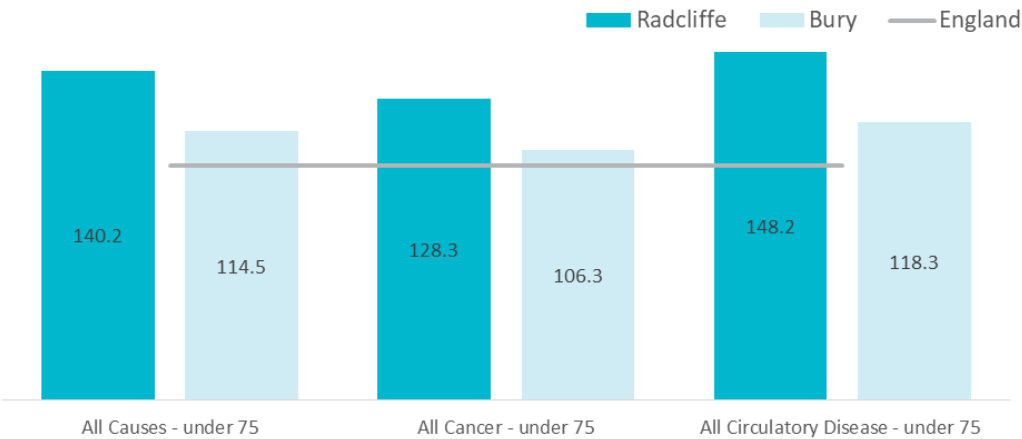
To compare Radcliffe with the rest of Bury and England, the data has been standardised into a ratio. This shows that per population, Radcliffe is significantly worse than Bury and the England average for all causes of mortality. Coronary heart disease has the highest standardised rate for mortality within Radcliffe.

Premature Mortality

Source: Public Health England

	Radcliffe	Bury
All Causes of Premature Mortality - under 75 (2013-2017)	675	3,104
All Cancer - under 75	250	1,174
All Circulatory Disease - under 75	155	700

Figure 4: Causes of Premature Mortality - Standardised Mortality Ratios [2013-2017]



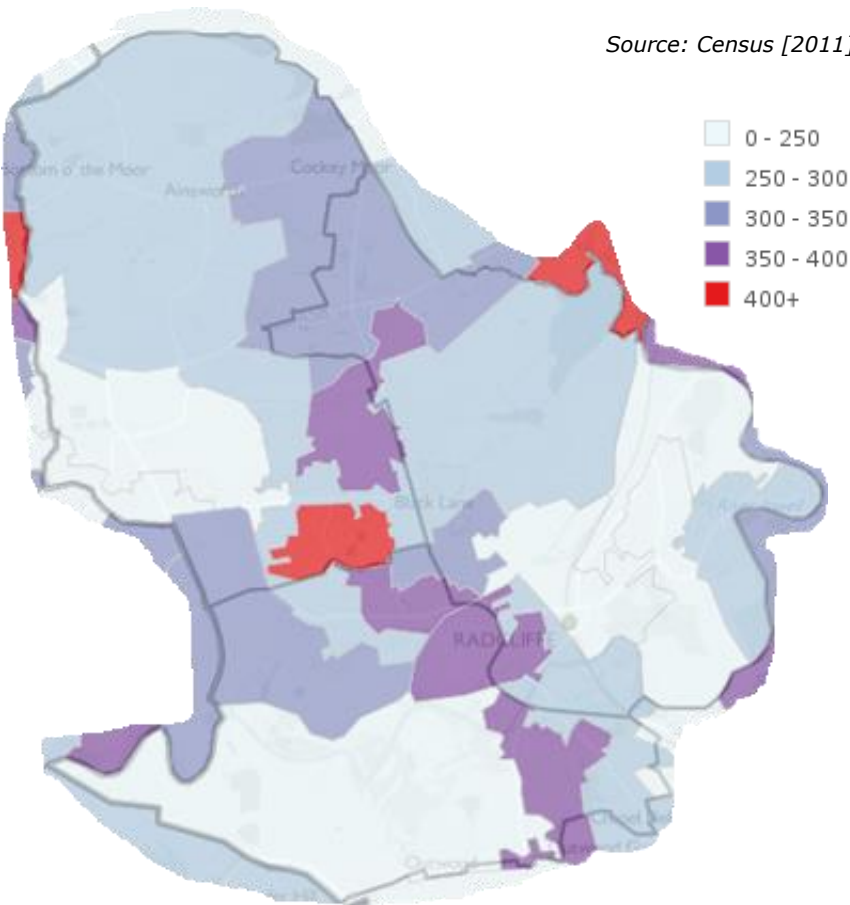
Cancer is the highest cause of premature mortality in Radcliffe.

To compare Radcliffe with the rest of Bury and England, the data has been standardised into a ratio. Radcliffe is significantly worse than the Bury and England averages for all causes of premature mortality.

All circulatory disease has the highest standardised rate for premature mortality in Radcliffe.

2. Population Health & Wellbeing

Limiting Illness or Disability



Census information shows the number of individuals with a limiting illness or disability. The question in the Census asks if they have a long-term health problem or disability that limits their day-to-day activities, and has lasted, or is expected to last, at least 12 months.

The highest areas of people with a limiting illness or disability living in Radcliffe are around the Coronation Road area.

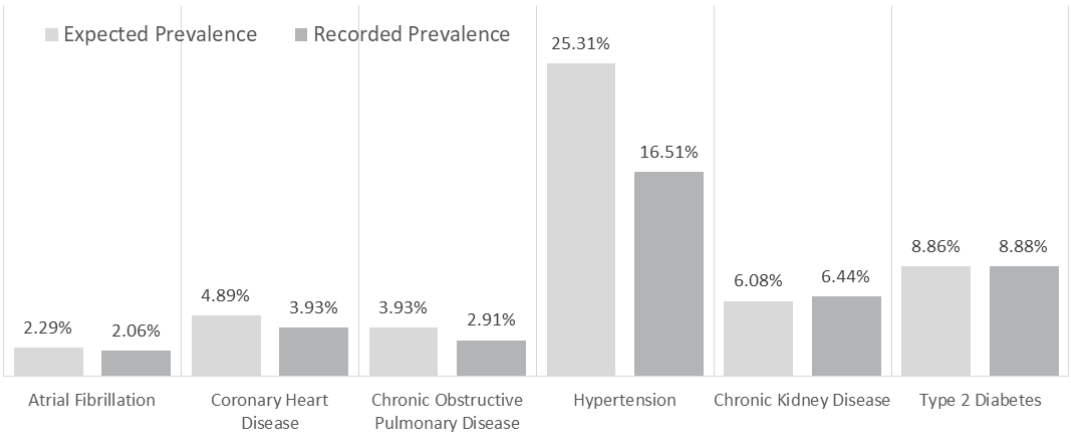
Long Term Condition Prevalence

Source: GP Registers, June 2019

	Radcliffe	
	Expected Prevalence	Recorded Prevalence
Percentage of the GP registered population		
Atrial Fibrillation	2.29%	2.06%
Coronary Heart Disease	4.89%	3.93%
COPD*	3.93%	2.91%
Hypertension	25.31%	16.51%
Chronic Kidney Disease	6.08%	6.44%
Type 2 Diabetes	8.86%	8.88%

*COPD: Chronic Obstructive Pulmonary Disease

Figure 5: Prevalence of Long Term Conditions in Bury (Expected vs. Recorded)



Expected prevalence figures are based on the latest available prevalence models applied to current practice populations. The recorded prevalence is as a percentage of the registered population for the given criteria; for example, for Hypertension this is the full registered population, whereas the Type 2 diabetes measure is based on those aged 16+.

Hypertension has historically had a significant gap between expected and recorded prevalence.

2. Population Health & Wellbeing - Smoking

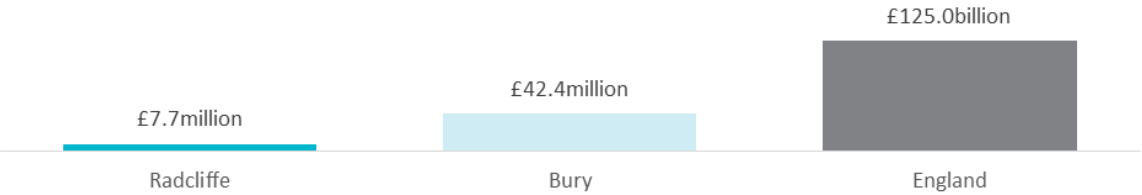
Ward Level Smoking Prevalence

Source: Ash Ready Reckoner Tool [2019]

	Number of smokers 18+
Radcliffe	5,860
Radcliffe East	2,194
Radcliffe West	2,061
Radcliffe North	1,605

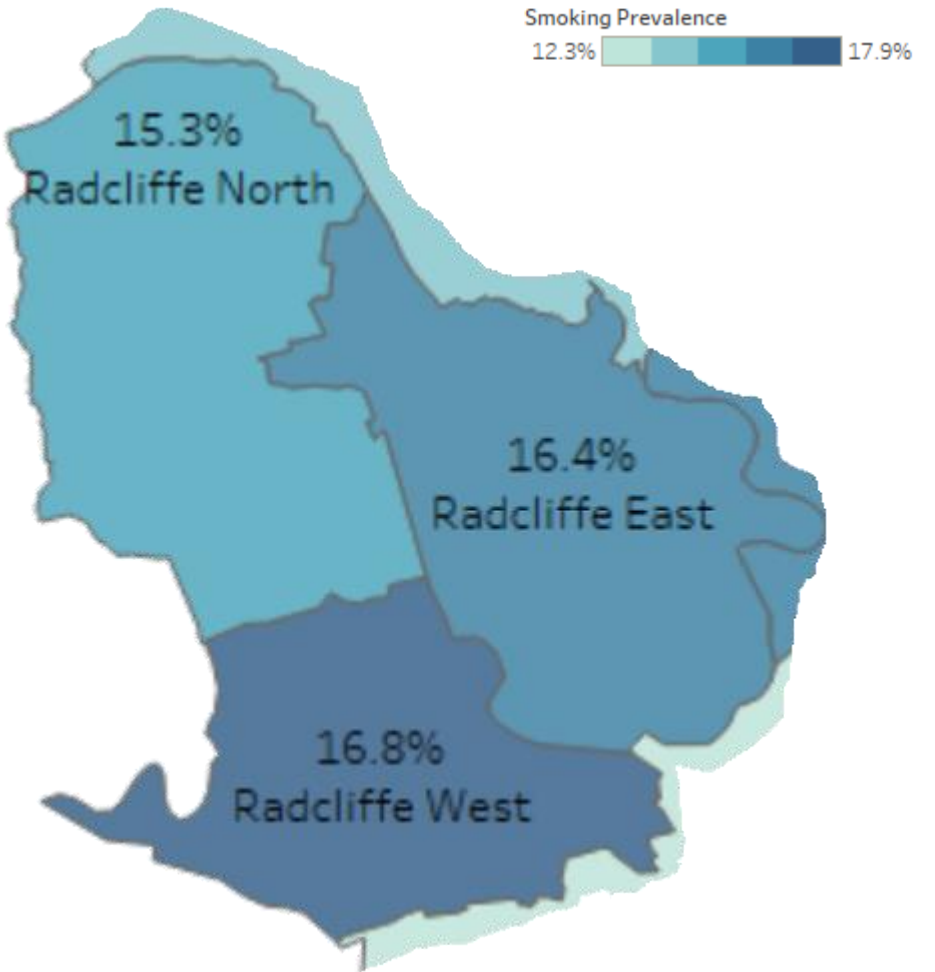
Figure 6: Estimated Cost to Society of Smoking

Source: Ash Ready Reckoner Tool [2019]



The Child Survey was only broken down at neighbourhood level therefore cannot be included in this profile.

Smoking within Radcliffe varies considerably between each ward. Within Radcliffe East, nearly 2,200 people aged 18+ are smokers, with an estimated cost to society of £2.9 million. This is over 500 more people than in Radcliffe North, where the cost to society is estimated at £2.2 million.



Source: Ash Ready Reckoner Tool [2019]

Smoking prevalence within Radcliffe varies across the wards, with a variation of 1.5% between Radcliffe West and Radcliffe North. Radcliffe accounts for around 22% of all smokers in Bury.

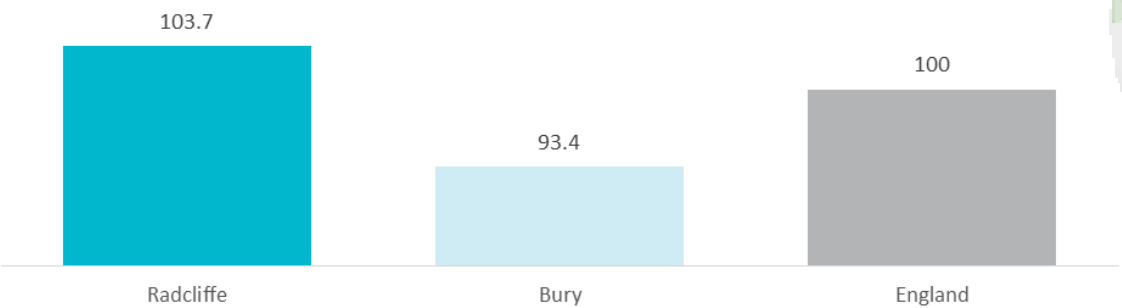
2. Population Health & Wellbeing - Alcohol

Alcohol misuse

Source: Local Health Profile (narrow definition)

	Radcliffe	Bury
Admissions from harm and injury - as a result of alcohol	1,063	5,317

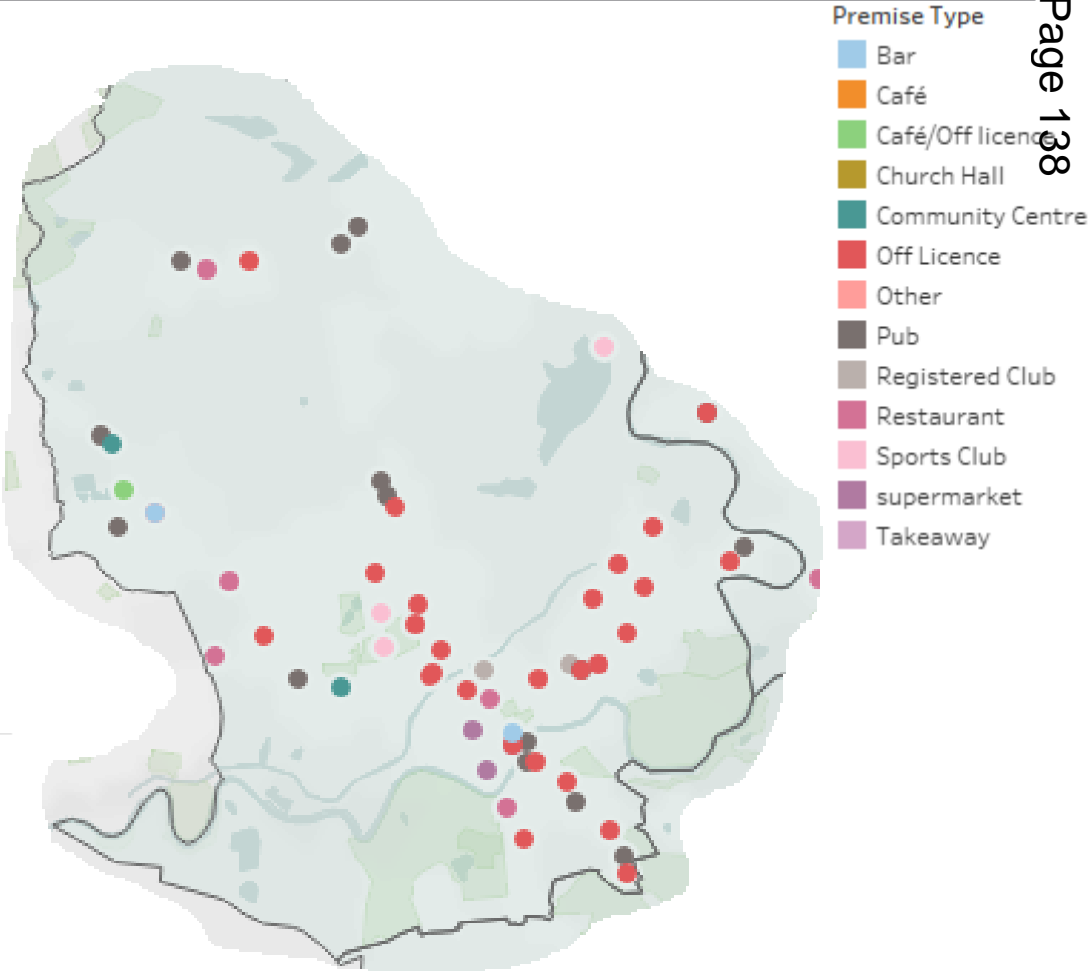
Figure 7: Hospital stays for alcohol related harm; Standardised Admission Rates [2013/14 to 2017/18]



The Child Survey was only broken down at neighbourhood level therefore cannot be included in this profile.

Figure 7 shows admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause. Radcliffe has a significantly higher standardised admission rate for alcohol related harm than both Bury overall and the England rate.

Licensed Premises

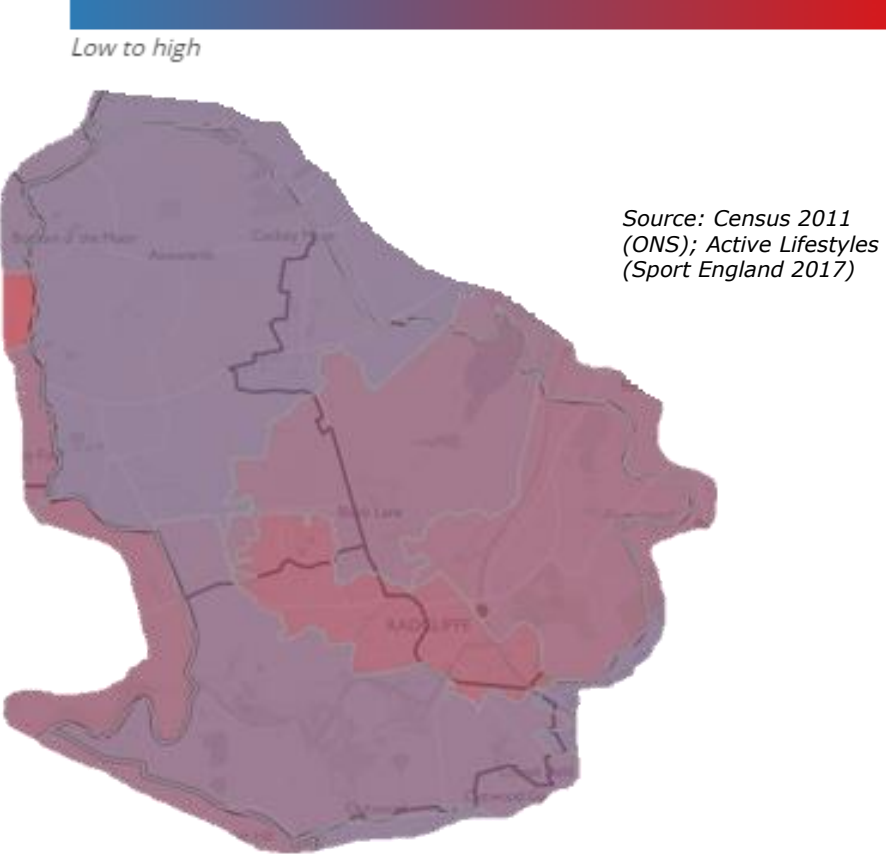


Data has been obtained from the Licensing Office to show how many places within Radcliffe have a license to sell alcohol. Within Radcliffe, there are 74 premises licensed to sell alcohol, with over a third of these being Off Licences.

Within Bury as whole, there are over 450 alcohol licenses.

2. Population Health & Wellbeing - Physical Activity

Level of Physical Inactivity



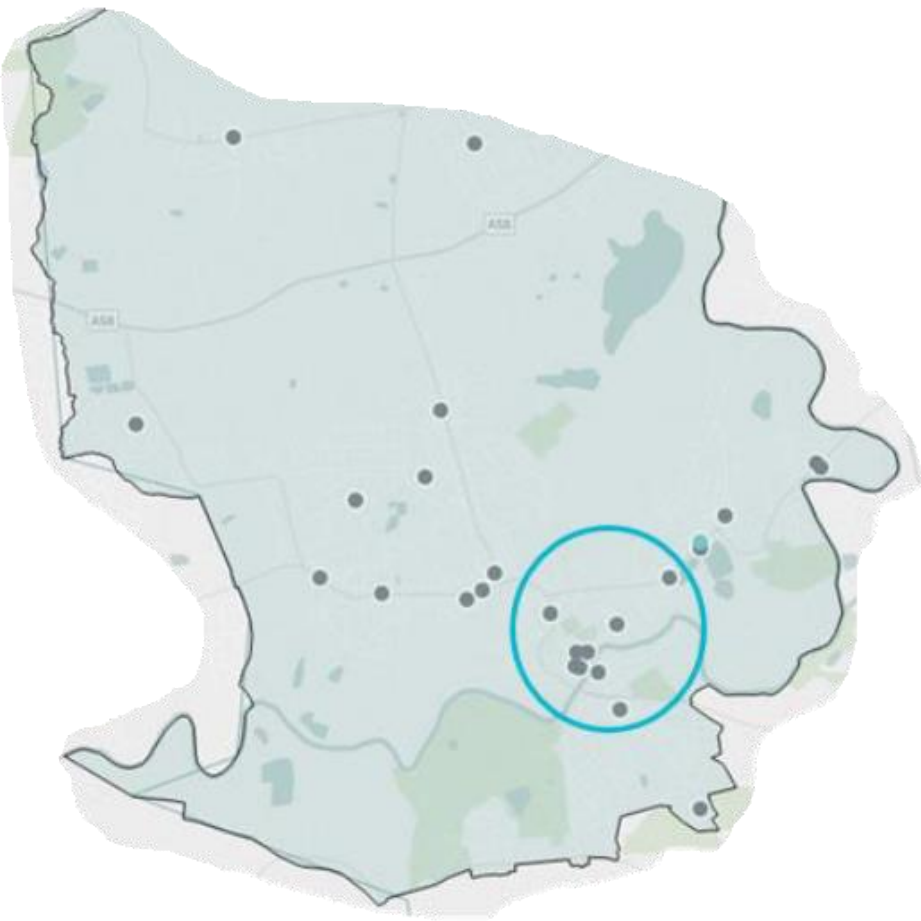
The Child Survey was only broken down at neighbourhood level therefore cannot be included in this profile.

The heat map shows the levels of physical inactivity by middle super output areas within Radcliffe.

The highest areas of inactivity are around the centre of Radcliffe, which includes Coronation Road, Spring Lane and Redbank Fields.

Takeaway Food Outlets

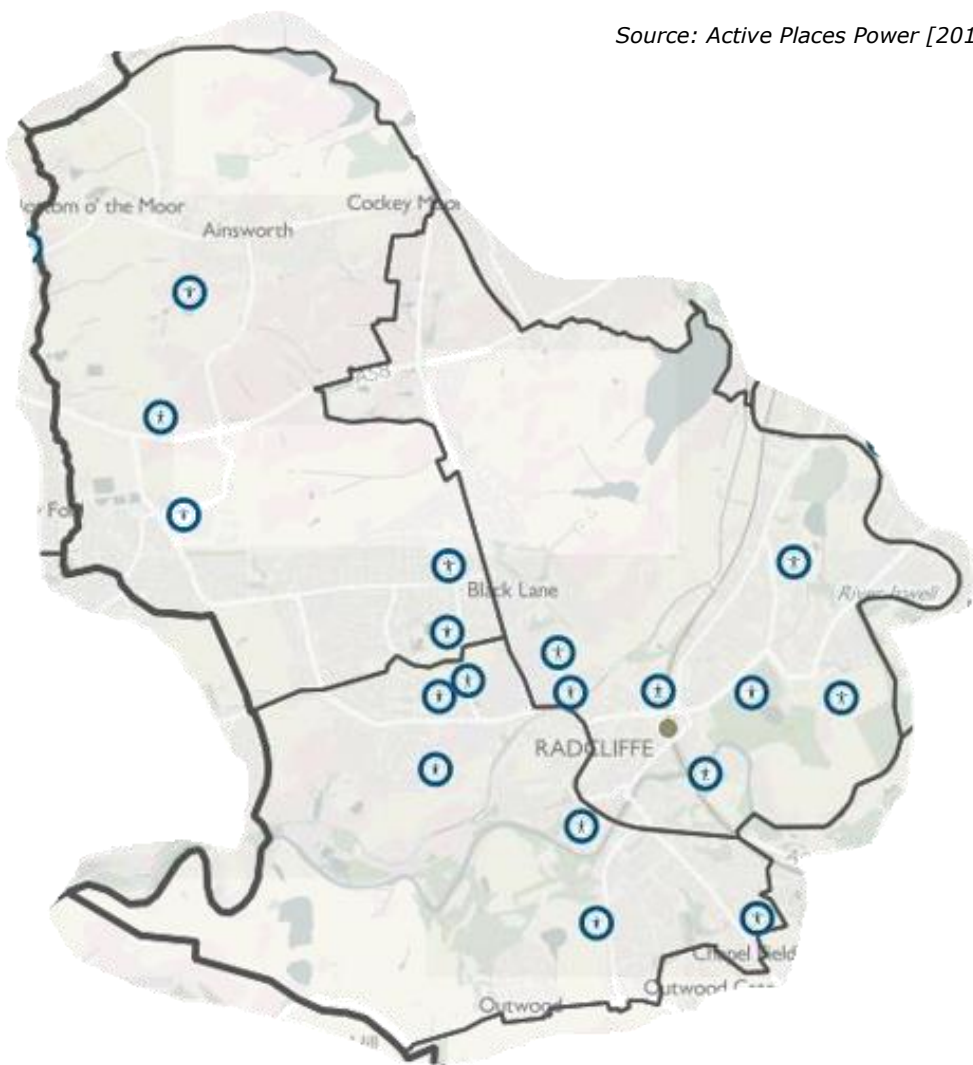
Source: Environmental Health [2018/19]



There are 40 takeaway outlets within Radcliffe. This map only includes those outlets that are primarily recorded as "Takeaway - Hot Food", and "Takeaway - Cold Food". There is a high concentration within Radcliffe Centre (circled) as there are 10 outlets.

2. Population Health & Wellbeing - Physical Activity

Sports Facilities



Source: Active Places Power [2018]

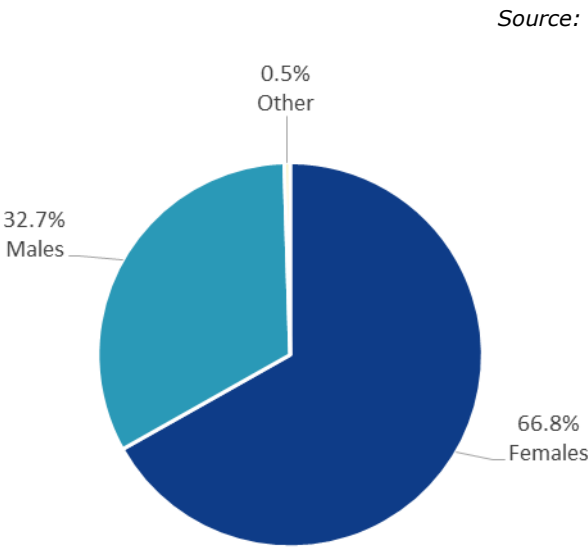
There are at least 18 sports facilities available in Radcliffe.

Sports facilities include gyms, fitness centres, tennis courts, running tracks, football pitches etc.

Bury Exercise and Therapy Service (BEATS) Activity data

Source: DCRS [2019]	BEATS Participants
Radcliffe	205
Radcliffe East	71
Radcliffe North	68
Radcliffe West	66

Figure 8: Activity data from BEATS participants who live in Radcliffe; split by gender



The BEATS programme provides two services: Exercise and Therapy, and Strength and Balance.

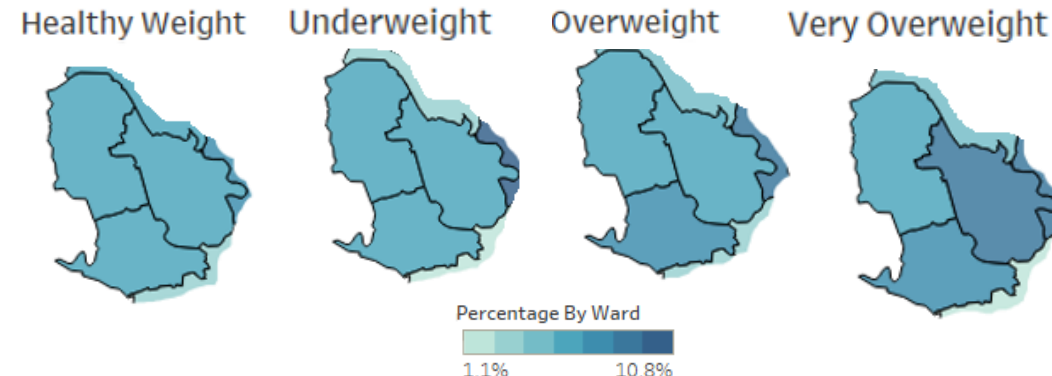
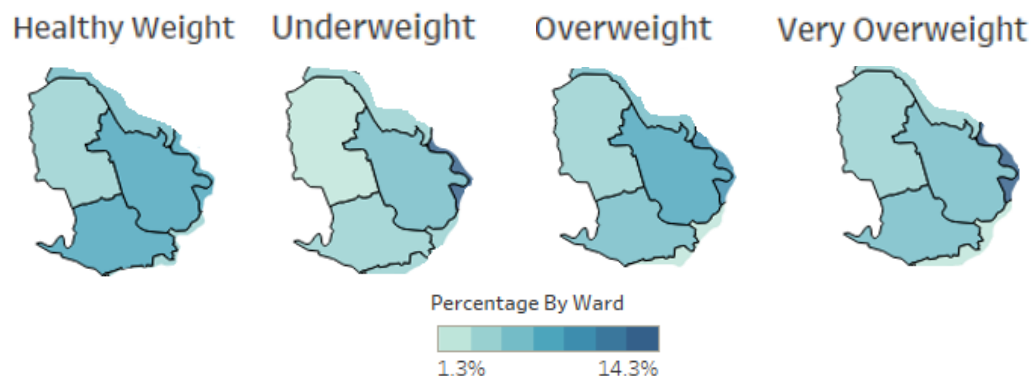
Between January and October 2019 there have been approximately 1,200 participants. Around 17% of all participants have been from Radcliffe, and two thirds of these are female.

2. Population Health & Wellbeing - Overweight & Obesity

Reception (4-5 Year Olds)

2014/15 - 2016/17

Year 6 (10-11 Year Olds)



The National Childhood Measurement Programme (NCMP) measures the height and weight of children aged 4-5 and 10-11 years in primary schools, in order to determine their BMI category. The heat maps display Radcliffe wards by each BMI weight category. The darker colour represents more children in that area who fall into that category. The data across Bury equals 100%.

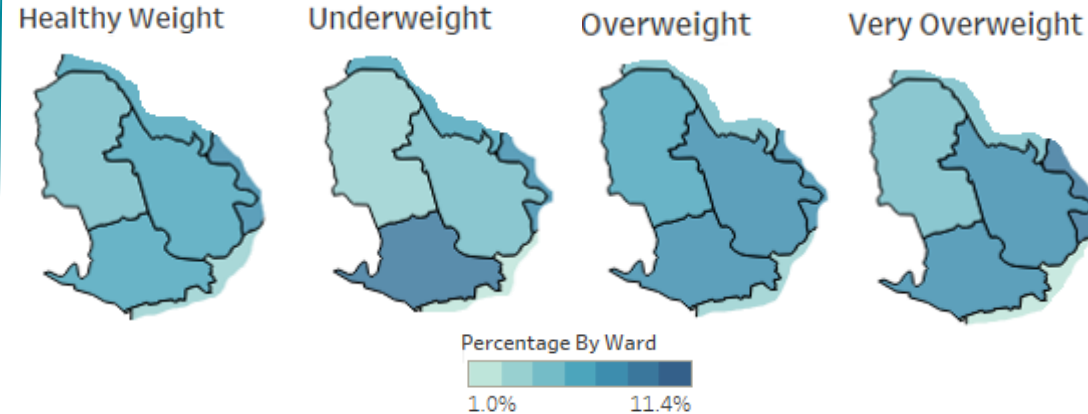
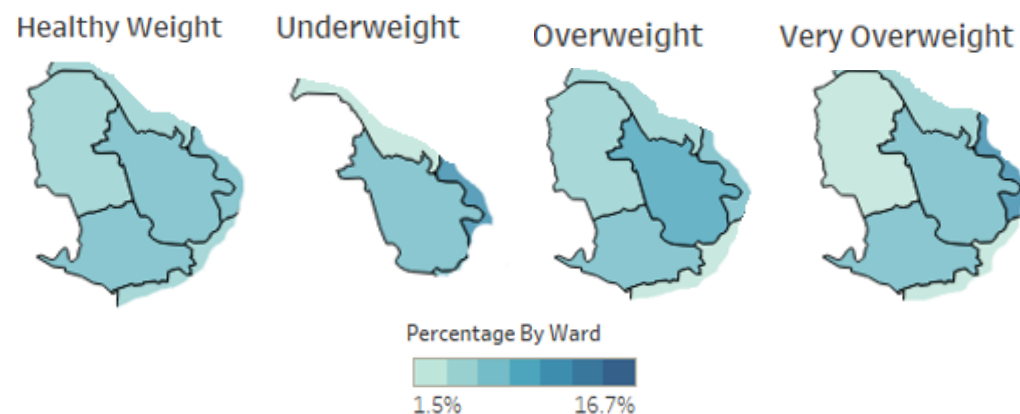
The data shown covers 3 academic years, in order to provide a large enough data set for analysis. Some wards appear missing in the underweight graphs for 2015/16 - 2017/18 as there are no children in that ward for that time period who are underweight.

Source: Locally collected NCMP data [14/15-16/17 and 15/16-17/18]

Reception (4-5 Year Olds)

2015/16 - 2017/18

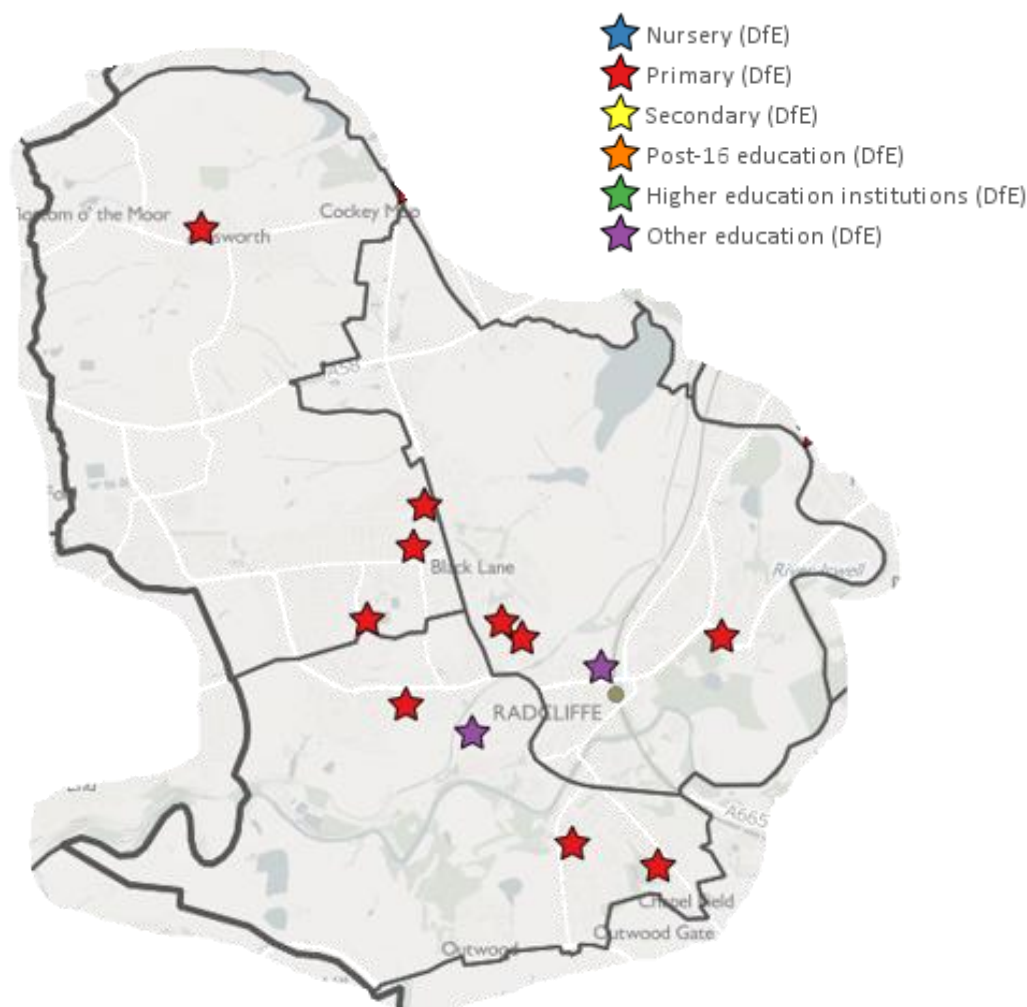
Year 6 (10-11 Year Olds)



Within Radcliffe, there are significant differences across the wards in those that are underweight, healthy weight, overweight and very overweight for children in reception and in year six.

3. Education and Skills – Schools and Colleges

Schools and Colleges



Source: School Census 2017 (DfE)

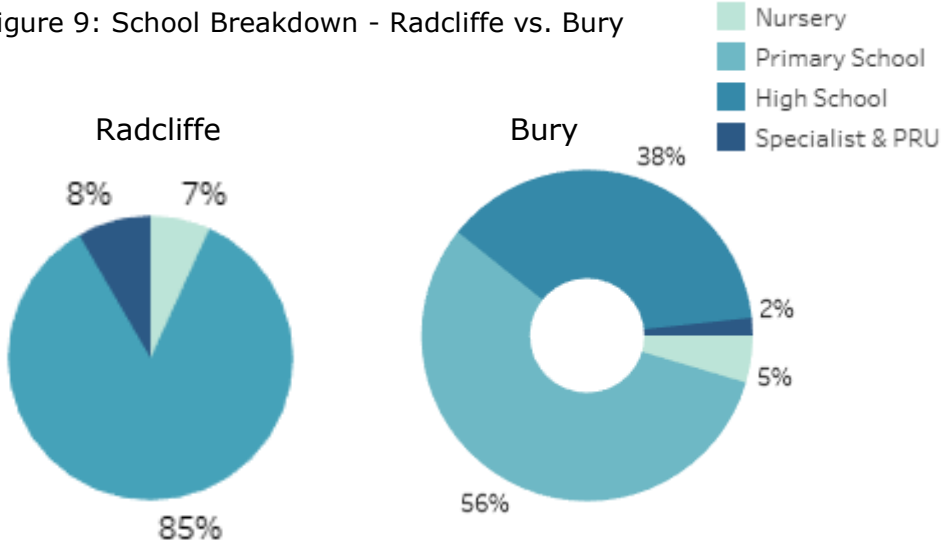
The above map displays schools and colleges located within Radcliffe. Other education establishments include specialist schools and Pupil Referral Units (PRU).

School Population

Source: School Census [2017/18]

	Radcliffe	Bury
Total Population	3,027	29,818
Nursery	206	1,369
Primary School	2,568	16,745
Secondary School	-	11,193
Specialists & Pupil Referral Units	253	511

Figure 9: School Breakdown - Radcliffe vs. Bury



Source: School Census 2017 (DfE)

The school population information refers to state schools **only**, and **does not** include any private or independent schools.

There have been no state high schools within Radcliffe since 2014. Over 50% of the specialist school and Pupil Referral Unit population in Bury is within Radcliffe, at Spring Lane Pupil Referral Unit and Millwood Primary Special School. 85% of the schools in Radcliffe are Primary Schools.

3. Education and Skills – Early Years

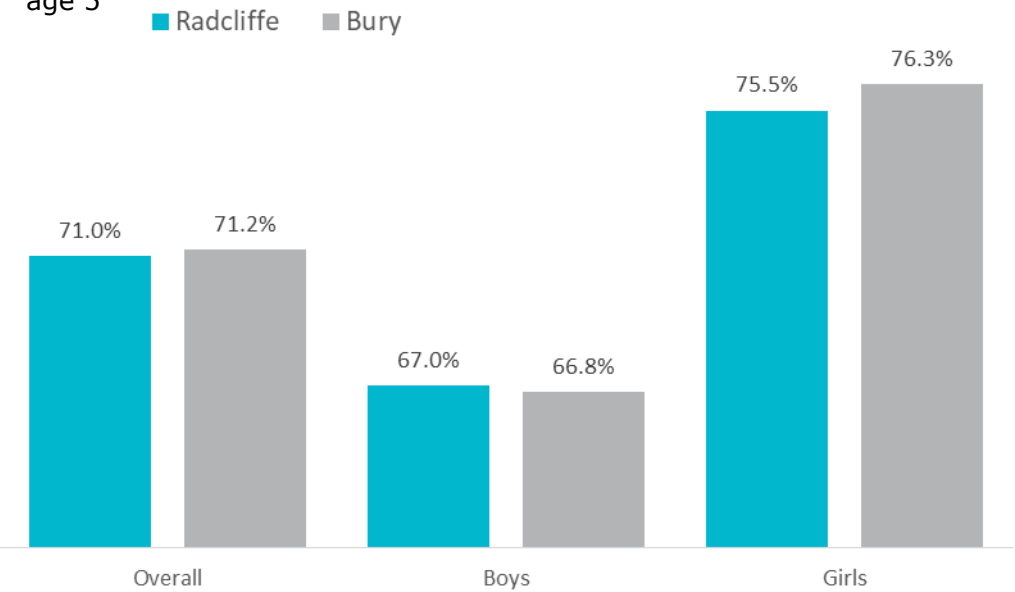
Good Level of Development

Key Stage 1 & Key Stage 2 - Reading, Writing & Maths

Source: Children's Services [2017/18]

	Radcliffe	Bury
Overall (students)	400	2,362
Boys	200	1,217
Girls	200	1,145

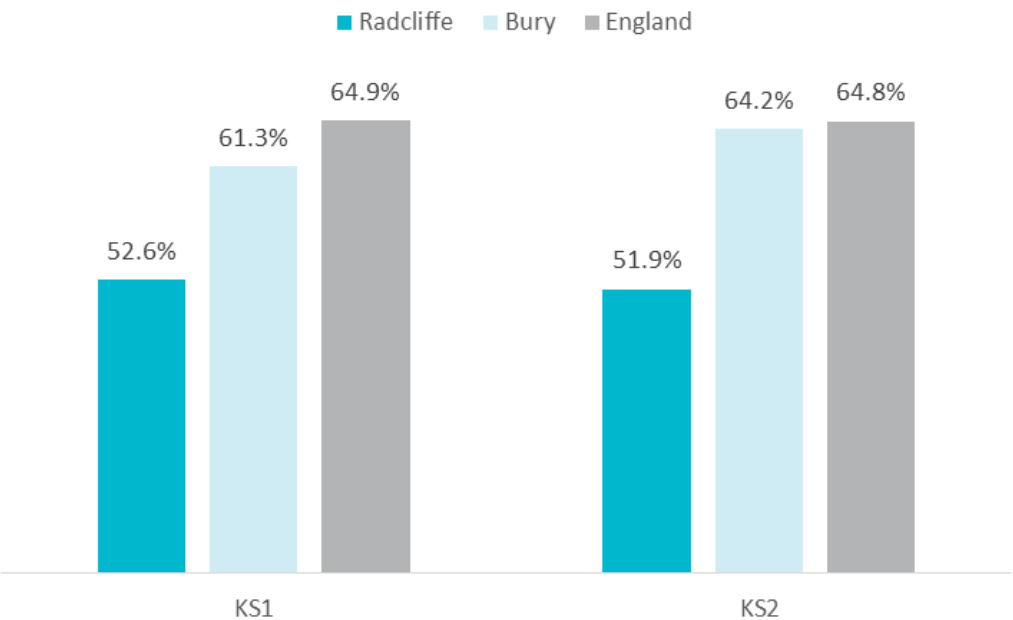
Figure 11: Percentage of pupils with a Good Level of Development at age 5



In order to be judged as attaining a Good Level of Development, a child must be achieving or exceeding the expected standard in all prime areas, literacy and mathematics. Should the child fail to meet one of these areas, then they will not be awarded a Good Level of Development.

The data is based on the location of the school, not where the child lives. In the UK, the Good Level of Development is widely used as a measure of school readiness for entry to Year 1 in KS1.

Figure 10: Percentage of children at KS1 and KS2 who met or exceeded the expected level of reading, writing and maths



Source: Children's Social Care, 2018/19 (NCER)

The data above shows the percentage of children (not including specialist schools) in Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) who met or exceeded the expected standard in reading, writing and maths at the 10 primary schools within Radcliffe.

Radcliffe is performing at a significantly lower standard than both Bury as a whole and England at KS1 and KS2 levels.

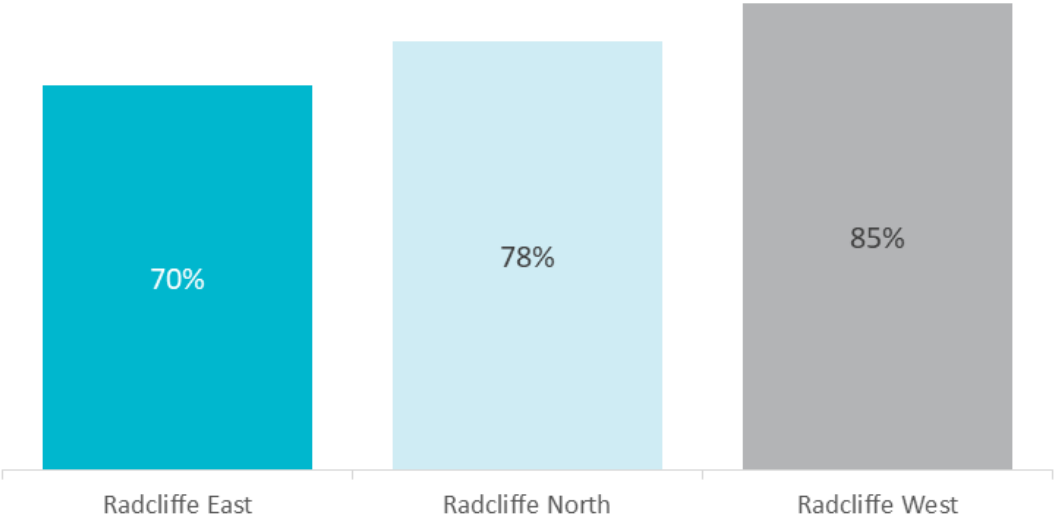
3. Education and Skills – Education Attainment

GCSE Results

A Level

Figure 12: A Level Achievement rates

There is no data for GCSE attainment due to the fact there are no high schools in Radcliffe.



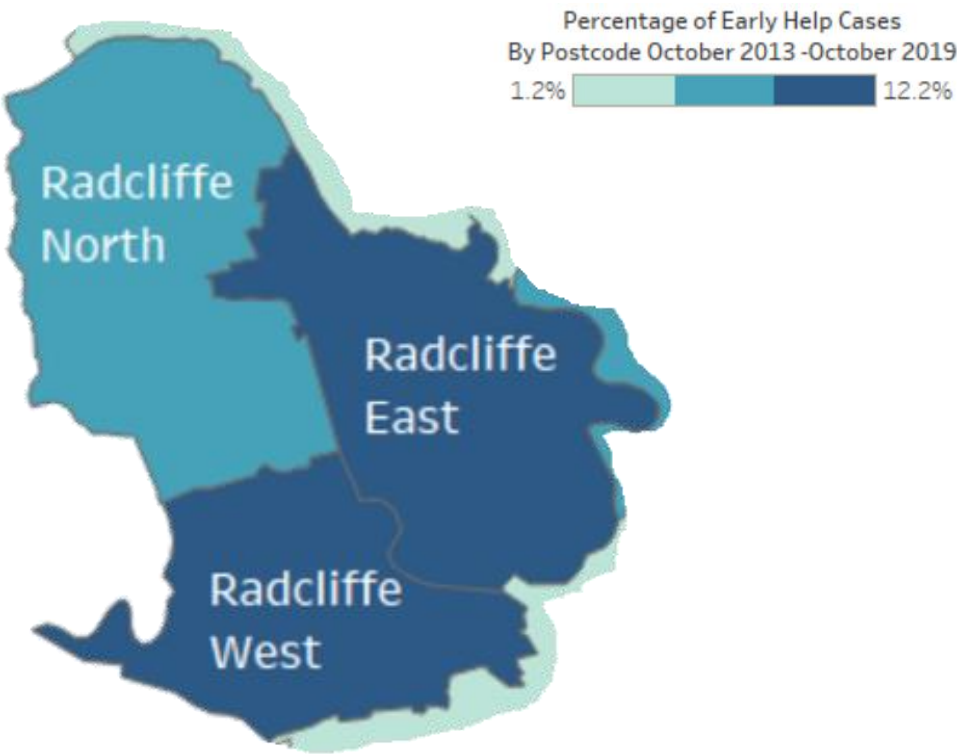
Source: Individual Learner Record [ILR, 2017/18] (GMCA)

This data refers to all A Levels taken in 2017/18 where a pupil achieved an A Level result of E or above. This is for pupils in state sixth form colleges and further education colleges, but not from integrated sixth form schools.

Only results from pupils who were aged 16-18 on the 31st August of that academic year with a registered address within Bury are included.

4. Health and Social Care Activity – Children’s Social Care

Team Oasis (Early Help)



Team Oasis (Bury’s Children and Young Person’s early help) was established in October 2013 as part of the early help offer in Bury. The main principle of Team Oasis is to prevent children, young people and their families from needing more specialist intervention and to support and empower families in accessing universal provision.

Families are supported by Team Oasis through a “Team around the Family” plan. The map contains the percentage of cases by ward as a total of all the Oasis cases in Bury, with Radcliffe East and West showing the highest percentage of cases.

Troubled Families

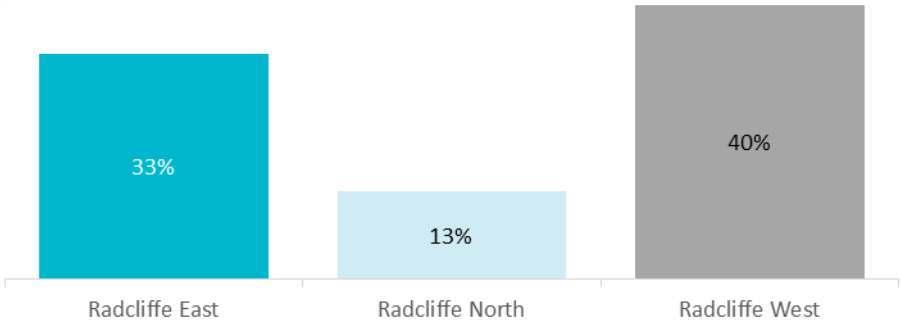
In order to qualify for the Troubled Families programme, a family must have a minimum of one dependent child and hit two of the six headline criteria listed below:

- Crime
- Education
- Worklessness
- Involvement with Childrens services
- Health needs
- Domestic Abuse

Source: Troubled Families 2 Master List

	Radcliffe	Bury
Number of eligible families	336	1257
Number of families worked with	247	910
Number of successful families	107	415

Figure 13: Families in Radcliffe who have successfully been turned around as a result of the Troubled Families programme by ward



This data is taken from the second phase of the Troubled Families programme master list, which contains all families that have been either identified or worked with since September 2014. For the families that have been worked with in Radcliffe, there has been a 43% turnaround rate.

In order for a family to be considered as successful as a result of the programme, each of the criteria that the family has hit must no longer be an issue or be showing significant and sustained improvement in the right direction.

4. Health and Social Care Activity – Adult Social Care

Requests for Support

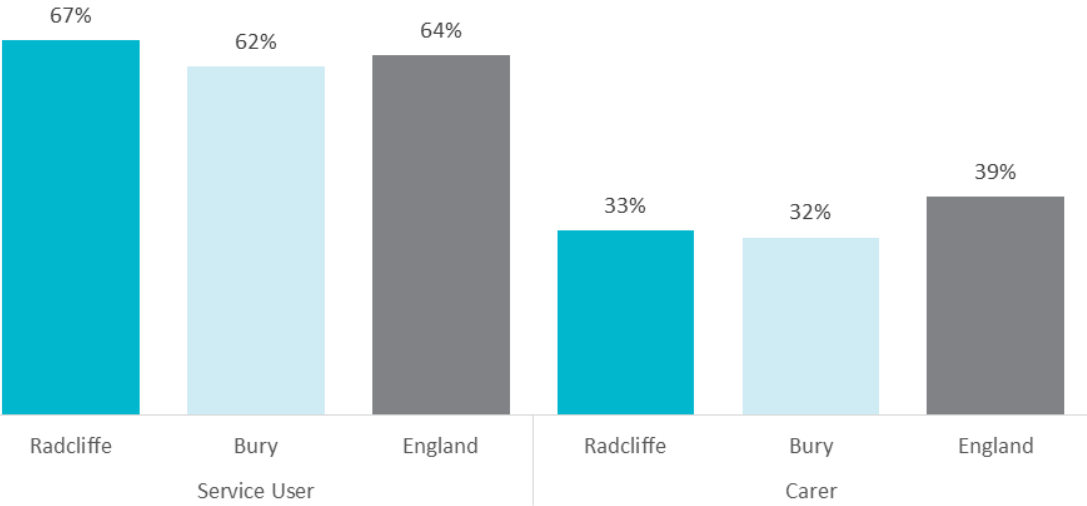
Source: Social Care Record

	Radcliffe	Bury
Contacts	2,653	13,371
Resolved by Contact Team	1,104	5,648
Assessment by Integrated Neighbourhood Team	1,424	7,159
Safeguarding or Deprivation of Liberty Safeguards	125	564
Assessments resulting in eligible support needs	242	1,139
Formal Carers Assessments carried out	24	194

All residents are entitled to request an assessment under the Care Act 2014. If they are eligible they may receive a package of support, either through a direct payment or commissioned services.

Carers & Users Satisfaction ratings

Figure 14: Overall Satisfaction with Care and Support Services: "I am extremely satisfied" or "I am very satisfied".



Source: Adult Social Care Users Survey; Survey of Adult Carers in England [2018/19]

Short Term Services

Source: Social Care Record
(N.B. numbers less than 5 are not shown for confidentiality)

Radcliffe	Rapid Response	Choices for Living Well
Eligible Referrals	76	70
Outcome - home without support	†	8
Outcome - home with support	6	12
Outcome - hospital	13	38

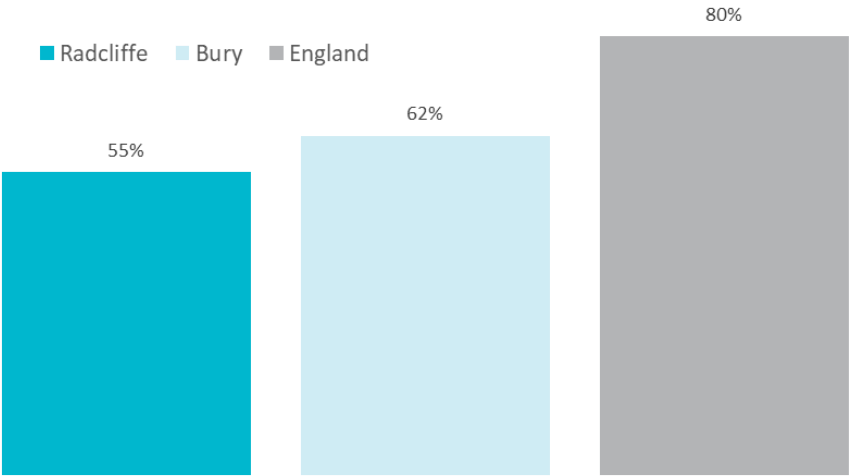


Figure 15 (above): ASCOF 2D - Proportion of new clients who received short-term services, where no further request was made for ongoing support or support of a lower level

Source: Adult Social Care Outcomes Framework [2018/19]

There are several short term services within Bury that help people return home after a stay in hospital; these services can help people to continue living as independently as they can.

Rapid response services aim to prevent hospital admissions by providing and arranging equipment, support at home or by placing a person in emergency respite to prevent a carer breakdown.

4. Health and Social Care Activity – Adult Social Care

Long Term Services

Source: Social Care Record [2018/19]
(N.B. numbers less than 5 are not shown for confidentiality)

		Radcliffe	Bury
Number of service users			
18-64	Community*	109	478
	Direct Payment	105	464
	Permanent Nursing	+	8
	Permanent Residential	6	65
65+	Community*	176	983
	Direct Payment	44	205
	Permanent Nursing	51	174
	Permanent Residential	127	662

*Community includes both Domiciliary Care and Supported Living

Figure 16: Percentage of adult social care support provided in Radcliffe of all support provided in Bury

Source: Social Care Record [2018/19]

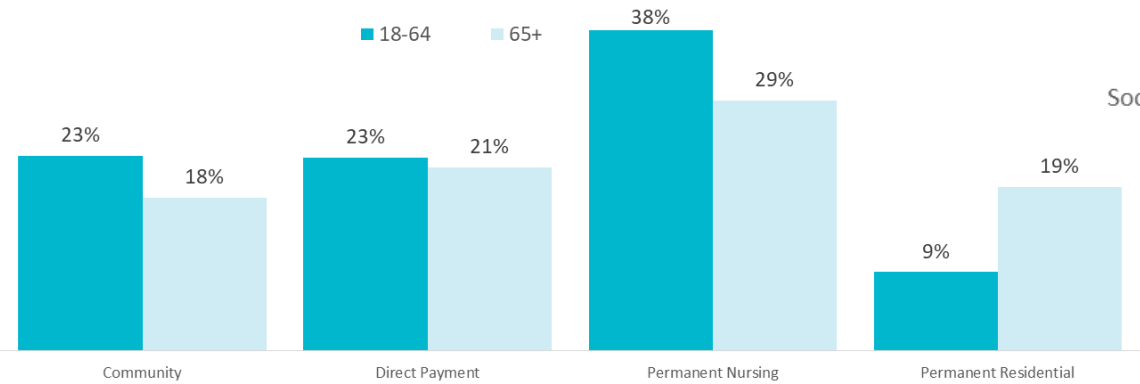
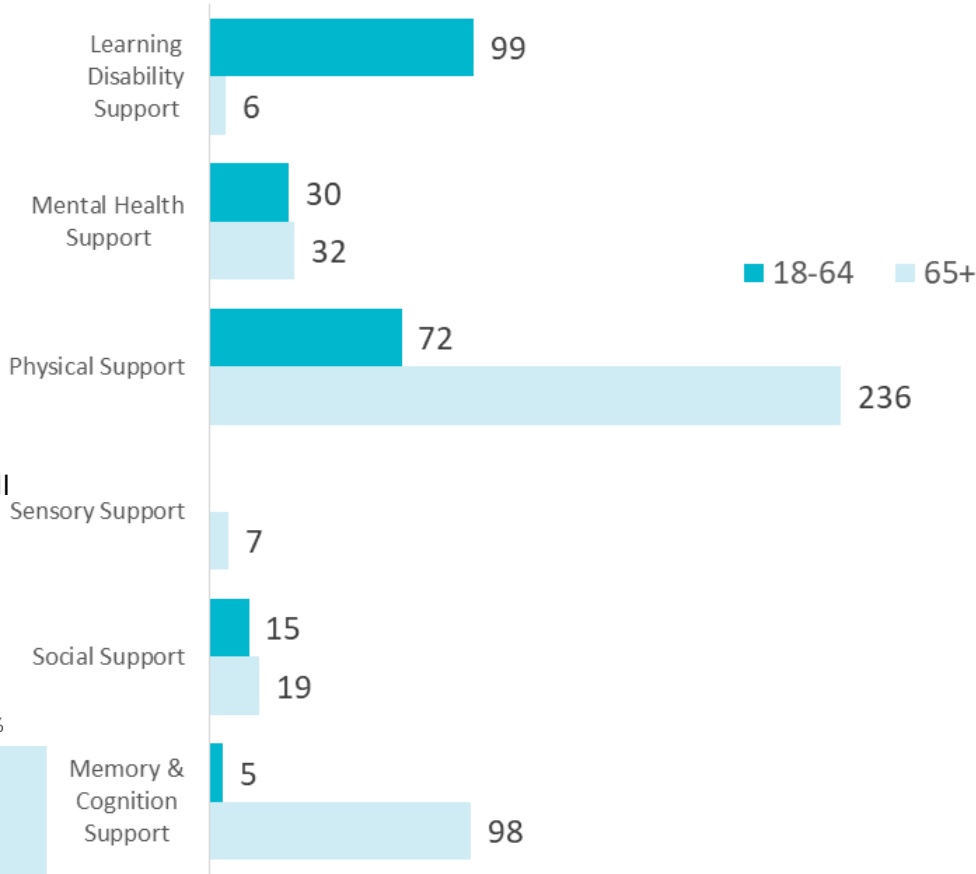


Figure 17: Age and Support Reason

Source: Social Care Record [2018/19]

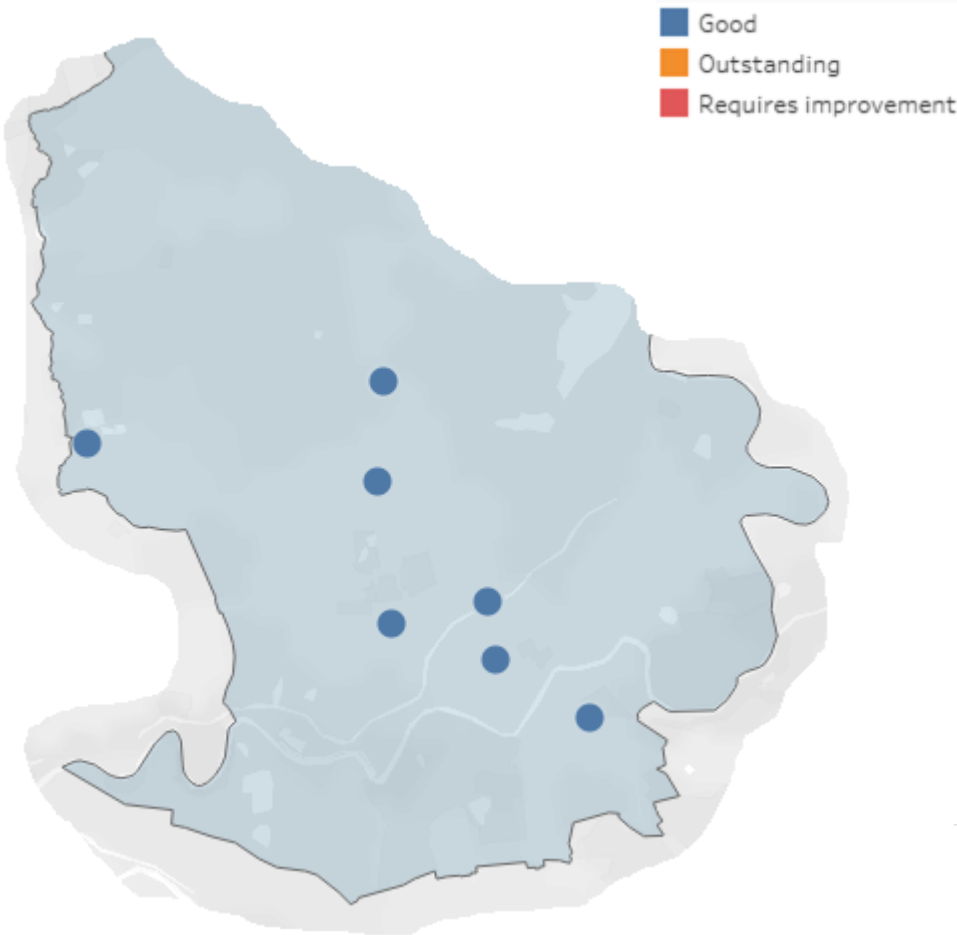


Residents with assessed eligible needs under the Care Act will have a support plan, which describes the level of help required, who is providing it, and when. Figure 16 shows that over a third of the permanent nursing population within Bury for those aged 18-64 are resident in Radcliffe.

Figure 17 shows that the main primary support reason for 18-64 is Learning Disability. These service users are often supported within the community. The 65+ population are receiving support for predominantly physical mobility issues as well as memory & cognition.

4. Health and Social Care Activity – Adult Social Care

Residential and Nursing Homes



Source: CQC website [October 2019]

There are 7 residential and nursing homes in Radcliffe, all of which are rated as “Good”.

Bury’s care homes have consistently outperformed many of its neighbouring boroughs.

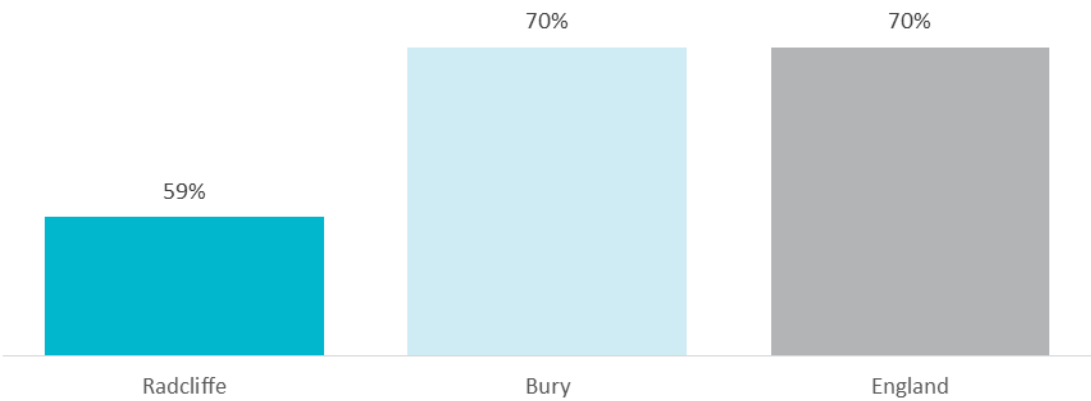
Safeguarding Adults

Source: Social Care Record [2018/19]

	Radcliffe	Bury
Adult Safeguardings		
Concerns	520	2,774
Enquiries	105	514
Conversion Rate	20%	19%

Figure 18: Proportion of people who use services who feel safe: “I feel as safe as I want”

Source: Adult Social Care Users Survey [2018/19]



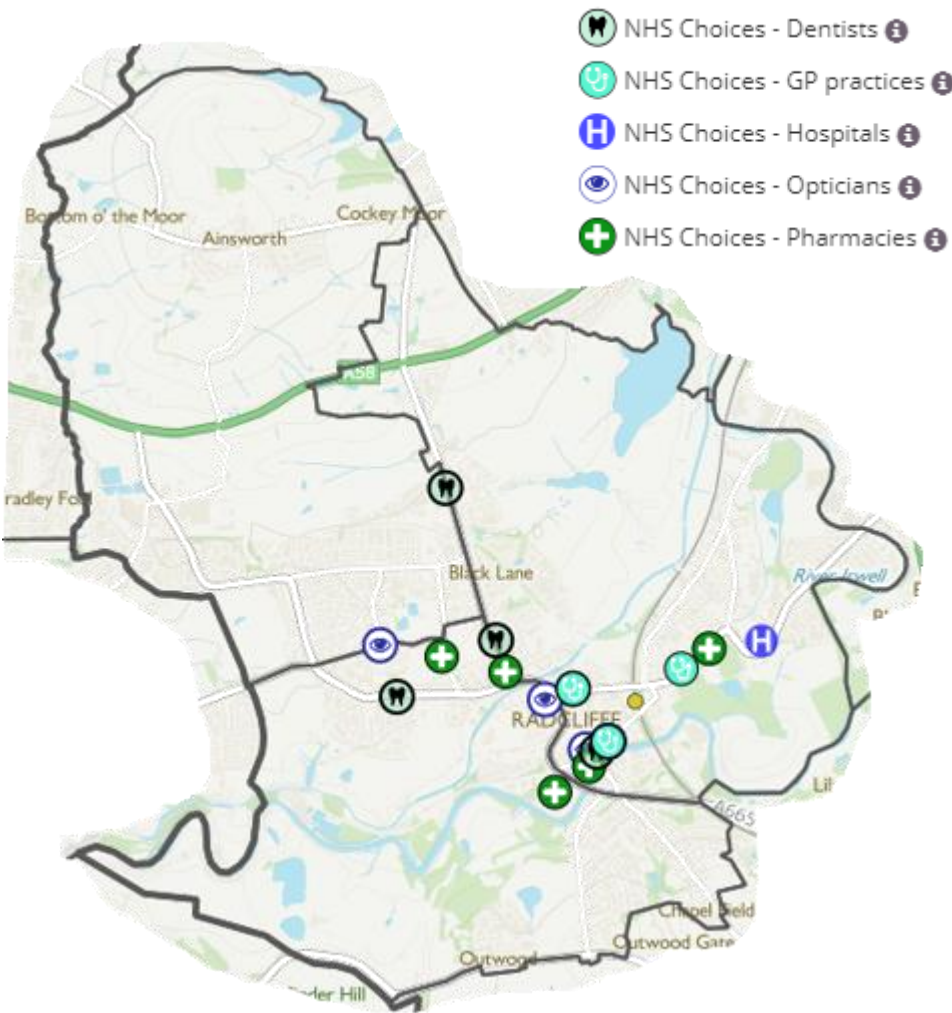
All safeguardings are classed as a concern; however, a proportion will proceed to a safeguarding enquiry if the appropriate criteria are met. After further exploration, some will then progress to a safeguarding investigation.

Prevention of abuse and neglect is one element of a person’s wellbeing, which is at the heart of the Care Act (2014). Adult safeguarding duties apply regardless of where a person lives, whether they are receiving care, or if they pay for this care privately.

4. Health and Social Care Activity – Primary Care

GP and Health Services Map

Source: NHS Choices [2018]



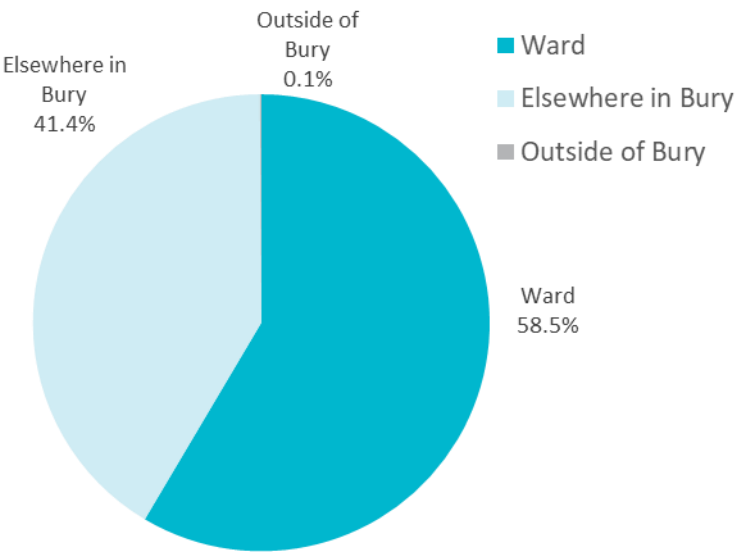
Some GPs may not be visible as others are located in the same place on the map. For example, there are three GP practices located within Radcliffe Primary care centre. Other facilities mapped include opticians, dentists, pharmacies and hospitals, inclusive of community hospitals.

Population by GP Practice

Source: GP Registers, July 2019

	Radcliffe
GP Resident Population Total	44,602
Monarch Medical Centre	2,420
Radcliffe Medical Practice	7,468
Red Bank Group Practice	8,122
Tower Family Healthcare	8,115
Registered elsewhere in Bury	18,477
Registered outside of Bury	42

Figure 19: Percentage split of resident population by registered neighbourhood



Nearly three quarters of residents in Radcliffe are registered at a GP surgery within their neighbourhood. Please note Tower practice registration covers a number of sites, therefore the Tower element for Radcliffe has been based upon those resident in the Radcliffe area only.

4. Health and Social Care Activity – Secondary Care

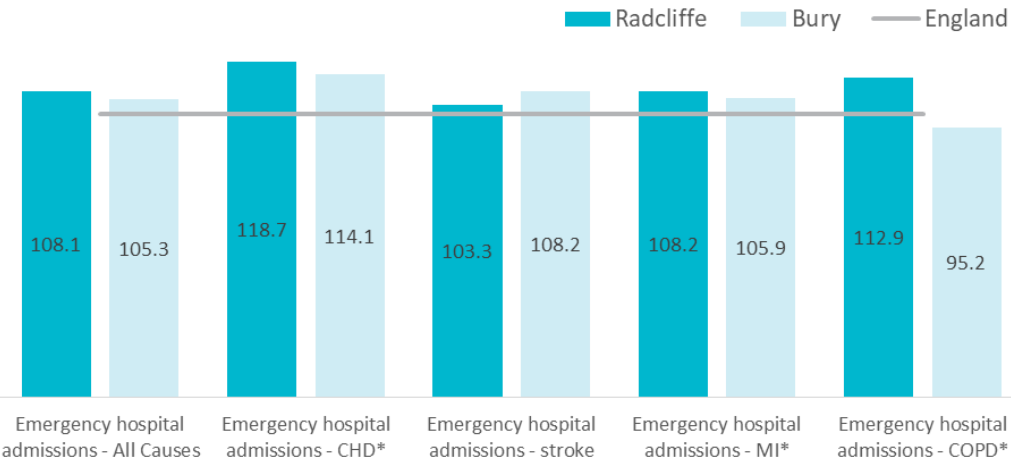
Emergency Hospital Admissions - Long Term Conditions

Source: Public Health England, NHS Digital

	Radcliffe	Bury
Emergency hospital admissions - All Causes [2013/14-2017/18]	19,196	100,726
Emergency hospital admissions - CHD*	496	2,659
Emergency hospital admissions - stroke	238	1,476
Emergency hospital admissions - MI*	239	1,285
Emergency hospital admissions - COPD*	471	1,995

*CHD: Coronary Heart Disease; MI: Myocardial Infarction; COPD: Chronic Obstructive Pulmonary Disease

Figure 20: Emergency Hospital Admissions - Standardised Admission Ratios [2013/14-2017/18]
(Estimated from MSOA data)



Hospital Activity

Source: SUS 2018/19

	Radcliffe	Bury
Total A&E Attendances	9,726	52,658
Total Emergency Admissions	4,126	21,983
Total First Attendances	10,156	53,355
Total Elective Admissions	5,662	33,148

The highest cause of emergency hospital admissions in Radcliffe is for Coronary Heart Disease, closely followed by Chronic Obstructive Pulmonary Disease. This is consistent with the highest causes of emergency hospital admissions in the whole of Bury.

High-level overview of activity figures indicates commonality of diagnoses, specialties and HRG's across activity in the majority of neighbourhoods/CCG, e.g. sprains common in A&E, orthopaedics generally highest contributor

Radcliffe does appear to have a slightly higher proportion of emergency admissions compared to elective admissions for the HRG sub chapter* relating to Digestive System Procedures and Disorders.

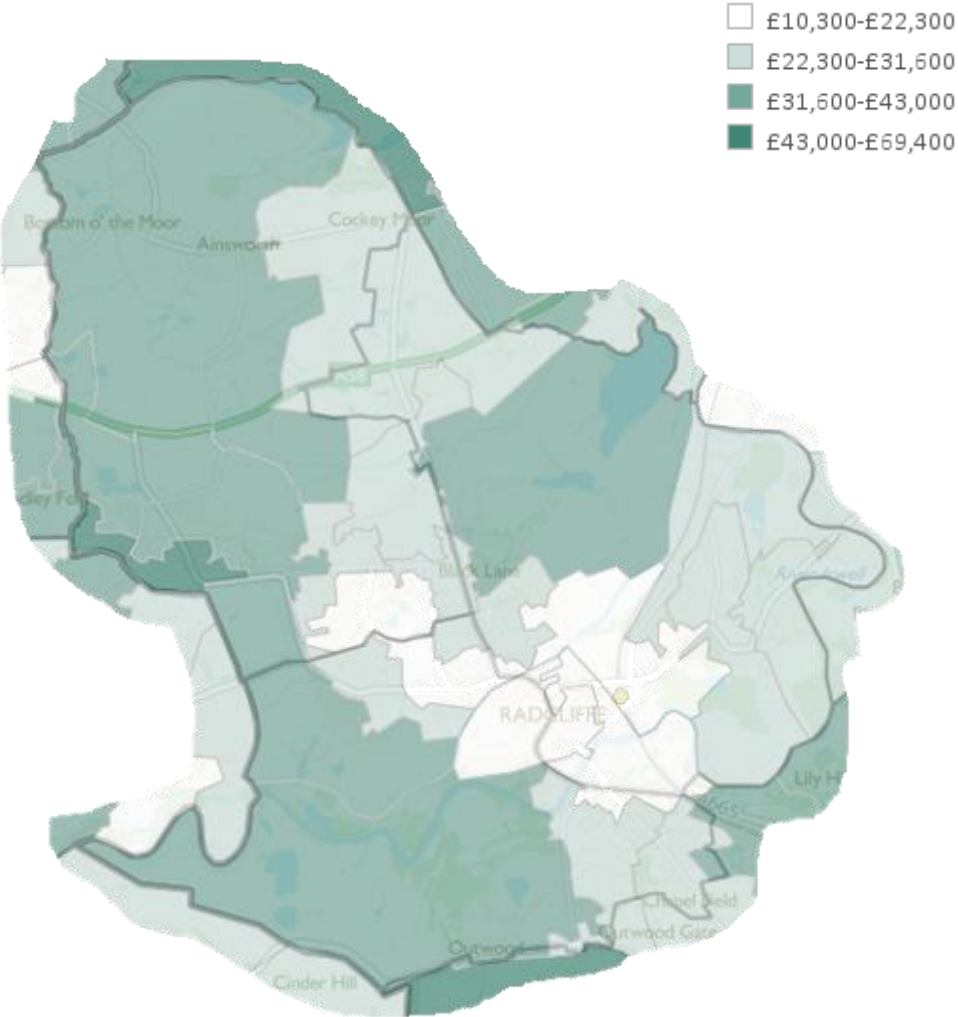
First attendances (outpatients) are from any referral source, not purely GP-driven demand.

Elective admissions are broken down by HRG sub-chapter* to give a more detailed overview than speciality, although many areas fall under General Medicine.

*HRG subchapters are used to categorise activity within NHS

5. Employment and Income – Median Income and DLA/PIP

Median Income



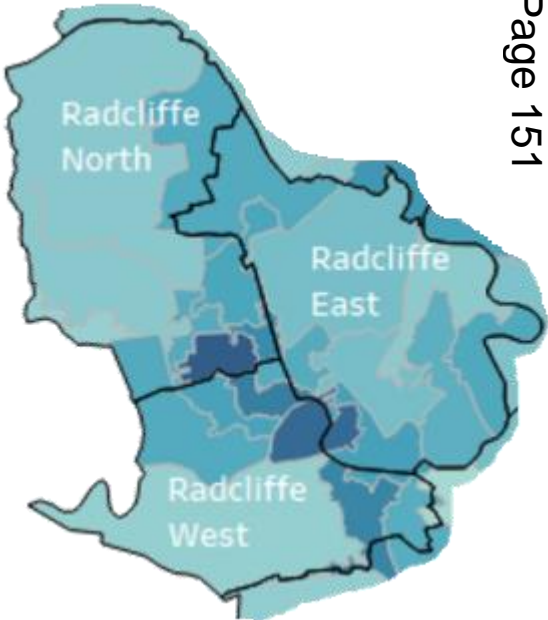
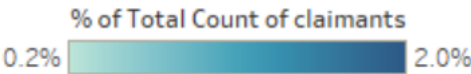
Source: CACI Paycheck [2018]

This layer shows the median household income across Greater Manchester by LSOA taken from CACI Paycheck 2018 data via Mapping GM, people and communities map.

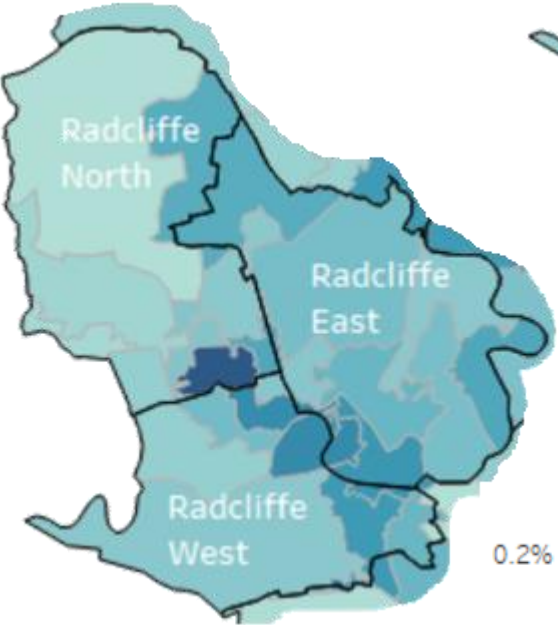
Disability Living Allowance/ Personal Independence Payments

Source: DWP Stat Explore May 2018

Disability Living Allowance Payments by LSOA as % of Bury total as at May 2018



Personal Independence Payments by LSOA as % of Bury total as at May 2018



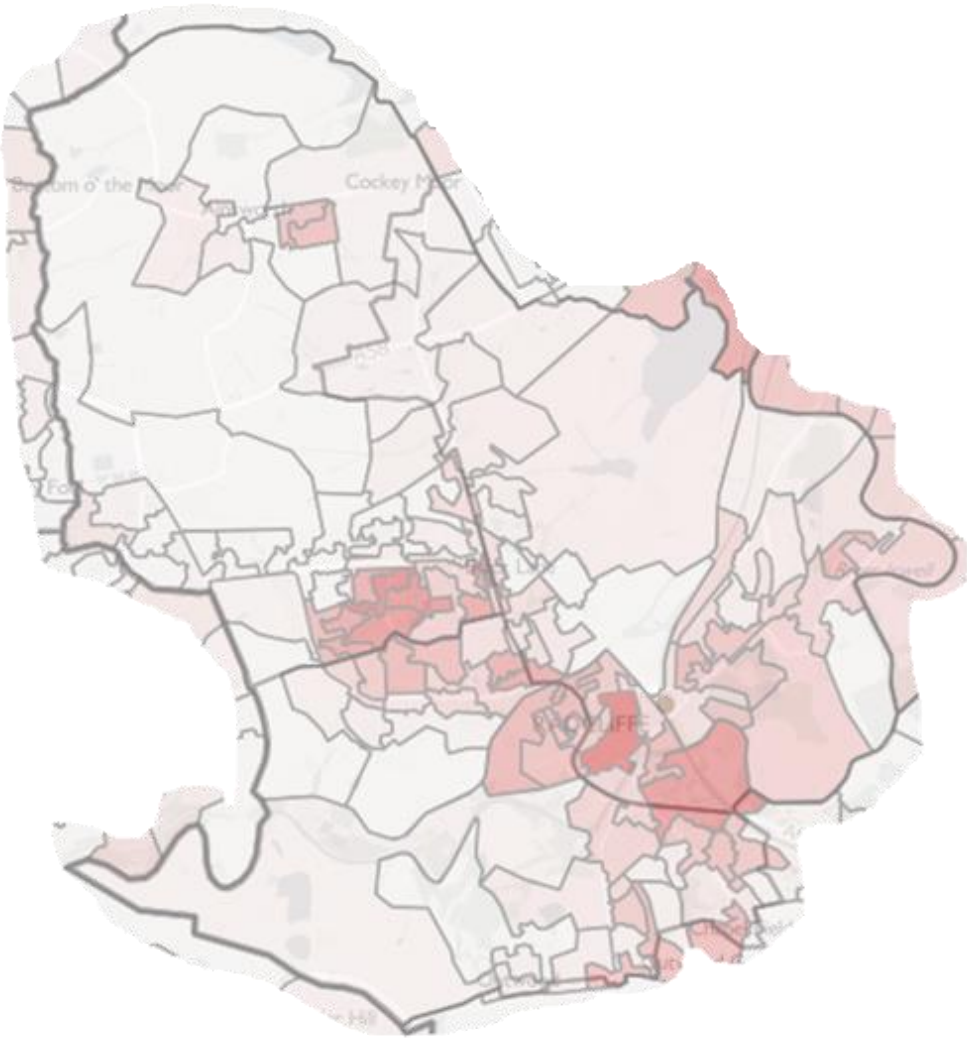
There is little variation in Radcliffe between the percentages of people claiming DLA and PIP. The southern part of Radcliffe North around Coronation Road area has the highest percentage of claimants for both DLA and PIP.

5. Employment and Income - Benefits

Benefits (JSA, Universal Credit and Housing Benefit) & Employment

Figure 21: Universal Credit & Housing Benefit Claims

Source: DWP Stat Explore Oct 2018



Low to high

Source: NOMIS [2017/18]

	Radcliffe	Bury
Employment Benefit Claimants		
Unemployment rate (measured by JSA claimants)	2.9%	2.5%
Long term unemployment (JSA) [calculated by unemployment rate/1000]	3.6%	3.3%
Claiming job seekers allowances*	645	2,893
Claiming job seekers allowances > 1 year	79	380
*monthly averages		

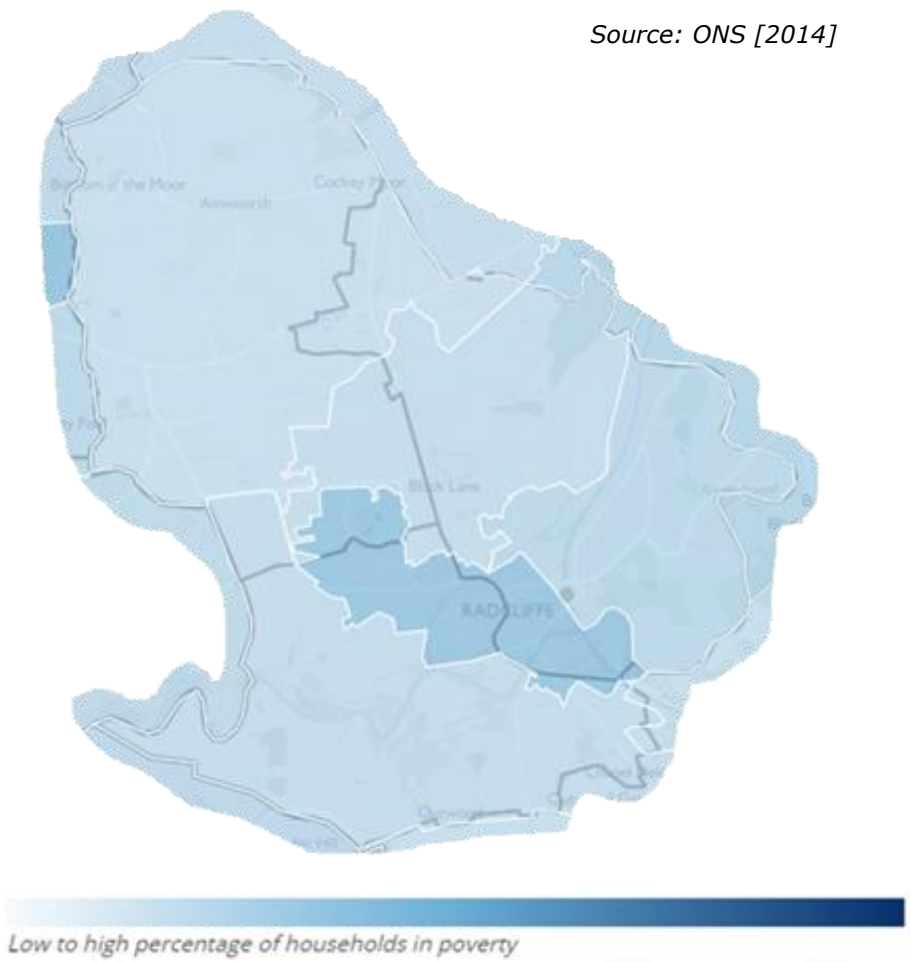
This map displays Lower Super Output Areas (LSOA) within Radcliffe and is heat mapped to show the percentage of households claiming both universal credit and housing benefit.

The highest areas of those claiming universal credit and housing benefit displayed are around the centre of Radcliffe, which includes Coronation Road, Spring Lane and Redbank Fields.

This table illustrates the proportion of residents claiming Job Seekers Allowance (JSA), which was the benefit available prior to Universal Credit. For both claimants of JSA and long term claimants of JSA, Radcliffe is significantly worse than Bury.

5. Employment and Income – Poverty and Fuel Poverty

Poverty



Radcliffe is heat mapped at the Middle Super Output Area level (MSOA) to show the percentage of households in poverty, using model-based households in poverty estimates. These estimates are the percentage of households below 60% of the median income, before housing costs.

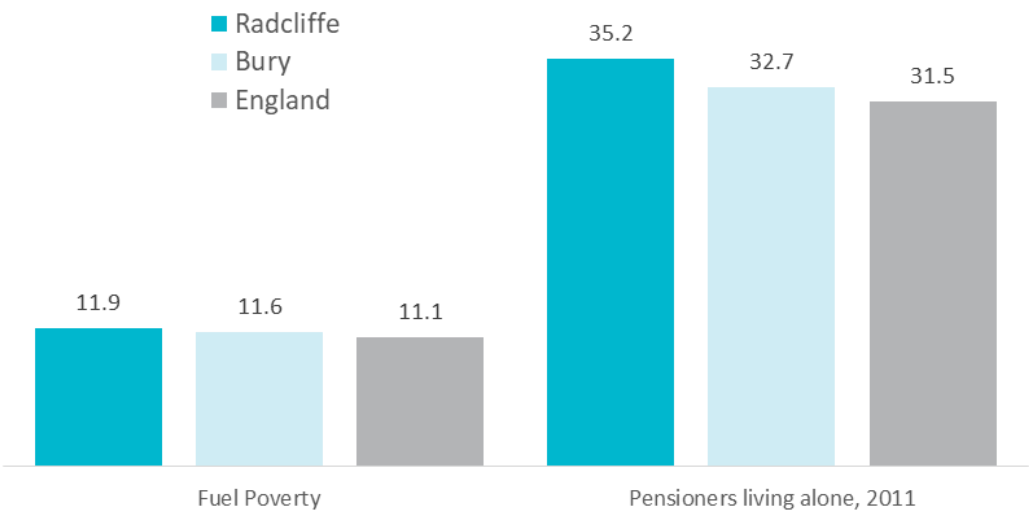
The highest area of poverty displayed is around the centre of Radcliffe which includes Coronation Road, Spring Lane and Redbank Fields.

Fuel Poverty

Source: Census 2011;
Dept of Energy & Climate change 2016

	Radcliffe	Bury
Households and their living environment		
Fuel Poverty	1,806	9,354
Pensioners living alone, 2011	1,624	9,658

Figure 22: Percentage of housing & living environment indicators [2011]



For fuel poverty, Radcliffe is similar to both the Bury and England averages.

However, for pensioners living alone Radcliffe has a higher percentage than both Bury and England.

5. Employment and Income – Key Businesses and Community and Voluntary Sector

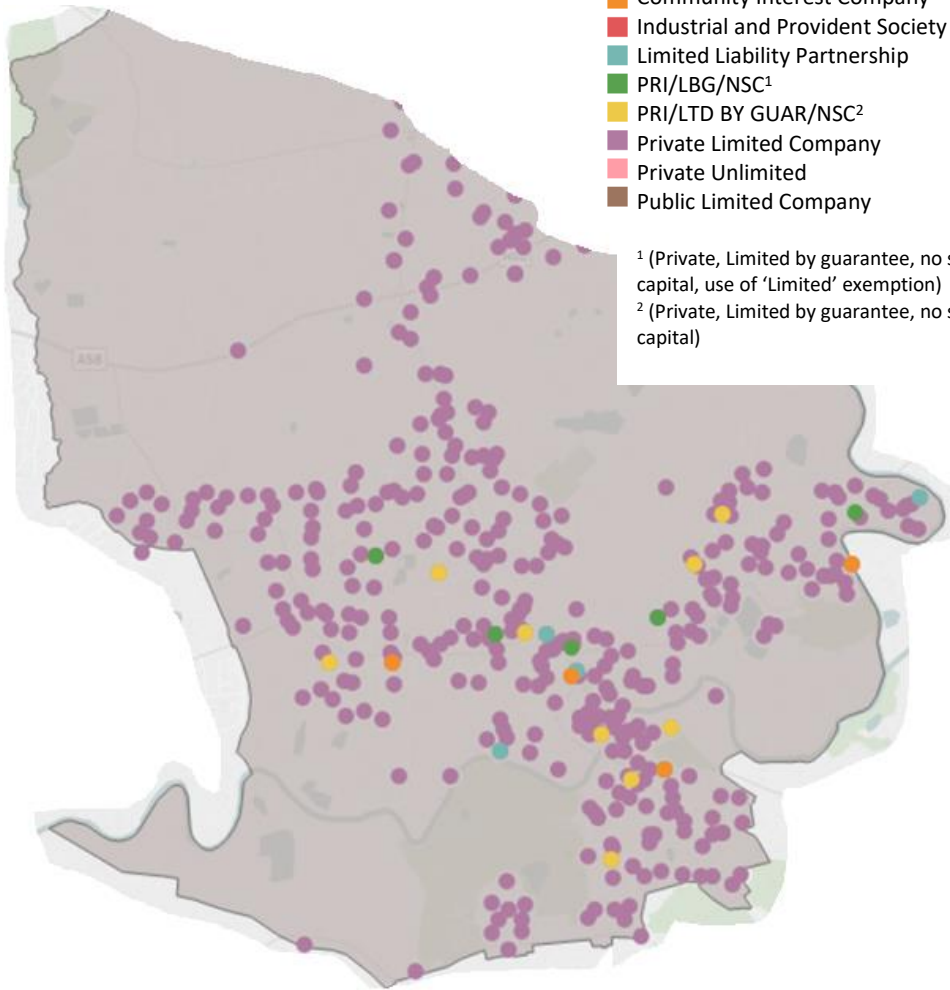
Key Businesses

Source: Companies House; Economic Development & European Policy

- Community Interest Company
- Industrial and Provident Society
- Limited Liability Partnership
- PRI/LBG/NSC¹
- PRI/LTD BY GUAR/NSC²
- Private Limited Company
- Private Unlimited
- Public Limited Company

¹ (Private, Limited by guarantee, no share capital, use of 'Limited' exemption)

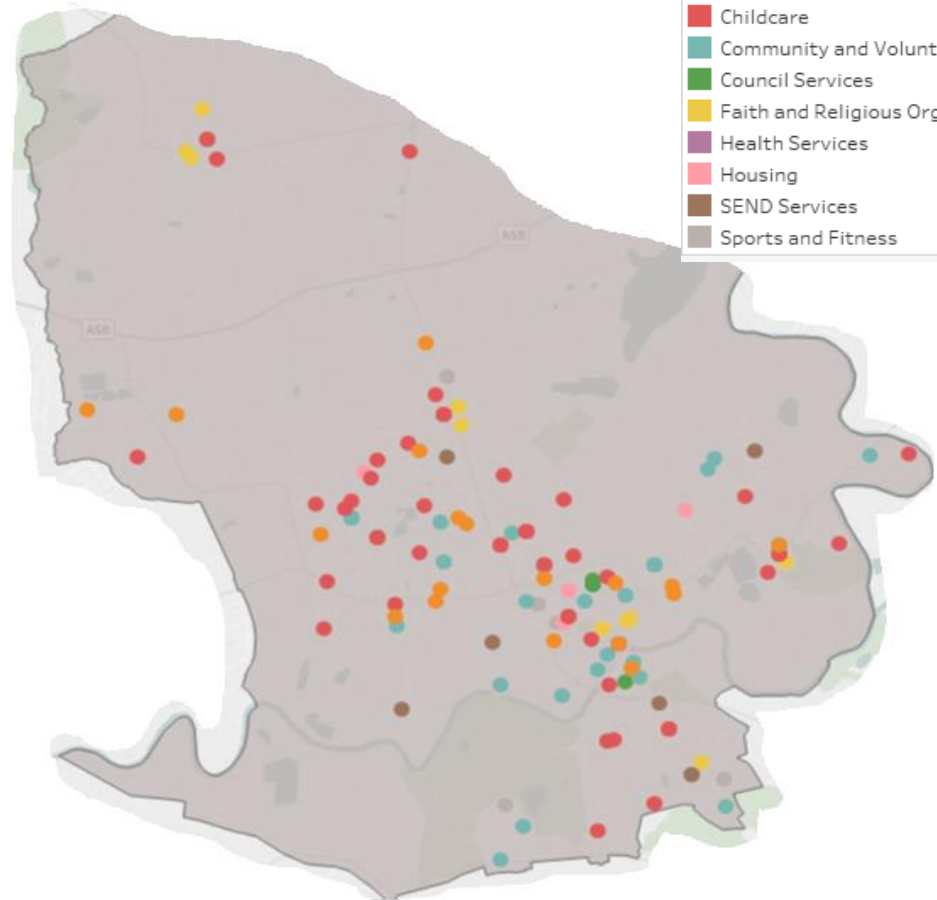
² (Private, Limited by guarantee, no share capital)



The map highlights by postcode where businesses are located within Radcliffe, including small to medium enterprises. The categories note the type of company.

Community and Voluntary Sector

- Care Services
- Childcare
- Community and Voluntary Sector
- Council Services
- Faith and Religious Organisation
- Health Services
- Housing
- SEND Services
- Sports and Fitness



Source: The Bury Directory

Each service within the community and voluntary sector has been placed into the categories listed in the key to the map. Note that:

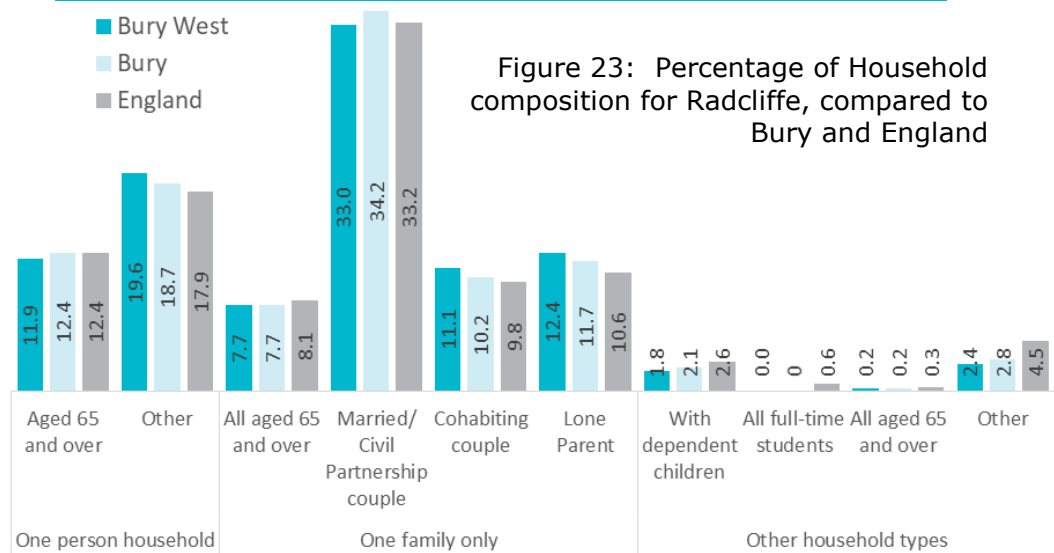
- Care services includes cleaning/shopping/care homes/care at home companies;
- Housing includes supported living as well as support services;
- SEND services includes schools and businesses that have SEND provision.

6. Housing - Tenure

Household Composition

Source: Census [2011]

	Radcliffe
One person household: Aged 65 and over	2,260
One person household: Other	3,724
One family only: All aged 65 and over	1,468
One family only: Married couple	6,282
One family only: Cohabiting couple	2,105
One family only: Lone Parent	2,353
Other household types: With dependent children	344
Other household types: All full-time students	2
Other household types: All aged 65 and over	29
Other household types: Other	453



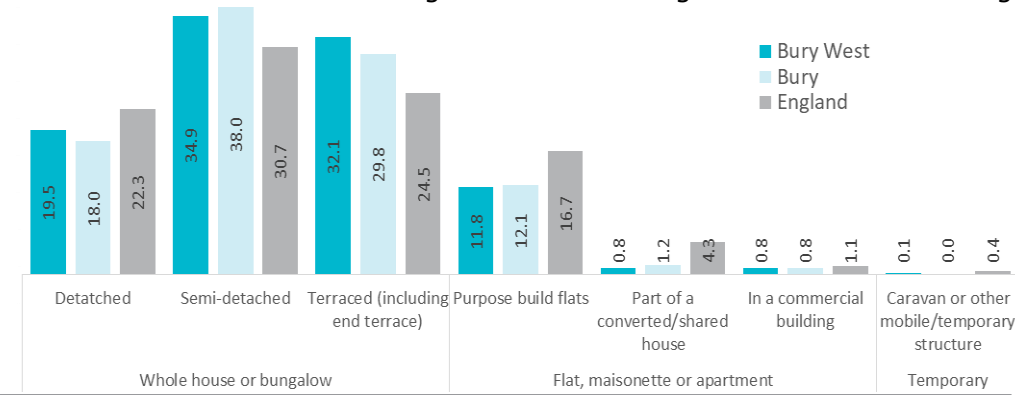
In Radcliffe, there are more Lone Parent households, co-habiting couples and under 65 one person households than the Bury and England percentages.

Living Arrangements

Source: Census [2011]

	Radcliffe
Household spaces with at least one usual resident	19,020
Household spaces with no usual residents	909
Whole house or bungalow: Detached	3,891
Whole house or bungalow: Semi-detached	6,965
Whole house or bungalow: Terraced (including end terrace)	6,390
Flat, maisonette or apartment: Purpose build flats	2,355
Flat, maisonette or apartment: Part of a converted/shared house	158
Flat, maisonette or apartment: In a commercial building	156
Caravan or other mobile/temporary structure	14

Figure 24: Percentage breakdown of housing



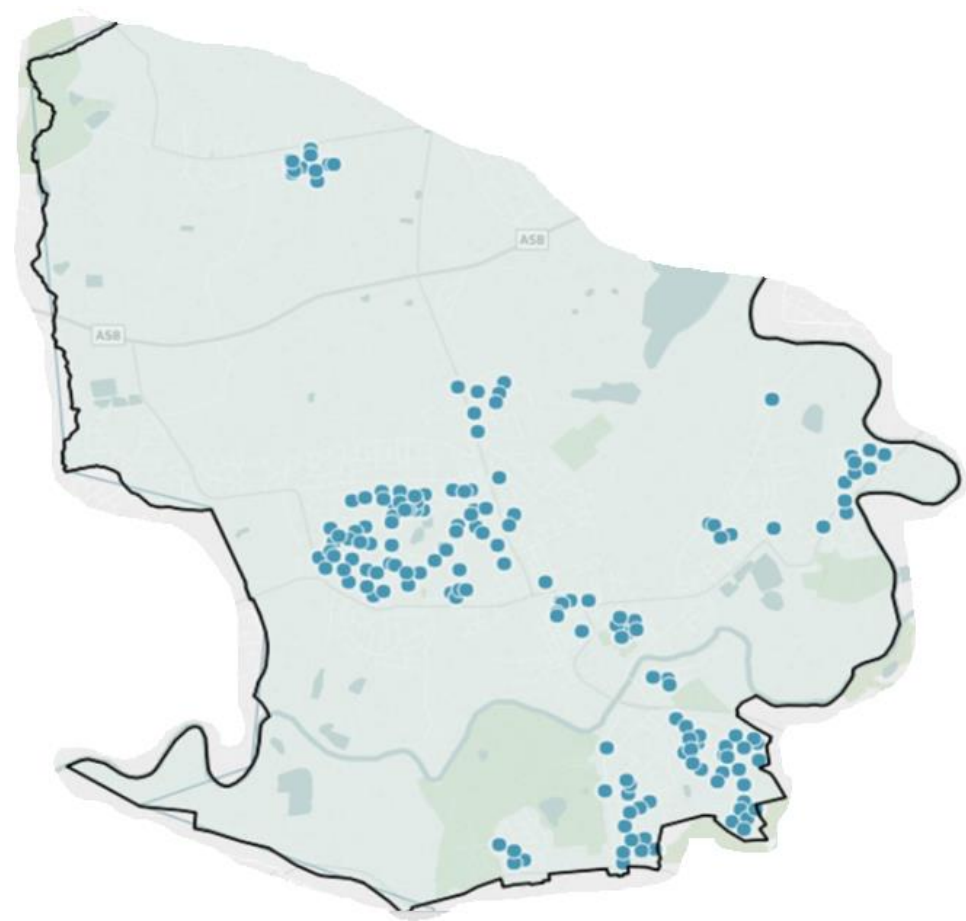
A household space listed with no usual residents may still be used by short-term residents, visitors who were present on census night, or a combination of short-term residents and visitors. Vacant household spaces and household spaces that are used as second addresses, are also classified in census results as 'household spaces with no usual residents'.

Radcliffe is similar to Bury and England, however there is a higher percentage of terraced houses, bungalows and detached houses than Bury & England.

6. Housing – Social and Private Rented Housing

Social Housing

Source: Six Town Housing [2019]



This information only covers properties owned and managed by Six Town Housing and not any other Housing Associations within the borough.

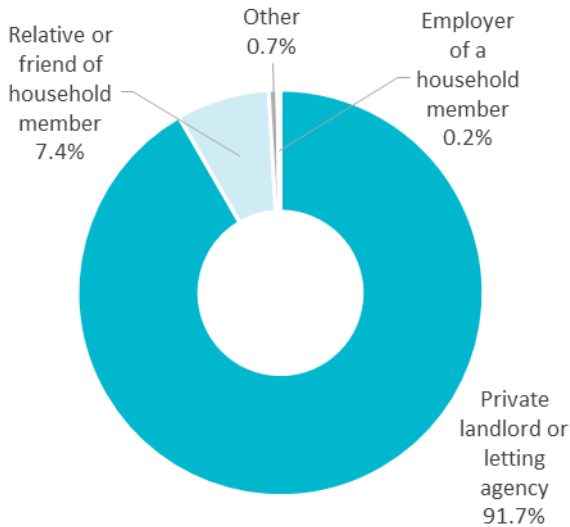
Approximately 29% of all Six Town Housing properties in Bury are located in Radcliffe.

Private Rented Homes

Source: Census [2011]

	Radcliffe	Bury
All Tenure types	19,020	78,113
Owned	12,972	54,395
Shared ownership (part owned and part rented)	71	247
Social rented	3,241	11,703
Private rented	2,520	10,774
Living rent free	216	994

Figure 25: Private Rented breakdown in Radcliffe

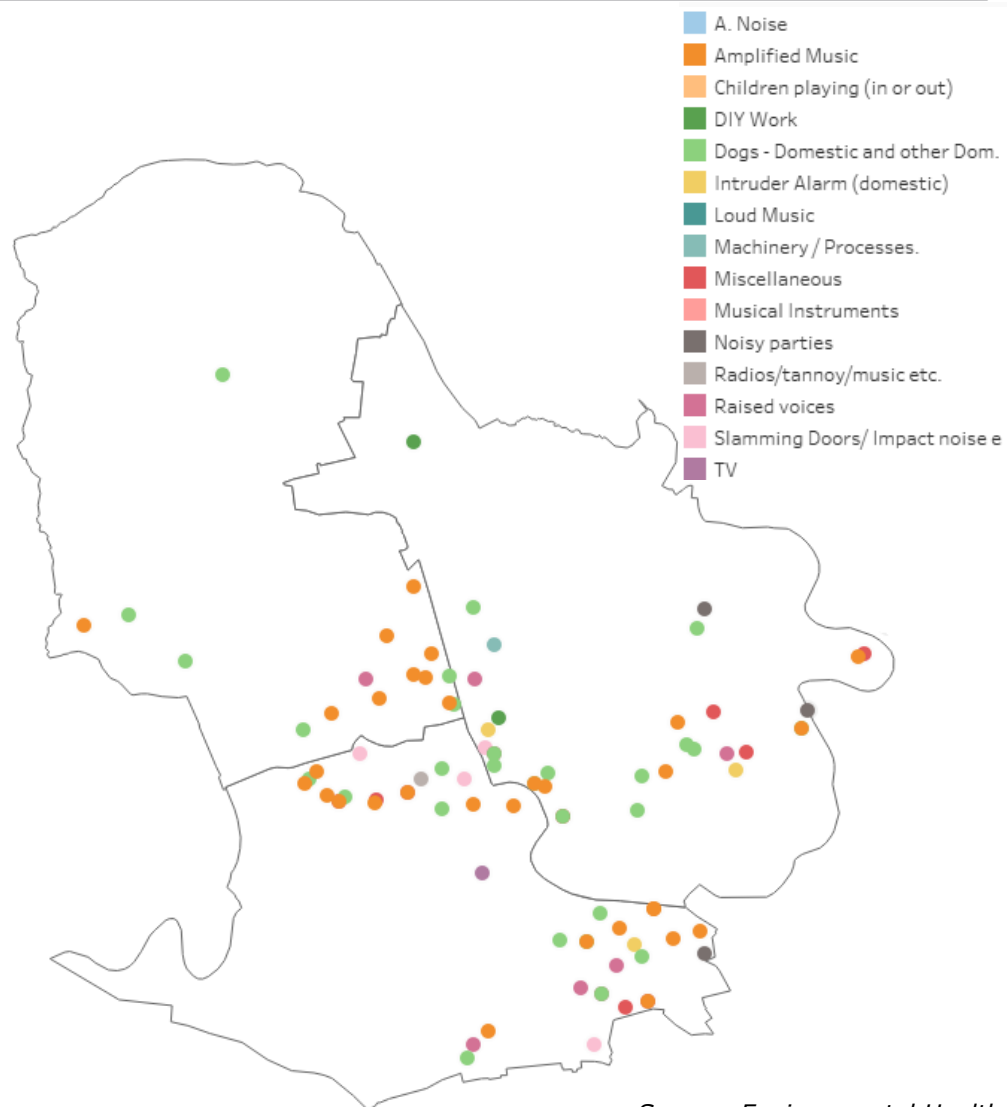


There are nearly 20,000 households within Radcliffe, with 69% of these being either Owned or Shared Ownership.

Only 13% of tenures within the area are rented privately. Figure 25 shows how this 13% is made up, the majority of which is privately arranged.

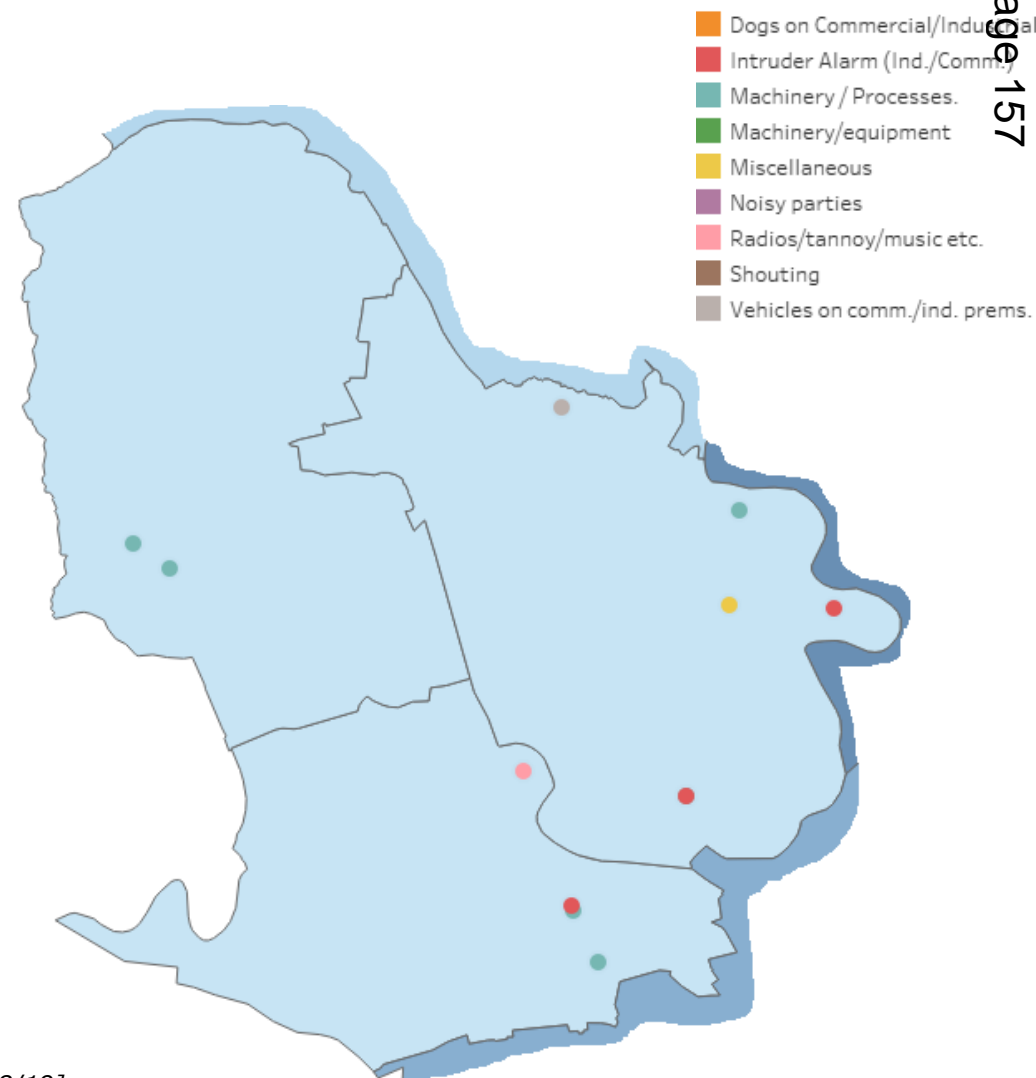
7. Environment - Environmental Health

Domestic Noise Complaints



In Radcliffe, there were 94 domestic noise complaints for 2018/19, which accounts for just over 22% of the total across Bury. The highest reason for these complaints was dogs, followed by amplified music.

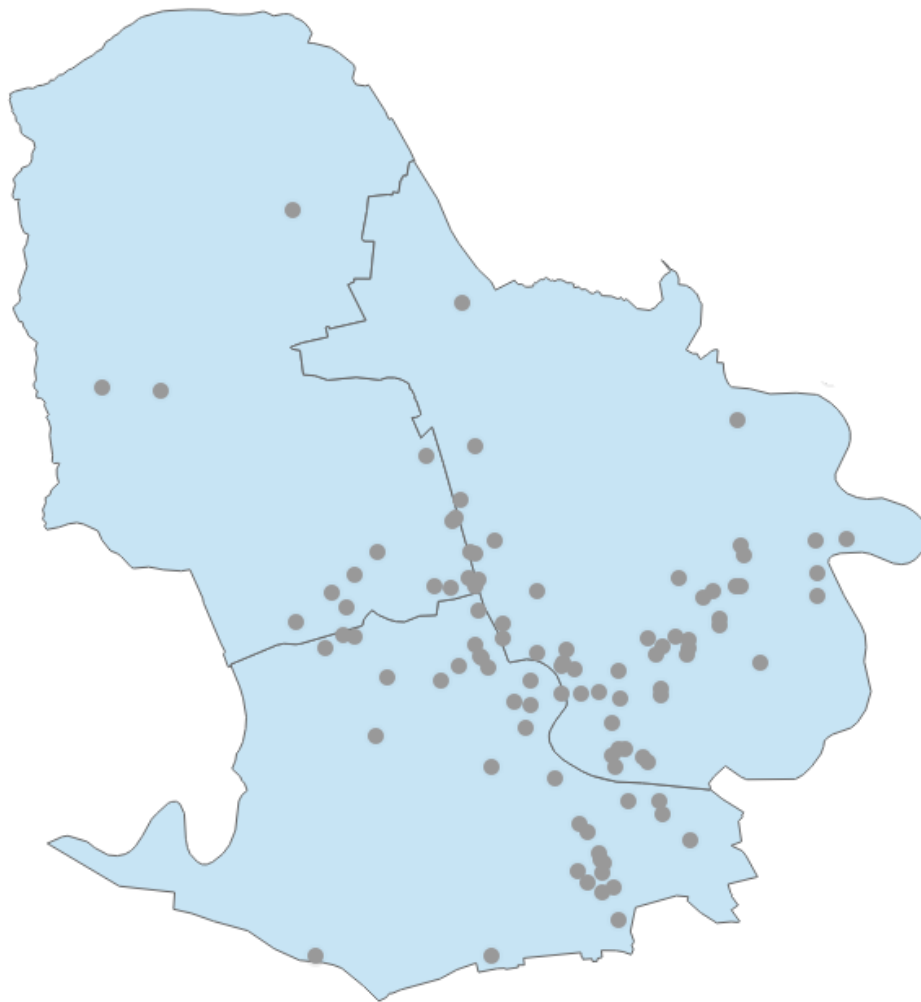
Commercial Noise Complaints



There were only 13 complaints of commercial noise within Radcliffe during 2018/19, accounting for nearly 20% of all reports in Bury. Nearly half (6) were regarding Machinery/Processes.

7. Environment - Environmental Health

Accumulations



Source: Environmental Health [2018/19]

Within Radcliffe, there were 102 reported accumulations during 2018/19, accounting for 25% of all those reported in Bury.

Accumulations often occur on private property and are a general accumulation of household waste and rubbish.

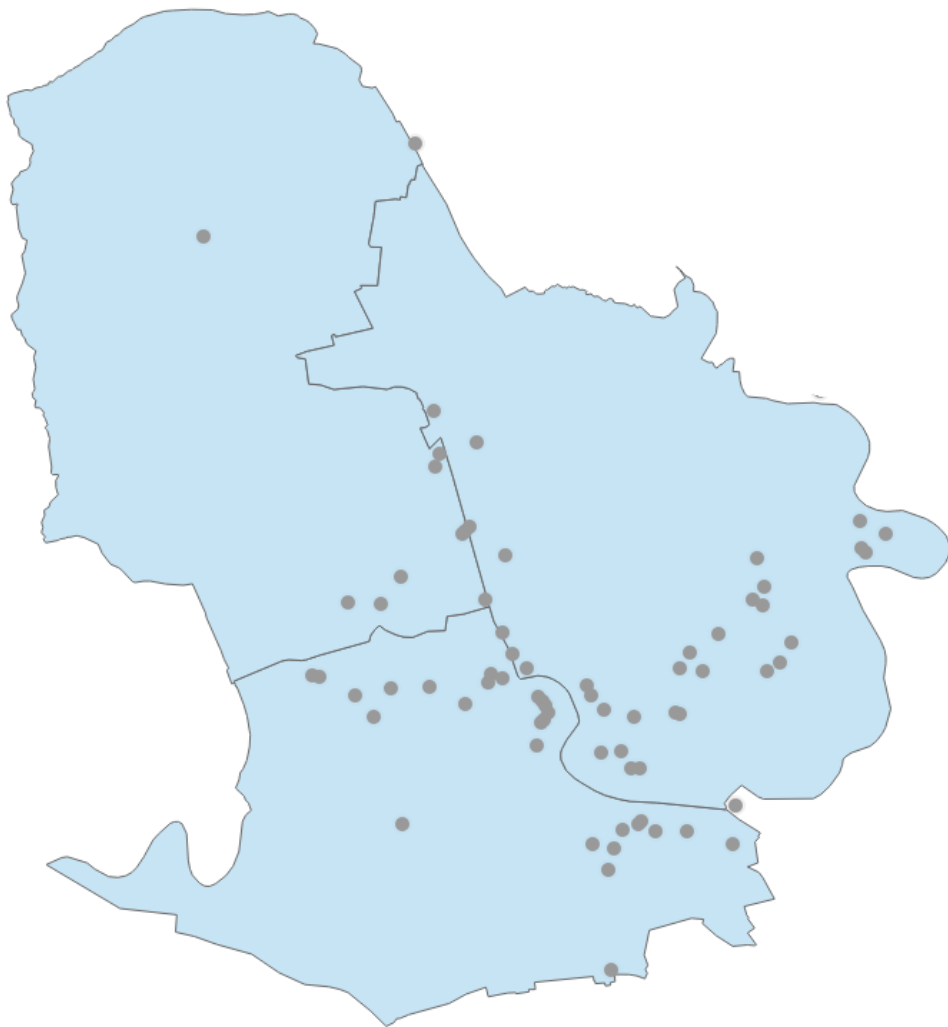
Hoarding



There were 28 instances of hoarding recorded by Environmental Health in 2018/19. This accounts for 34% of all reports across Bury. Reports are not concentrated in one area, however nearly 75% of reports fall within the south of the neighbourhood.

7. Environment - Environmental Health

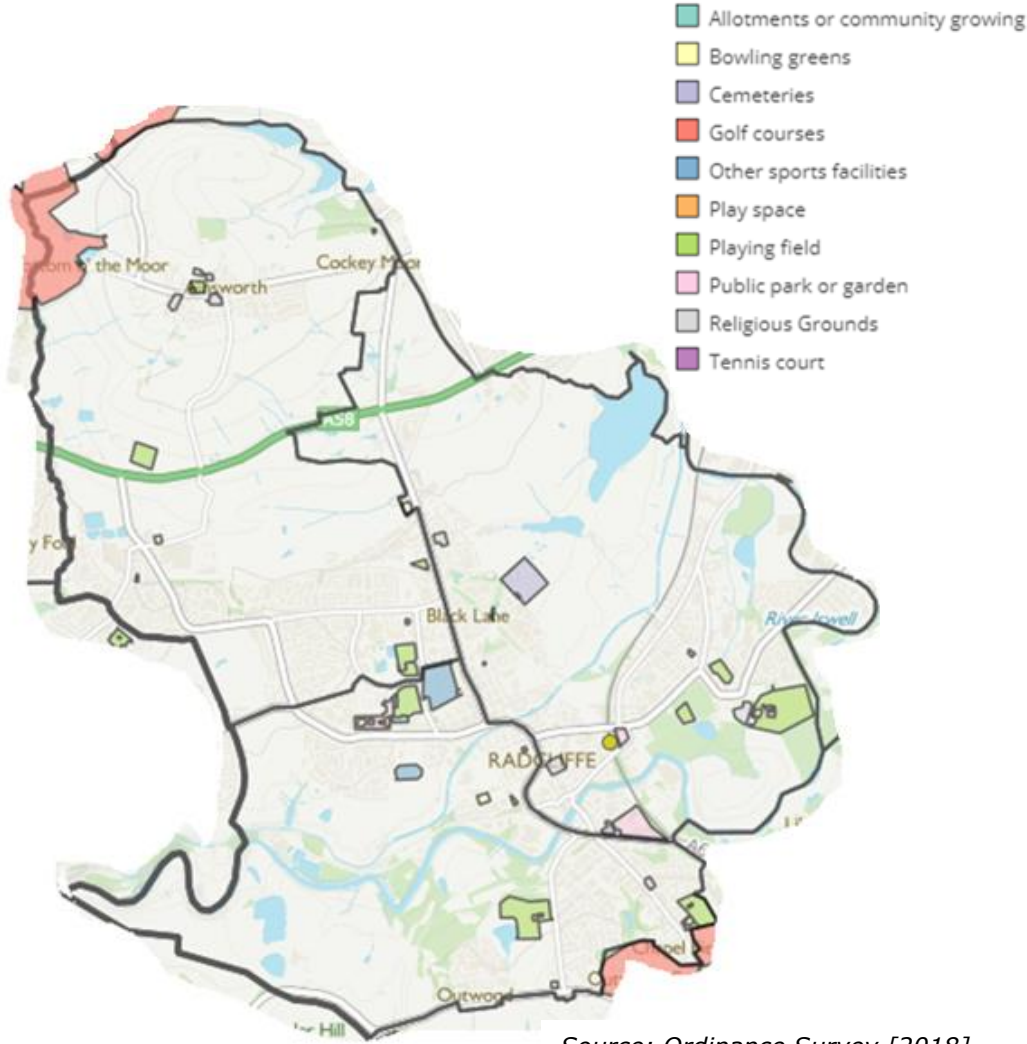
Fly-Tipping



Source: Environmental Health [2018/19]

There were 71 instances of fly tipping reported in Radcliffe throughout 2018/19. This accounts for 34% of all reports within Bury. The majority of the Radcliffe reports were located around the centre of Radcliffe.

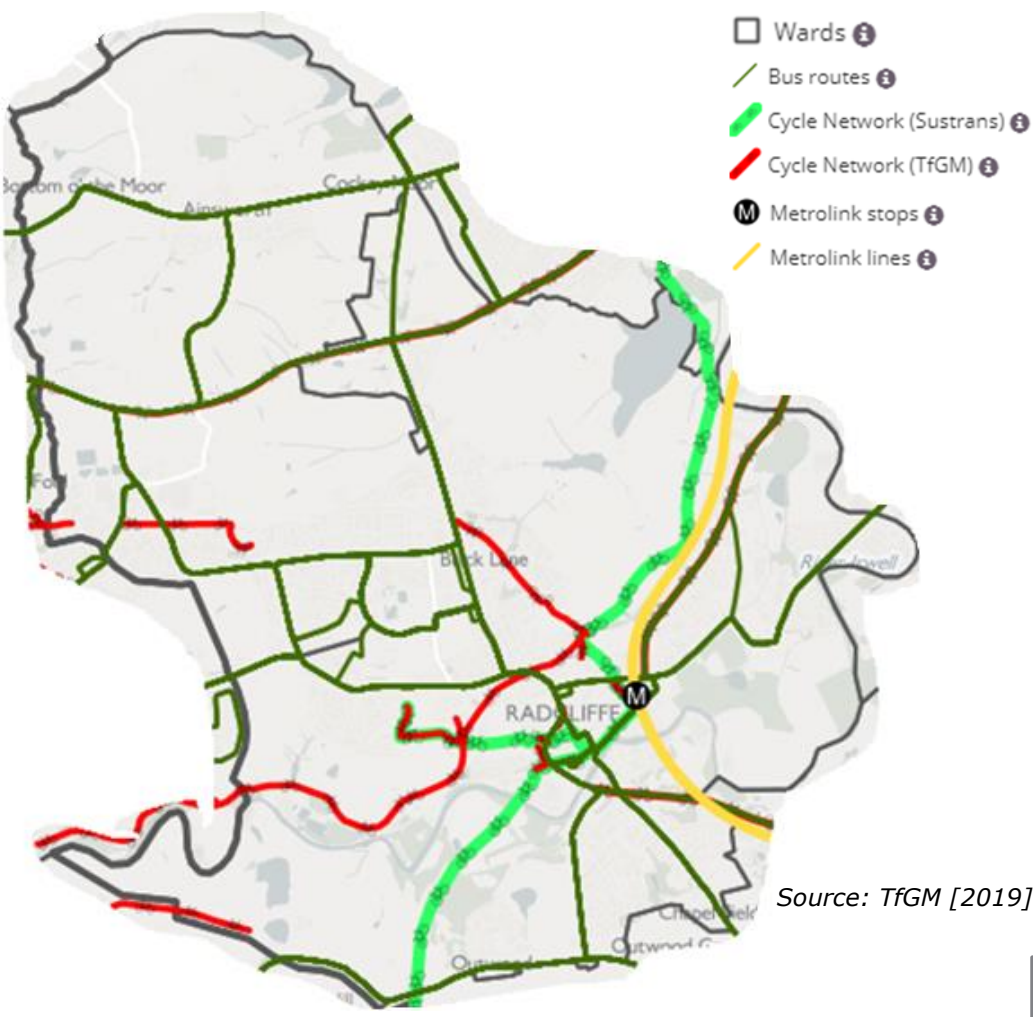
Greenspace Sites



Source: Ordnance Survey [2018]

The above map displays all types of greenspace sites within Radcliffe. This is inclusive of parks and other community land for both sports and recreation.

Transport Links



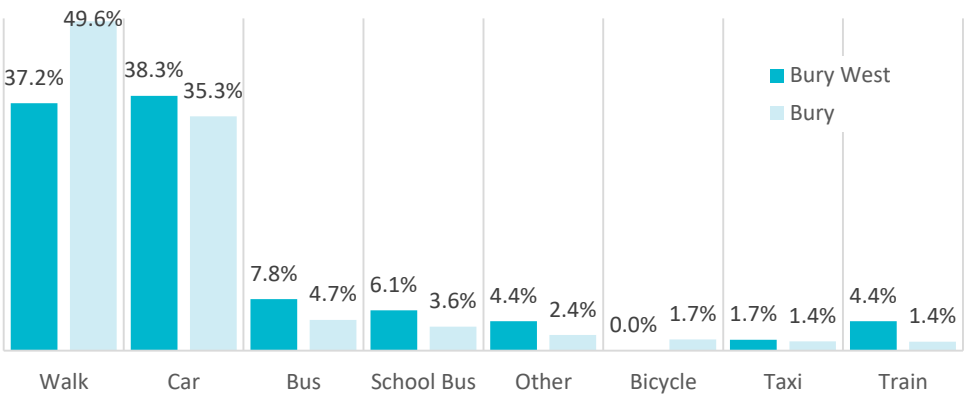
Source: TfGM [2019]

The map displays the public transport links within Radcliffe. The dark green lines denote bus routes, with the light green and red lines being cycle routes. The Metrolink is displayed in yellow.

Active Travel - School and College

Source: Bury Children and Young People Health and Wellbeing Survey [2018-19]

	Radcliffe	Bury
All Respondents	180	1,180
Car	69	416
School Bus	11	43
Bus	14	55
Taxi	3	17
Train	8	16
Bicycle	-	20
Walk	67	585
Other	8	28

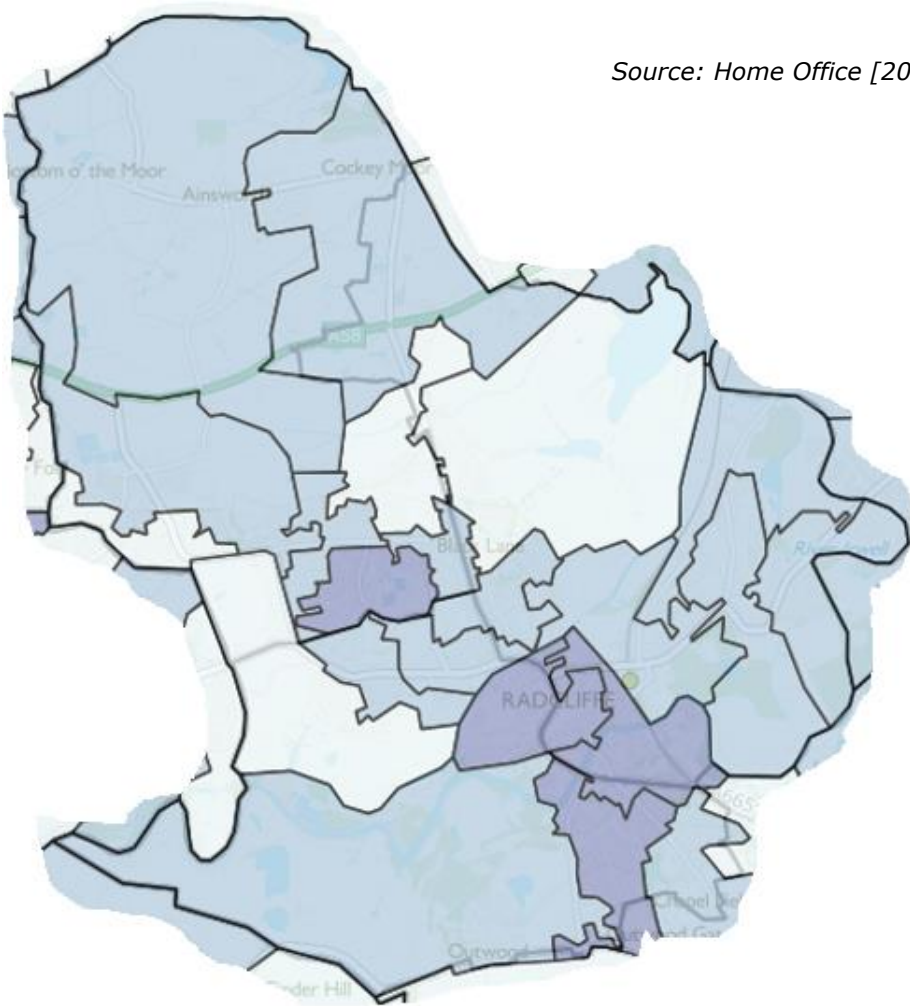


Only 180 respondents from the survey were from Radcliffe, this is approximately 15% of the total respondents. According to the survey, 75% of children living in Radcliffe travel to school either by walking or by car.

It is important to note that only 55% of secondary pupils who took part in the Bury Children and Young People Health and Wellbeing Survey returned a valid postcode that could be matched to a neighbourhood.

8. Crime & Safety – Crime

Anti-Social Behaviour



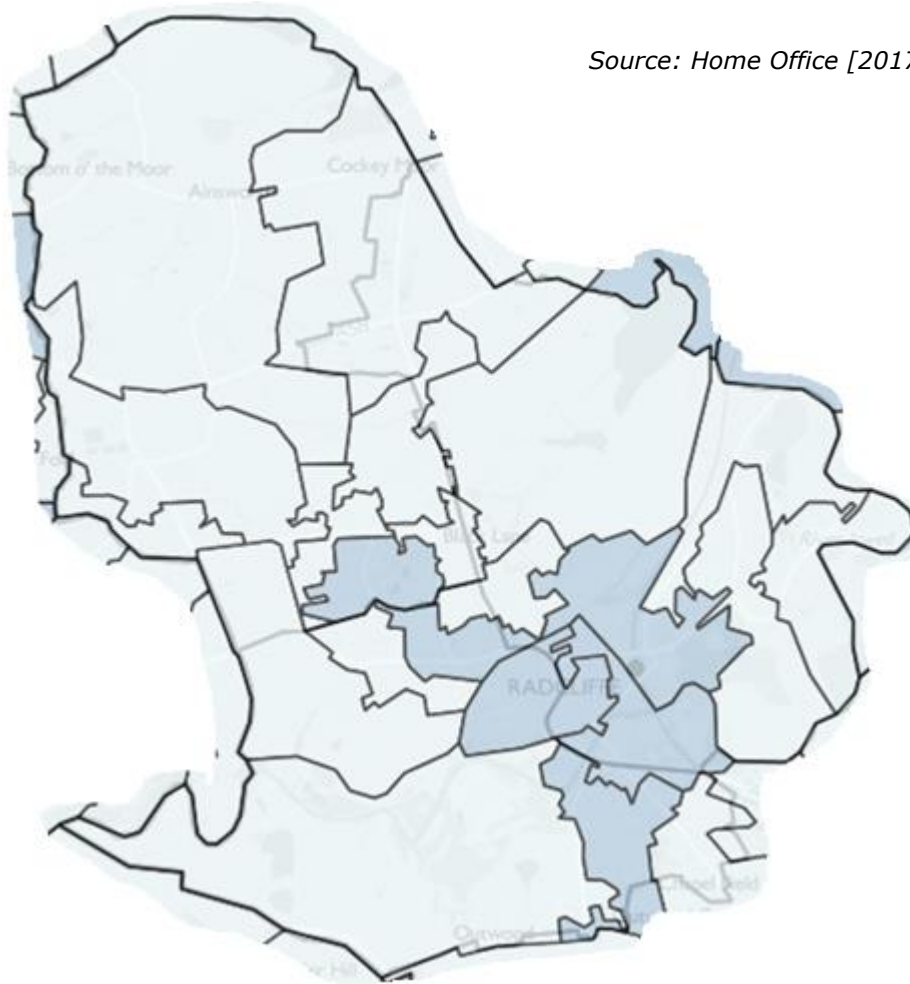
Source: Home Office [2017]



Low to high

The highest areas in regards to reported Anti-Social Behaviour during 2017 displayed are around the centre of Radcliffe which includes Coronation Road, Spring Lane and Redbank Fields.

Reported Crime



Source: Home Office [2017]



Low to high

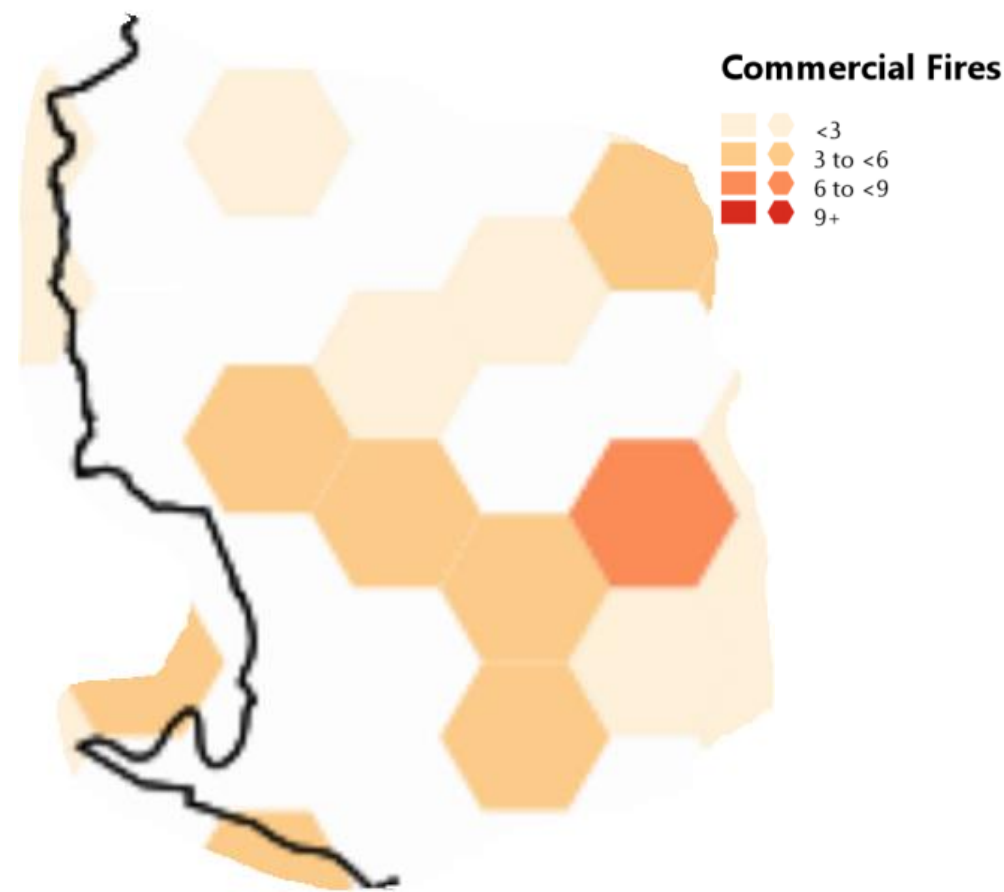
The above map displays Middle Super Output Areas (MSOA) within Radcliffe and is heat mapped to show the percentage of reported crime.

The highest areas displayed are around the centre of Radcliffe which includes Coronation Road, Spring Lane and Redbank Fields & around the Bury Bolton Road area, towards the centre of Bury.

8. Crime & Safety – Greater Manchester Fire and Rescue Service (GMFRS)

Public and Commercial Buildings

Source: GMFRS 2016/17

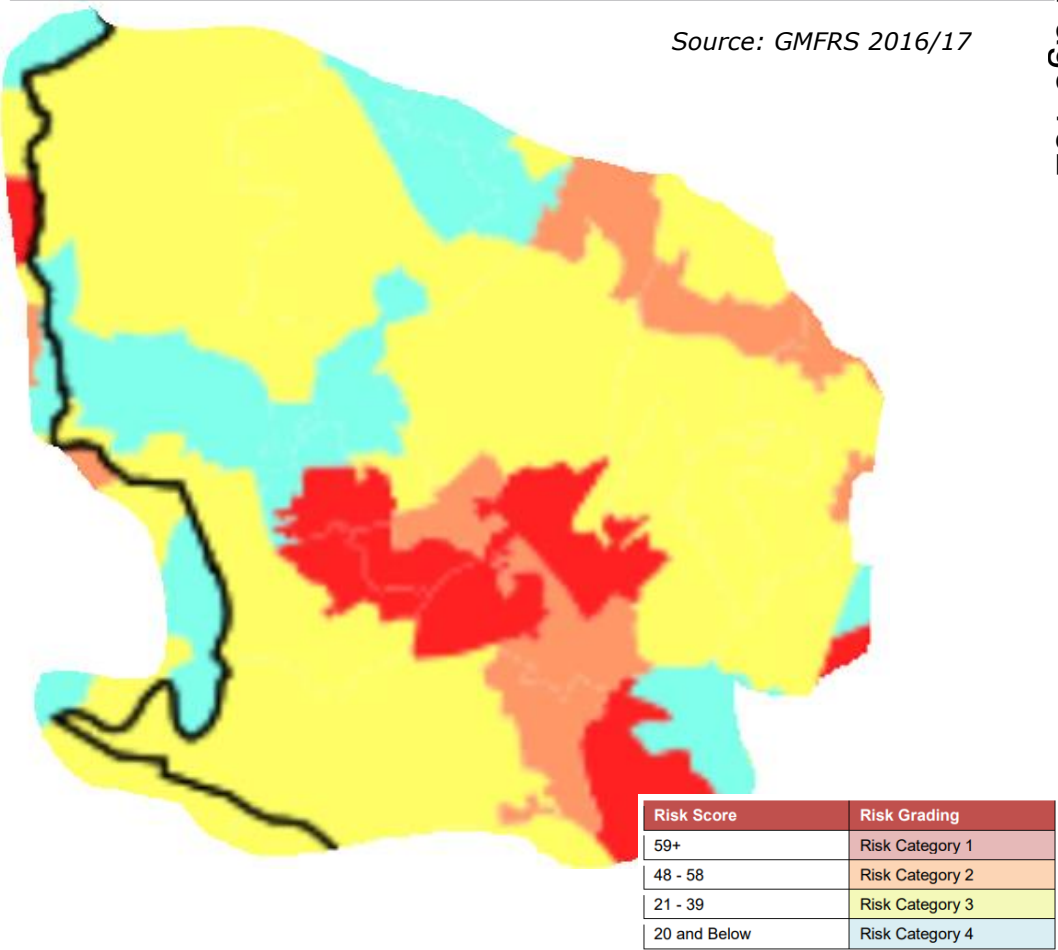


The map illustrates the number of commercial building fires which have occurred in Radcliffe between 1st April 2012 and 31st March 2015.

In general, public and commercial buildings are the places where large numbers of people are at risk. However, the rates of fires, injuries and fatalities is relatively low as employers and owners are required to comply with fire safety legislation, and premises are subject to a risk-based audit and inspection programme.

Base Risk Model

Source: GMFRS 2016/17



Taken from the GMFRS annual report the highlighted areas identify pockets of 'at risk' communities, and are subsequently used to target resources.

Furthermore, as this is available at Lower Super Output Area, this level of geography is also compatible with IMD. The risk modelling assesses the frequency of incidents and their magnitude in terms of the number of resulting casualties. The risk model is updated on a yearly basis, with the most recent published in 2016/17.

Meeting: Strategic Commissioning Board			
Meeting Date	04 October 2021	Action	Approve
Item No	9	Confidential / Freedom of Information Status	No
Title	Community Health Services contract extension and review		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning Adrian Crook, Director of Adult Social Services and Community Commissioning		
Author	Hayley Ashall, Strategic Lead, Integrated Commissioning Carers, Physical Disabilities and Prevention		
Clinical Lead	Howard Hughes		

Executive Summary
<p>In December 2020 the report 'Consideration of future arrangements for the provision of Community Health Care Services' was approved, granting a direct award to Northern Care Alliance for a period of 12 months (from 1 July 2021 to 20 June 2022) with a potential for a further 12 month extension. Since then and despite the challenges presented by the Covid Pandemic and the uncertainties of the development of the Integrated Delivery Collaborative and Integrated Care System. Considerable work has taken place to continue to build a strong local collaborative provider working across the sector, generate innovation and evolve both vertical and horizontal integration.</p> <p>This paper sets out the work underway and planned, to maximize the potential and provide consistency at a time of uncertainty and recovery. The paper makes a recommendation to award an extension to the contract for a period of 12 months from 1 July 2022 to 30 June 2023. A further report will be brought back to SCB outlining options for future arrangements.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Support the proposal to award an extension to the contract for a period of 12 months from 1 July 2022 to 30 June 2023. • Agree to continue the scoping and review of the existing contract and services within to enable innovation and integration.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input 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?	The scoping and review work will provide opportunity to innovate and integrate providing a better patient pathway and service. Putting people at the heart of what we do.					
How do proposals align with Locality Plan?	The scoping and review work will enable Bury's approach to population health being at the heart of our communities, with targeted, integrated, asset-based health and care provision at a neighbourhood level for those who need it. Working towards providing people joined up, quality care closer to home, as well as helping them stay out of hospital and manage their own wellbeing.					
How do proposals align with the Commissioning Strategy?	Enabling better value for the Bury Pound, creating innovative solutions to service delivery and a fully integrated service. Also, as the scoping/ review work is being done in collaboration changing the relationship of the commissioner and provider to more collaborative and outcome based, all fits with the commissioning strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Providing a better integrated service and pathway for all patients.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
An Equality Assessment was completed to accompany the first report in Dec 2020 and has been updated for this report.						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	None					

Governance and Reporting		
Meeting	Date	Outcome
Finance Contracting & Procurement Committee	19/11/2020	The Committee supported the paper but requested that any further extension beyond June 2022 is re-presented to the Committee for sign off.
SCB	07/12/2020	SCB approved the award of the interim contract to the Northern Care Alliance. Requesting any further extension to the contract be re-presented to SCB.
Finance Contracting & Procurement Committee	16/09/2021	The Committee supported the paper to extend the Community Health Services contract with the Northern Care Alliance, and this should be until 30 June 2023.

Community Health Services contract extension and review

1. Purpose

- 1.1. This paper sets out the considerable work which has taken place to develop strong local collaborative provider working across the sector, generate innovation and evolve both vertical and horizontal integration.
- 1.2. The paper also describes the proposed next steps to continue the work in a time of recovery from the Covid pandemic and uncertainty around the emerging Integrated Care System and developing Integrated Delivery Collaborative.
- 1.3. The paper makes a recommendation to award an extension to the contract for a period of 12 months from 1 July 2022 to 30 June 2023, to enable the required scoping and review of community health services to take place and a new contract to be delivered.

2. Background

- 2.1. Back in 2011 the North East Sector (of Greater Manchester) PCTs, made up of Bury, HMR and Oldham, took the joint decision to transfer community health services as a stand-alone contract to Pennine Care NHS Foundation (PCFT). This followed a request to externalize community health services from the commissioning bodies, consider vertical integration with acute trusts, as well as horizontal integration with other NHS providers.
- 2.2. Community health services were subsequently hosted by PCFT until July 2019, at which point, they were transferred to the acute care provider in Bury, the Northern Care Alliance (NCA).
- 2.3. Following the landmark devolution agreement (February 2015) with the government to take charge of health and social care spending and decisions in Greater Manchester. The Local Care Organisation (LCO) was born in September 2017 and became the instrument for care delivery bringing together the NHS community health providers, mental health providers, primary care and social care.
- 2.4. The Bury Locality Plan Refresh (2019) described the importance of community health services delivered across a neighbourhood footprint, integrated with other community-based services to maximise benefits delivered to Bury people and the public purse.
- 2.5. The LCO has evolved into the Integrated Delivery Collaborative (IDC), despite evolution of the organisation key priorities remain the same. The IDC will continue to build on the success of establishing five neighbourhood teams, continue to transform and expand intermediate care focusing on more home-based care with a fully integrated health and care model, made up of teams with community health services and social care operational services. Also developing palliative and end of life care across the system.

- 2.6. The impacts of the Covid pandemic have slowed down progress to review and enable innovation and integration across community health services and national control is expected to remain in place until October 2021. Despite this the time has come to accelerate the scoping and review work to identify and build integration across the NHS (acute and community), social care and the voluntary sector, ensuring people remain at the heart of what we do, delivering the right care at the right time and in the right place for Bury residents.

3. Current position – value and scope of current services and impact of Covid pandemic

- 3.1 The services transferred continue to operate under the arrangements established in July 2019. The range of services currently within scope of this contract are listed in Appendix 1 of this report, they are very diverse and cover both children's and adult services.
- 3.2 The value of the current community health service contract is £19.73m (this is before contract variations for district nursing and former transformation funded schemes).
- 3.3 There is evidence of the NCA improving core quality of services, strengthening and reviewing its governance and working on their integrated clinical pathways. However, due to the Covid pandemic, since March 2020, services have been operating differently, with some services stood down in line with Covid-19 national guidance, others operating differently under NCA business continuity arrangements, with re-deployment of clinical staff to areas of pressure. These measures and national control are expected to remain in place until at least October 2021.

4 Current position drivers for integration and work to date

- 4.1 Community health services are central to plans for the future of the health and care system, this was reaffirmed by the NHS Long Term Plan (January 2019) and described through the Bury Locality plan and refresh (2019). Integration, neighborhood working and people being at the heart of what we do are all centric to the Bury 2030 strategy 'Let's Do It'.
- 4.2 The ambition to deliver more and better health services in the community is not new, and ensuring they are delivered in an integrated way means better services for patients with a number of real advantages:
- More possibilities for person-centred rather than condition focussed care.
 - Genuine integration of primary care and community health care delivery.
 - Reduced numbers of professionals going into someone's home.
 - Care delivered closer to or within someone's home through the neighbourhood delivery model.
- 4.3 Despite the Covid pandemic and the pending development of the Integrated Care System putting pressure on the commissioning staff resource, work has already begun to review and scope the community health services:

- Building on the learning from the Covid Pandemic demonstrating genuine cross system working as part of the response for people in Bury.
- A senior stakeholder group established to oversee and review progress.
- Resource identified across the One Commissioning Organisation to drive a thorough programme of work in collaboration with health and social care.
- Mapping of Community Health Services.
- Mapping of acute services to help build potential for integration.
- Identified a set of key principles that will enable innovation and transformation of community health services.
- Created a service scoping template that will act as the foundation for future service specification.
- Established a Self-Assessment framework for service leads to review their services effectively.
- Initial testing of the scoping and review tools.

4.4 This work paves the way for vertical integration, streamlining pathways and innovation, which will be at the heart of the new contract.

5 Procurement Considerations and Contract Extension

- 5.1 In the report '[Consideration of future arrangements for the provision of Community Health Care Services](#)' agreed at SCB on 7 December 2020. A direct award to NCA for a period of 12 months (from 1 July 2021 to 20 June 2022) was granted along with the potential to extend the contract for a further 12 months (from 1 July 2022 to 30 June 2023). The appraisal, focus and plans of the previous report in December 2020 remain the same. This report requests the agreement of that further 12 months extension. It is understandable given the implications of the current Covid pandemic that progress to undertake the full scoping and review of the community health services has not moved at the pace anticipated.
- 5.2 It is hoped the national control of NHS services will conclude in October 2021, given the 'recovery' phase of the pandemic and return to some normality should provide the breathing space to pick up the intended work at pace.
- 5.3 Given the agreement was to award a contract to the NCA for 12-month period with the ability to extend the contract for a further 12 months this agreement should fit within procurement guidelines and requirements. It is however recommended to make the decision at the earliest opportunity to enable NCA to provide staff and service consistency, support the pandemic recovery and provide the wider market and alternative providers the information on the Bury position and intention.
- 5.4 Following the detailed scoping and review exercise of community health services a further report will come back to SCB outlining:
- Overview of community health services function and detail, showing alignment to the relevant documentation including the Locality plan, NHS Long Terms plan and Bury 2030 'Let's Do It' strategy.
 - Clearly show vertical and horizontal integration of community health services

with acute, social care and voluntary sector.

- All community Health services will have a revised service specification in line with current legislation, regulation, embedding the principles designed and ensuring Bury people are at the heart of service delivery.
- Highlight any system or service efficiencies.
- Set out transformation and innovation of services delivery and partnership working.
- A plan and timeline for a procurement process in the unlikely event it will be required following hoped for changes in the health and care bill currently progressing through the house.

6 Proposed next steps and timeframe

6.1 The below table sets out the proposed next steps and timeline.

Table 1 proposed next steps and timeline

Date	Activity
October 2021	SCB report requesting extension of the community health services contract
September 2021 – December 2021	OCO Team to undertake collaborative scoping and review of existing Community Health Services, supporting leads to undertake self-assessment
September 2021 – June 2022	Identify horizontal and vertical integration, ways to transform/ innovative services and build strong collaboration
January 2022 – June 2022	Use the scoping/ service review detail to draft the revised service specs to underpin future contract
July 2022	Revised Community Health Contract drafted
August 2022	SCB report with review outcomes, next steps and tender detail
July 2023	New Community Health Services contract in place

6.2 Please note the above timeline is built following the recovery of the Covid pandemic, any further pandemic impacts which have not been foreseen may have an effect on the work planned. It should also be considered it may not be the One Commissioning Organisation but the developing Integrated Care System taking any future tendering or contract work forward.

7 Financial Considerations

7.1 The financial arrangements in respect of the current contract have been revised in line with national requirements put in place as a result of the Covid pandemic, which are block funded arrangements for 2020/21 and run until October 2021 when it is anticipated national control will end.

7.2 Withdrawal of services from the NCA may also cause financial uncertainty for the Trust as an organisation.

8 Workforce Considerations

- 8.1 Staff within all health and care services have worked tirelessly, all going the extra mile in supporting Bury residents with Covid for the past 18 months. This is set to continue until at least the October time then traditional winter pressures will begin. The pandemic has created significant system pressures which undoubtedly have impacted on staff.
- 8.2 This same staff group within Community Health Services, are those who transferred into the NCA from PCFT at the same time as working through the Covid pandemic. Therefore, they will benefit from a continuation of the existing service provision whilst the work to further scope and review the services is undertaken.
- 8.3 It is important that the staff and service leads in the NCA feed into the review and undertake the self-assessment framework as they are best placed to help shape and invigorate services and future integration.

9 Conclusion and proposal

- 9.1 As outlined in the previous SCB paper in December 2020 and this report, the delivery of services on a neighbourhood footprint is fundamental to transforming health and care services to become sustainable for the future.
- 9.2 Uncertainty remains of future operational and financial requirements in respect of community health services, due to Covid and future planning requirements of the NHS.
- 9.3 There is clear benefit from maintaining continuity of current services within the structure of the NCA at this time: to ensure continuity for staff and patients, to avoid uncertainty, to minimise risk of ineffective or unsafe delivery of care and to ensure leadership of the ongoing development of the Integrated Delivery Collaborative and the Integrated Care System.
- 9.4 The ability to successfully innovate and integrate community health services with the acute, social and voluntary sector is key.
- 9.5 Given the issues described above it is considered the most appropriate way to progress is to extend the current contractual arrangements by 12 months to allow sufficient time to explore and document these future requirements and create the blueprint for future community health service in Bury.

10 Recommendations

It is recommended that the Strategic Commissioning Board:

- Support the proposal to award an extension to the community health services contract for a period of 12 months from 1 July 2022 to 30 June 2023 to the Northern Care Alliance.

- Agree to continue the scoping and review of the existing contract and services within to enable innovation and integration.

Hayley Ashall

Strategic Lead, Integrated Commissioning, Carers, Physical Disabilities and Prevention

h.ashall@bury.gov.uk

4 October 2021

Appendix 1 – List of Services commissioned within the block contract for Community Health Services

Anti-Coagulation
Adult Speech & Language Therapy
Adults occupational therapy
Assess and treat nursing
Audiology
Children's community nursing team
Children's occupational therapy
Children's speech and language
Community equipment store
Community eye service
Community nursing
Continence and stoma
Community cardiac
Community IV therapy
Dietetics
Discharge liaison
Early discharge team/neuro rehab/stroke team
Falls team
Integrated diabetes team
Neuro rehab
Out of hours nursing
Paediatric physiotherapy service
Physiotherapy
Podiatry
Posture and mobility
Prestwich walk-in centre
Rapid response/crisis response
Resettlement
Respiratory team / COPD
Safeguarding/LAC
Special school nursing
Specialist palliative care
Special school
Trial without catheter
Wound care and lymphedema
VAC therapy

EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partners organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY <i>Refer to Equality Analysis guidance page 4</i>	
1.1 Name of policy/ project/ decision	Community Health Services contract extension and review
1.2 Lead for policy/ project/ decision	Adrian Crook, Director of Community Commissioning, OCO Nina Parekh, INT Lead
1.3 Committee/Board signing off policy/ project/ decision	Strategic Commissioning Board
1.4 Author of Equality Analysis	Name: Hayley Ashall Role: Strategic Lead, Integrated Commissioning, Carers, Physical Disability and Prevention Contact details: h.ashall@bury.gov.uk
1.5 Date EA completed	10.09.21

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT <i>Refer to Equality Analysis guidance page 5</i>	
2.1 Detail of policy/ decision being sought	<p>Following agreement of the report in December 2020 ‘Consideration of future arrangements for the provision of Community Health Care Services’, granting a direct award to Northern Care Alliance for a period of 12 months (from 1 July 2021 to 20 June 2022) with a potential for a further 12 month extension. Since then and despite the challenges presented by the Covid Pandemic and the uncertainties of the development of the Integrated Delivery Collaborative and Integrated Care System. Considerable work has taken place to continue to build a strong local collaborative provider working across the sector, generate innovation and evolve both vertical and horizontal integration.</p> <p>Work underway and planned aims to maximize the potential and provide consistency at a time of uncertainty and recovery. The recommendation is to award an extension to the contract for a period of 12 months from 1 July 2022 to 20 June 2023.</p>
2.2 What are the intended outcomes of this?	<p>If agreed:</p> <ul style="list-style-type: none"> Northern Care Alliance contract would be for a period of 12 months from 1 July 2022 to 20 June 2023, providing opportunity to maximise potential whilst provide consistency at a time of uncertainty and recovery

- There will be a review of community health services function and detail, showing alignment to the relevant documentation including the Locality plan, NHS Long Terms plan and Bury 2030 'Let's Do It' strategy.
- Understand and enable opportunity for vertical and horizontal integration of community health services with acute, social care and voluntary sector.
- All community Health services will have a revised service specification in line with current legislation, regulation, embedding the principles designed and ensuring Bury people are at the heart of service delivery.
- Highlight any system or service efficiencies.
- Set out transformation and innovation of services delivery and partnership working.
- A plan and timeline for a procurement process in the unlikely event it will be required following hoped for changes in the health and care bill currently progressing through the house.

SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS

Refer to Equality Analysis guidance pages 5-8 and 11

Please outline the relevance of the activity/ policy to the Public Sector Equality Duty

General Public Sector Equality Duties	Relevance (Yes/No)	Rationale behind relevance decision
3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	All patients would have equal access to services through referral mechanisms already agreed. Not subject to change through this piece of work, but possibly through transformation programmes, for which separate EIA would be undertaken.
3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	All community practitioners should provide care of a consistent standard, based on clinical need of the individual. This in essence should allow equality of opportunity between people who share a protected characteristic and those who do not.
3.3 To foster good relations between people who share a protected characteristic and those who do not	Yes	Ensure where people are referred to services they are treated in agreed and safe time scales
3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not detrimental to the Human Rights of any individual affected by the decision being sought.		
The list of Human Rights have been explored and this proposal does not have a detrimental impact on any area specified.		

SECTION 4 – EQUALITIES DATA*Refer to Equality Analysis guidance page 8*

Protected characteristic	Outcome sought	Base data	Data gaps (to include in Section 8 log)																
4.1 Age	Yes	<p>Patient record collates the client’s data including age.</p> <p>BURY CCG: The Bury population can be split by the following categories (JSNA 2015):</p> <table><tr><td>Year</td><td>0-4</td><td>5-15</td><td>16-24</td><td>25-44</td><td>45-64</td><td>65+</td><td>85+</td></tr><tr><td>2015</td><td>12,430</td><td>25,630</td><td>18,910</td><td>48,100</td><td>49,420</td><td>33,410</td><td>3,950</td></tr></table> <p>JNSA for Bury CCG: Bury has an estimated resident population of 182,600 (ONS 2009 mid year population estimates) but a registered (with a Bury general practice) population of 194,350 as at 31st March 2010. The resident population of Bury is expected to increase to 193,000 by 2022 (5.5% increase) mainly due to more births than deaths. By 2022, the number of people aged under 25 years old is expected to increase by only 2,600 so that their proportion of the population will decrease by 4%, whereas there will be 9,000 more people aged over 65 (29% higher proportion of the population) with 2,000 more people aged over 85 (54% higher proportion of the population).</p>	Year	0-4	5-15	16-24	25-44	45-64	65+	85+	2015	12,430	25,630	18,910	48,100	49,420	33,410	3,950	
Year	0-4	5-15	16-24	25-44	45-64	65+	85+												
2015	12,430	25,630	18,910	48,100	49,420	33,410	3,950												
4.2 Disability	Yes	<p>Patient record includes data on any disability. Over 21,224 people in Bury have a limiting long-term illness, health problem or disability equating to 11.24% of our resident population, compared to 18.8% of the population of England and Wales (Census 2011)</p> <p>Data from Bury BC gives a comparator between residents who are disabled compared to their non-disabled neighbours:</p> <table><tr><td>Area:</td><td>All people in thousands</td><td>Disabled based on the DDA definition</td><td>work-limiting disabled</td></tr><tr><td>Bury</td><td>12.7%</td><td>4.8%</td><td>2.9%</td></tr></table> <p>Data from Rochdale Borough (HMR CCG) indicates:</p>	Area:	All people in thousands	Disabled based on the DDA definition	work-limiting disabled	Bury	12.7%	4.8%	2.9%									
Area:	All people in thousands	Disabled based on the DDA definition	work-limiting disabled																
Bury	12.7%	4.8%	2.9%																

		The number of Rochdale Borough residents reporting a long-term health condition or disability is 44,359 (21%). <i>Source: 2011 Census</i>	
4.3 Gender	Yes	<p>Patient record includes client's data including gender.</p> <p>Bury CCG: In the 2011 census the population of Bury was 185,060 and is made up of approximately 51% females and 49% males.</p> <p>HMR CCG: According to the 2015 Mid-Year Estimates there are slightly more women than men in the Rochdale borough; with approximately 108,841 people identifying as female compared with 105,354 of the local population identifying as male.</p>	
4.4 Pregnancy or Maternity	Yes	<p>Patient record includes whether a client is pregnant/ has children.</p> <p>Public Health England March 16 Child Health Profile gives a live birth figure for Bury (2014) as 2,329. Children and young people under the age of 20 years make up 24.9% of the population of Bury. 23.6% of school children are from a minority ethnic group. The health and wellbeing of children in Bury is mixed compared with the England average. Infant and child mortality rates are similar to the England average. The level of child poverty is better than the England average with 17.1% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average. Children in Bury have better than average levels of obesity: 7.8% of children aged 4-5 years and 17.2% of children aged 10-11 years are classified as obese. There were 295 children in care at 31 March 2015, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations compared with the England average for this group of children.</p>	
4.5 Race	Yes	<p>Patient record includes the client's data including race.</p> <p>BAME population 20,028 (Census 2011)</p> <p>Bury has a Black, Asian and Minority Ethnic (BAME) population of around 10.8% compared to 14.7% of the population of England and Wales (2011 Census). There is currently no data in relation to Race collected nationally for this service.</p> <p>JSNA data for Bury CCG: According to the 2001 Census, 93.9% of Bury's population is white with 'White British' representing 90.7% (compared to 87% nationally). The remaining 6.1% is made up of ethnic</p>	Limited information on smaller and emerging communities in Bury

		<p>communities with the largest group being Pakistani at 3% of the population. Indians are the second largest group representing 1.4% of the population. The largest concentration of non-white residents is in East Ward where ethnic groups make up over 20% of residents. The Census however was produced in 2001 recent estimates (2006) suggest that the white population has fallen to 87.9% (compared to 84% nationally), with the largest proportional increase being in the Bangladeshi community.</p> <p>This data shows a decreasing white population and a substantial increase in the Asian heritage community although it has to be considered that the Pakistani community is predominantly young (with 65% of the population aged under 30) and that many of the migrant workers settling in Bury may not be represented.</p> <p>Local Area Profile (Rochdale) 2011 for HMR CCG: Population Profile Rochdale (HMR CCG) 2011 vast majority of people in Rochdale Borough are from a White British ethnic background, equivalent to 83.5% of the total population. People of a Pakistani background make up the largest minority ethnic group, with 17,200 people (8.3%).</p> <p>A significant proportion of the Bangladeshi, Pakistani and Mixed ethnic groups are aged between 0-15 years old. In comparison to the White British ethnic group, the minority ethnic groups have a much younger age structure, with fewer older people (Irish and White Other are the exceptions).</p> <p>The 2011 Census revealed that in Rochdale Borough 166,481 people identify as White British which makes up 78.6% of the local population. The largest ethnic minority group is Pakistani which makes up 10.5% of the local population (22,265), and the second largest is Bangladeshi with 2.1% of the population (4,342). <i>Source: 2011 Census.</i></p>	
4.6 Religion and belief	Yes	<p>Patient record collates the client's data including religion or belief.</p> <p>Census 2011 responses: Christian (62.7%, nationally 59.3%), Muslim (6.1%, nationally 4.8%) and Jewish (5.6%, nationally 0.5%). 18.6% identified as having no religion</p> <p>Bury CCG: 88.9% of people living in Bury were born in England. Other top answers for country of birth were 1.9% Pakistan, 1.2% Scotland, 1.0% Ireland, 0.6% Wales, 0.5% Northern Ireland, 0.4% India, 0.3% Iran, 0.2% Hong Kong , 0.2% South Africa. 95.1% of people living in Bury speak English. The other top languages spoken are 0.9% Urdu, 0.8% Polish,</p>	

		<p>0.7% Panjabi, 0.2% Persian/Farsi, 0.2% Pashto, 0.2% Arabic, 0.1% All other Chinese, 0.1% Italian, 0.1% French.</p> <p>Religion is given as The religious make up of Bury is 62.7% Christian, 18.2% No religion, 6.1% Muslim, 5.6% Jewish, 0.4% Hindu, 0.2% Buddhist, 0.2% Sikh. 11,069 people did not state a religion. 476 people identified as a Jedi Knight and 42 people said they believe in Heavy Metal.</p>	
4.7 Sexual Orientation	No – Not applicable	<p>There is currently no national or local data on sexual orientation. However, estimates provided by the LGBT Foundation and Stonewall that between 5% and 7% of the population identify as Lesbian, Gay or Bisexual nationally.</p> <p>In 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). More males (2.0%) than females (1.5%) identified themselves as LGB in 2015. Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015. The population who identified as LGB in 2015 were most likely to be single, never married or civil partnered, at 68.2%. In 2015, the majority (93.7%) of the UK population identified themselves as heterosexual or straight, with 1.7% identifying as LGB, the remainder either identifying as “other”, “don’t know” or refusing to respond. Young adults (16- to 24-year-olds) 3.3% are more likely to identify as LGB compared with older age groups, and a higher proportion of males identify as LGB than females. Of those they were most likely to be single, never married or civil partnered, at 68.2%.</p> <p>There are no accurate statistics available regarding the profile of the lesbian, gay and bisexual (LGB) population either in the UK as a whole. Sexuality is not incorporated into the census or other official statistics. It's acknowledged that approximately 6-10% of any given population will be LGB. Source: MYE 2015 and Stonewall</p>	No – Not applicable
4.8 Marriage or Civil Partnership	Yes	<p>Patient record collates the clients data including married/ spouse details etc.</p> <p>The Census 2011 showed those married as 70,088 and those in a registered same-sex civil partnership status as 253 in Bury</p> <p>Bury CCG: 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.</p>	

4.9 Gender Reassignment	No – we don't believe this is currently being collated.	<p>There is currently no national or local data on gender identity.</p> <p>At present, there is no official estimate of the trans population. The England/Wales Census and Scottish Census have not asked if people identify as trans..." Equality and Human Rights Commission.</p> <p>The GIRES (2009) report on Gender Variance in the UK estimated that around 20 in every 100, 000 people had sought medical care for gender variance. Using 15+ ONBS data of current list size of 163,013 (ONS 2015-16) the Gender Reassignment figure for Bury would be approximately 33 Bury Residents and 34 Residents in HMR CCG.</p>	To be reviewed – may differ dependent on specific service
4.10 Carers	Yes	<p>Patient record collates the clients data including whether the person is a carer or supported by a carer</p> <p>Stats in Bury: 19,954 - Census 2011 300+ carers registered with the Bury Carers Hub</p> <p>The role of the carer is especially important when the person who receives care (the care recipient) is unable to live independently without the carer's help. A young carer is a child or young person under the age of 18, carrying out significant caring tasks and assuming a level of responsibility for another person that normally would be undertaken by an adult.</p> <p>Underpinning the caring role may be life-long love and friendship, together with an acceptance of the duty to provide care. Carers can derive satisfaction and a sense of well-being from their caring role, receive love and affection from the care recipient, gain a sense of achievement from developing personal attributes of patience and tolerance, and gain satisfaction from meeting cultural or religious expectations (Cassell et al, 2003).</p> <p>Caring responsibilities may arise at any time in life. Carers may have to adapt and change their daily routine for work and social life, perhaps incurring personal and financial costs. They may become isolated from other members of their family, friends and work colleagues. In an ageing population, family members are expected to undertake complex care tasks, often at great cost to their own well-being and health (Schulz & Matire, 2004).</p> <p>The role of carer can be demanding and difficult, irrespective of whether the care recipient has a mental disorder, learning disability or a physical disability, either separately or</p>	

		<p>combined. A survey of over 1000 carers in contact with carers' organisations found that just less than 50% believed that their health was adversely affected by their caring role (Cheffings, 2003). Mental health problems included stress and tension (38%), anxiety (27%) and depression (28%). Physical health problems included back injury (20%) and hypertension (10%). Back injury was associated with caring for individuals with physical disabilities. Similar figures were found in a survey by Carers UK (2002), in which the most frequently experienced negative emotions in carers were: feelings of being mentally and emotionally drained (70%), physically drained (61%), frustration (61%), sadness for the care recipient (56%), anger (41%), loneliness (46%), guilt (38%) and disturbed sleep (57%). Carers who are more vulnerable to health problems are women, elderly or very young people, those with pre-existing poor physical health, carers with arduous duties and those with few social contacts or support. Carers may attribute symptoms of an illness to their work as a carer and fail to recognise the onset of an illness.</p> <p>In Bury alone, we currently know of 3,320 adult carers but we acknowledge that there may be many more who do not receive any support to undertake their caring role .</p>	
4.11 Looked After Children and Care Leavers	Yes	Patient record collates the clients data including whether the person is a Looked After Child or care leaver	
4.12 Armed Forces personnel including veterans	No – we don't believe this is currently being collated.	<p>A veteran is someone who has served in the armed forces for at least one day. There are around 2.6 million veterans in the UK as a Regular or Reservist or Merchant Navy serving in an active theatre of war. Estimates for the Bury population by the British Legion are 12,000-14,000 Veterans currently resident within the Borough. This figure does not include the Spouses or close family members of those who have served who may have specific needs due to service life. Taken as a whole, the ex-Service population, which has been estimated at around 3.8 million for England, has comparable health to the general population. The current generation of UK military personnel (serving and ex-serving) have higher rates of heavy drinking than the general population. However, this difference may attenuate with age. The most common mental health problems for ex-Service personnel are alcohol problems, depression and anxiety disorders. In terms of the prevalence of mental disorders, ex-Service personnel are like their still-serving counterparts and broadly like the general population. Military personnel with mental health problems are more likely to leave over a given period than those without such problems and are at increased risk for adverse outcomes in post service life. The minority who leave the military with psychiatric</p>	<p>Specific question being asked in 2021 census To be reviewed</p>

		problems are at increased risk of social exclusion and ongoing ill health. The British Legion 2012 gave estimates of the Military Veteran population of circa 12,000 (Bury) and 14,000 (HMR).	
4.13 Socio-economically vulnerable	No— we don't believe this is currently being collated.	15,700 Housing benefit / Council Tax support claimants NOMIS Claimant Count: 8,135 (October 2020) 356 people whom the council has a homeless duty Data is collected by BCSN and reported through to Bury Council and GM Humanitarian Aid Group regarding no. of people asking for financial support, advice and food parcels. C. 900 Food parcels distribute per week through Bury Community Support Network (Nov 2020-Feb 2021)	To be reviewed

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT

Refer to Equality Analysis guidance page 8 and 9

	Internal Stakeholders	External Stakeholders
5.1 Identify stakeholders	Patients using the services Carer and family of customer Workforce	Potential future users of the service Members of the public
5.2 Engagement undertaken	Community Health service staff engagement	N/A
5.3 Outcomes of engagement	The engagement is to be undertaken at the point of the services review and will help shape the next steps and outcomes.	
5.4 Outstanding actions following engagement (include in Section 8 log)	The engagement is to be undertaken at the point of the services review and will help shape the next steps and outcomes.	

SECTION 6 – CONCLUSION OF IMPACT

Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

Protected Characteristic	Positive/ Neutral Negative/	Impact (include reference to data/ engagement)
6.1 Age	Positive	All age groups will be accessing services based in the community
6.2 Disability	Positive	Ensure where people are referred to services they are treated within in agreed and safe time scales
6.3 Gender	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All

		patients should have services delivered in an accessible, compassionate, and safe way.
6.4 Pregnancy or Maternity	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.5 Race	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.6 Religion and belief	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.7 Sexual Orientation	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.8 Marriage or Civil Partnership	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.9 Gender Reassignment	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.10 Carers	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.11 Looked After Children and Care Leavers	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.12 Armed Forces personnel including veterans	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.13 Socio-economically vulnerable	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.
6.14 Overall impact - What will the likely overall effect of your activity be on equality, including consideration on intersectionality?	Positive	Where people with any protected characteristic are referred into services, they should be treated in agreed and safe time scales. All patients should have services delivered in an accessible, compassionate, and safe way.

SECTION 7 – ACTION LOG*Refer to Equality Analysis guidance page 10*

Action Identified	Lead	Due Date	Comments and Sign off (when complete)
8.1 Actions to address gaps identified in section 4			
None that will have an impact on this proposal			
8.2 Actions to address gaps identified in section 5			
None			
8.3 Mitigations to address negative impacts identified in section 6			
None			
8.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics			
None			

SECTION 8 - REVIEW*Refer to Equality Analysis guidance page 10*

Review Milestone	Lead	Due Date	Comments (and sign off when complete)
Ongoing			The proposed extension is for 12 months and it is anticipated that learning through service reviews, in order to shape the future service specification, would be in-depth, robust and outcomes focused. In the meantime, ongoing monitoring, in line with national requirements, will continue.

This page is intentionally left blank

Meeting: Strategic Commissioning Board			
Meeting Date	04 October 2021	Action	Consider
Item No	10	Confidential / Freedom of Information Status	No
Title	SEND JSNA Position Statement		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Isobel Booler, Director of Education and Skills, Helen Smith, Strategic Performance and Intelligence Manager		
Clinical Lead			
Council Lead			

Executive Summary
This paper provides a position statement on the current delivery of the SEND JSNA, work that has been undertaken in co-production with parents and the next steps required in order to form recommendations.
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Note the report Approve the next steps in order to bring formal recommendations back to the Strategic Commissioning Board in the future.

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

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input 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 checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	n/a					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	n/a					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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</i>					

Implications	
	<i>information in relation to any of the above implications.</i>

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

SEND JSNA

1. Introduction

- 1.1. The last published JSNA on SEND was produced in 2019. During 2020, the SEND Commissioning Group requested an update to the SEND JSNA to be completed.
- 1.2. In April 2020, the corporate Strategic Performance and Intelligence function was formed and representation from this team attended the SEND Commissioning Group and took the task to refresh the SEND JSNA.
- 1.3. The SEND JSNA was refreshed during the COVID pandemic and progress on the document was shared and co-produced with the parent group Bury2gether. Internal capacity during the pandemic meant that the SEND JSNA was produced at a slower rate than desired and is now at a point where there is further new data to be refreshed.
- 1.4. In August 2021, the Director for Education and Skills produced a scrutiny paper on SEND using more recent data available through SEN2 reporting.
- 1.5. This paper brings both of these documents to the SCB for information and provides information on the next steps and timescales to bring this analysis together into a single product to support commissioning.

2. Background

- 2.1. This paper should be considered in the wider context of work being undertaken within Bury Council to improve analysis around SEND data, where there is a longer term strategy to migrate data into a wider data warehouse and have improved visualisations and reporting.
- 2.2. The delivery of an effective SEND service is vital for our children and young people. Along with other services who have seen increases in demand following the pandemic, SEND is also experiencing intense demand across all areas of the system. The data and analysis work is pertinent to the effective delivery of this service.

3. SEND JSNA Position Statement

- 3.1 The latest version of the SEND JSNA is embedded below. This is still in draft. The structure of the document was designed to follow similar structures found in other local authorities and covers all aspects of SEND from population, demographics and cohorts, types of need, geography, deprivation, education, early years, COVID, health and some parent survey feedback.
- 3.2 This version of the JSNA currently holds a lot of data and analysis, which was discussed in detail with the Bury2gether parent group. Further gaps in analysis were identified and other questions raised which were taken away and are currently being worked on within the Strategic Performance and Intelligence Team.
- 3.3 This version of the JSNA does not yet hold detailed analysis, narrative or recommendations as the data is still in discovery phase. Due to slippage of timescales there will be a requirement to refresh the data and analysis within this version.
- 3.4 The next steps required for the JSNA is to complete the analysis around the gaps identified in discussion with Bury2gether, refresh the data with any more recent sources and then hold discussions with operational leads and commissioners around the formulation of recommendations.



SEND JSNA - Draft
for commissioning g

- 3.5 A scrutiny report on SEND was presented by the Director for Education and Skills on 7th September 2021 to the Children and Young People Scrutiny Committee. This report is embedded below.
- 3.6 This detailed and comprehensive report provided a further data and analysis update, position statement on operational services and raised the following conclusions and next steps:
 - **Conclusions:**
 - Local area leaders from health, social care and education have acknowledged the challenges faced by Bury in implementing the SEND Local Area reforms. Bury as a local area is committed to a programme of transformation and is determined to work in co-production with parents to improve both outcomes and experiences of children, young people with SEND and their families.
 - Bury's Local Area Strategic action plan and Project Safety Valve Transformation Delivery Plan will be governed through the SEND Assurance Board which is an example of our strengthening local area partnership and has had a key leadership role in embedding the reforms and accelerating Bury's improvement journey.
 - These plans both complement one another with agreed priorities, joint

working on integrated pathways and continued work on quality and timeliness of EHCPs; improving outcomes for children with SEND support and improving the experience of families.

- **Next Steps:**

- Bury as a Local Area is committed to SEND transformation and continued progress to ensure improved experience and outcomes for our children and young people with identified Special Educational Needs and Disabilities and their families.
- Finalise a co-produced Revised Strategic Local Area Action Plan in which the aim is that:
 - Parents'/carers' and children's/young people's views impact on strategic decisions and shape and inform all work across the Local Area;
 - Excellent local offer, understood and accessible to all, leading to improved life outcomes; Earlier intervention and prevention to offer help and meet needs at the earliest opportunity, reducing the demand on high cost and sometimes ineffective interventions; Integrated and transparent pathways allows parents/carers and young people to access services across education, health and care;
 - High quality individualised Education Health and Care Plans and reviews drive improvements across the Local Area through transformation through Project Safety Valve;
 - Children and young people with SEND have needs met through local sufficient excellent education, health and care services, jointly commissioned where appropriate; Updated JSNA ensures revised SEND strategy and revised commissioning strategy and joint commissioning responds to Local Area needs;
 - A continuum of provision across the Local Area ensures needs are met including specialist SEND services;
 - Develop opportunities for the use of personal budgets where parents want them; Preparing for Adulthood (PfA) is embedded in Bury from the earliest years including high quality transition to adult social care;
 - Improved outcomes and standards across education and training with a focus on inclusion, covid-19 recovery;
 - A highly skilled workforce across all stakeholders improves outcomes for children and young people;
 - The local area has embedded robust accountability and governance structures ;
 - Project Safety Valve leads to SEND Transformation and a reduction in High Needs spending
- Project Safety Valve SEND Transformation plan implementation phase is currently starting with project workstreams in place and reporting progress to the SEND Assurance Board



Final Report on
Special Educational

3.7 Both of these documents will now be brought together through both the SEND Assurance Board and SEND Commissioning Group to formulate recommendations.

4 Associated Risks

- 4.1 It is recognized that due to current service demands, that the effective delivery of SEND services is vital. There is a risk to our children and young people if the recommendations from the SEND JSNA and Scrutiny are not delivered successfully.

5 Recommendations

- Note the report
- Approve the next steps in order to bring formal recommendations back to the Strategic Commissioning Board in the future.

6 Actions Required

- 6.1 The SCB is required to:
- Receive

Helen Smith

Strategic Performance and Intelligence Manager

h.smith@bury.gov.uk

September 2021

Special Educational Needs and Disability

0-25 Years

Joint Strategic Needs Assessment 2020

Contents

~~ Fill in at the end

Introduction and background

What is a JSNA; role of JSNA influencing SEND planning and service delivery ~

Figure 1 demonstrates the way in which the SEND JSNA is expected to influence commissioning decisions ~

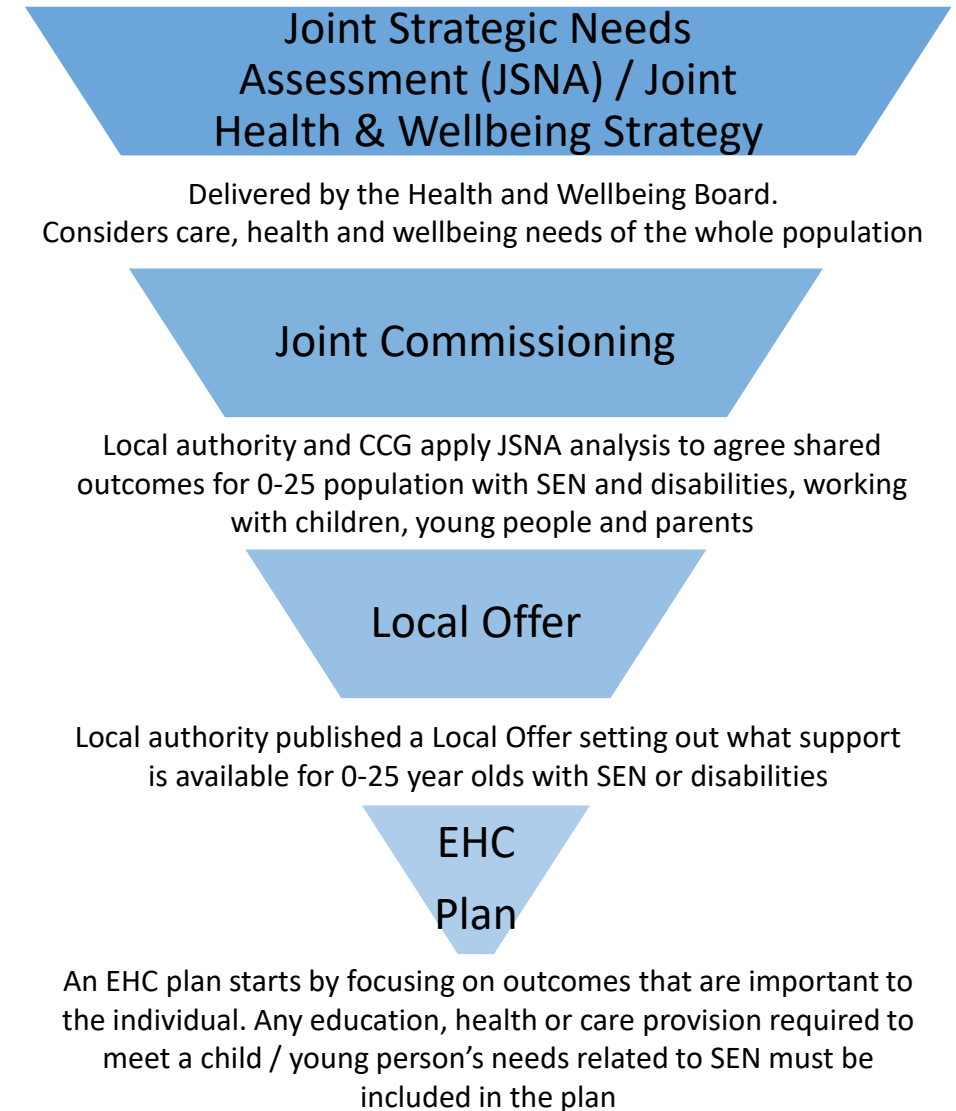


Figure 1: The role of a JSNA in influencing SEND planning and service delivery

Introduction and background

SEND is a term which encompasses children and young people with Special Educational Needs (SEN) and / or a Disability.

SEN: The 2015 SEND Code of Practice states that children and young people have Special Educational Needs if they: “have a learning difficulty or disability which calls for special educational provision to be made for him or her”

Disability: The 2010 Equality Act defines someone with a disability as having: ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. ‘Long-term’ is defined as ‘a year or more’ and ‘substantial’ as being ‘more than minor or trivial’. As such, this definition is relatively broad and encompasses a range of conditions including sensory impairments and long-term health conditions such as asthma or epilepsy.

SEN and disability are concepts which overlap in many, but not all, children and young people.

The 2015 SEND Code of Practice identifies four broad areas of need and support, however, many children and young people will have needs in more than one area, and the type and degree of need can fluctuate over time.

1. Communication and interaction 2. Cognition and learning 3. Social, emotional and mental health 4. Sensory and/or physical needs

The 2014 Children and Families Act extended the SEN system from 0 to 25 years – it is this age range which will be the focus of this JSNA.

What types of support are available to the SEND population?

There are two types of support available to children and young people with SEND who are considered to have additional needs.

SEN support: This consists of help given in addition to that provided by a school’s usual curriculum. This may involve the class teacher and SEN co-ordinator receiving advice and support from external specialists.

EHC plan: An educational, health and care (EHC) plan is created as part of a formal assessment for children who require further help. This is a legal document which outlines the child’s needs and the additional help which is required. EHC plans replaced ‘Statements of SEN’ in 2014 and most children have now been transferred over to EHC plans.

Bury provides a number of services to support the SEND population such as:

*** Add from local Offer – TBD

Introduction and background

CQC/Ofsted Inspection DATE

Ofsted and the Care Quality Commission (CQC) carried out a joint inspection of Bury from 12 June 2017 to 16 June 2017.

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, local authority and National Health Service (NHS) officers.

As a result of the findings of this inspection it was determined that a Written Statement of Action was required because of significant areas of weakness in the local area's practice.

The full details of the findings can be found [here](#).

Joint local area SEND revisit in Bury

Between 13 and 15 May 2019, Ofsted and the Care Quality Commission (CQC) revisited Bury to decide whether the local area had made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA) required on 21 July 2017.

The full details of the findings can be found [here](#).

Inspectors from this revisit found that sufficient progress made in the following five areas:

- Strategic leadership and vision to drive forward the reforms.
- Co-production being at the heart of strategic considerations.
- Services working together for children and young people with SEND.
- Awareness and understanding of the local offer.
- That children's SEND are accurately and consistently identified by schools.

Inspectors from this revisit found that sufficient progress had not made in the following three areas:

- Sharing of information from health between different services and agencies was poor.
- Health practitioners were unaware of children's education, health and care (EHC) plans.
- Joint commissioning arrangements were defective.

SEND population in Bury

Number of Bury Pupils receiving SEND/EHCP Support

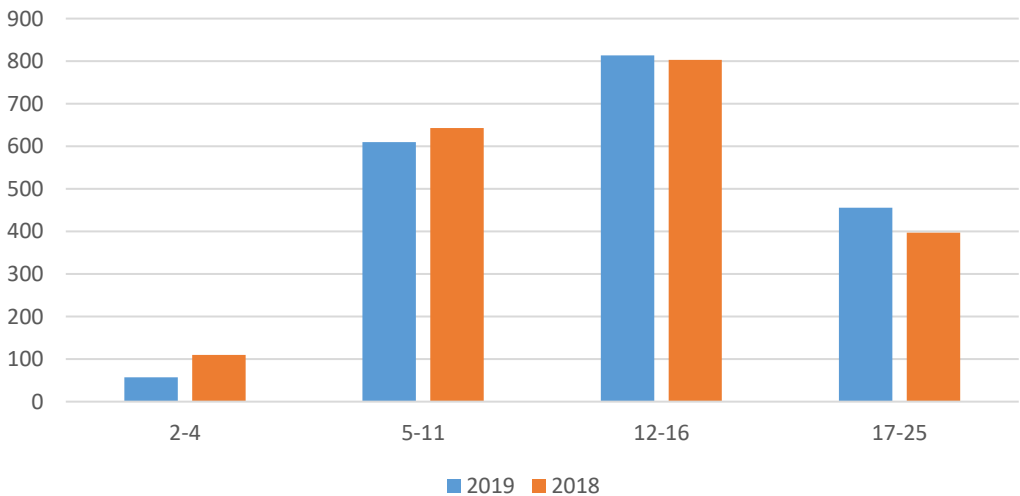
	2016	2017	2018	2019
# of Bury pupils	30,920	31,349	31,400	31,390
# of Bury pupils receiving SEND support	3,801	3,891	3,715	4,003
% of Bury pupils receiving SEND support	12.3%	13.4%	11.8%	12.8%
% of National average for pupils receiving SEND support	11.6%	11.6%	11.7%	11.9%
# of Bury children with an EHCP	1,088	1,057	1,021	1,075
% of Bury children with an EHCP	3.5%	3.4%	3.3%	3.4%
% of National average for children with an EHCP	2.8%	2.8%	2.9%	3.1%

Local data provided by the Council in combination with Department for Education national data

How large is the SEND population in Bury?

- Number of pupils receiving SEND support has increased between 2018 and 2019 and as a proportion of the pupil population is currently at its highest level compared to previous years. This proportion is above the national average.
- Number of children with an EHCP has dipped slightly in previous years and has now returned to a higher level last seen in 2016. This proportion is now above the national average.
- Unsurprisingly, the majority of SEND support or EHCPs occur in pupils of school age, however in the most recent data there has been an increase in support provided to 17-25 olds compared to the previous year.

Children with SEN or EHC by grouped by year group

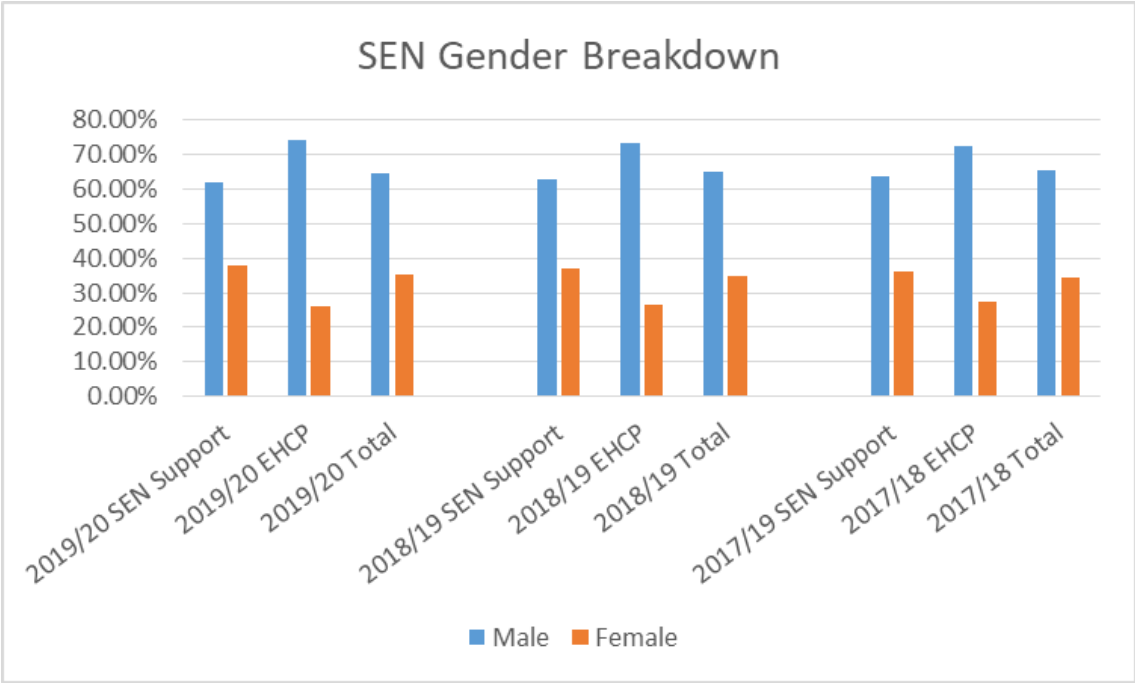


Data collected and provided by Bury Council

SEND population in Bury

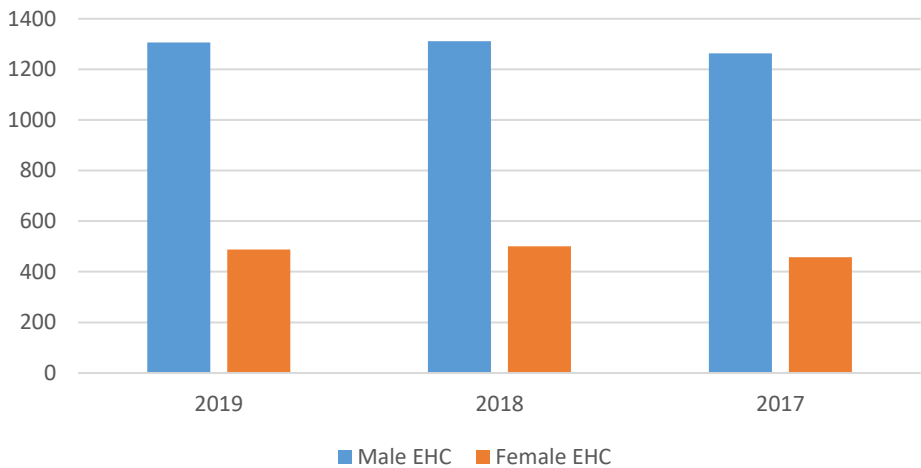
SEND population by gender

- More boys than girls receive SEN support/have EHCPs
- However this has been a stable trend over recent years
- Question: Are girls underrepresented? What support needs by gender?

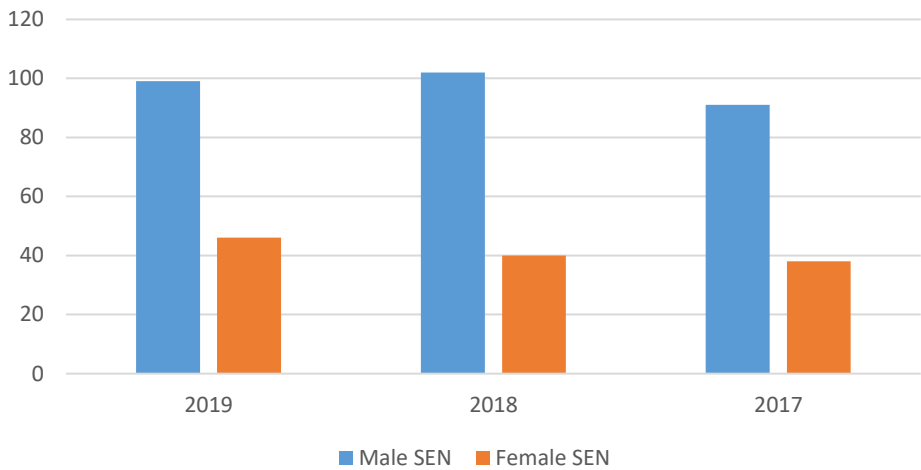


Data above from SEN2 Return 2019

EHC Gender Split in Bury



SEN Gender Split in Bury

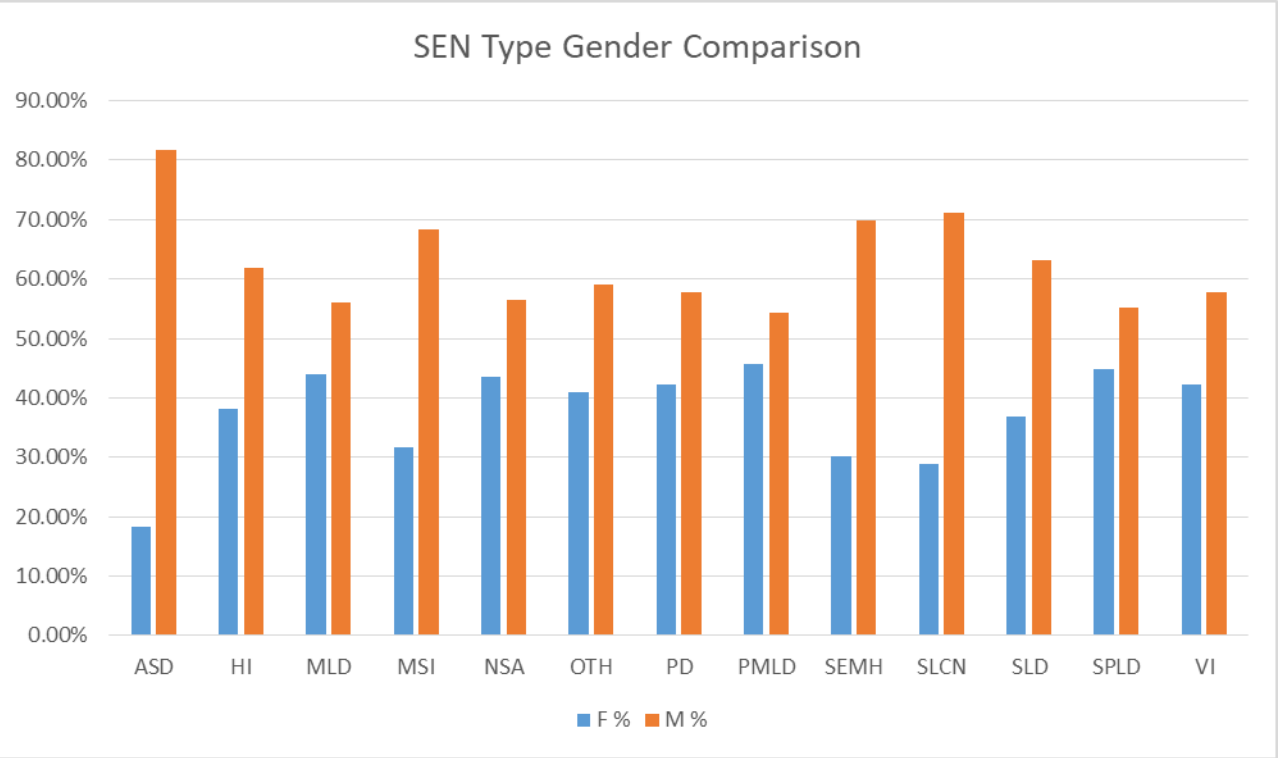


Data above collected and provided by Bury Council

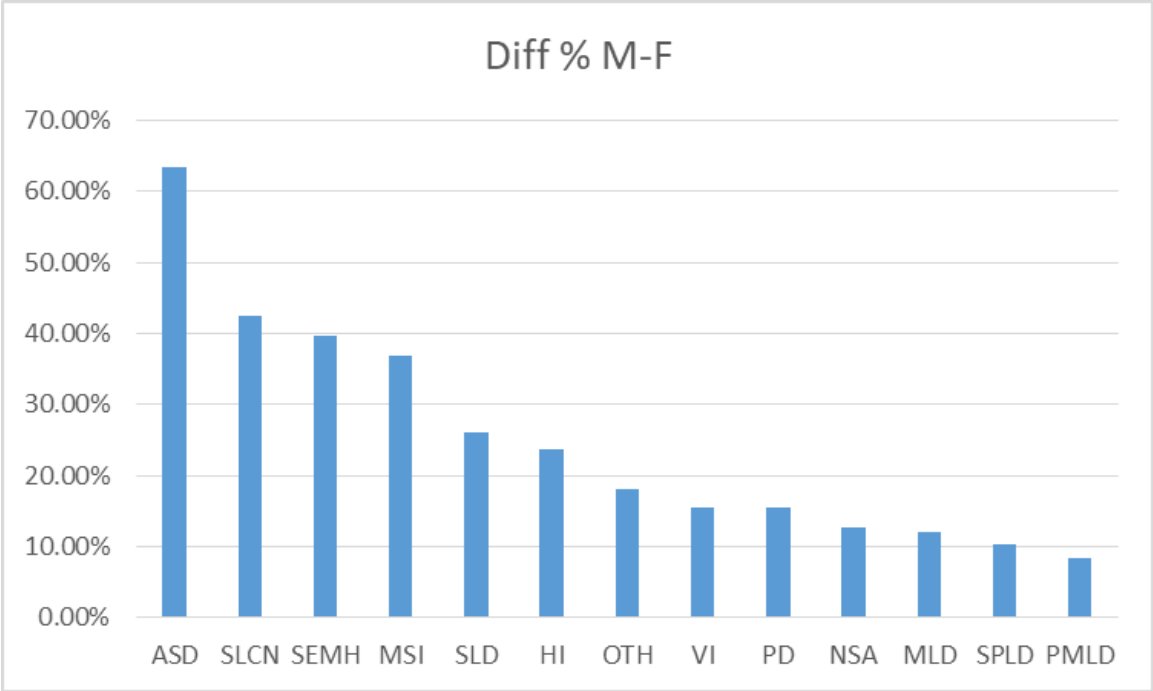
SEND population in Bury

SEND population by gender and SEN Type

The following more detailed breakdown is a ‘snapshot taken from the Bury School Census – Spring 2020 (Bury children only). Whilst limited to school age children this represents the majority of the SEND C&YP population and is a robust and extremely reliable data source.



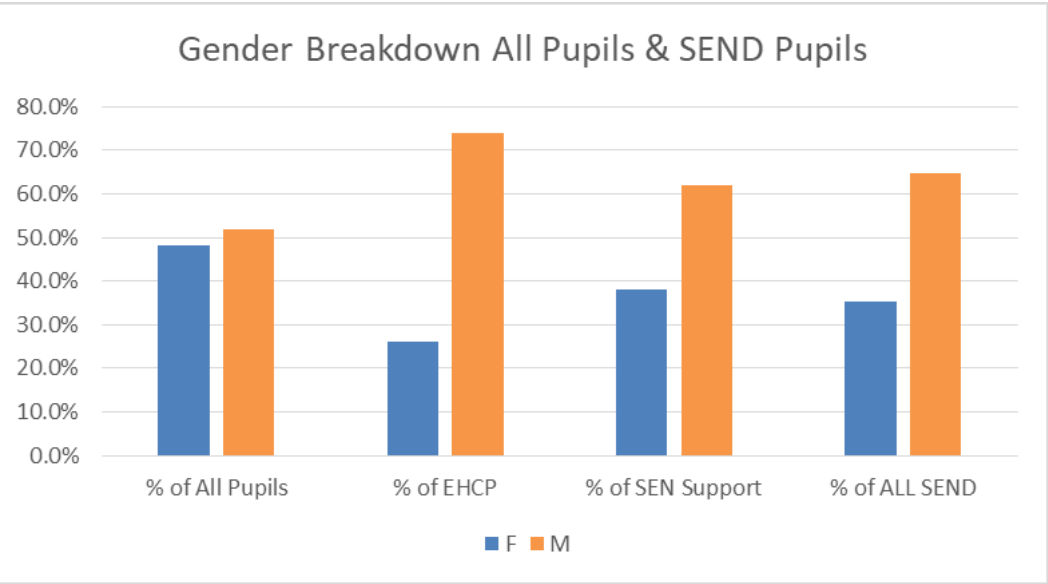
The trend of more boys than girls continues in each category of primary need.
The greatest difference, 63.4%, occurs in the category of Autistic Spectrum Disorder.
The most up-to-date estimate of the ratio of autistic males to females is 3:1 (National Autistic Society). The ratio in Bury is approximately 4.5:1



SEND population in Bury

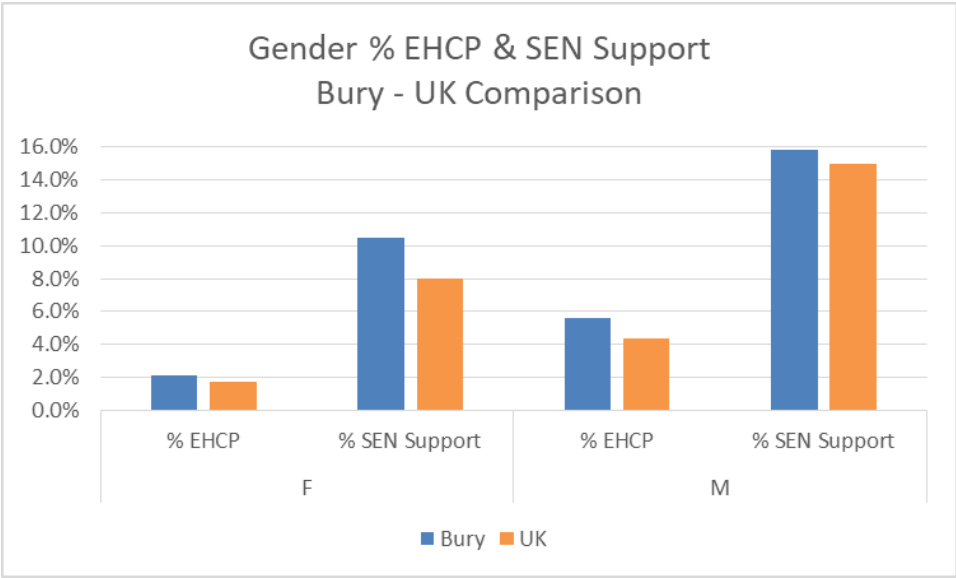
SEND population by gender and SEN Type
Bury School Census – Spring 2020

Bury School Census – Spring 2020				
Gender	% of All Pupils	% of EHCP	% of SEN Support	% of ALL SEND
F	48.3%	26.1%	38.1%	35.4%
M	51.7%	73.9%	61.9%	64.6%



SEND population by gender and SEN Type
Bury School Census – Spring 2020
UK School Census – Spring 2020

	F		M	
	% EHCP	% SEN Support	% EHCP	% SEN Support
Bury	2.1%	10.5%	5.6%	15.9%
UK	1.7%	8.0%	4.4%	15.0%



When comparing SEND population to the overall school population, percentages for each SEN Type are higher for both male and female when compared to the UK average.

SEND population in Bury

What are the needs of children and young people with SEND?

- Small numbers for particular conditions can influence scale of growth
- Growth seen across most primary needs
- Particular increase in Social, Emotional and Mental Health (SEMH) needs

Primary Needs for children and young people in Bury

Primary Need	2016	2017	%+/- 16-17	2018	%+/- (17-18)
Autistic Spectrum Disorder (ASD)	280	318	113.57%	370	116.35%
Hearing Implant (HI)	30	32	106.67%	36	112.50%
Learning Difficulties (LD)	0	3	0	7	233.33%
MED	1	1	100.00%	1	100.00%
MI	0	0	0	1	1
Moderate Learning Difficulty (MLD)	413	419	101.45%	426	101.67%
Multisensory Impairment (MSI)	2	6	300.00%	7	116.67%
Physical Disability (PD)	120	131	109.17%	138	105.34%
Profound and Multiple Learning Difficulty (PMLD)	62	58	93.55%	52	89.66%
Social, Emotional and Mental Health (SEMH)	215	275	127.91%	348	126.55%
SI	0	0	0	1	1
SI/PD	0	1	1	1	1
Speech, Language and Communication Needs (SLCN)	326	334	102.45%	359	107.49%
Severe Learning Difficulties (SLD)	87	93	106.90%	99	106.45%
Specific Learning Difficulties (SpLD)	49	46	93.88%	45	97.83%
Visual Impairment (VI)	7	10	142.86%	8	80.00%

A fall below 100% indicates a decrease in primary need

Data collected and provided by Bury Council

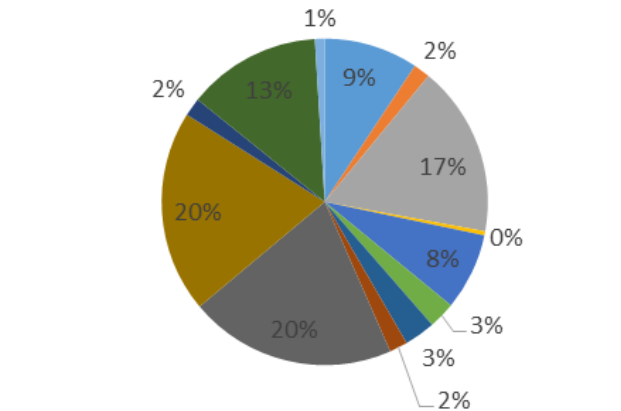
SEND population in Bury

What are the needs of children and young people with SEND?

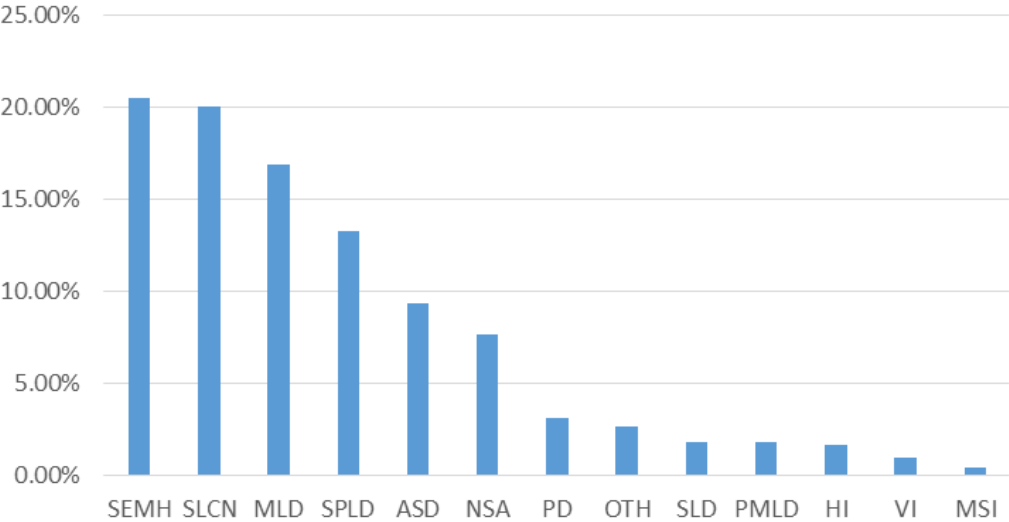
Sample taken from School Census Spring 2020 (4,630 children)

Code	Primary Need
ASD	Autistic spectrum disorder
HI	Hearing impairment
MLD	Moderate learning difficulty
MSI	Multi-sensory impairment
NSA	SEN support but no specialist assessment of type of need
OTH	Other difficulty
PD	Physical disability
PMLD	Profound and multiple learning difficulty
SEMH	Social, emotional and mental health
SLCN	Speech, language and communication needs
SLD	Severe learning difficulty
SPLD	Specific learning difficulty
VI	Vision impairment

Bury Children by Primary Need

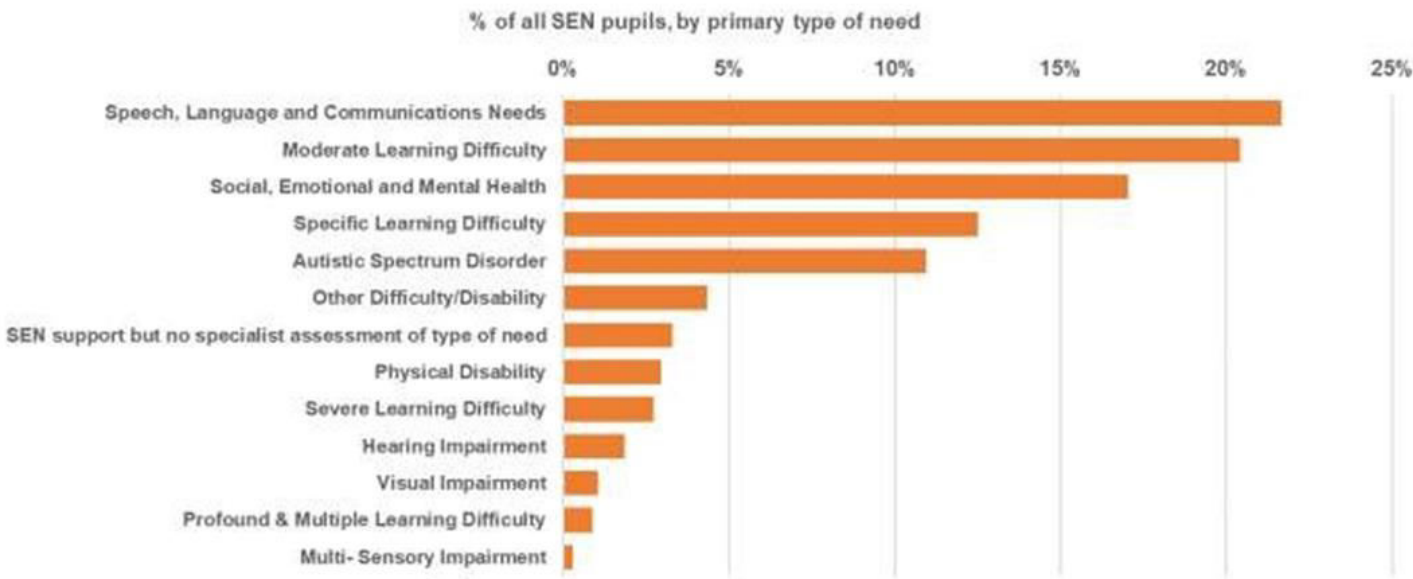


Bury Children by Primary Need



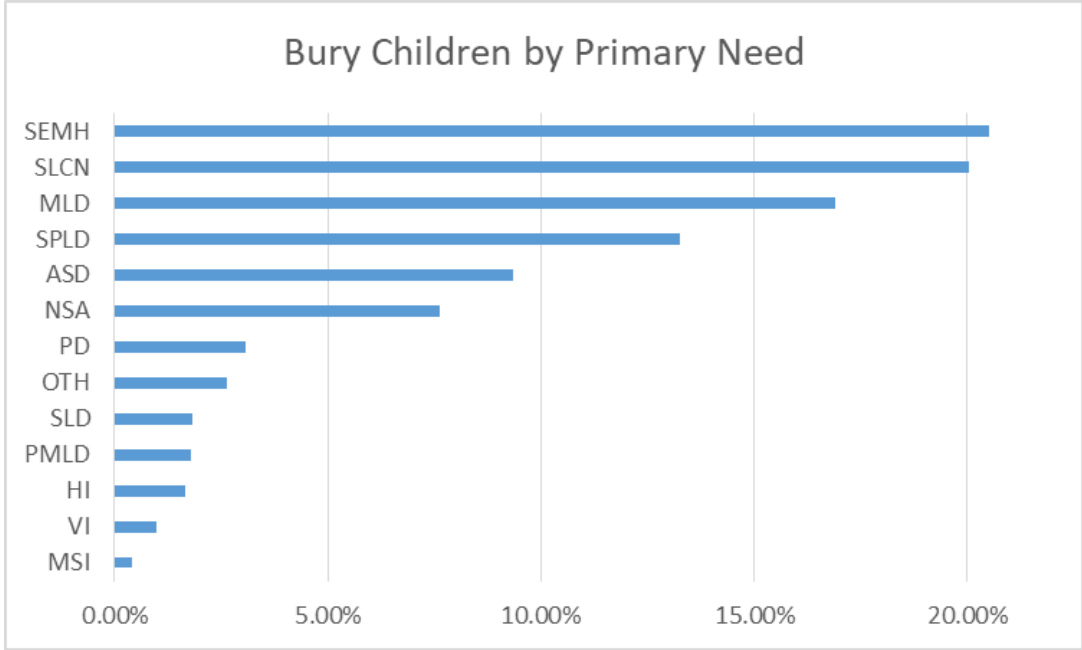
SEND population in Bury

What are the needs of children and young people with SEND compared to the rest of the UK?



The chart above shows the UK breakdown of SEN Pupils by Primary Need. The top three categories are Speech, Language and Communications Needs - 22% of pupils, Moderate Learning Difficulty - 20% and Social, Emotional and Mental Health – 17%.

The chart below shows the Bury breakdown of SEN Pupils by Primary Need. The top three categories are the same as the UK however in a slightly different order. Social, Emotional and Mental Health – 20.5% of pupils tops the chart followed by Speech, Language and Communications Needs - 20% and then Moderate Learning Difficulty - 17%

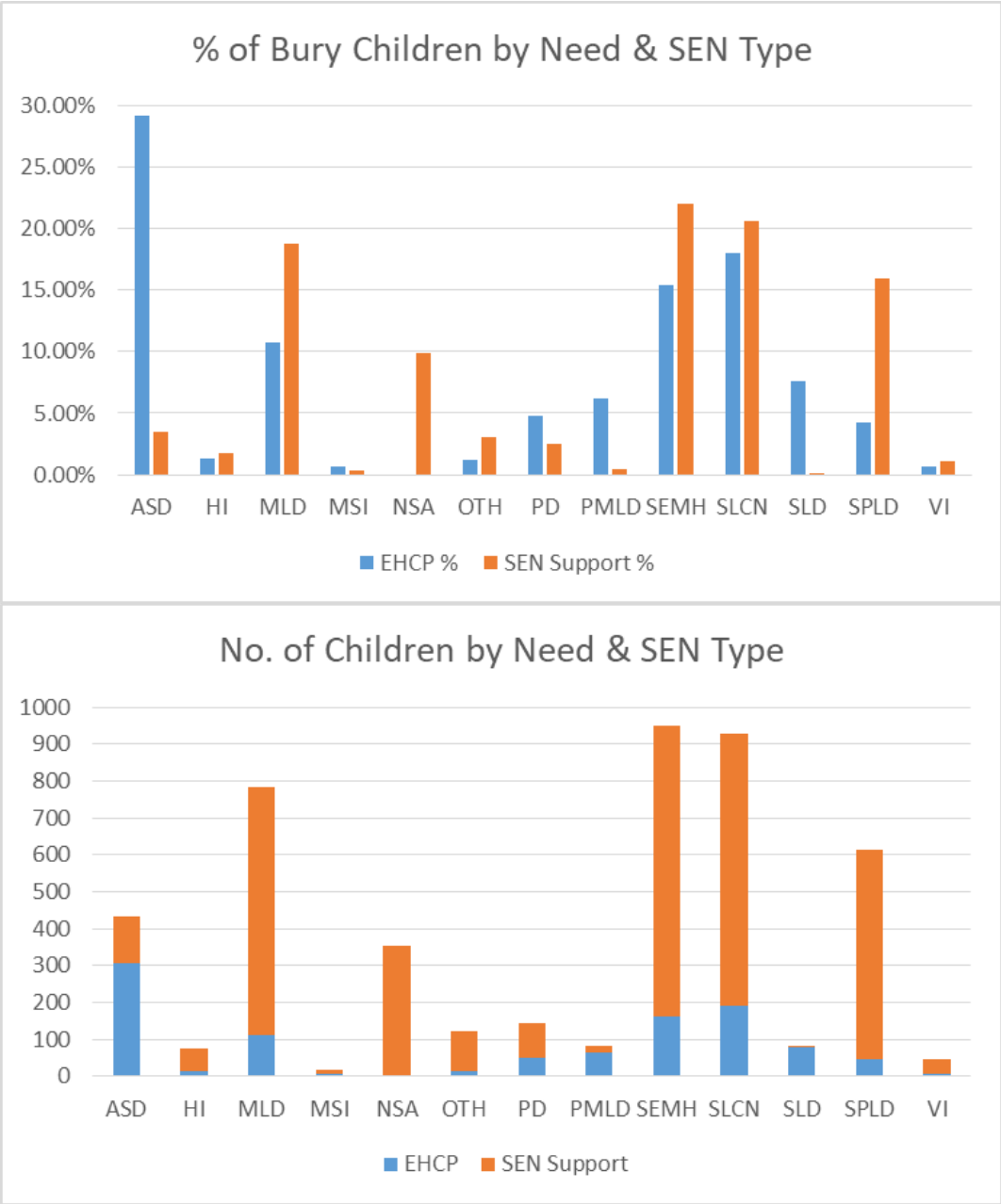


Data source: School Census Spring 2020

SEND population in Bury

What are the needs of children and young people with SEND broken down by EHCP & SEN Support?

Code	Primary Need
ASD	Autistic spectrum disorder
HI	Hearing impairment
MLD	Moderate learning difficulty
MSI	Multi-sensory impairment
NSA	SEN support but no specialist assessment of type of need
OTH	Other difficulty
PD	Physical disability
PMLD	Profound and multiple learning difficulty
SEMH	Social, emotional and mental health
SLCN	Speech, language and communication needs
SLD	Severe learning difficulty
SPLD	Specific learning difficulty
VI	Vision impairment



Data source: School Census Spring 2020

SEND population in Bury

What are the needs of children and young people with SEND broken down by EHCP & SEN Support?

UK – Bury comparison

SEN Supp, same top 3, different order ***

UK	
Primary Type of Need	SEN Support
Speech, Language and Communications Needs	23.40%
Moderate Learning Difficulty	22.80%
Social, Emotional and Mental Health	18.10%
Specific Learning Difficulty	14.90%
Autistic Spectrum Disorder	6.20%

Bury	
Primary Type of Need	SEN Support
Social, Emotional and Mental Health	22.00%
Speech, Language and Communications Needs	20.66%
Moderate Learning Difficulty	18.76%
Specific Learning Difficulty	15.90%
SEN support but no specialist assessment of type of need	9.88%

Of those with an EHC plan, Autistic Spectrum Disorder remains the most common primary type of need with 29% of pupils with an EHC plan having this primary type of need – UK
- Same for Bury ** Tidy up

UK	
Primary Type of Need	EHC Plan
Autistic Spectrum Disorder	29.00%
Speech, Language and Communications Needs	15.00%
Social, Emotional and Mental Health	13.30%
Severe Learning Difficulty	11.90%
Moderate Learning Difficulty	11.50%

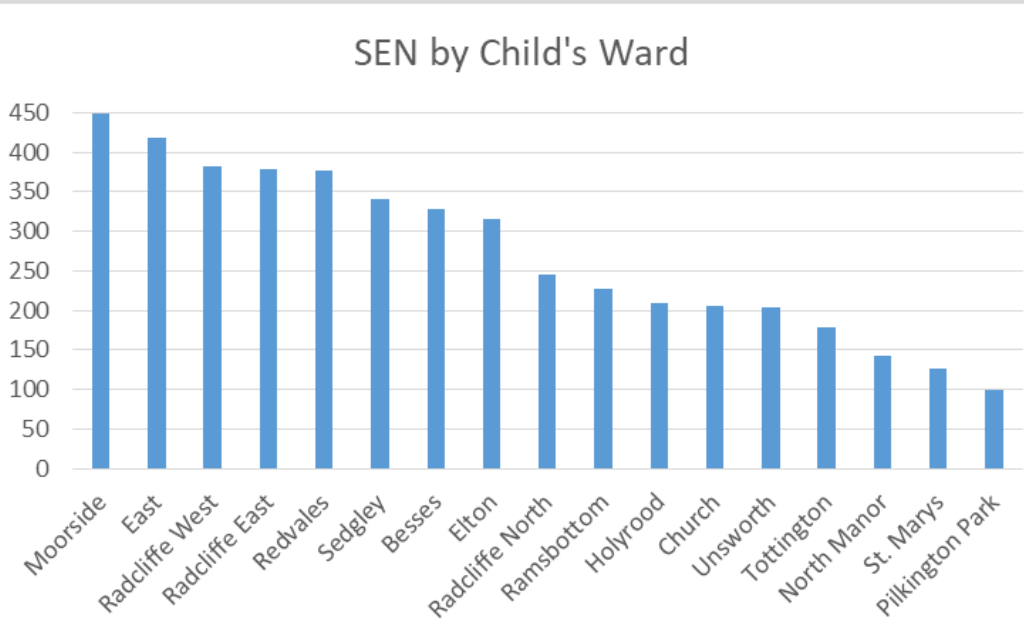
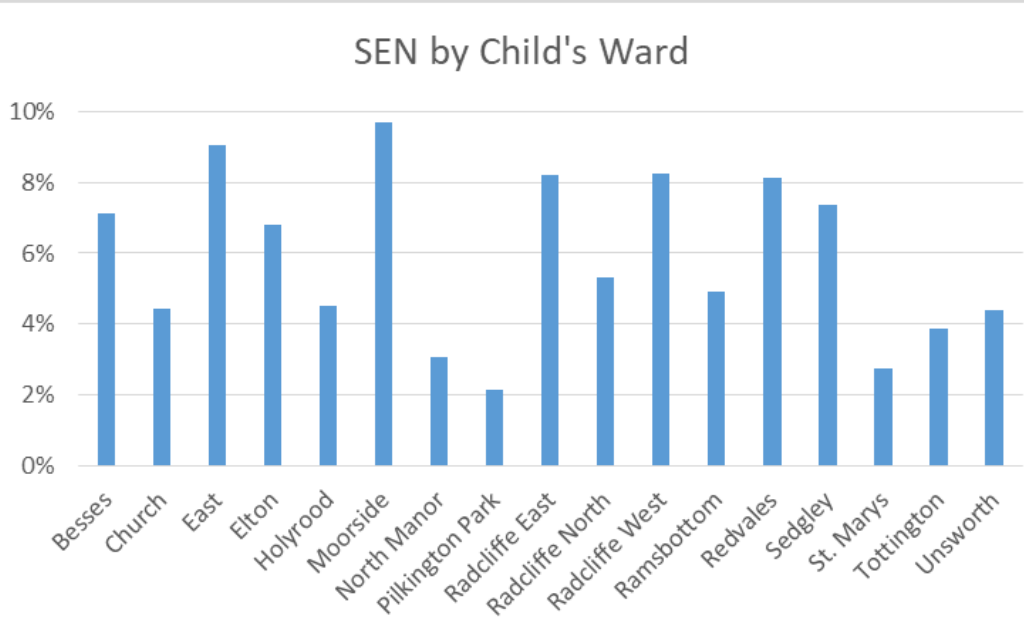
Bury	
Primary Type of Need	EHC Plan
Autistic Spectrum Disorder	29.14%
Speech, Language and Communications Needs	17.98%
Social, Emotional and Mental Health	15.42%
Moderate Learning Difficulty	10.69%
Severe Learning Difficulty	7.57%

Data source: School Census Spring 2020

SEND population in Bury

Where do children and young people with SEND live (child home address)? – School census

Ward	No. Children	% Children
Besses	329	7.11%
Church	206	4.45%
East	418	9.03%
Elton	315	6.80%
Holyrood	210	4.54%
Moorside	449	9.70%
North Manor	142	3.07%
Pilkington Park	100	2.16%
Radcliffe East	379	8.19%
Radcliffe North	246	5.31%
Radcliffe West	382	8.25%
Ramsbottom	228	4.92%
Redvales	376	8.12%
Sedgley	341	7.37%
St. Marys	127	2.74%
Tottington	179	3.87%
Unsworth	203	4.38%
Total	4630	



Data source: Bury School Census – Spring 2020

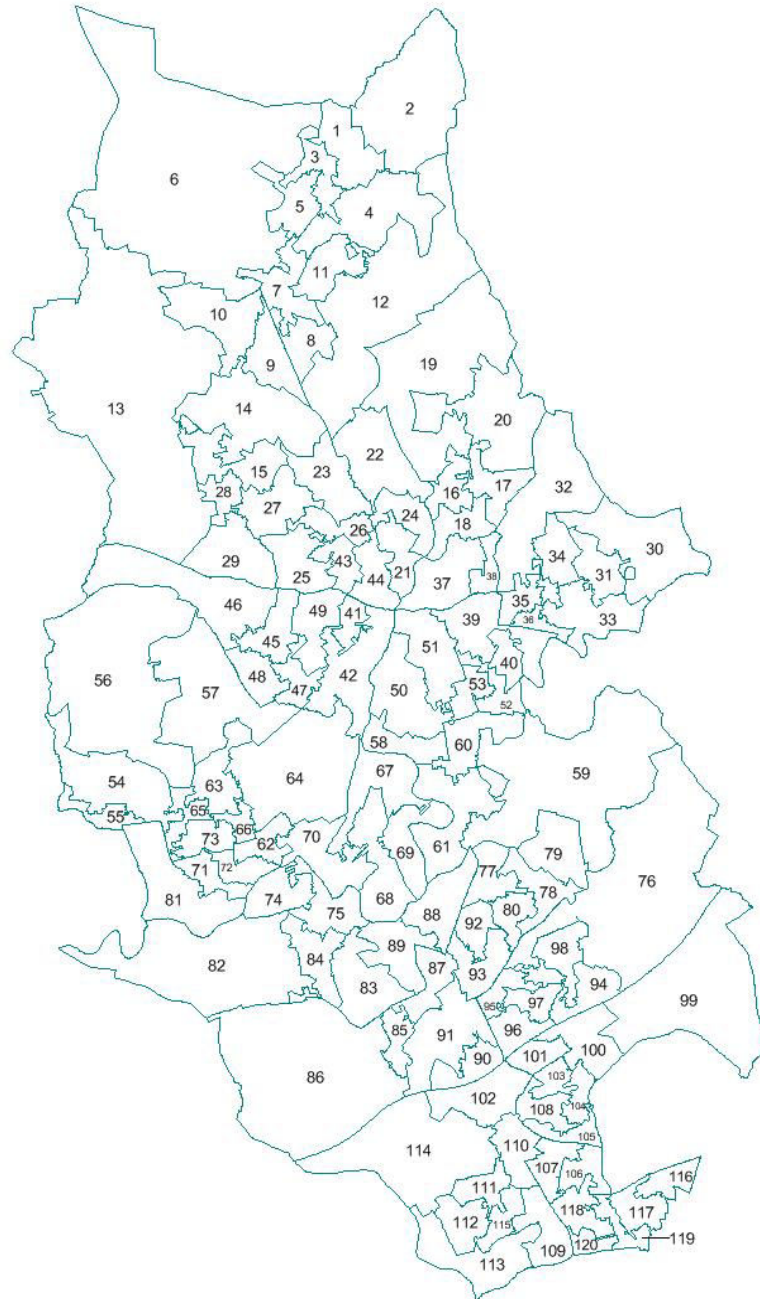
SEND population in Bury

Where do children and young people with SEND live?

- The following slides map where children with SEND live in Bury
- The data is broken down by both Ward and LSOA (Local Super Output Area)
- The data is also broken down by the SEN Types of EHCP and SEN Support.
- The detailed data is again taken from the Bury School Census – Spring 2020)
- A Ward map of Bury can be seen to the right with details of LSOAs on the next slide.

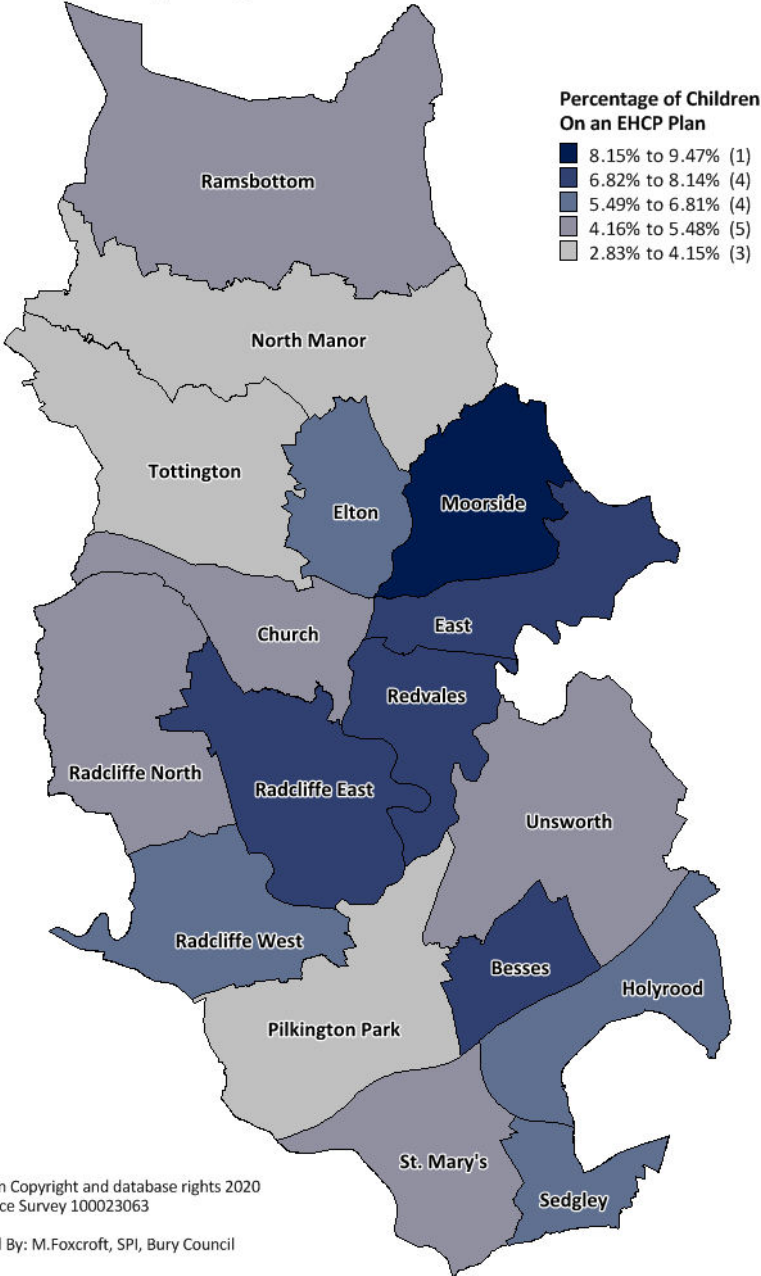


LSOA Reference Map

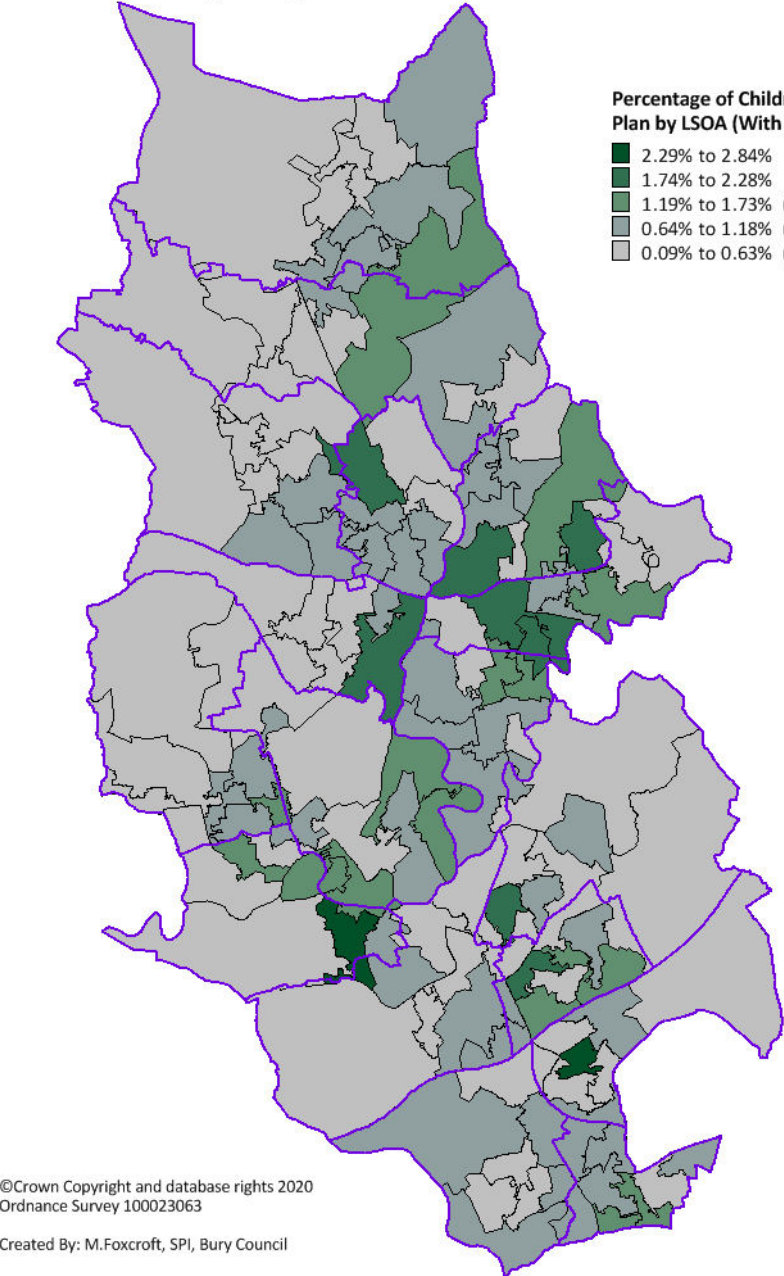


Map No.	LSOA code (2011)	LSOA name (2011)	LSOA Name (local)	Ward	Map No.	LSOA code (2011)	LSOA name (2011)	LSOA Name (local)	Ward
1	E01005014	Bury 001A	Ramsbottom Centre	Ramsbottom	62	E01004997	Bury 014A	Red Bank Playing Fields/Gorsefield	Raddcliffe East
2	E01005015	Bury 001B	Shuttleworth	Ramsbottom	63	E01004998	Bury 014B	St Andrews/Salisbury Road	Raddcliffe North
3	E01005016	Bury 001C	Pimmers Street/ Top Wood/ Carr	Ramsbottom	64	E01004999	Bury 014C	Elton Reservoir/Cemetery	Raddcliffe East
4	E01005017	Bury 001D	Nuttall Park	Ramsbottom	65	E01005002	Bury 014D	Turks Road West Area	Raddcliffe North
5	E01005018	Bury 001E	Tagg Wood Estate	Ramsbottom	66	E01005003	Bury 014E	Turks Road East Area/Ainsworth Road	Raddcliffe North
6	E01005021	Bury 001F	Holcombe Moor	Ramsbottom	67	E01004991	Bury 015A	Newbank/Swan Lodge	Raddcliffe East
7	E01005019	Bury 002A	Lancaster Ave/ Bolton Road West	Ramsbottom	68	E01004992	Bury 015B	Raddcliffe Tower/Eton Hill Road	Raddcliffe East
8	E01005023	Bury 002B	Newcombe Road Higher Summerseat	North Manor	69	E01004993	Bury 015C	Dumers Area/Close Park	Raddcliffe East
9	E01005046	Bury 002C	Vernon Road Greenmount	North Manor	70	E01004994	Bury 015D	Metrolink Station/Coney/New School	Raddcliffe East
10	E01005048	Bury 002D	Holcombe Road area Greenmount	North Manor	71	E01004990	Bury 016A	Bolton Road Park	Raddcliffe West
11	E01005020	Bury 003A	Whittingham Drive/ Nuttall Lane	Ramsbottom	72	E01004996	Bury 016B	Raddcliffe Cricket Club/Water Street	Raddcliffe West
12	E01005022	Bury 003B	Rowlands Rd Summerseat	North Manor	73	E01005004	Bury 016C	Raddcliffe Boro FC/Coronation Road	Raddcliffe North
13	E01005047	Bury 003C	Turton Road Tottington	Tottington	74	E01005008	Bury 016D	Civic Centre/Town Hall/Victoria Street	Raddcliffe West
14	E01005049	Bury 003D	Tottington Village	Tottington	75	E01005009	Bury 016E	Coronation Park/Town Centre	Raddcliffe East
15	E01005051	Bury 003E	Laurel Street/ Kirklees	Tottington	76	E01004945	Bury 017A	Pike Fold	Besses
16	E01004976	Bury 004A	Southfield Ave Copse Dr Seedfield Rd Seedfield Centre	Moorside	77	E01005055	Bury 017B	Sunnybank Centre	Unsworth
17	E01004977	Bury 004B	Limefield Brow Greymount Rd Lowes Rd	Moorside	78	E01005056	Bury 017C	Sunnybank Rd/Parr Lane	Unsworth
18	E01004978	Bury 004C	Moseley Ave Milner Ave Hamilton St Avondale Ave West Dr The Drive	Moorside	79	E01005057	Bury 017D	Hunters Hill/Church Meadow	Unsworth
19	E01004981	Bury 004D	Gin Hall Walmersley	North Manor	80	E01005058	Bury 017E	Sunnybank Wood	Unsworth
20	E01004982	Bury 004E	Walmersley Old Rd/ Tetrosyl/ Mill Rd	North Manor	81	E01004995	Bury 018A	Harper Fold/Cams Lane	Raddcliffe West
21	E01004961	Bury 005A	Woodhill	Elton	82	E01005010	Bury 018B	Outwood Area/King George's/Viaduct	Raddcliffe West
22	E01004965	Bury 005B	Brandlesholme North	Elton	83	E01005012	Bury 018C	Chapelfield / Stand Lane	Raddcliffe West
23	E01004966	Bury 005C	Brandlesholme Estate	Elton	84	E01005013	Bury 018D	St JohnEs / Pilkington Way Retail Park	Raddcliffe West
24	E01004967	Bury 005D	Brandlesholme East	Elton	85	E01004984	Bury 019A	Ringley/Park Lane	Pilkington Park
25	E01004963	Bury 006A	Cotswold Crescent	Tottington	86	E01004985	Bury 019B	Stand/ Outwood	Pilkington Park
26	E01004968	Bury 006B	Kirklees	Elton	87	E01004989	Bury 019C	Higher Lane/Church Lane	Pilkington Park
27	E01005050	Bury 006C	Sycamore Road/ Scobell Street	Tottington	88	E01005007	Bury 019D	Lily Hill/ Blackford Bridge	Pilkington Park
28	E01005052	Bury 006D	Booth Farm estate	Tottington	89	E01005011	Bury 019E	Raddcliffe New Rd	Pilkington Park
29	E01005053	Bury 006E	Walshaw	Tottington	90	E01004983	Bury 020A	Bury New Road/Phillips Park Road	Pilkington Park
30	E01004954	Bury 007A	Lea Mount Dr Rochdale Old Rd Broadbent Dr	East	91	E01004986	Bury 020B	Higher Lane/Bury New Rd	Pilkington Park
31	E01004955	Bury 007B	Foxglove Dr Rochdale Old Rd Second Ave Inglewood Cl Gorse Bank	East	92	E01004987	Bury 020C	Elms North	Unsworth
32	E01004956	Bury 007C	Danesmoor Dr Hawk Close Kestrel Drive	Moorside	93	E01004988	Bury 020D	Elms South	Unsworth
33	E01004957	Bury 007D	Teak St Hazel Ave Craven Street Renshaw Dr Bridgefield Dr	East	94	E01004941	Bury 021A	Mode Hill/Ribble Drive	Besses
34	E01004960	Bury 007E	Chesham Fold	Moorside	95	E01004942	Bury 021B	Moss Lane/Ribble drive	Besses
35	E01004958	Bury 008A	Villier St Percy St Pine St	East	96	E01004943	Bury 021C	Thatch Leach Lane	Besses
36	E01004959	Bury 008B	Willow St	East	97	E01004944	Bury 021D	Hazel Rd/Oxbow Close	Besses
37	E01004979	Bury 008C	Fernhill	Moorside	98	E01004946	Bury 021E	Mersey Drive	Besses
38	E01004980	Bury 008D	Cateaton St	Moorside	99	E01004969	Bury 022A	Simister	Holyrood
39	E01005024	Bury 008E	Pimhole Rd South Cross St Cecil Street The Rock Bus Depot Market	East	100	E01004970	Bury 022B	Peveril Close/Oldfield Road	Holyrood
40	E01005026	Bury 008F	Killon St Ingham St Madon St James S	East	101	E01004971	Bury 022C	Kirkhams	Holyrood
41	E01004947	Bury 009A	Whitehead Park	Church	102	E01005034	Bury 022D	Prestwich Hospital/Motorway junction area	St Mary's
42	E01004948	Bury 009B	Daisyfield	Church	103	E01004972	Bury 023A	Polefield Estate	Holyrood
43	E01004962	Bury 009C	Woolfold	Elton	104	E01004973	Bury 023B	Hastings Road/Milton Road/Orange Hill Rd	Holyrood
44	E01004964	Bury 009D	All Saints	Elton	105	E01004975	Bury 023C	Heaton Park Metro Stn Area	Holyrood
45	E01004949	Bury 010A	Chantlers	Church	106	E01005039	Bury 023D	Bent Lane/Bannerman Avenue Area	Sedgley
46	E01004950	Bury 010B	Lowercroft	Church	107	E01005045	Bury 023E	St Mary's Park Area	Sedgley
47	E01004951	Bury 010C	Bolton Road	Church	108	E01004974	Bury 024A	Heys Road/Glebelands Road Area	Holyrood
48	E01004952	Bury 010D	Seddons Farm	Church	109	E01005033	Bury 024B	Barnfield Park Area	Sedgley
49	E01004953	Bury 010E	Elton Vale	Church	110	E01005036	Bury 024C	Church Lane/Clarks Hill	St Mary's
50	E01005025	Bury 011A	Buckley Wells Manchester Old Rd Radcliffe Rd Redvales rd Ribchester Dr Oper	Redvales	111	E01005037	Bury 024D	Sandy Lane/Lowther Road	St Mary's
51	E01005027	Bury 011B	Bolton St Millet St Manchester Rd Richmond St Bury Interchange	Redvales	112	E01005031	Bury 025A	Car Clough Estate	St Mary's
52	E01005028	Bury 011C	Springs - Townside Row KillonSt AlfredSt Hampshire Cl Gigg Lane Somerset Dr	Redvales	113	E01005032	Bury 025B	Rainsough	St Mary's
53	E01005029	Bury 011D	Wellington Rd Grafton Street Gigg Lane Rhiwlas Drive	Redvales	114	E01005035	Bury 025C	Pretwich Clough/Clifton Road/Gardner Road area	St Mary's
54	E01005000	Bury 012A	Bradley Fold	Raddcliffe North	115	E01005038	Bury 025D	Butterstile Lane/Agercroft Road Area	St Mary's
55	E01005001	Bury 012B	Raddcliffe Moor Road	Raddcliffe North	116	E01005040	Bury 026A	Downham Crescent/Windsor Road Area	Sedgley
56	E01005005	Bury 012C	Ainsworth West	Raddcliffe North	117	E01005041	Bury 026B	Brooklands Road/Park Road Area	Sedgley
57	E01005006	Bury 012D	Ainsworth East/ Cockey Moor	Raddcliffe North	118	E01005042	Bury 026C	Sedgley Park/Park Road Area	Sedgley
58	E01005030	Bury 013A	Openshaw Fold Rd Warth Rd Tarn Drive Windermere Dr Redvales Rd	Redvales	119	E01005043	Bury 026D	Danesway/Ravensway	Sedgley
59	E01005054	Bury 013B	Hollins/ Pilsworth	Unsworth	120	E01005044	Bury 026E	Kings Road Area	Sedgley
60	E01005059	Bury 013C	Cemetery Football Ground Lakeland Cres Tennyson Ave Grassmere Dr Gigg Lar	Redvales					
61	E01005060	Bury 013D	Lakeland Cres Meadowway Manchester Rd Blackford Bridge	Redvales					

SEND in Bury
Spring School Census 2020

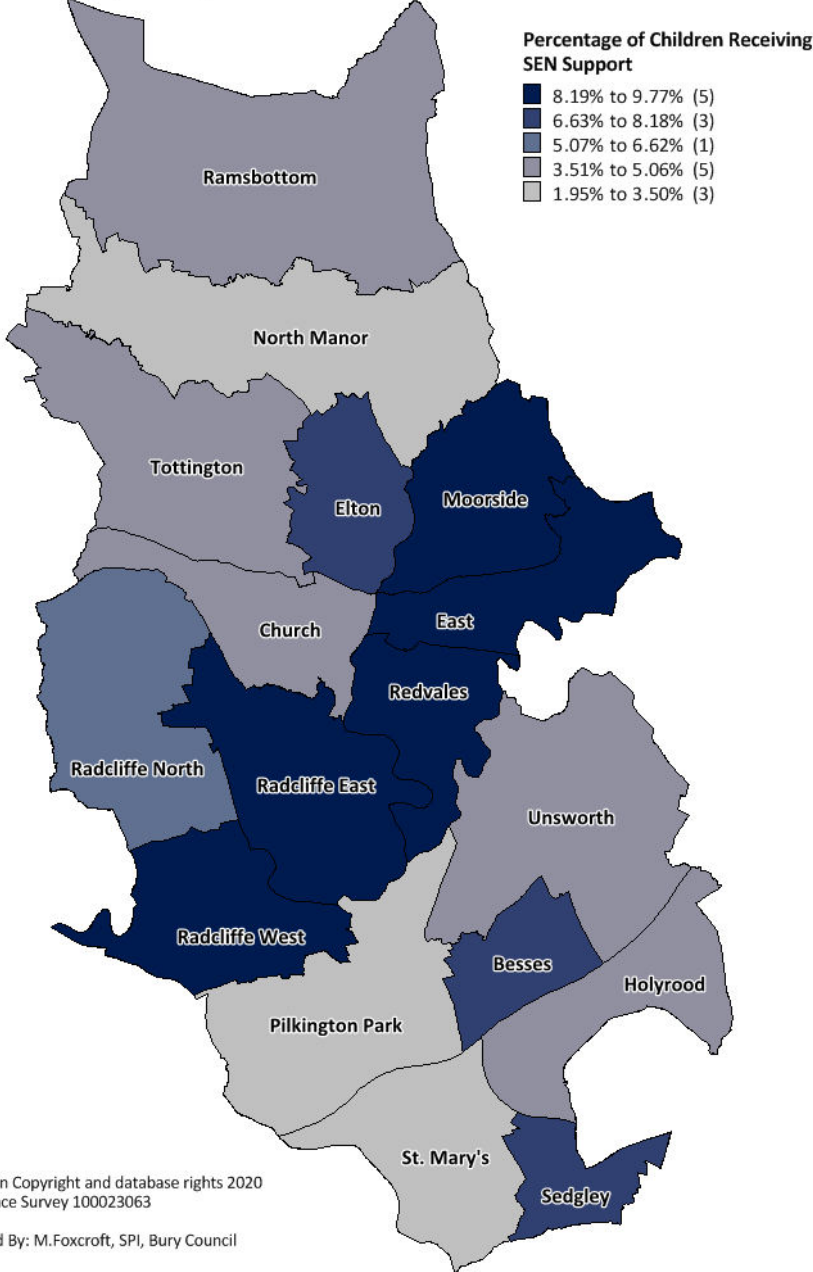


SEND in Bury
Spring School Census 2020

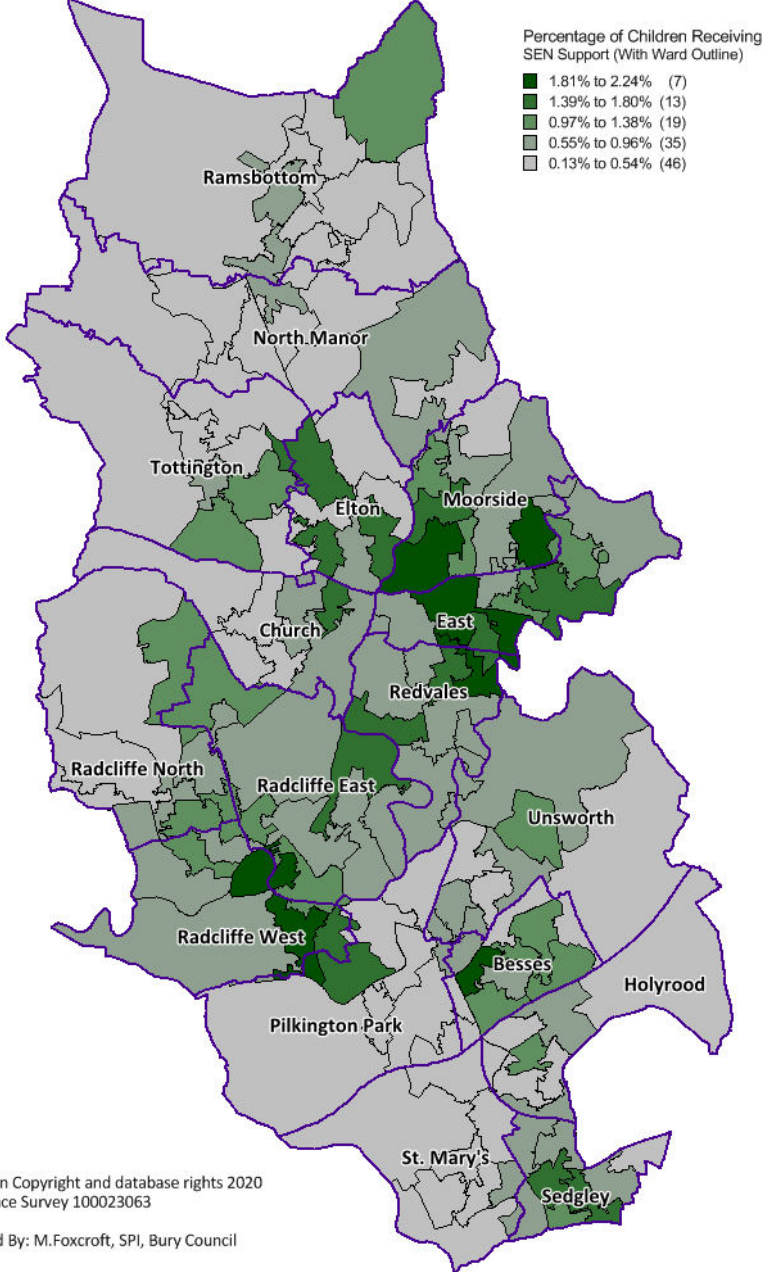


SEND % of Children with
SEN Support

SEND in Bury
Spring School Census 2020

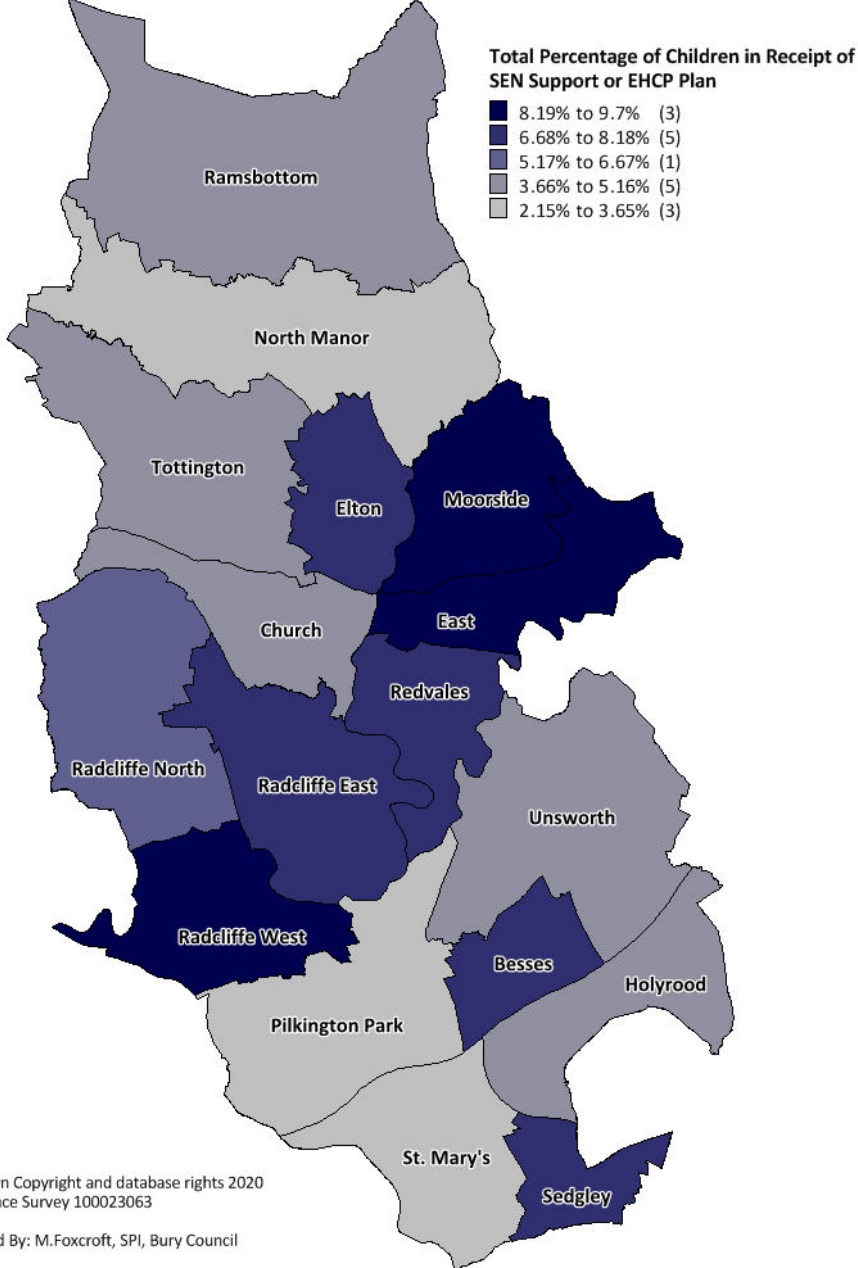


SEND in Bury
Spring School Census 2020



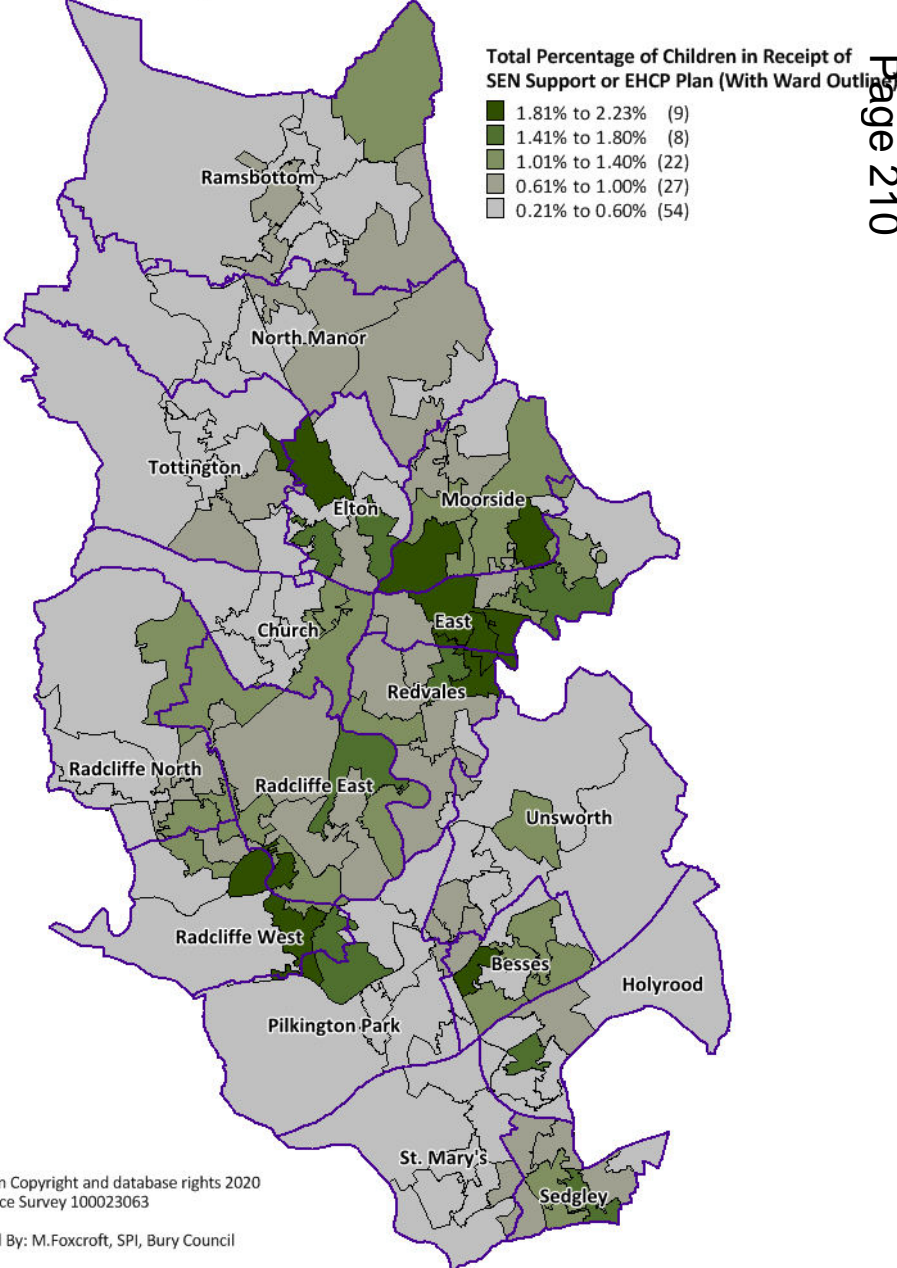
SEND % of Children with
EHCP and/or SEN Support

SEND in Bury
Spring School Census 2020



©Crown Copyright and database rights 2020
Ordnance Survey 100023063
Created By: M.Foxcroft, SPI, Bury Council

SEND in Bury
Spring School Census 2020



©Crown Copyright and database rights 2020
Ordnance Survey 100023063
Created By: M.Foxcroft, SPI, Bury Council

SEND population in Bury

Where do children and young people with SEND live relative to scores derived from the Department of Communities and Local Government's Index of Multiple Deprivation (IMD).

This index is constructed around the concept that deprivation itself is comprised of many different aspects. These aspects are formed into domains in the index. These domains, and the indicators which are contained within them, are calculated for the smaller areas of LSOAs.

For the table opposite the 'scores' have been consolidated to provide an overall measure of deprivation for the wards within Bury and ranked from 1-17, with 1 being the 'most' deprived and 17 the 'least'.

IMD	Ward	No. Children	% Children
1	East	418	9.03%
2	Moorside	449	9.70%
3	Radcliffe West	382	8.25%
4	Besses	329	7.11%
5	Redvales	376	8.12%
6	Radcliffe East	379	8.19%
7	St. Marys	127	2.74%
8	Radcliffe North	246	5.31%
9	Holyrood	210	4.54%
10	Sedgley	341	7.37%
11	Unsworth	203	4.38%
12	Elton	315	6.80%
13	Church	206	4.45%
14	Pilkington Park	100	2.16%
15	Ramsbottom	228	4.92%
16	Tottington	179	3.87%
17	North Manor	142	3.07%

Data source: School Census Spring 2020

SEND population in Bury

Where do children and young people with SEND live relative to scores derived from the Department of Communities and Local Government's Index of Multiple Deprivation (IMD).

When sorted by largest numbers of SEND children to smallest we can see that the three wards with the highest populations are also the three most 'deprived' wards when using the consolidated IMD 'scores' described on the previous page.

This is not dissimilar to the national picture, the 2016 report, 'Special educational needs and their links to poverty' by the highly respected Joseph Rowntree Foundation stated:

"SEND and poverty are closely linked...the causes of SEND and poverty are interrelated and work both ways. Children with SEND are more likely to become poor, while children living in poverty are more likely to develop SEND."

<https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

IMD	Ward	No. Children	% Children
2	Moorside	449	9.70%
1	East	418	9.03%
3	Radcliffe West	382	8.25%
6	Radcliffe East	379	8.19%
5	Redvales	376	8.12%
10	Sedgley	341	7.37%
4	Besses	329	7.11%
12	Elton	315	6.80%
8	Radcliffe North	246	5.31%
15	Ramsbottom	228	4.92%
9	Holyrood	210	4.54%
13	Church	206	4.45%
11	Unsworth	203	4.38%
16	Tottington	179	3.87%
17	North Manor	142	3.07%
7	St. Marys	127	2.74%
14	Pilkington Park	100	2.16%

Data source: School Census Spring 2020

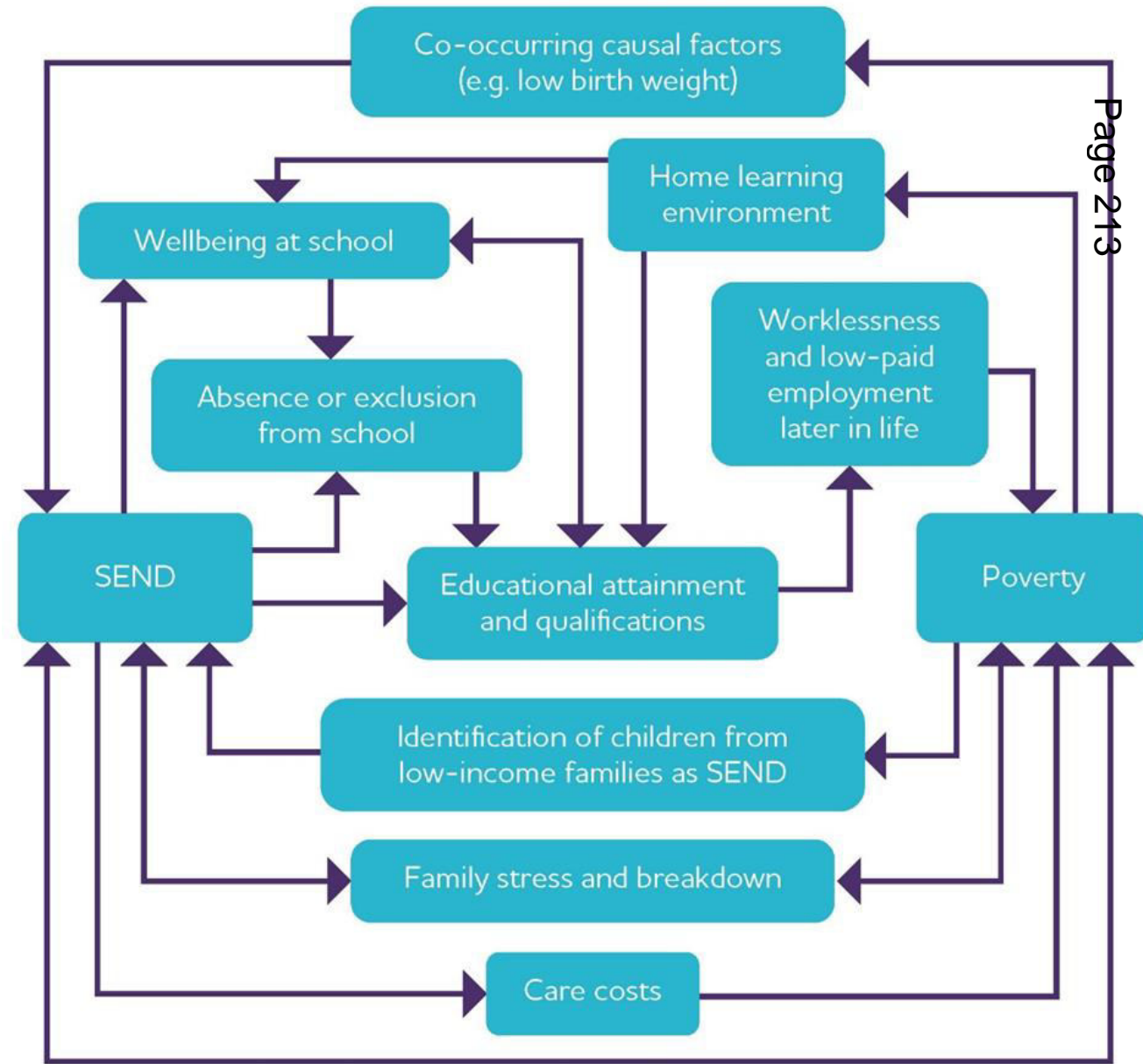
SEND population in Bury

Where do children and young people with SEND live?

The links between SEND and poverty

2016 report, 'Special educational needs and their links to poverty' JRF

<https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty>

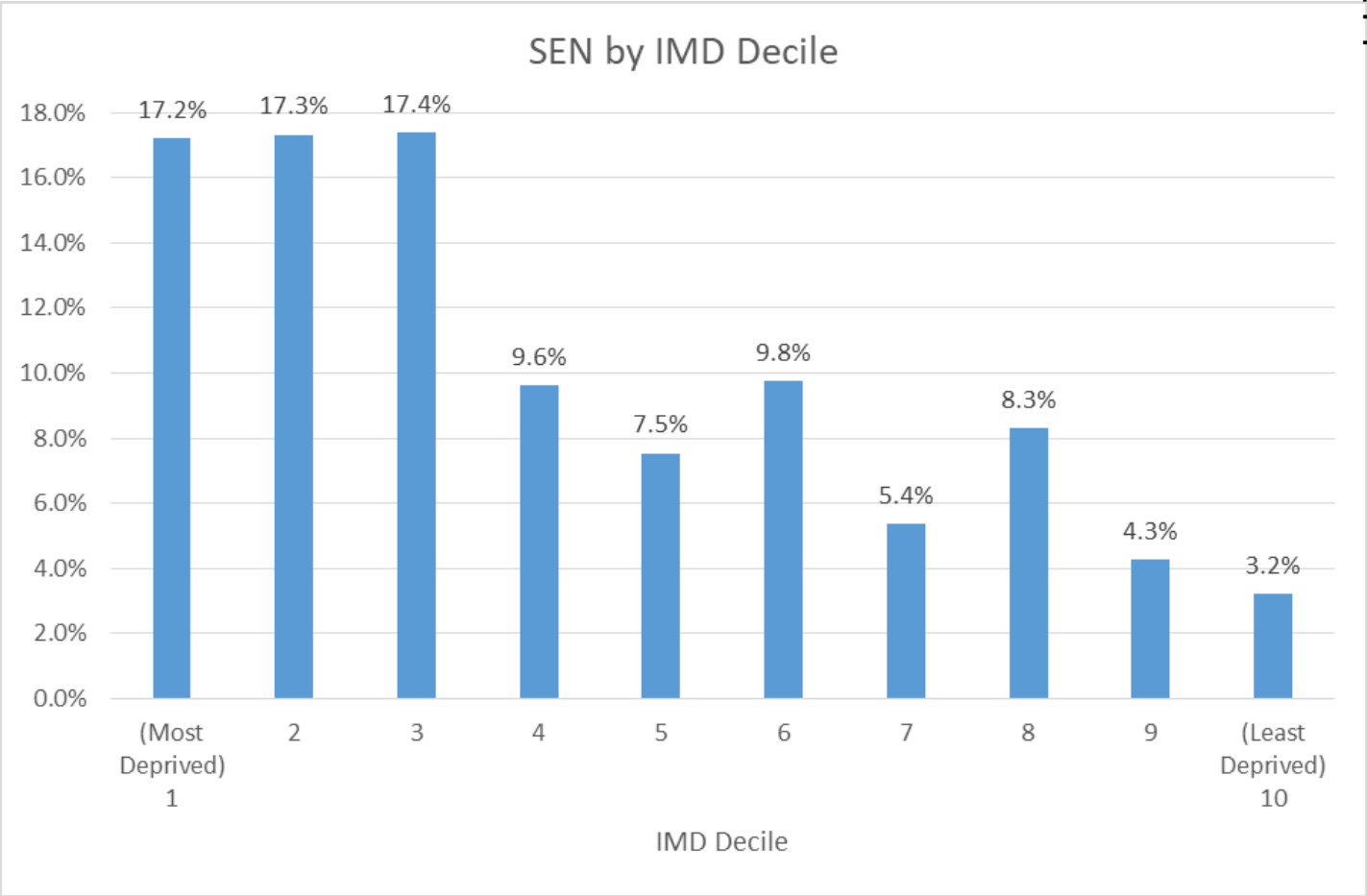


SEND population in Bury

Where do children and young people with SEND live relative to IMD 'scores'.

IMD Deciles are broken down by 10% stages with 1 being the 'most' deprived 10% and 10 the 'least'.

IMD Decile	No. of Children	% of Children
1	798	17.24%
2	804	17.37%
3	808	17.46%
4	450	9.72%
5	354	7.65%
6	458	9.89%
7	256	5.53%
8	392	8.47%
9	206	4.45%
10	158	3.41%
Total	4629	



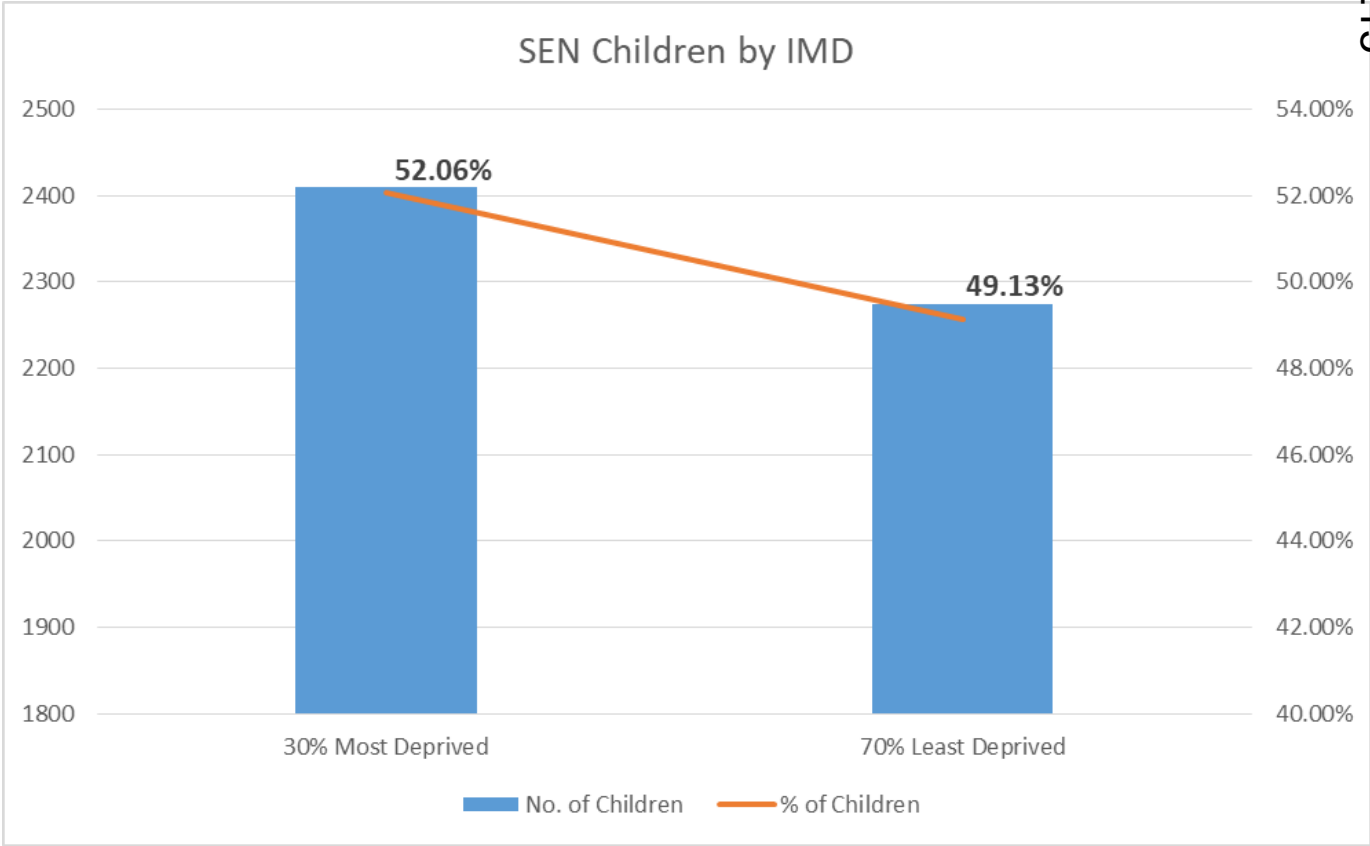
Data source: School Census Spring 2020

SEND population in Bury

Where do children and young people with SEND live relative to IMD 'scores'.

	No. of Children	% of Children
30% Most Deprived	2410	52.06%
70% Least Deprived	2274	49.13%

Within Bury there are more children with SEND (school age) living within the 'most' deprived 30% of LSOAs than there are in the 70% 'least' deprived.



Data source: School Census Spring 2020

SEND population in Bury

Ethnicity Breakdown

Is there any correlation between Ethnicity and SEND?

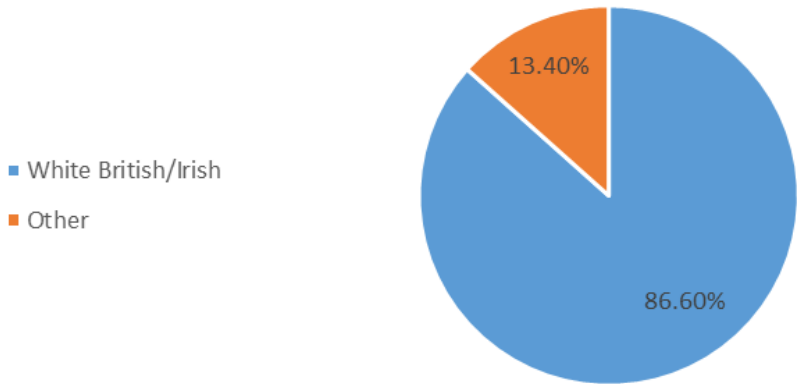
Below we can see that there is a higher percentage of C&YP with ethnicity classed as other than White British/Irish within the SEND cohort when compared to the overall population of Bury taken from the 2011 Census.

* A small number of children (19) had no ethnicity declared

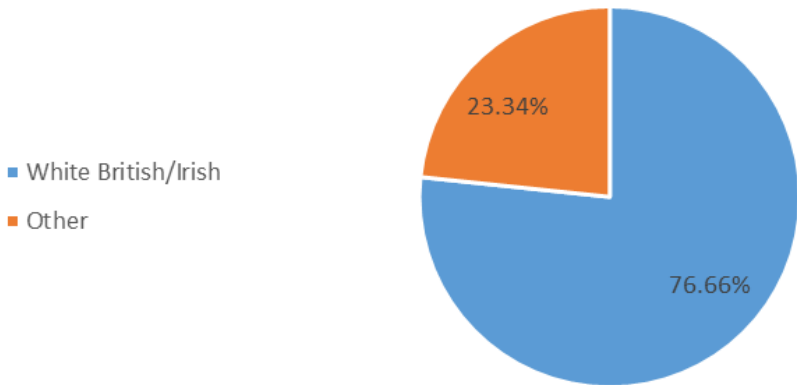
Census 2011 – Bury Population		
Ethnicity	No. of People	%
White British/Irish	160254	86.60%
Other	24806	13.40%

*School Census Spring 2020		
Ethnicity	No. of Children	%
White British/Irish	3535	76.66%
Other	1076	23.34%

UK Census 2011 -
Ethnicity Breakdown All Bury Population



School Census Spring 2020 -
Ethnicity Breakdown Bury SEN Children



SEND population in Bury

Ethnicity Breakdown

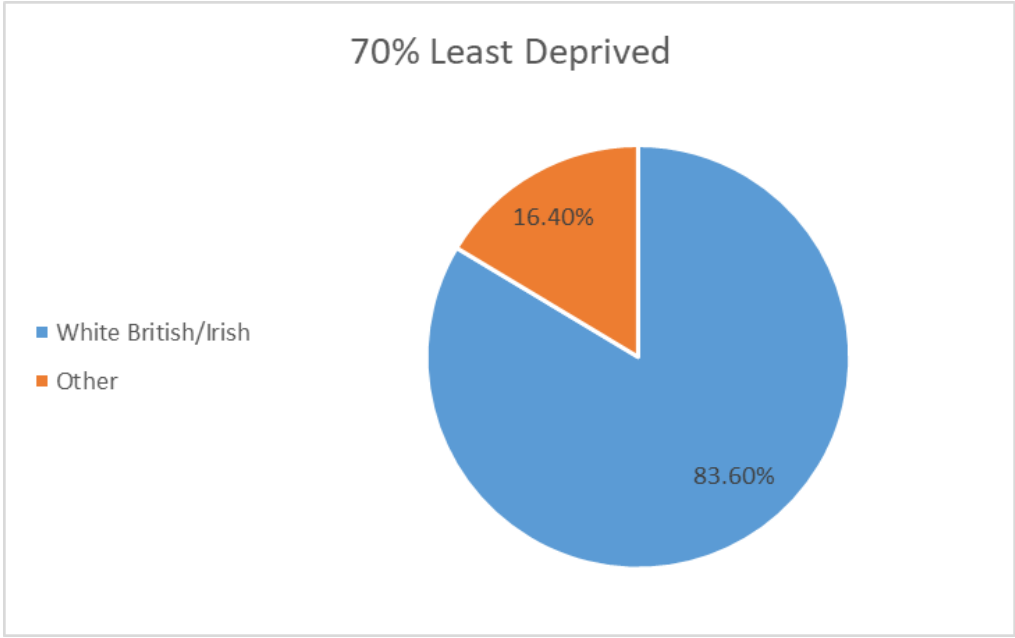
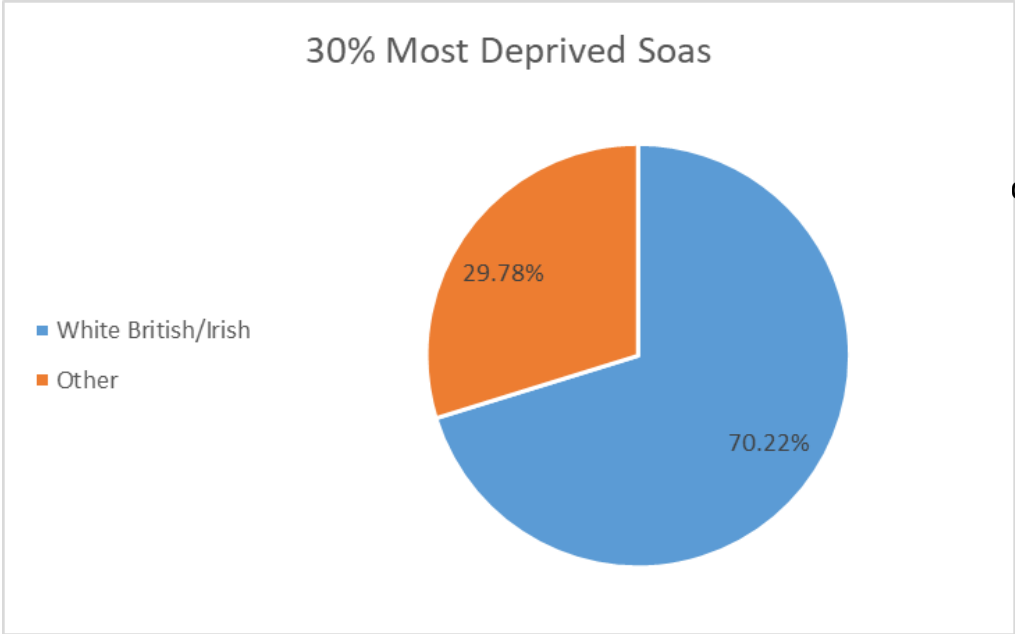
Is there any correlation between Ethnicity, SEND and IMD?

**** Need comparison with whole pop otherwise take out as tells us nothing.**

30% Most Deprived		
Ethnicity	No. of Children	%
White British/Irish	1679	70.22%
Other	712	29.78%

70% Least Deprived		
Ethnicity	No. of Children	%
White British/Irish	1856	83.60%
Other	364	16.40%

Data source: School Census Spring 2020

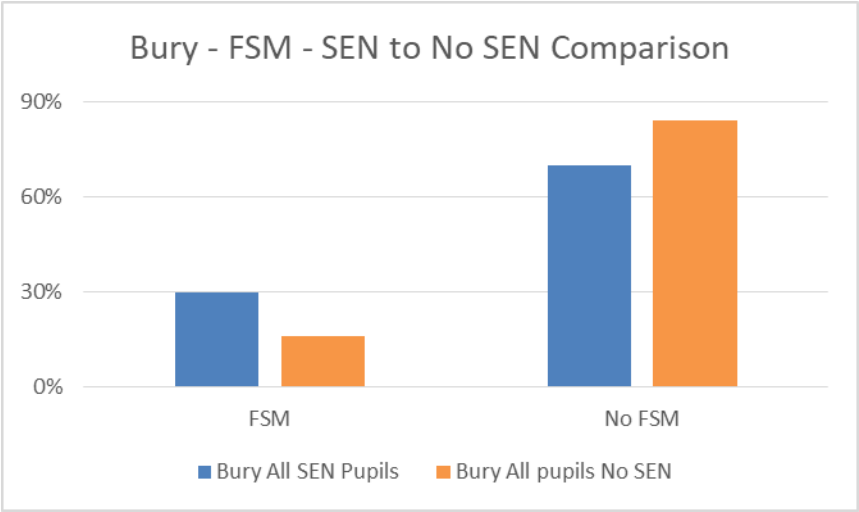


SEND population in Bury

Free School Meals

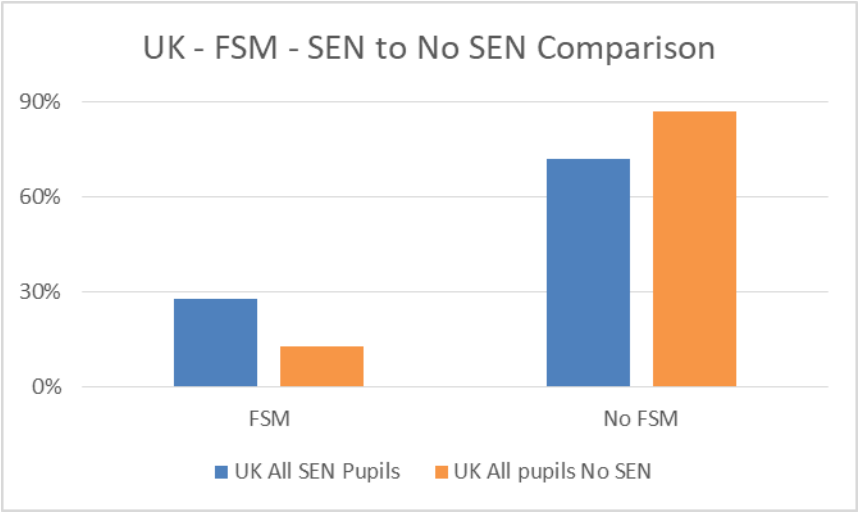
The percentage of pupils with Special Educational Needs (SEN) in Bury who are eligible for free school meals is almost double that of those with no SEN

Bury		
	All SEN Pupils	All pupils No SEN
FSM	30%	16%
No FSM	70%	84%



Whilst pupils with SEN in Bury are more likely to be eligible for free school meals this is broadly in line with National trends, although both percentages of pupils eligible for FSM are slightly higher in Bury.

UK		
	All SEN Pupils	All pupils No SEN
FSM	28%	13%
No FSM	72%	87%



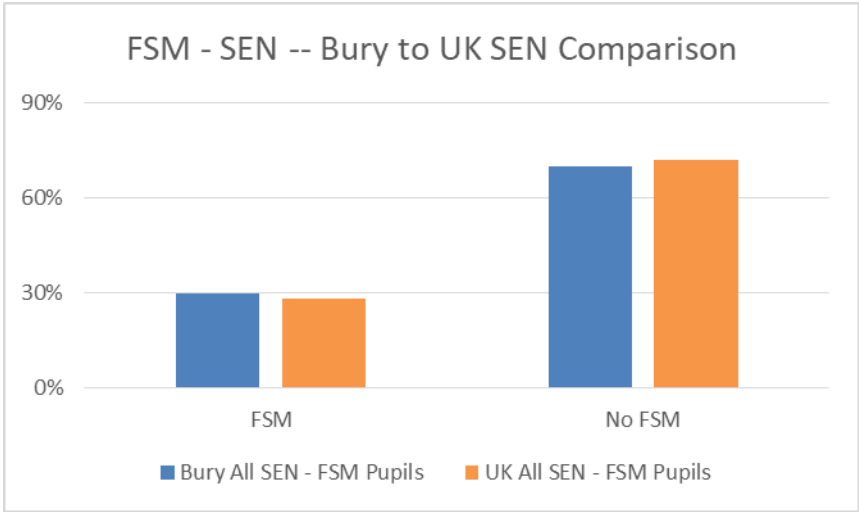
Data source: School Census Spring 2020

SEND population in Bury

Free School Meals

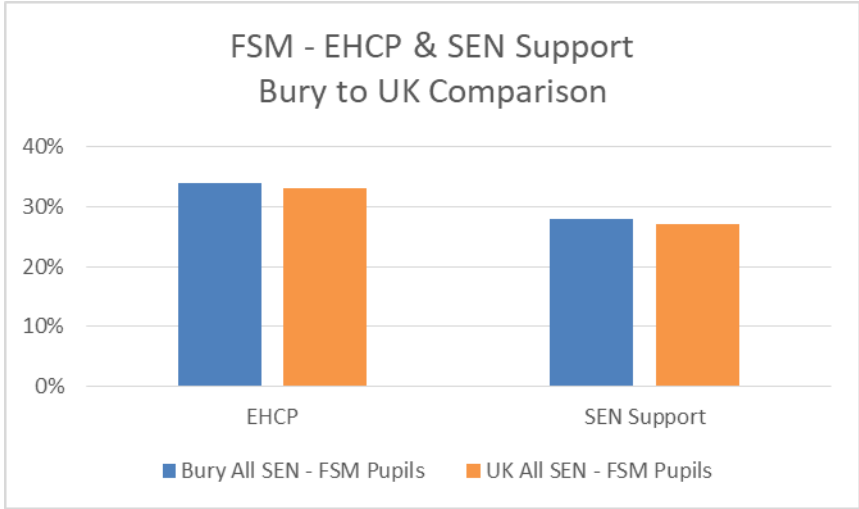
As mentioned previously percentages of FSM SEN pupils in Bury are broadly in line with National averages, when we look only at the SEN cohort then percentages of pupils eligible for FSM are very closely aligned with National figures.

	Bury All SEN - FSM Pupils	UK All SEN - FSM Pupils
FSM	30%	28%
No FSM	70%	72%



This trend continues when we break this cohort down further to the two distinct 'SEN Types' of EHCP & SEN Support with Bury figures almost identical to National averages.

	Bury All SEN - FSM Pupils	UK All SEN - FSM Pupils
EHCP	34%	33%
SEN Support	28%	27%

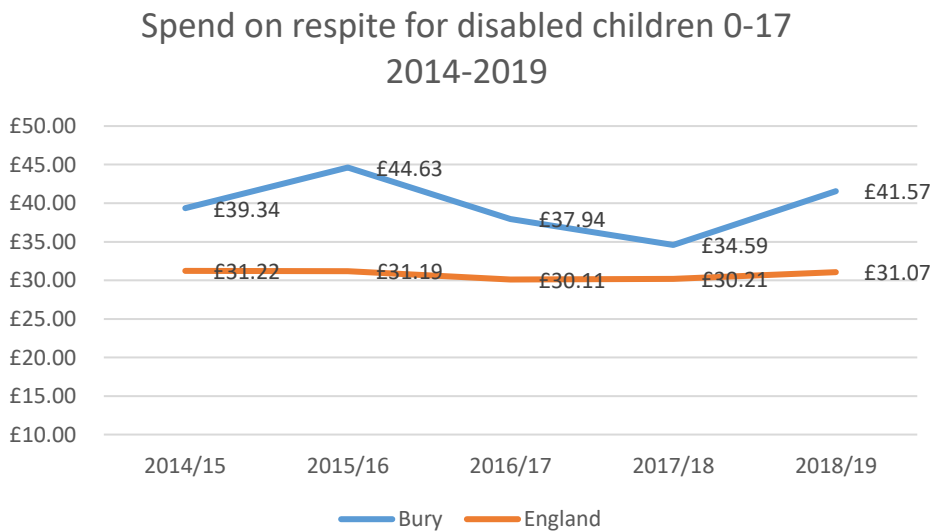
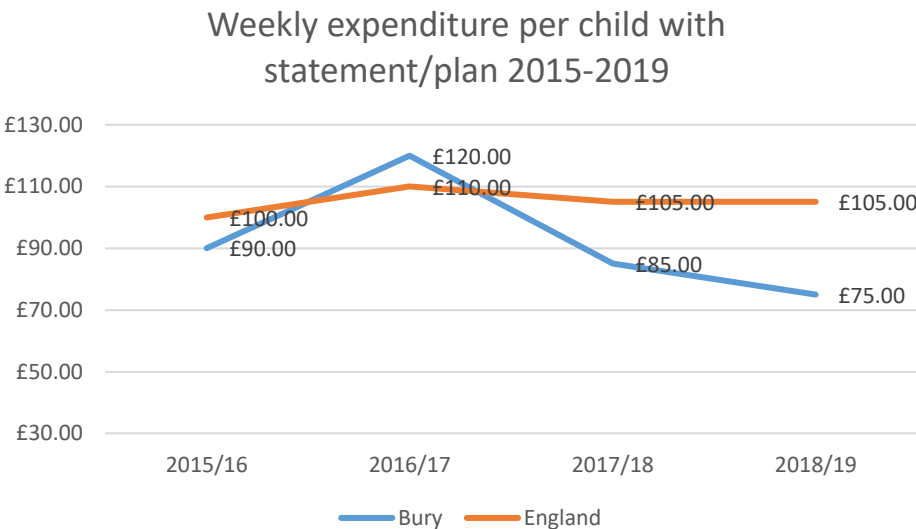


Data source: School Census Spring 2020

SEND Expenditure in Bury

SEND Spend

- Bury has a higher than England average spend for respite for disabled children
- Bury has a lower average weekly expenditure per child with SEND support compared to England.



Data collected and provided by LG Inform

Education

Where are pupils with SEND educated within Bury?

~~Text

AS: We're working on an alternative or addition to >

AK: Think we should have the breakdown on the following slide and not this, not sure what it tells us? Different school types seems more about the various ways schools get funding, church funding etc.

Would also need number/% of schools in each category for context? Breakdown by PS/SS etc. Would seem more universally comprehensible to people.

Sum of SEN and EHC per School Type

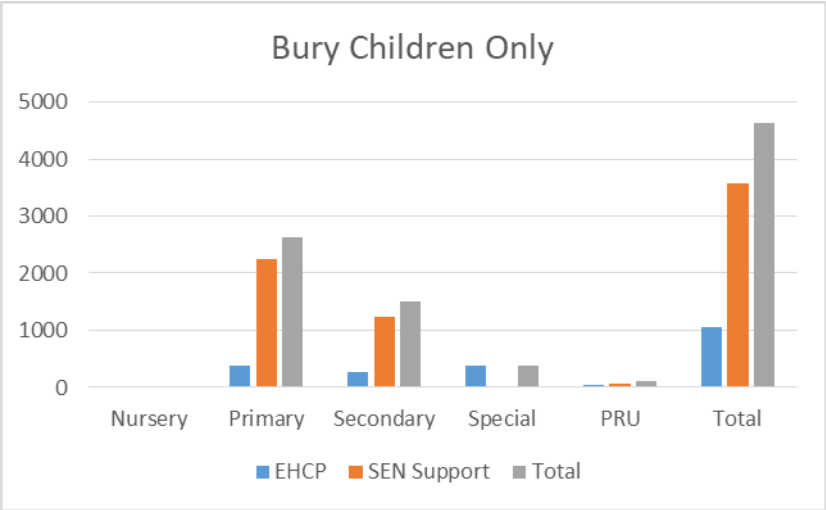
School Type	Sum of SEN support	Sum of EHC plan
Academy converter	811	84
Academy special converter	0	247
Academy sponsor led	449	85
Community school	1413	299
Community special school	12	148
Foundation school	31	2
Local authority nursery school	18	2
Other independent school	120	1
Other independent special school	31	17
Pupil referral unit	67	39
Voluntary aided school	807	179
Voluntary controlled school	326	34
Grand Total	4085	1137

Data collected and provided by Bury Council

Education

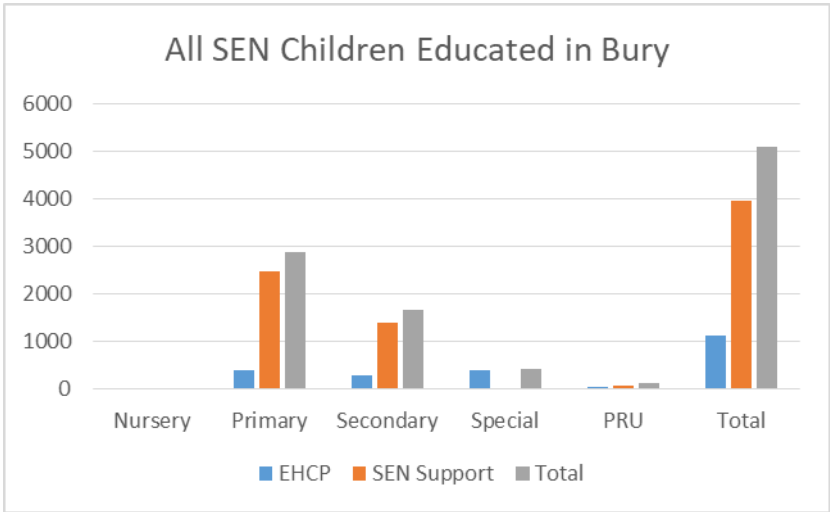
Where are pupils with SEND educated within Bury?

Bury Children Only			
School Type	EHCP	SEN Support	Total
Nursery	2	17	19
Primary	385	2237	2622
Secondary	258	1246	1504
Special	371		371
PRU	41	73	114
Total	1057	3573	4630



Data from ‘School Census’ and therefore Nursery relates to Maintained Nurseries only, details of PVI (Private, Voluntary or Independent) establishments are broken down on [pages XXX](#)

All SEN Children Educated in Bury			
School Type	EHCP	SEN Support	Total
Nursery	2	18	20
Primary	406	2463	2869
Secondary	284	1383	1667
Special	398	18	416
PRU	41	75	116
Total	1131	3957	5088

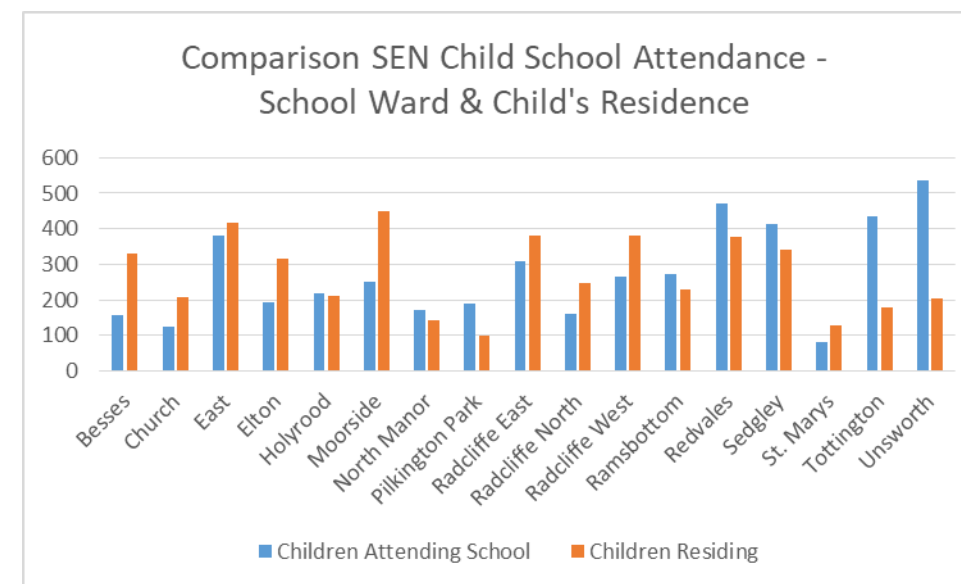
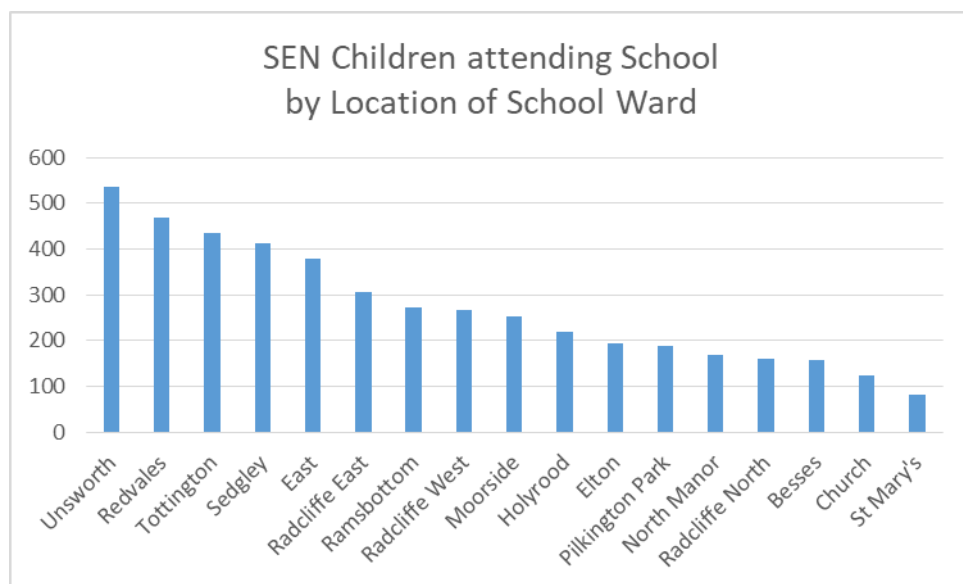


Data source: School Census Spring 2020

Education

Where are pupils with SEND educated within Bury?

The following slides show which wards have the highest numbers of SEND C&YP attending schools within their boundaries. We can also see how this looks relative to the ward breakdown of where SEND C&YP live.



After discounting Unsworth, which houses Bury's only Secondary Special School, the next three highest wards all have two secondary schools within their boundaries. However Sedgeley also has two secondary schools but ranks 10th in the list.

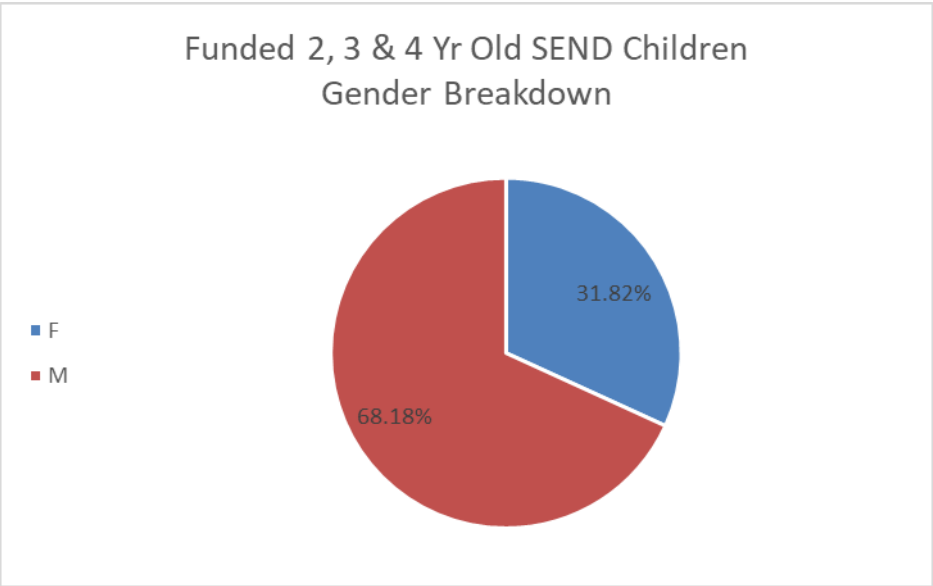
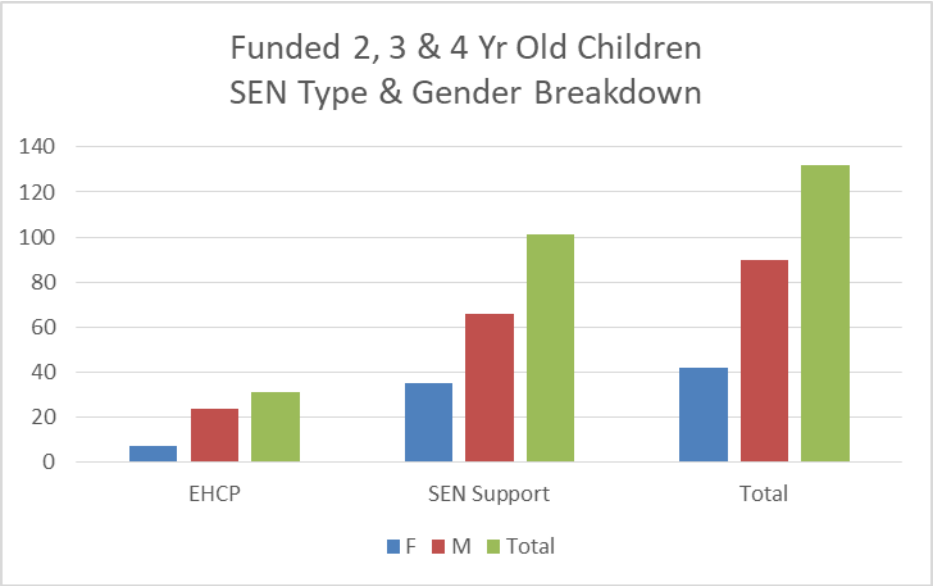
Data source: School Census Spring 2020

Education

Early Years

Funded 2, 3 & 4 Yr Old Children			
	F	M	Total
EHCP	7	24	31
SEN Support	35	66	101
Total	42	90	132

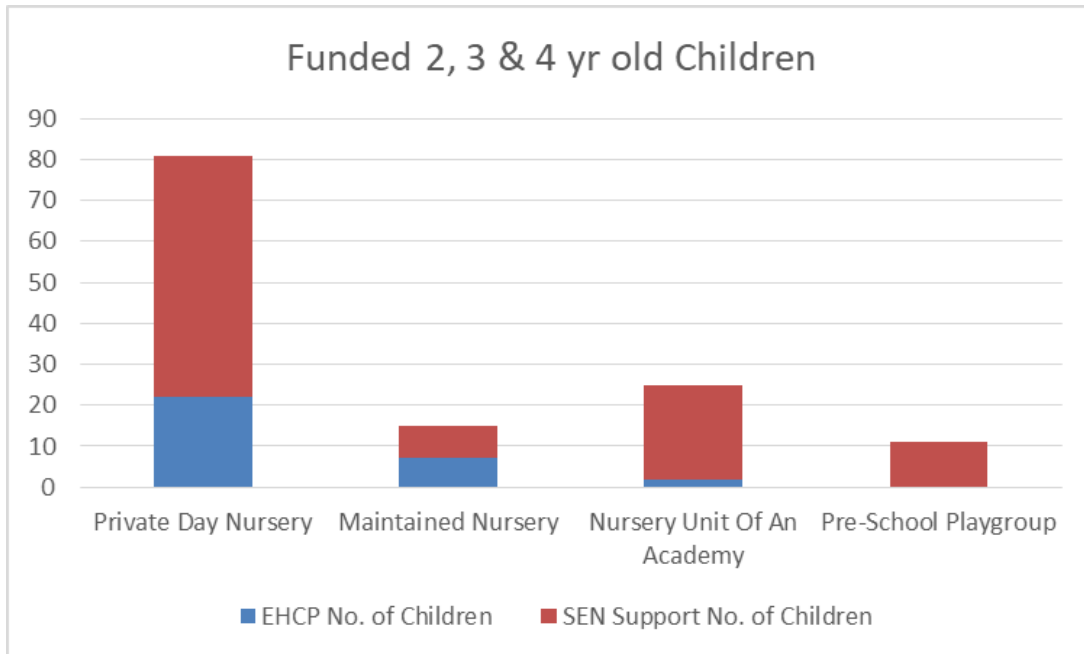
Funded 2, 3 & 4 Yr Old Children		
	F	M
EHCP	22.58%	77.42%
SEN Support	34.65%	65.35%
Total	31.82%	68.18%



Education

Early Years

	EHCP		SEN Support		Total	
	No. of Children	% of Children	No. of Children	% of Children	No. of Children	% of Children
Private Day Nursery	22	70.97%	59	58.42%	81	61.36%
Maintained Nursery	7	22.58%	8	7.92%	15	11.36%
Nursery Unit Of An Academy	2	6.45%	23	22.77%	25	18.94%
Pre-School Playgroup			11	10.89%	11	8.33%
Total	31		101		132	



Private Day Nurseries care for almost two thirds of SEND (funded) children within Early Years and over two thirds of those with an EHCP.

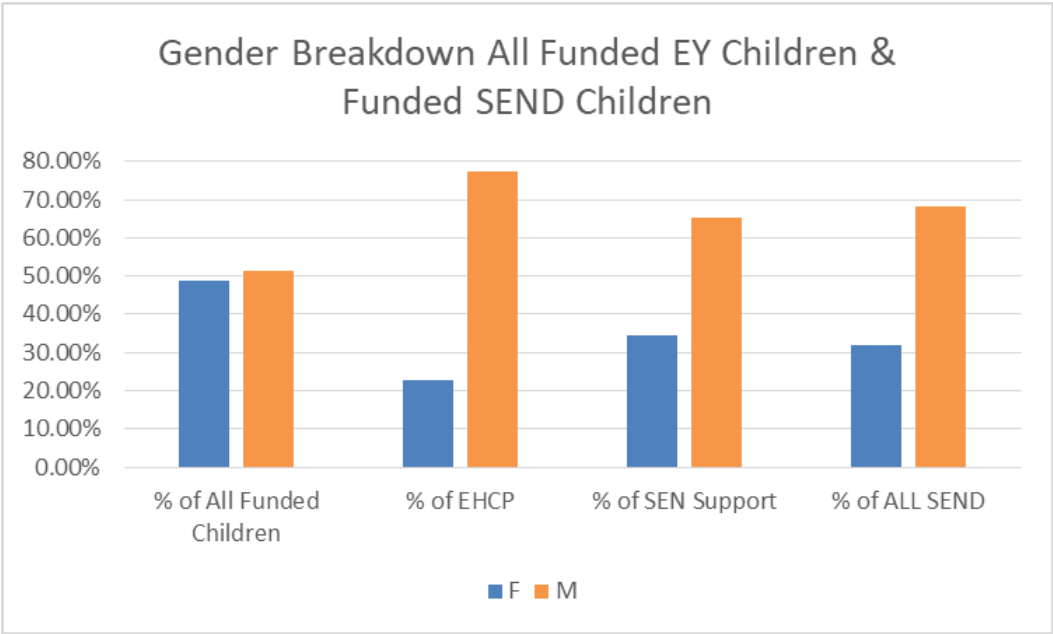
When looking at the overall attendance these providers account for 51.8% of funded children so have a higher proportion of SEND children than other provider types

Data source: Synergy – Early Years Funding database - Spring 2020 term

Education

Early Years Gender & SEN Type comparison

Early Years Funded Children – Spring 2020				
Gender	% of All Funded Children	% of EHCP	% of SEN Support	% of ALL SEND
F	48.74%	22.58%	34.65%	31.82%
M	51.26%	77.42%	65.35%	68.18%



Bury School Census – Spring 2020				
Gender	% of All Pupils	% of EHCP	% of SEN Support	% of ALL SEND
F	48.3%	26.1%	38.1%	35.4%
M	51.7%	73.9%	61.9%	64.6%

When comparing gender breakdowns for school age children and funded Early Years (EY) children the percentages for ‘All Children’ are almost identical.

Again there is a higher ratio of male to female within all the SEND categories and in EY the percentages for boys are slightly higher in each category when compared to school figures.

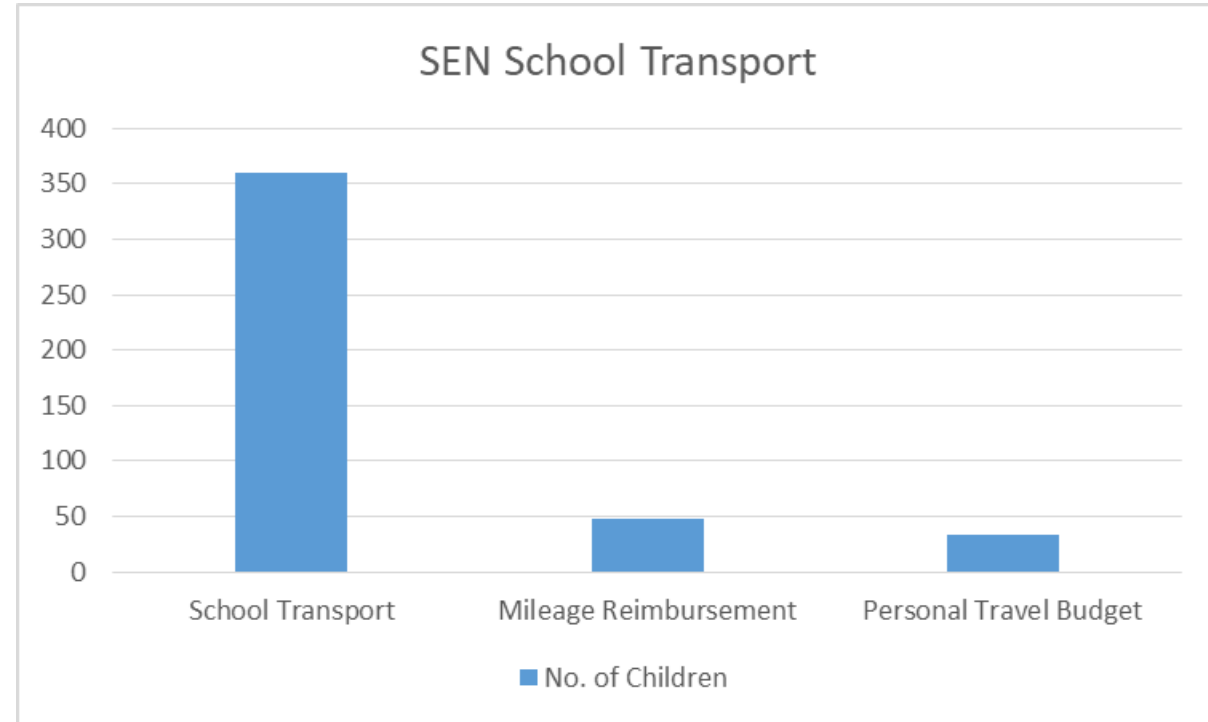
Data source: Synergy – Early Years Funding database - Spring 2020 term

Education

School Transport - 2020

	No. of Children	% of Children
School Transport	360	81.45%
Mileage Reimbursement	48	10.86%
Personal Travel Budget	34	7.69%
Total	442	

Anything around reducing transport costs by analysing child res and child school att??



Education

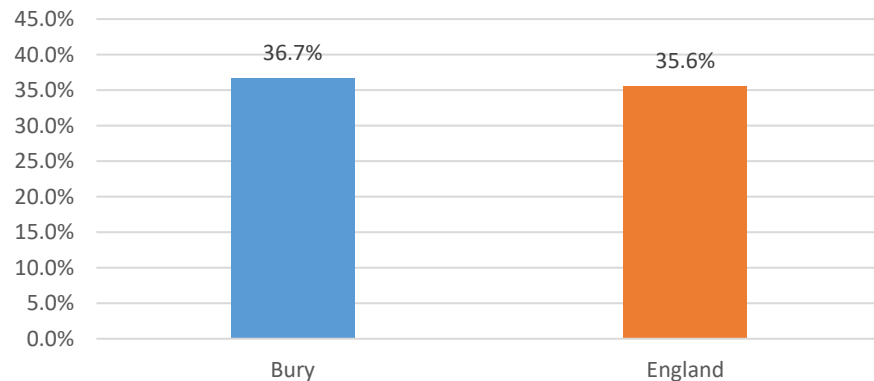
What are the EYFS outcomes for children with SEND?

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five. It assesses children in 7 areas of learning covering 17 early learning goals (ELGs). A child is scored 1 for emerging, 2 for expected, and 3 for exceeded. Therefore the minimum score is 17 points and the maximum possible score is 51 points.

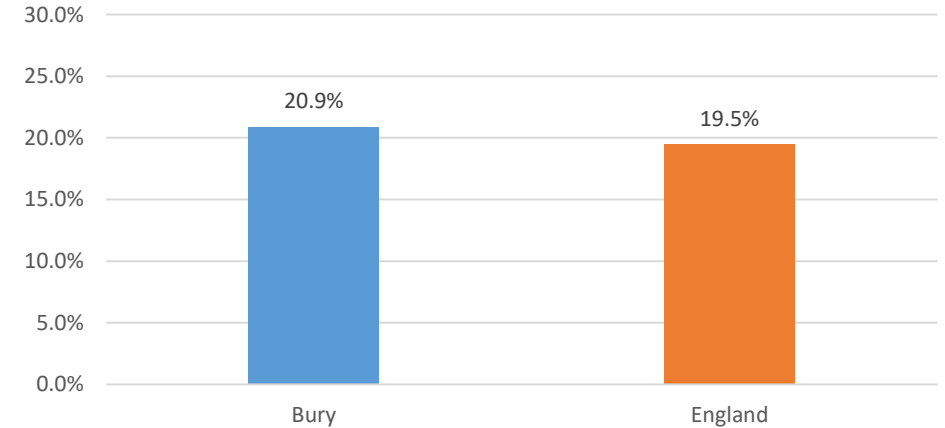
Whilst outcomes are lower for SEND categories when compared to those pupils with no identified SEN they are still in line with UK averages.

Bury children score slightly higher than National averages in both 'SEN Types' and also those with no SEN.

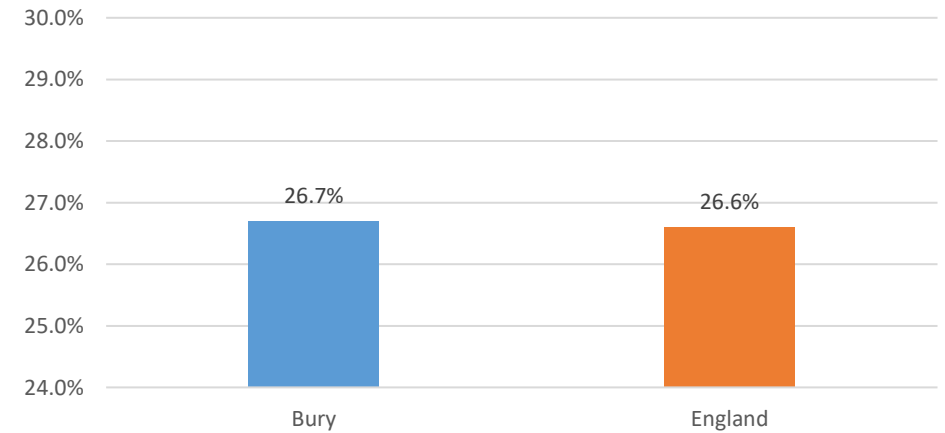
Average total points score of pupils with no identified SEN across all ELGs (2018/19)



Average total points score of SEN pupils with a statement or EHC plan across all ELGs (2018/19)



Average total points score of pupils with SEN support across all ELGs (2018/19)



Data collected and provided by LG Inform

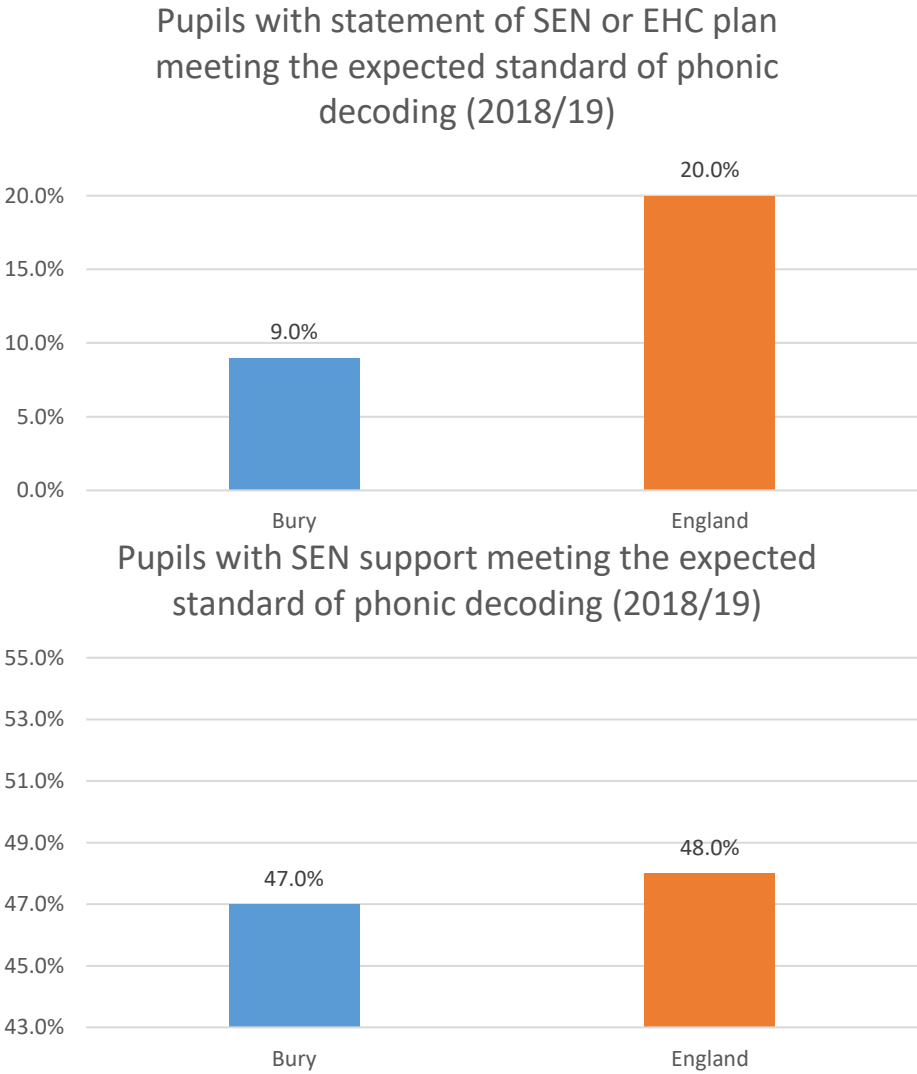
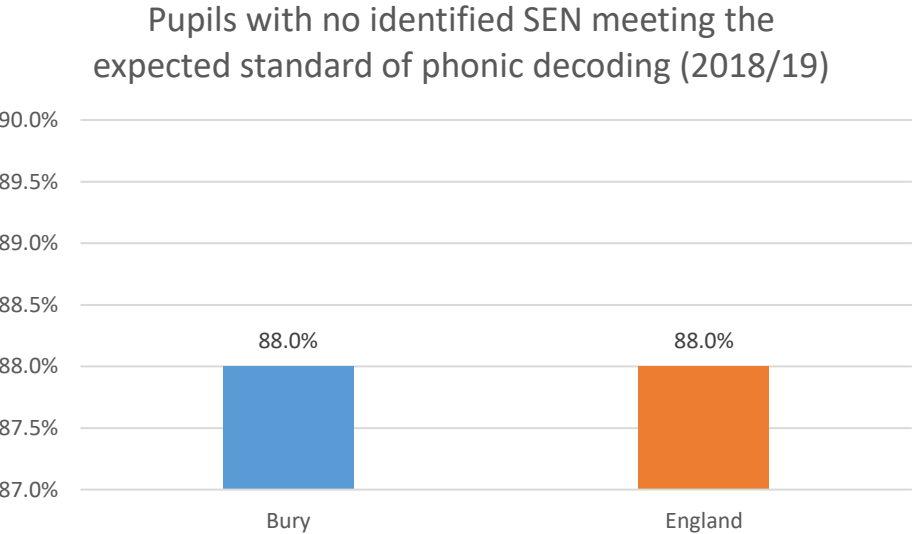
Education

Phonics

Fairly certain this is KS1? Can't find anything else for KS1?

In Bury 47% of pupils with SEN Support are meeting the expected standard of phonic decoding which is comparable with the National average of 48%. Of those with no SEN 88% reach the standard in Bury which is identical to the National average.

However, when looking at pupils with an EHCP the percentage of pupils in Bury reaching the expected level of 9% is significantly lower than the National average of 20%



Data collected and provided by LG Inform

Education

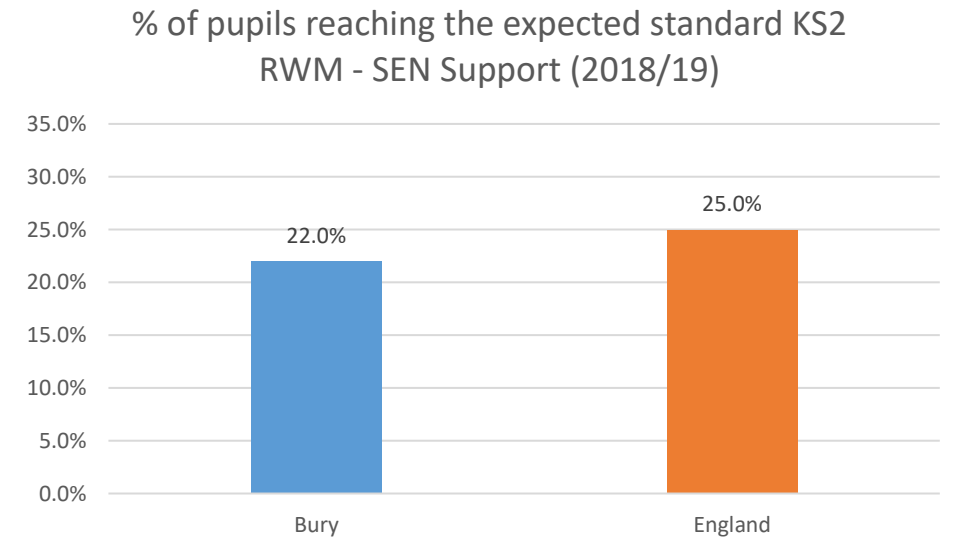
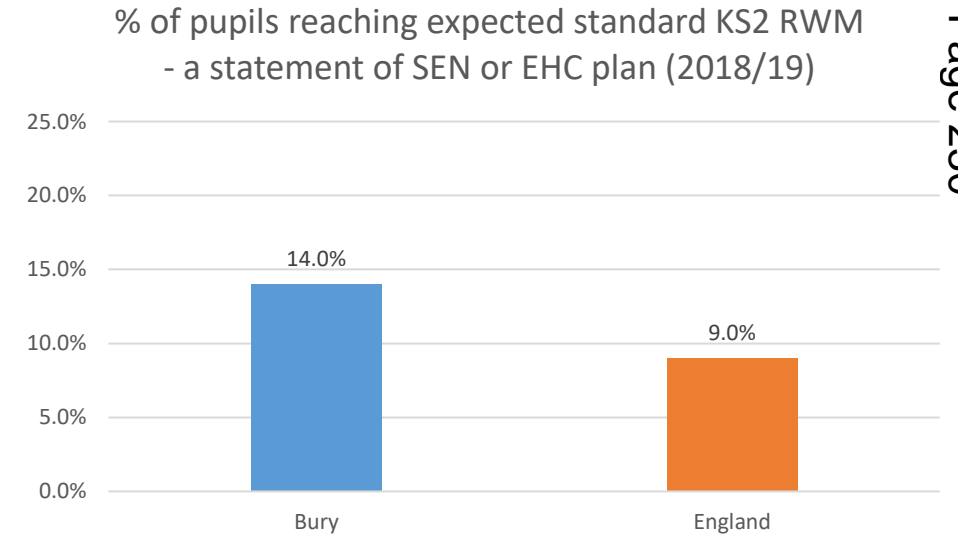
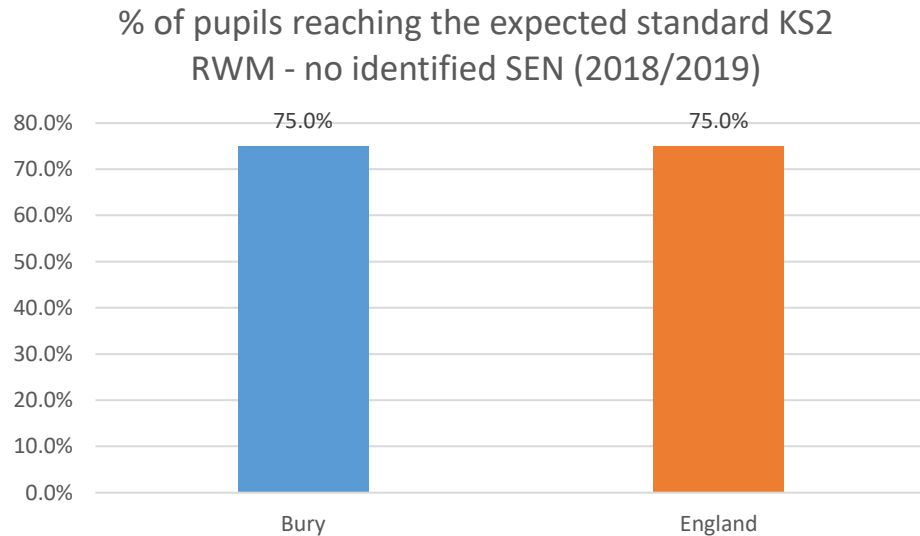
What are the Key Stage 2 outcomes for children with SEND?

All children in state funded primary schools are required to take part in key stage 2 national curriculum assessments before they move to secondary school.

For pupils with no identified SEN the Bury figures are identical to National averages.

For pupils with an EHCP the percentage of pupils reaching the expected standard is 5% higher than National however for SEN Support the figure is 3% lower.

*RWM – Reading, writing, maths

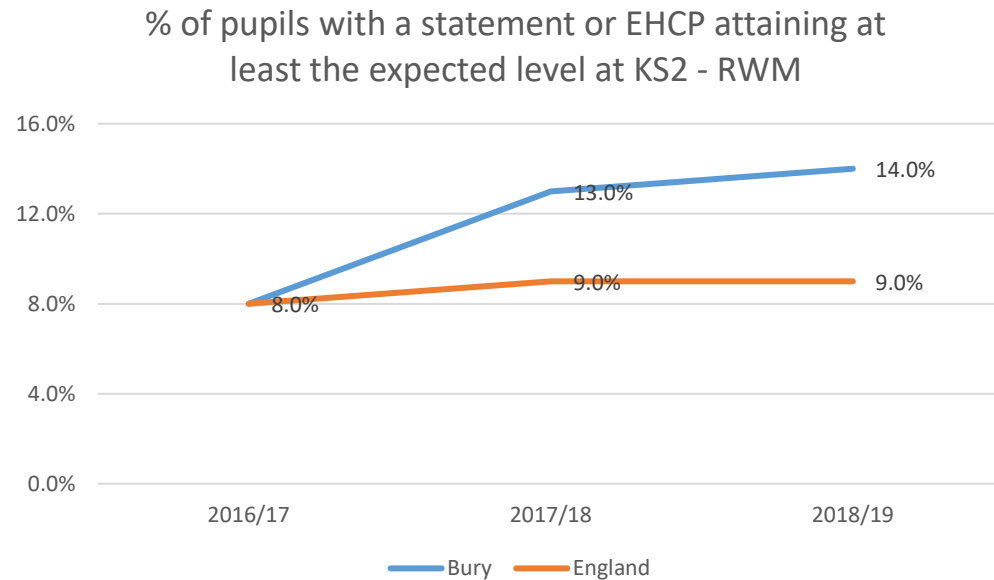


Data collected and provided by LG Inform

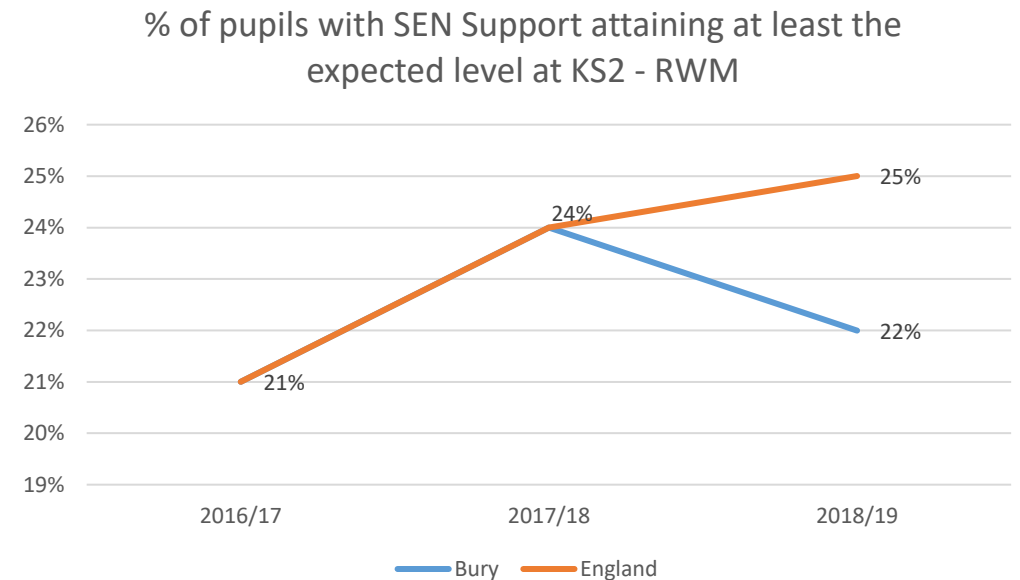
Education

What are the Key Stage 2 outcomes for children with SEND?

For pupils with a Statement or EHCP figures nationally have been fairly static however in Bury there has been 6% increase over a three year period meaning Bury has figures 5% higher than the National average.



For pupils with SEN Support figures nationally have steadily climbed by 4% over a three year period, whilst increases were matched in Bury for the first two years a drop of 2% left Bury 3% lower than the National average.



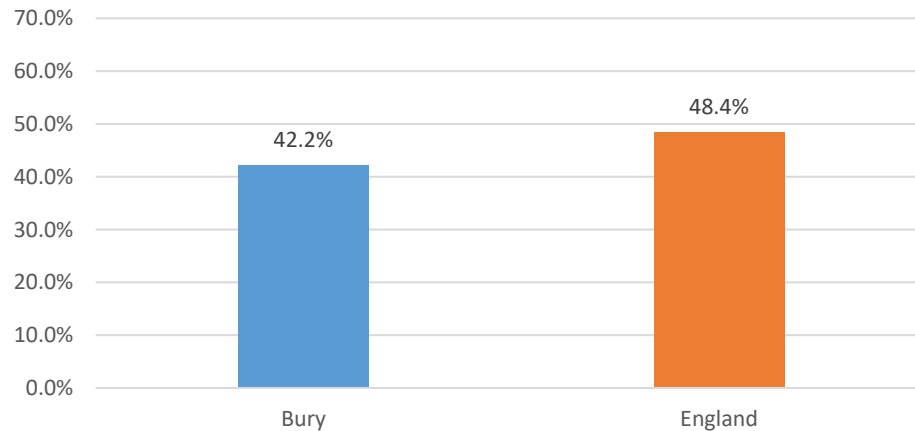
Data collected and provided by LG Inform

Education

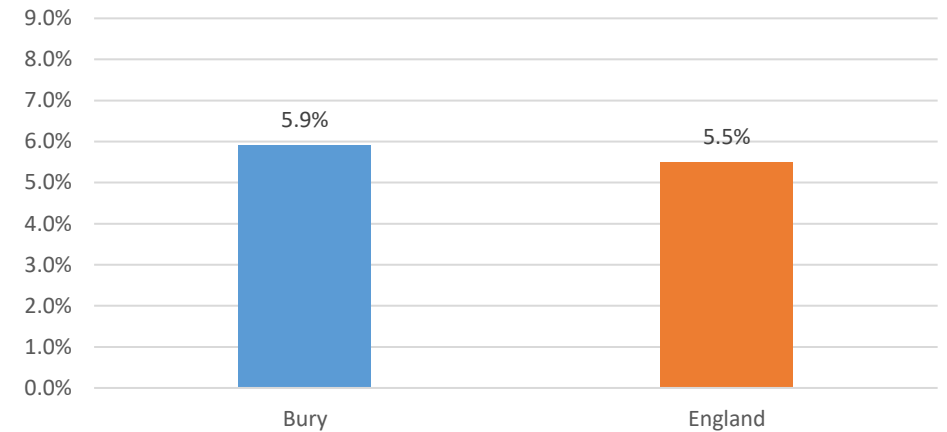
What are the Key Stage 4 outcomes for children with SEND?

Bury is lower than National averages for children with no SEN and also those with SEN Support however for pupils with an EHCP the percentage is slightly higher.

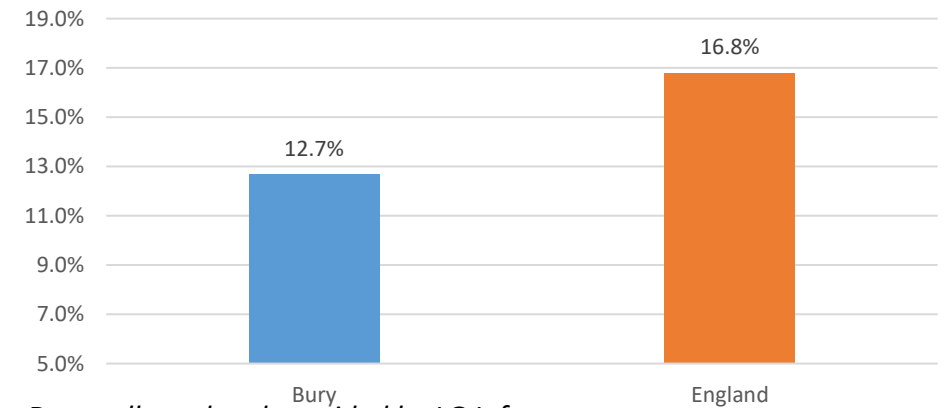
% achieving 9-5 in English and Maths GCSEs - no identified SEN 2018/19



% achieving 9-5 in English and Maths GCSEs - a statement of SEN or EHC plan 2018/19



% achieving 9-5 in English and Maths GCSEs - SEN without a statement 2018/19



Data collected and provided by LG Inform

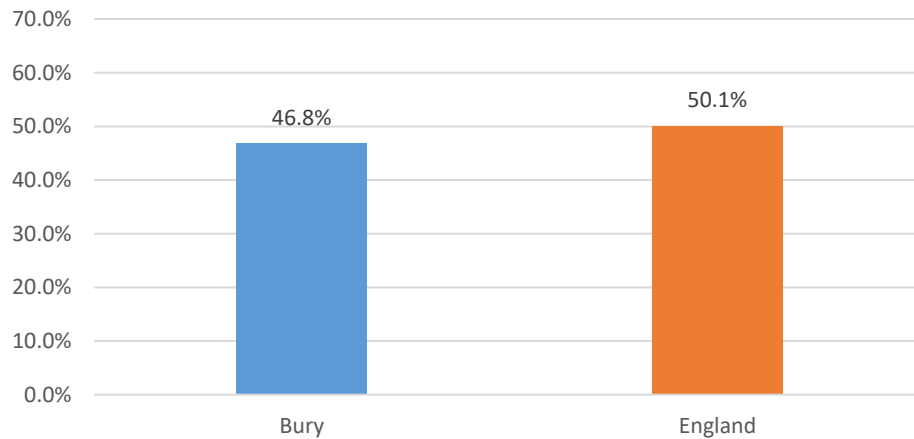
Education

What are the Attainment 8 outcomes for children with SEND needs?

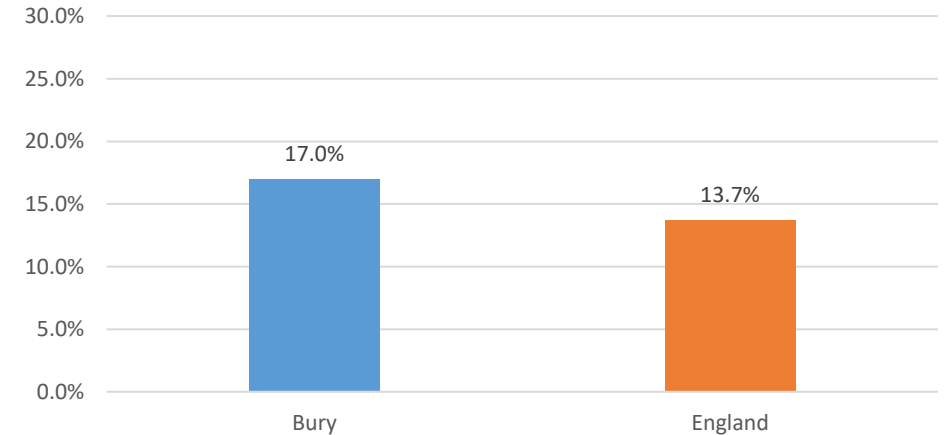
Attainment 8 measures the average achievement of pupils in up to 8 qualifications.

Bury is lower than National averages for children with no SEN and also those with SEN Support however for pupils with an EHCP the percentage is higher.

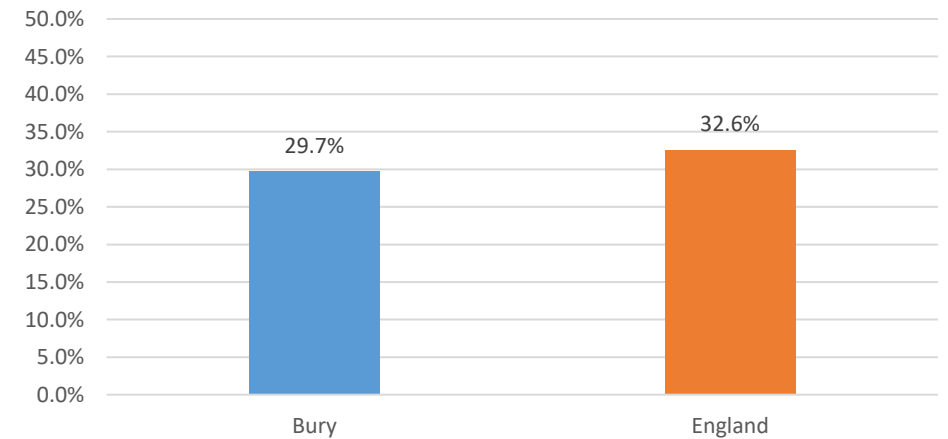
Average Attainment 8 score - no identified SEN
2018/19



Average Attainment 8 score - a statement of SEN
or EHC Plan 2018/19



Average Attainment 8 score - SEN without a
statement 2018/19



Data collected and provided by LG Inform

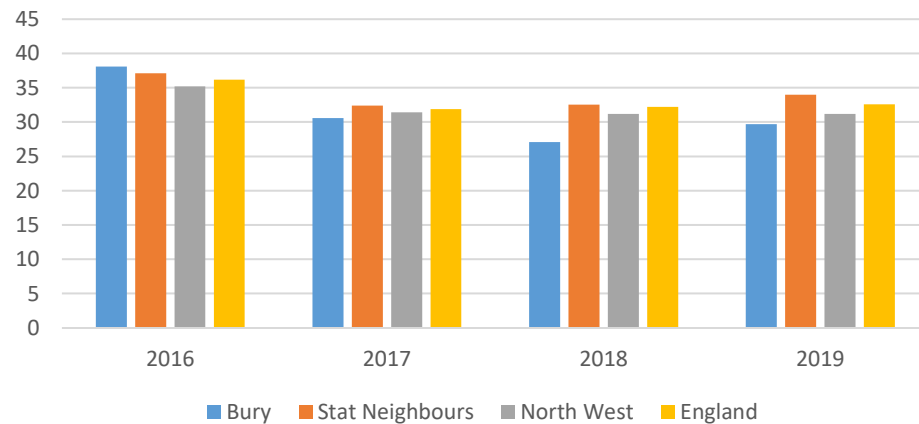
Education

What are the progress 8 outcomes for children with SEND needs?

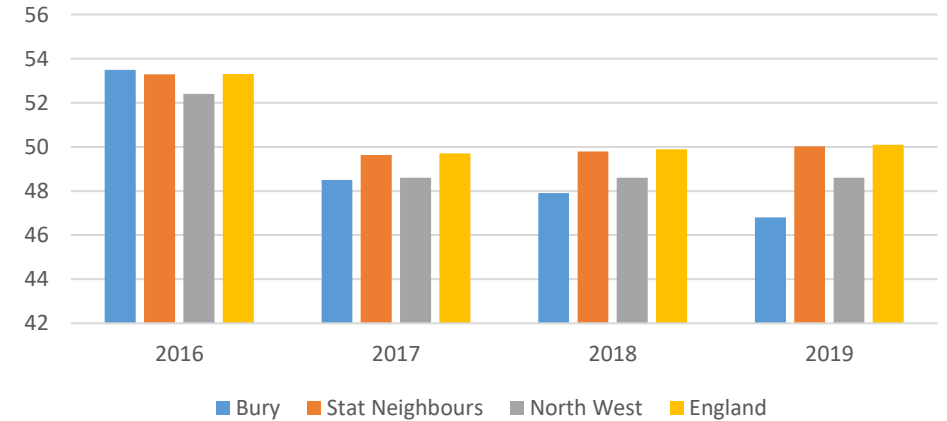
Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 (KS2) to the end of KS4. **It compares pupils' achievement – their Attainment 8 score (see below) – with the national average Attainment 8 score of all pupils who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. Progress 8 is a relative measure, therefore the national average Progress 8 score for mainstream schools is very close to zero***

***When including pupils at special schools the national average is not zero, as Progress 8 scores for special schools are calculated using Attainment 8 estimates based on pupils in mainstream schools.**

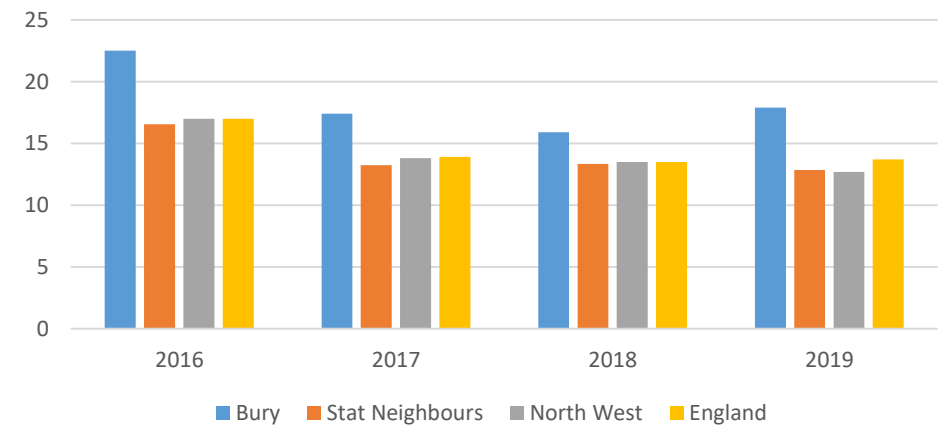
Average Attainment 8 Score Per Pupil at end of
KS4 for pupils with SEN support



Average Attainment 8 Score Per Pupil No
Identified SEN



Average Attainment 8 Score Per Pupil at end of
KS4 for pupils with SEN statement/EHCP



Data collected and provided by LG Inform

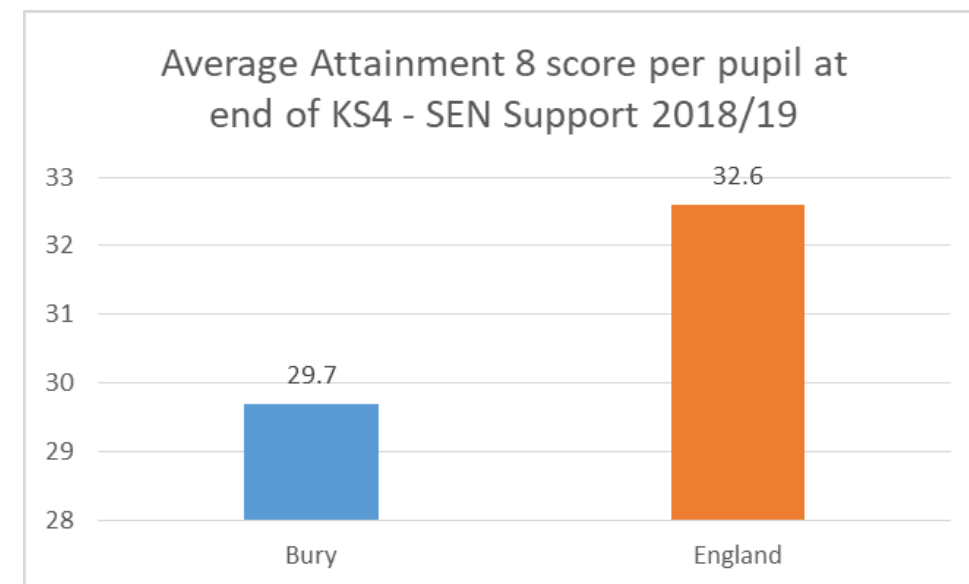
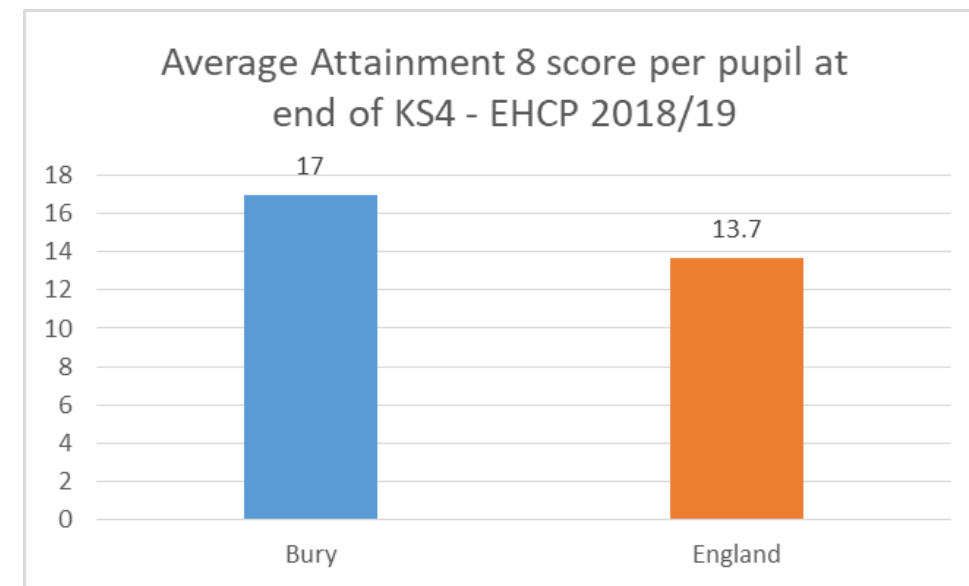
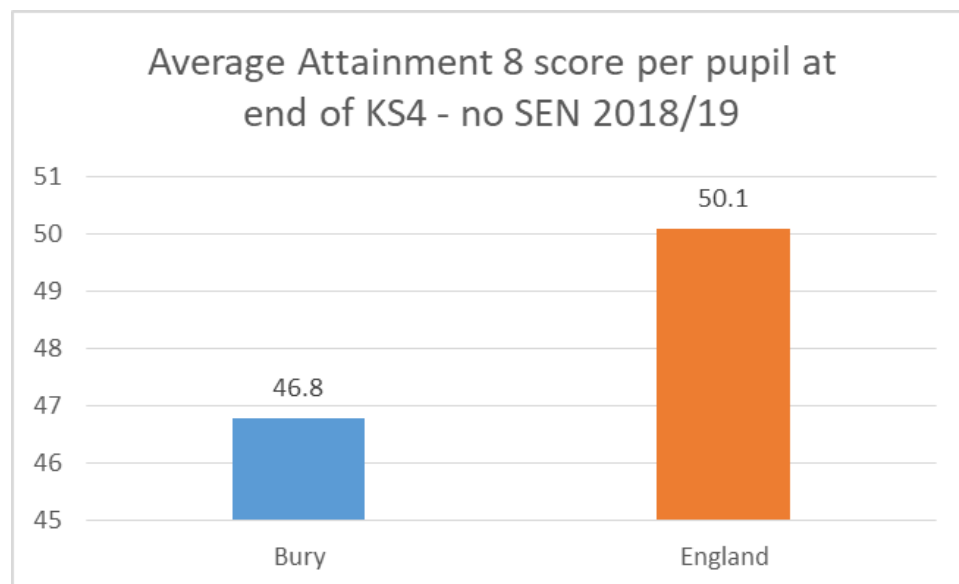
Education

What are the progress 8 outcomes for children with SEND?

Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 (KS2) to the end of KS4.

Bury is lower than National averages for children with no SEN and also those with SEN Support however for pupils with an EHCP the percentage is higher.

**Changed to match previous slides with Bury – UK comparison*

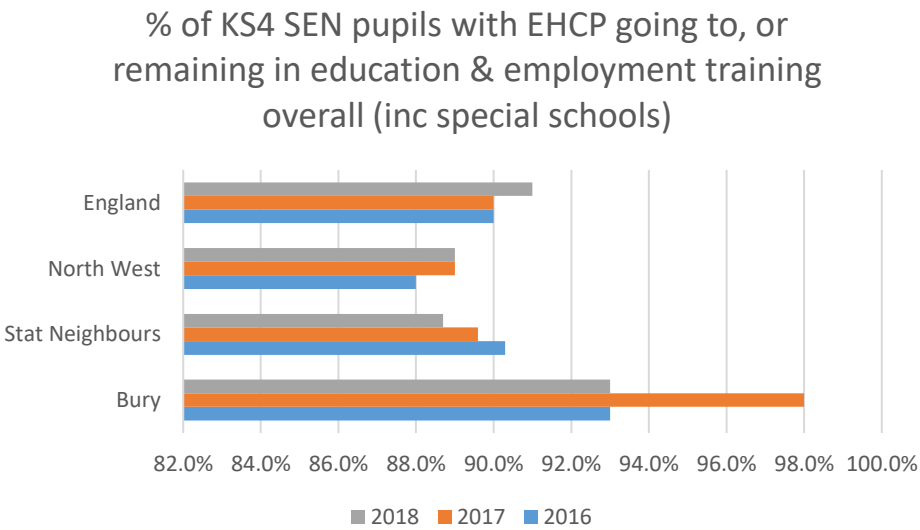
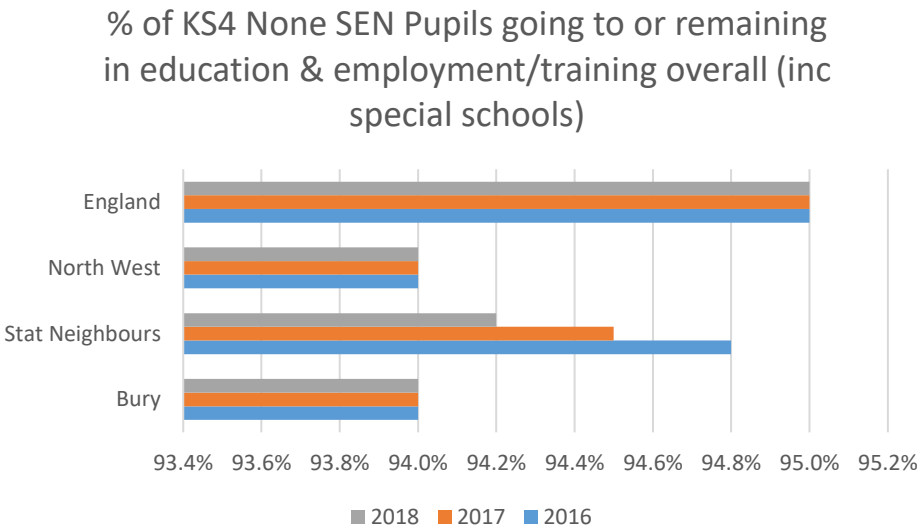
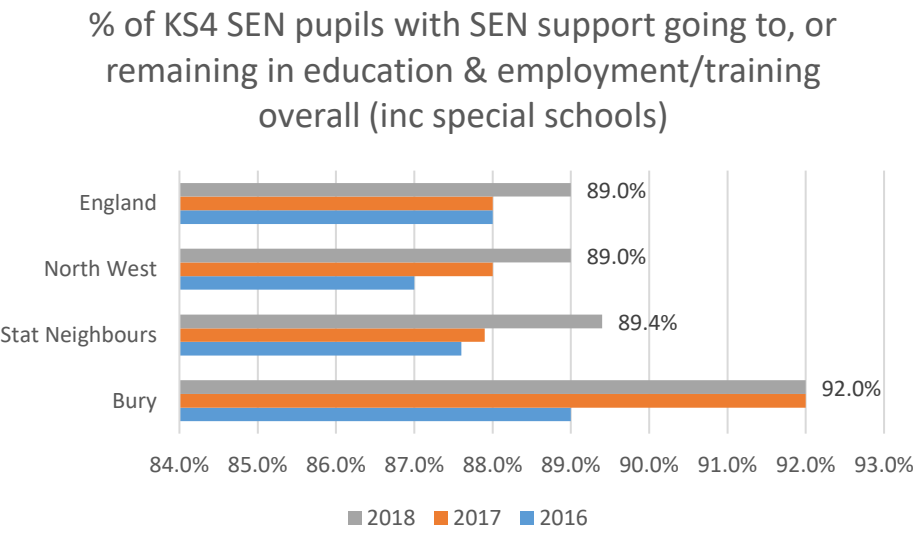


Data source: LAIT – Local Authority Interactive Tool

Education

What are the further education and employment outcomes children with SEND needs?

~~Text



Data collected and provided by LG Inform

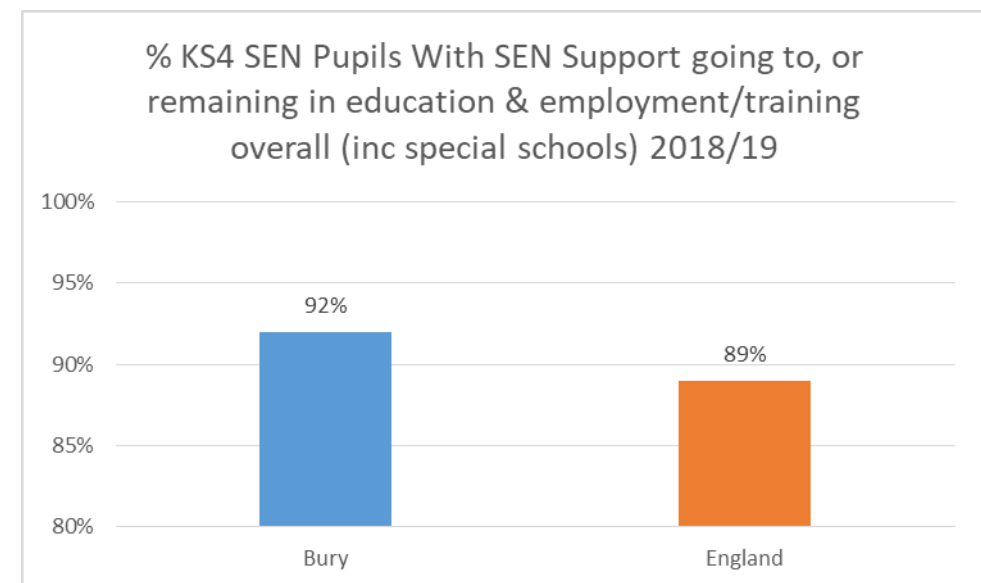
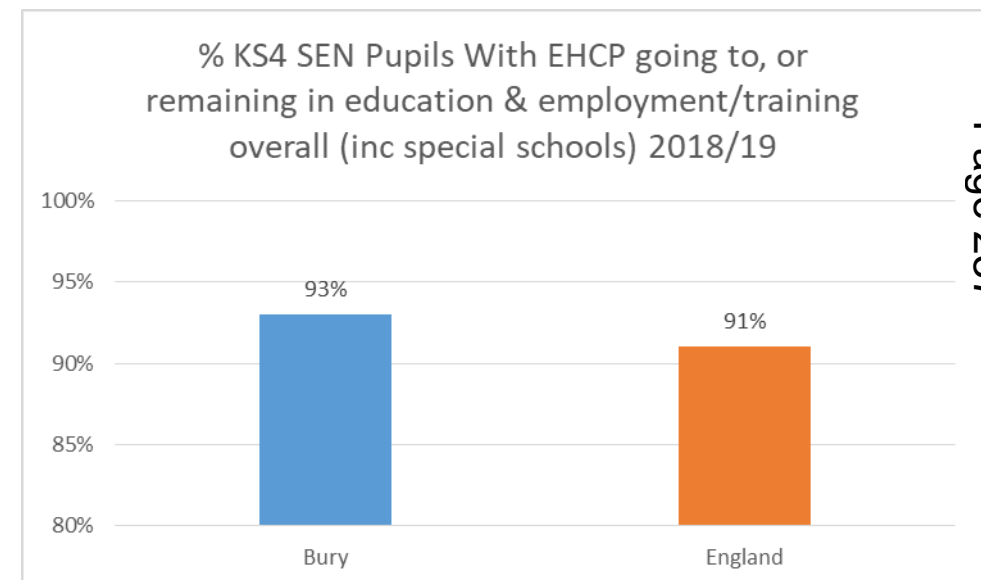
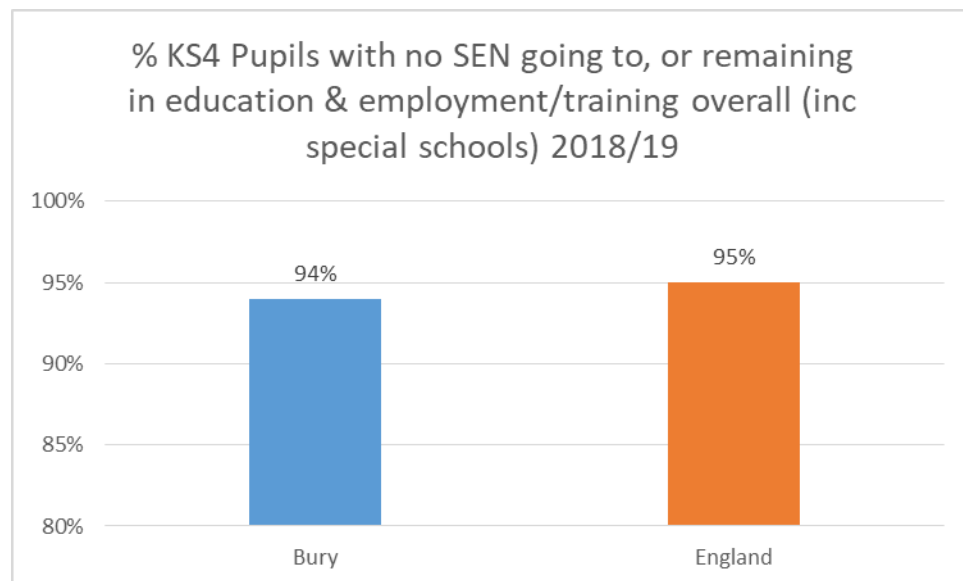
Education

What are the further education and employment outcomes children with SEND?

This data shows the percentage of the Key Stage 4 SEN cohort in a sustained education, employment or training destination at 17. To be included in the measure, young people have to show sustained participation in education, training or employment destinations in all of the first two terms of the year after they completed key stage 4.

Bury compares favourably with National averages.

***Changed to match previous slides with Bury – UK comparison**

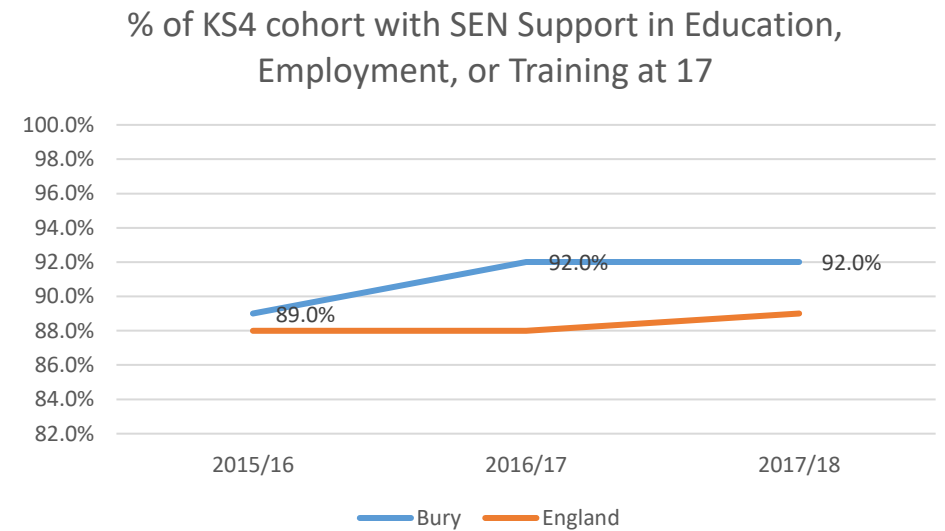
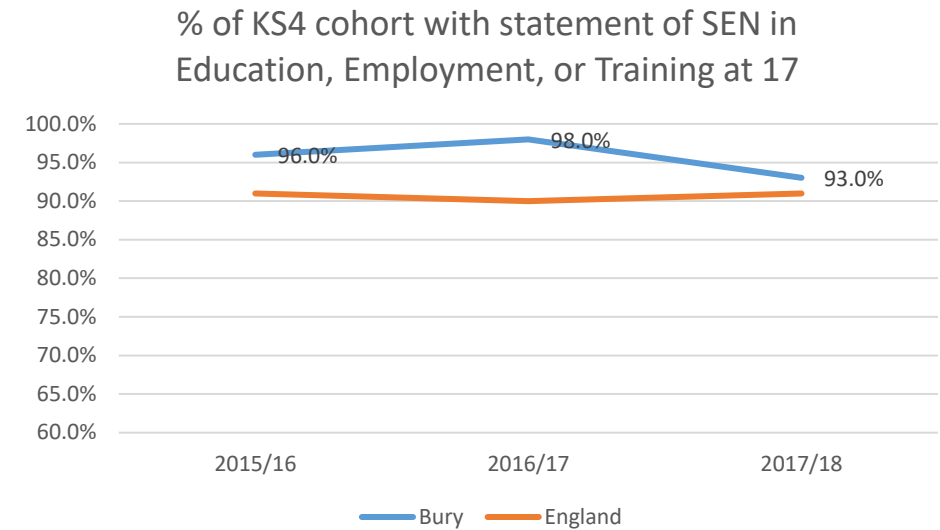


Data source: LAIT – Local Authority Interactive Tool

Education

What are the further education and employment outcomes children with SEND needs?

**** 15/16 Bury EHCP should be 93 not 96 – double check**



Data collected and provided by LG Inform

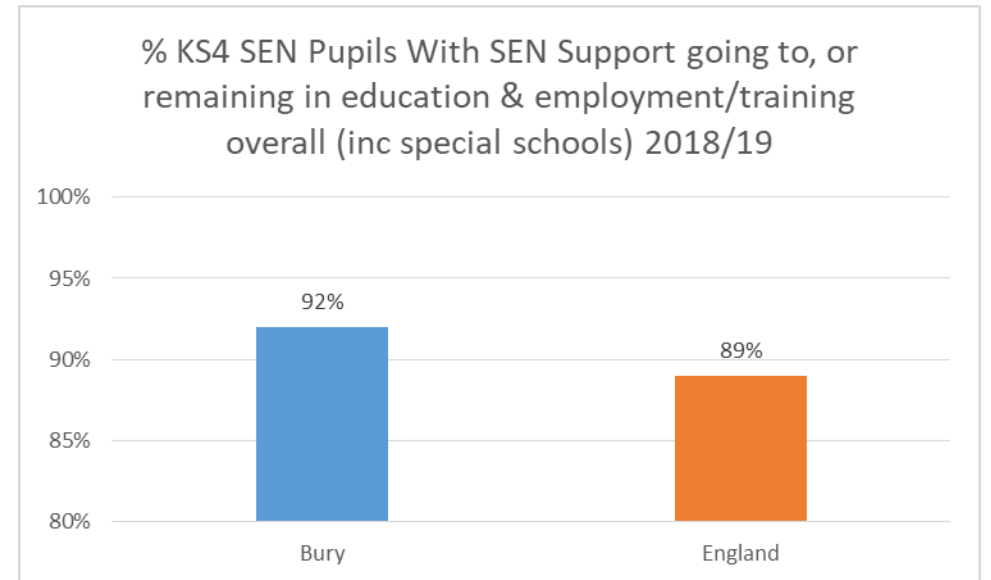
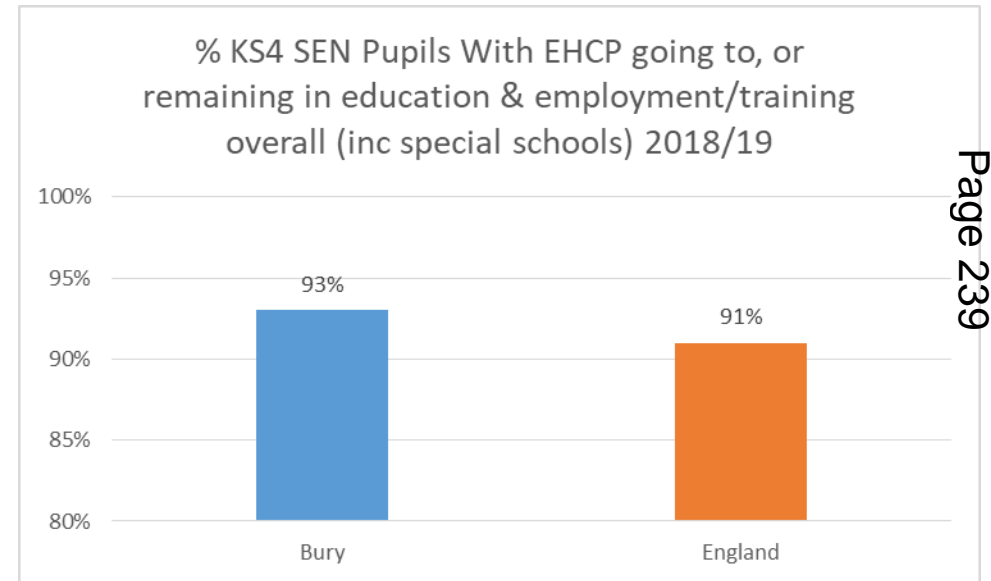
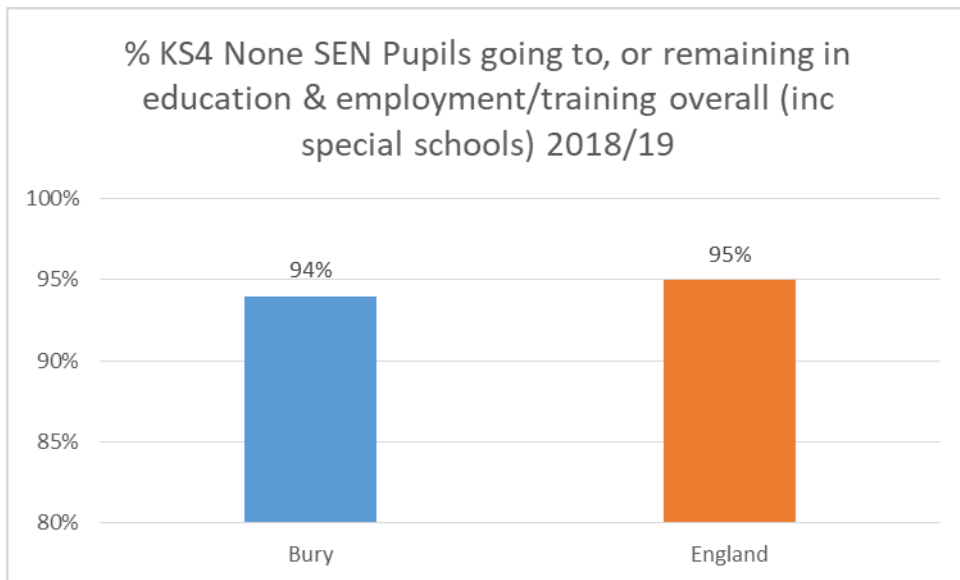
Education

What are the further education and employment outcomes children with SEND?

For children with no identified SEN Bury's percentage is slightly lower than the National average.

However for children with both an EHCP and SEN Support the numbers are slightly higher.

***Changed to match previous slides with Bury – UK comparison**

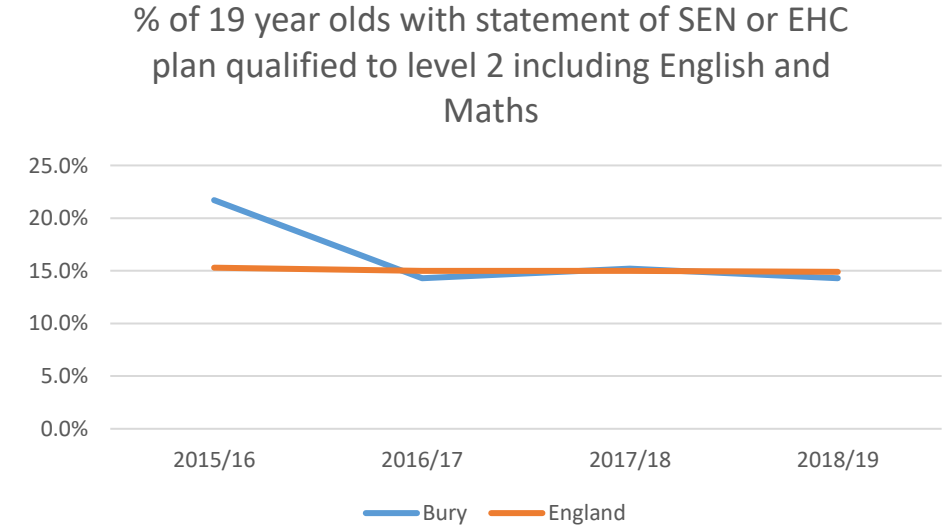
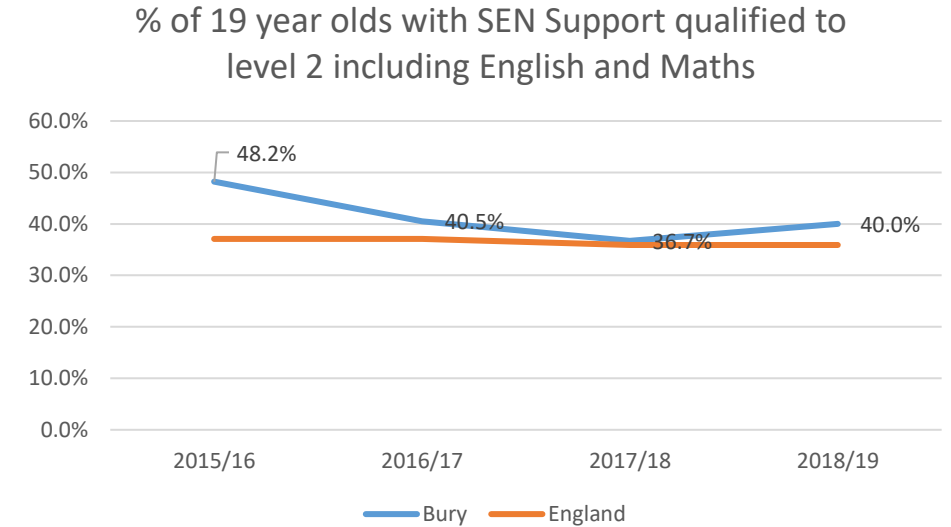


Data source: LAIT – Local Authority Interactive Tool

Education

What are the further education and employment outcomes children with SEND needs?

**** 15/16 Bury SEN Sup should be 48.6% not 48.2% – double check**



Data collected and provided by LG Inform

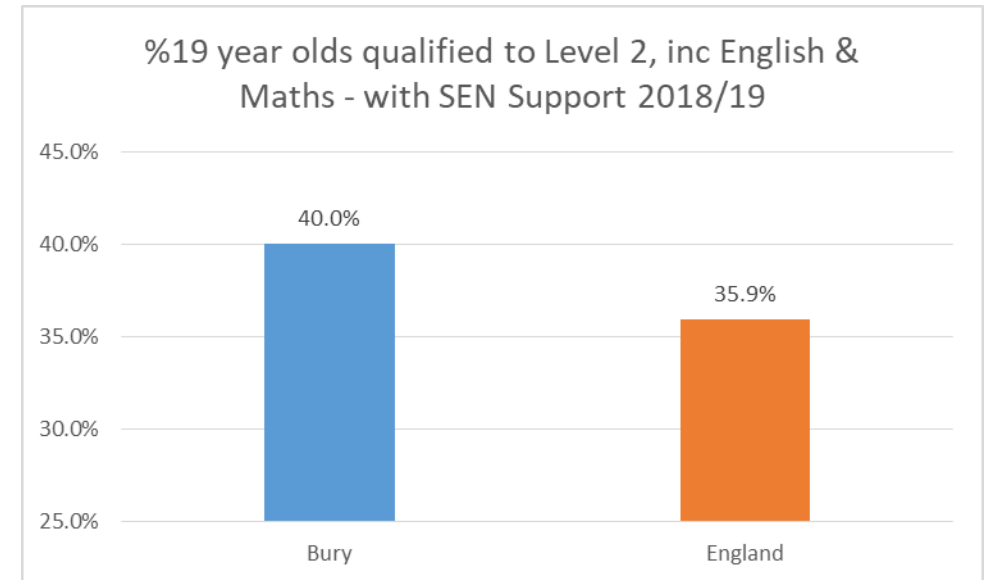
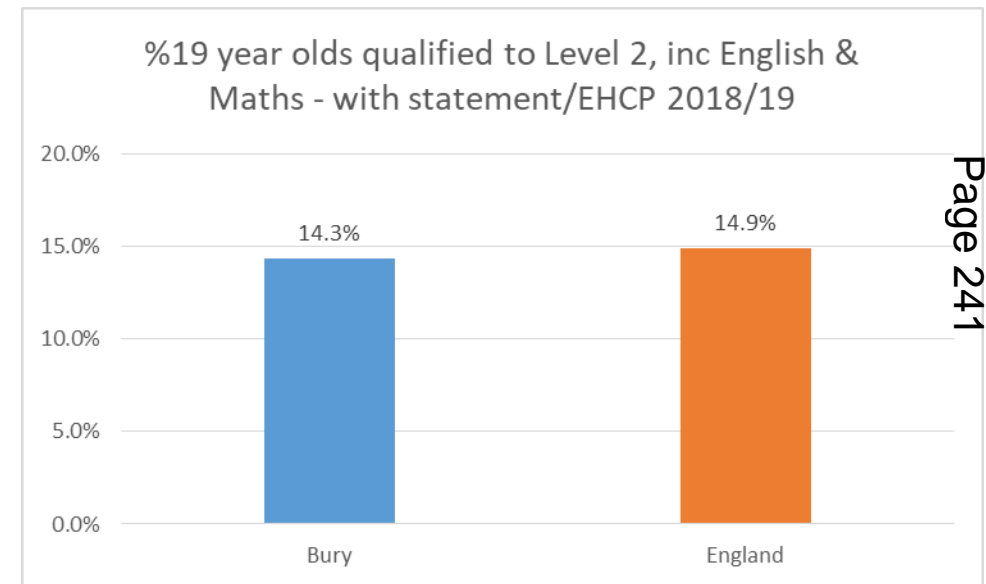
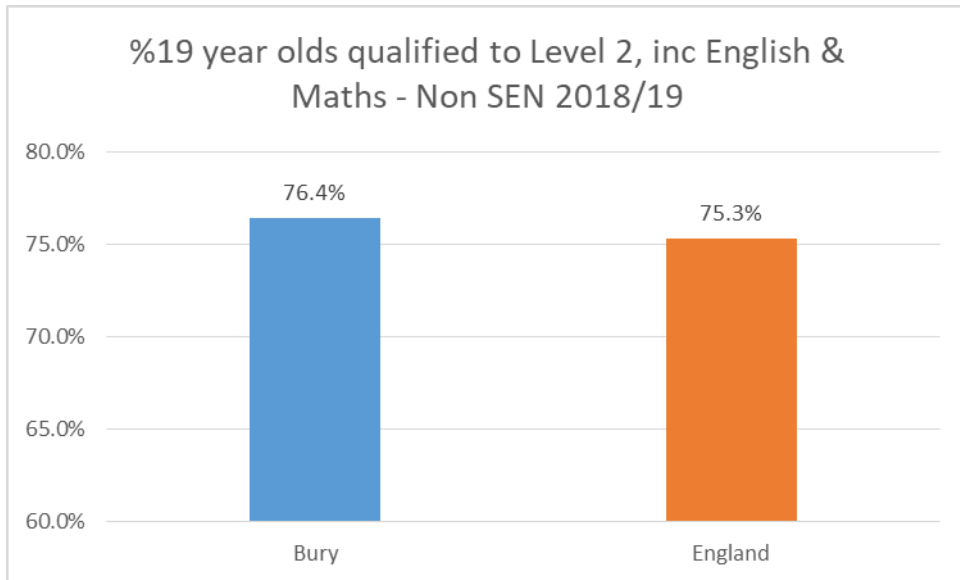
Education

What are the further education and employment outcomes children with SEND?

Figures for young people with no identified SEN are slightly higher and those with an EHCP are slightly lower but both are broadly in line with National averages.

For those with SEN Support however Bury is 4.1% lower than National

***Changed to match previous slides with Bury – UK comparison**

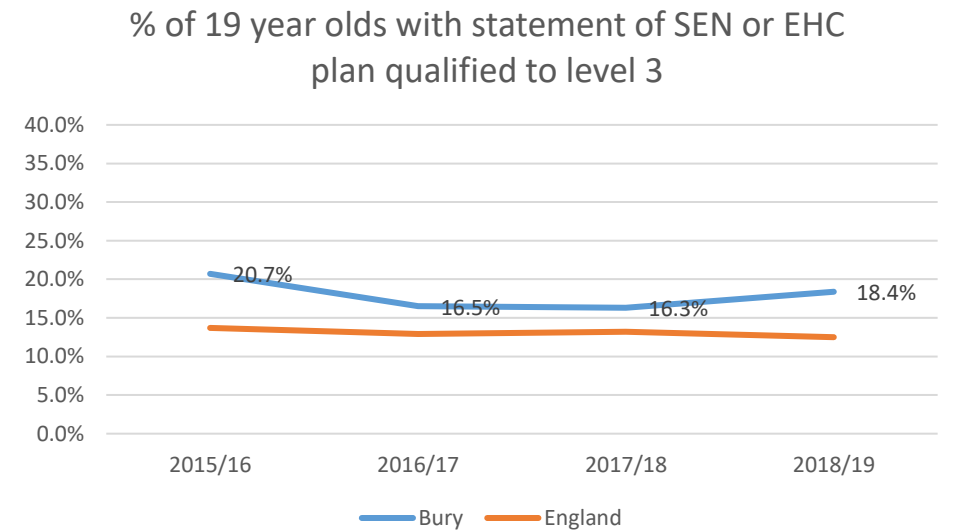
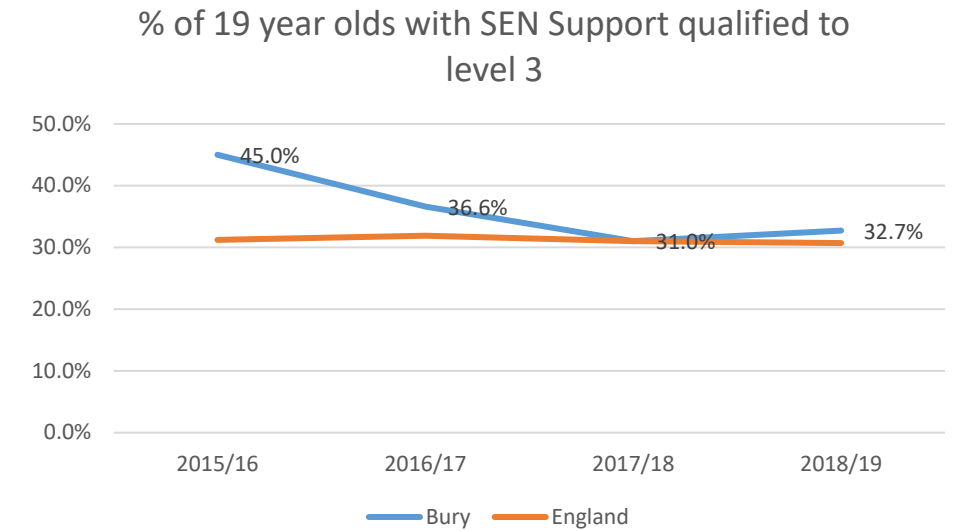


Data source: LAIT – Local Authority Interactive Tool

Education

What are the further education and employment outcomes children with SEND needs?

~~Text



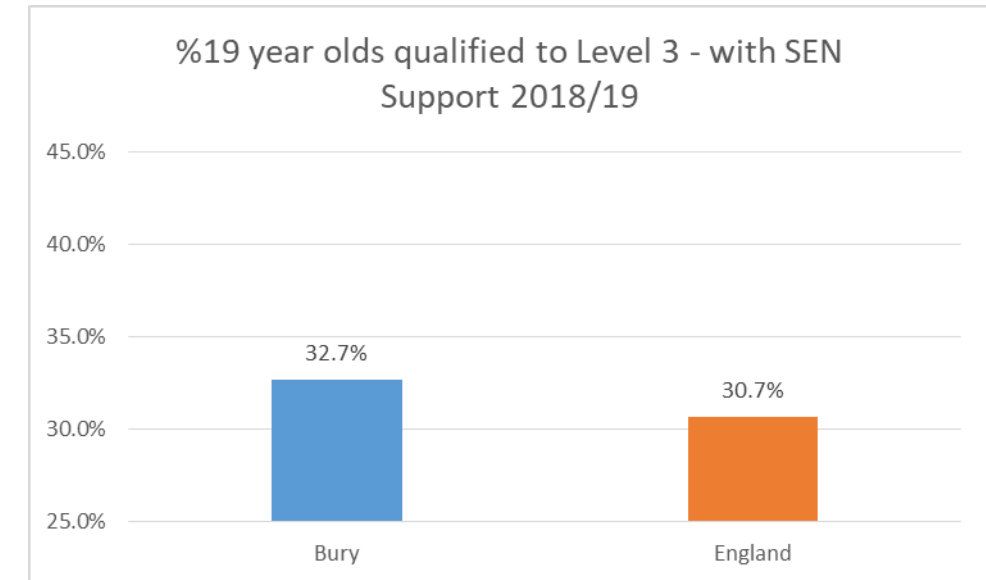
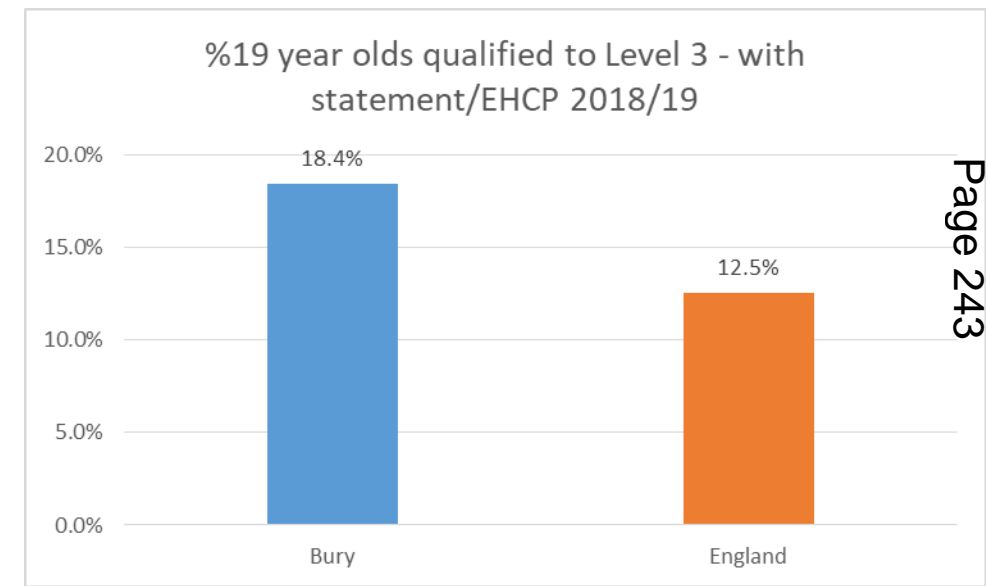
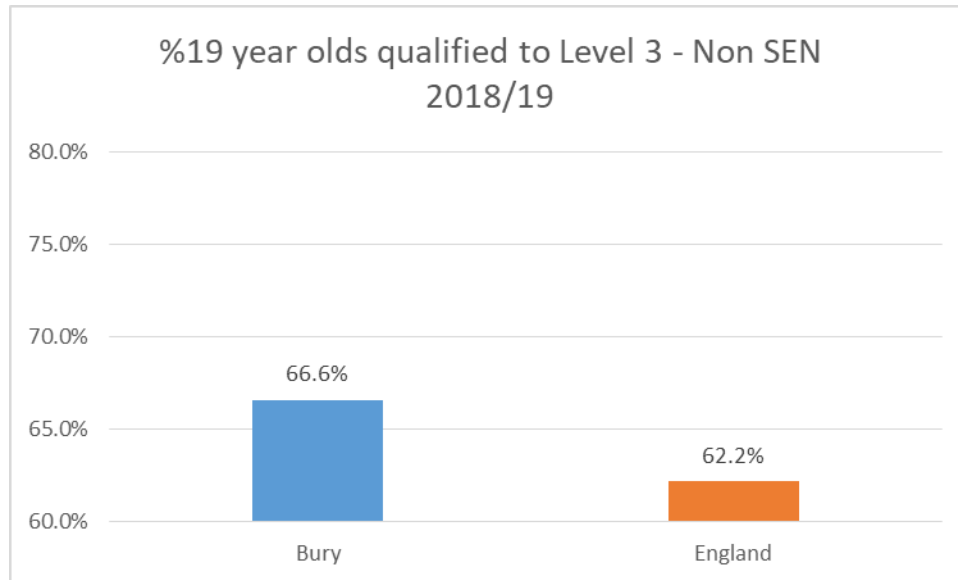
Data collected and provided by LG Inform

Education

What are the further education and employment outcomes children with SEND?

Bury has a higher percentage than National averages in all three categories but the greatest difference is with 19 year olds with an EHCP.

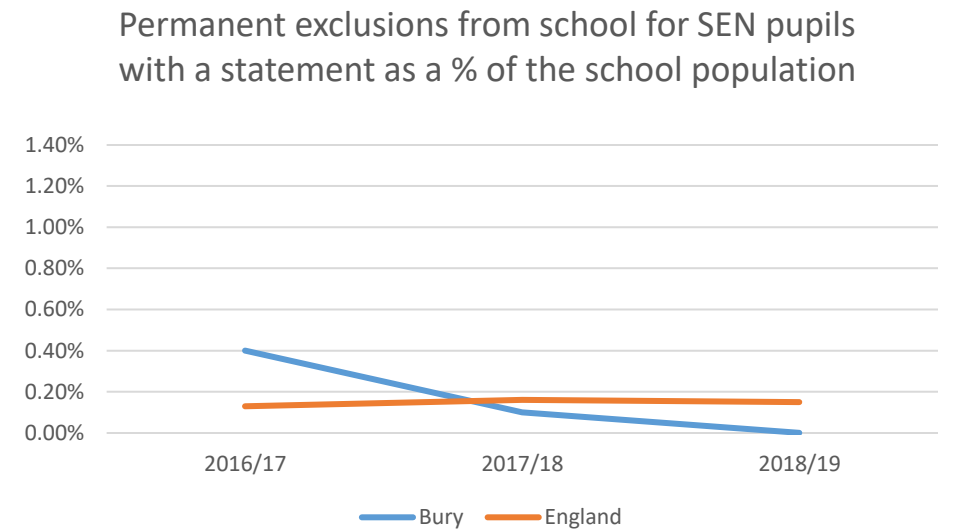
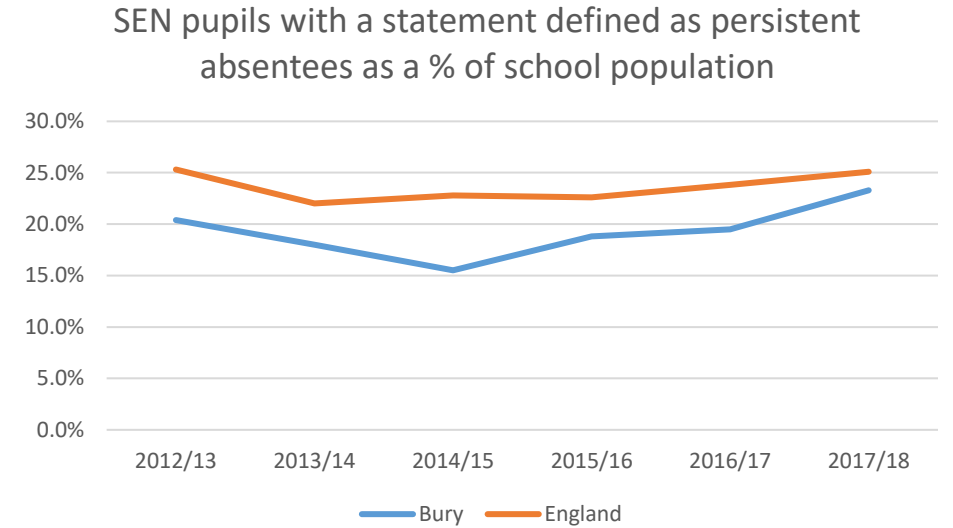
***Changed to match previous slides with Bury – UK comparison**



Data source: LAIT – Local Authority Interactive Tool

Education

What are the school absence and exclusion rates for SEND pupils?



Data collected and provided by LG Inform

SEND Leisure

There are a number of social, leisure or sporting activities available for children and young people with Special Educational Needs and Disabilities and their families in Bury. Some examples, sourced via the [Local Offer](#) within [The Bury Directory](#), are shown on the following page.



BURY2GETHER

SEND Leisure

Activities

- **Castle Knights** - For disabled adults aged 18+. This is a multi-sports club for people with any disability.
- **Wheels for All** - nationally recognised programme that provides children, young people and adults with additional needs the opportunity to engage in a quality cycling activity.
- **Sensory Den** a fun, inclusive club for children 0-16 years with Special Educational Needs and Disabilities and their families.
- **Sensory Needs Team - Vision Impairment Pre-School Group** - Pre-school group is for children with a vision impairment and their siblings
- **Sport Works - Sporting activities for disabled** - provide sporting activities for young people with disabilities.
- **Twinkleboost Sensory Storytime Classes** - uses traditional fairy tales and multisensory games to boost children's language and communication skills
- **BURY2GETHER Events** - BURY2GETHER run a variety of events, groups and parent workshops throughout the year.
- **Wicked Wednesdays & Funtime Friday** - For young people with a range of additional needs
- **Jigsaw (Bury)** - For young disabled people aged 13- 30.
- **Jigsaw Sport** - works in partnership with Special Olympics Bury to provide various sports sessions
- **Jigsaw Social Outings** - wide range of social activities
- **Metexpress Drama Group** - young people and adults who would describe themselves as having a disability. Performance based drama group
- **Aiming High** - The Met's specialist drama group for learning disabled and autistic young people.
- **Youth Club for teens with special educational needs and disabilities** - for young people aged 10 + with SEND and their siblings.
- **Bury STARS (Social Transition Advocacy Recreational Support)** - a group for young disabled people aged 16 years and over.
- **Contact (Part of BuryILD)** - a network of evening social groups which all meet regularly at community locations
- **Virtual Support for SEND Young People** - Zoom meetings (& other activities) with groups of young people so they can offer support to each other, or just have a bit of fun and a chat.

Health

What are the most common health problems affecting the 0-25 population?

Graphs showing prevalence of common childhood conditions across all GP practices in Bury

Long term health problem/disability by general health in Bury

General Health	All categories: General health	Very good or good health	Fair health	Bad or very bad health
All categories: Age	185,060	148,762	25,430	10,868
Age 0 to 15	37,125	36,055	859	211
Age 16 to 49	83,765	74,533	6,745	2,487
Age 50 to 64	34,630	24,242	7,035	3,353
Age 65 and over	29,540	13,932	10,791	4,817

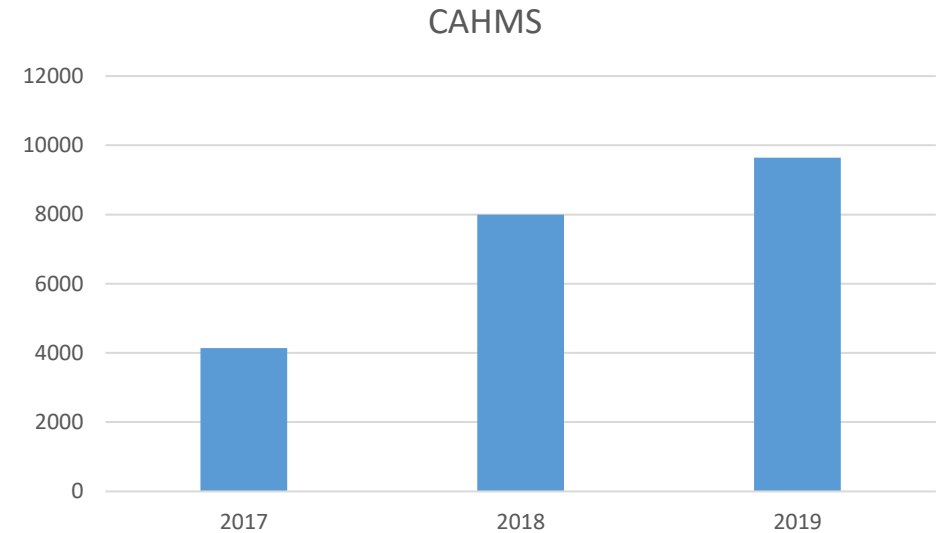
Data collected and provided by NOMIS 2011 census

Health

What is CAHMS

CAHMS figures made up of figures from Bury CCG internal data and is comprised of # Thrive, Bury – Healthy Young Minds, HMR – Healthy Young Minds, North Hub – Eating Disorder Service, South Hub – Eating Disorder Service, Inreach/Outreach which are aimed at 8-18 year olds

SEND group text ~~



Data collected and provided by Bury CCG

Health

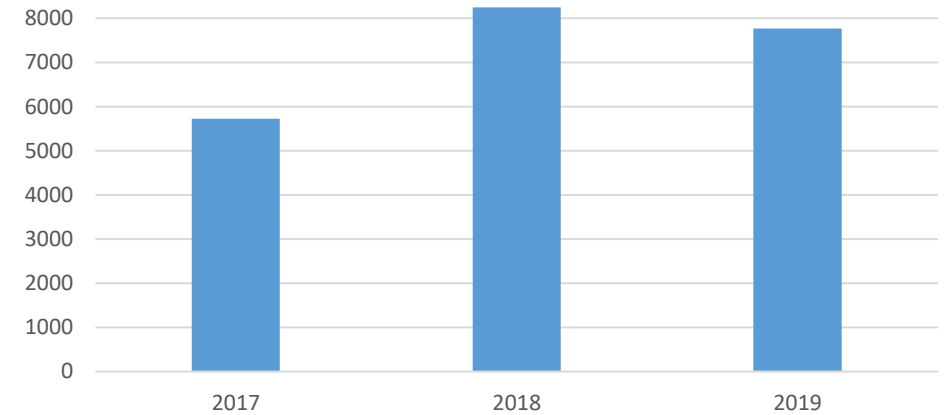
Paediatric Figures

Bury Paediatric figures from Bury CCG internal data and are from CIDS

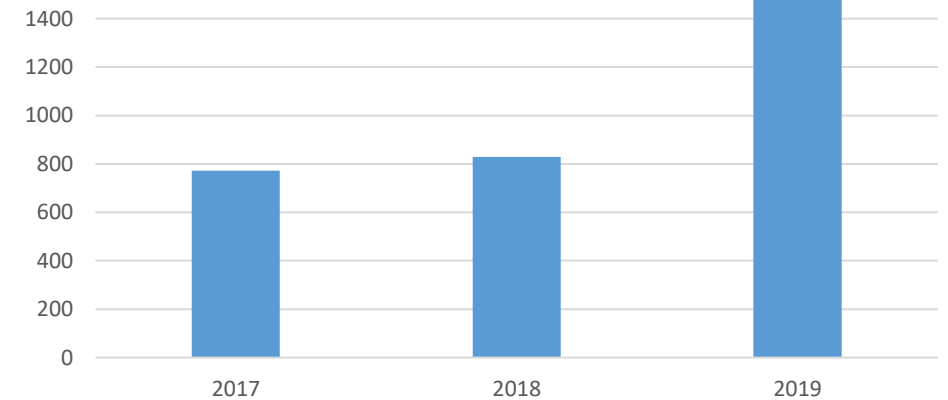
AS: This is the only relevant information I could get that was reliably paediatric, everything else provided by the CCG included adult figures

SEND group text~~

Bury - Paediatric Speech and Language Therapy



Bury - Paediatric Occupational Therapy



Data collected and provided by Bury CCG

Health

What are the most common health problems affecting the 0-25 population?

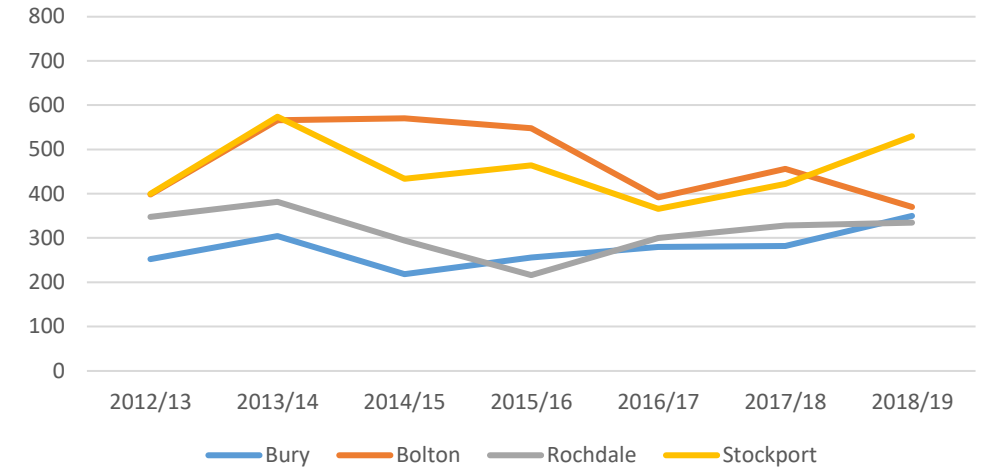
Graphs showing hospital admissions, ~~emergency admissions~~, mental health, substance, and asthma

AS: emergency admissions appears to have stopped, have instead supplied what I could find on fingertips

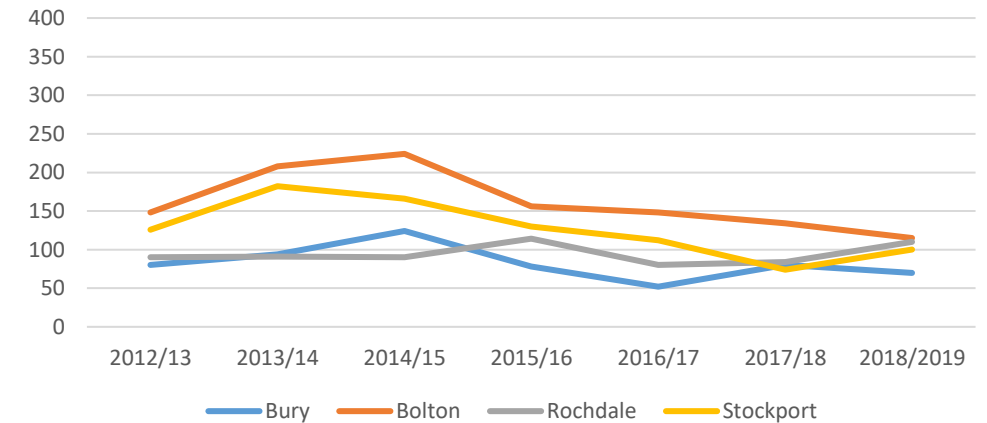
Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years.

Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.

Trend in Self Harm 10-24 Years



Trend in Hospital Admissions for Mental Health U18



Data collected and provided by Public Health Fingertips

Health

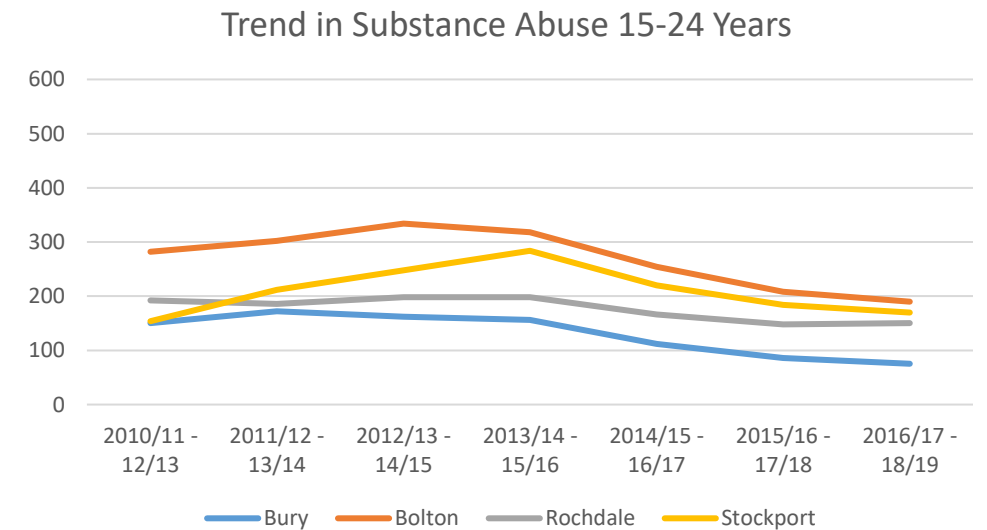
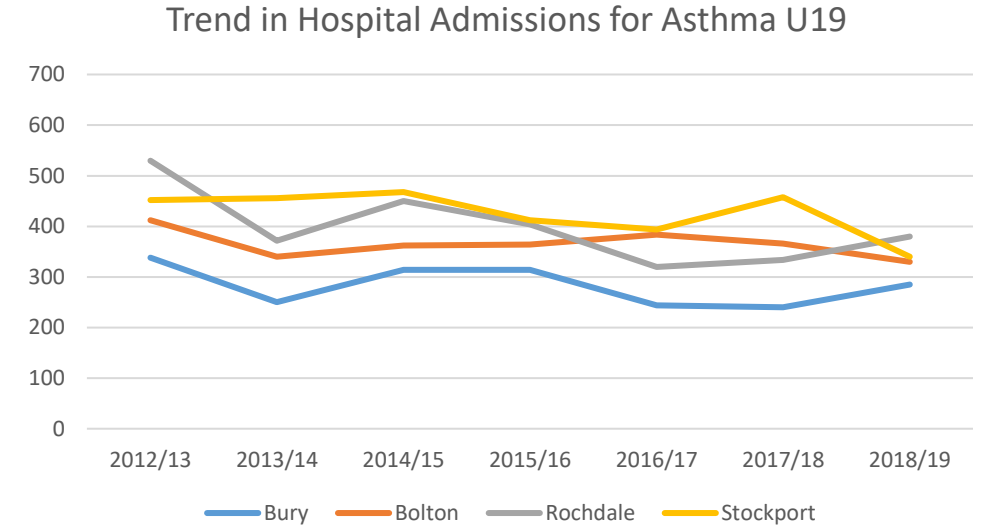
What are the most common health problems affecting the 0-25 population?

Graphs showing hospital admissions, ~~emergency admissions~~, mental health, substance, and asthma

AS: as previous slide

Emergency hospital admissions for asthma, crude rate per 100,000

Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years.



Data collected and provided by Public Health Fingertips

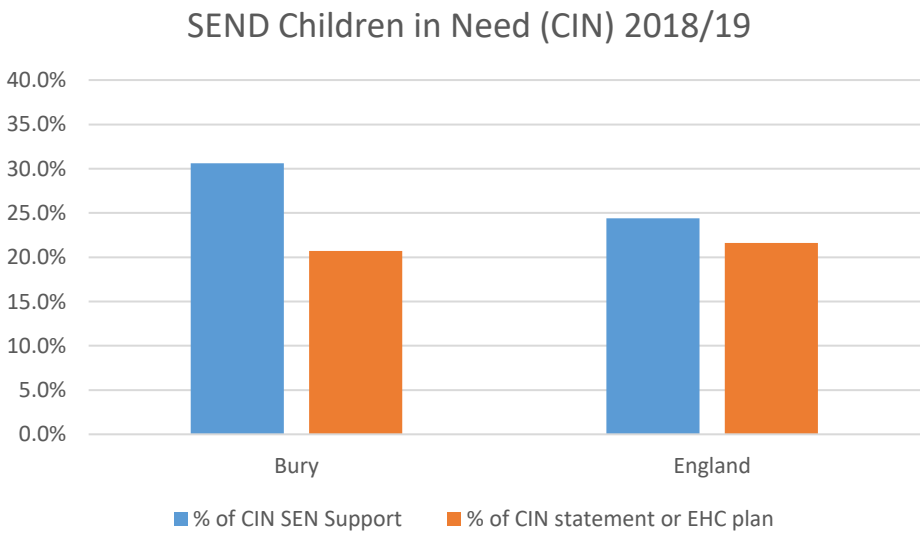
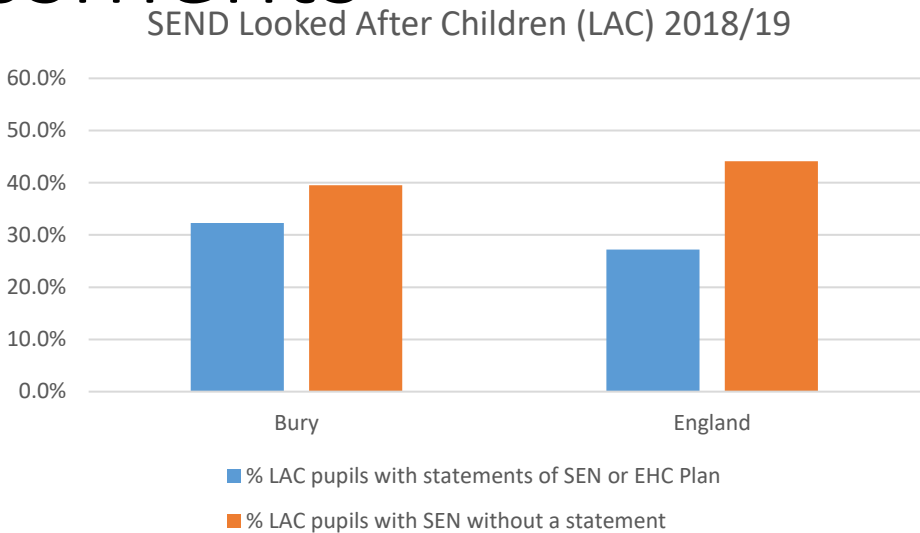
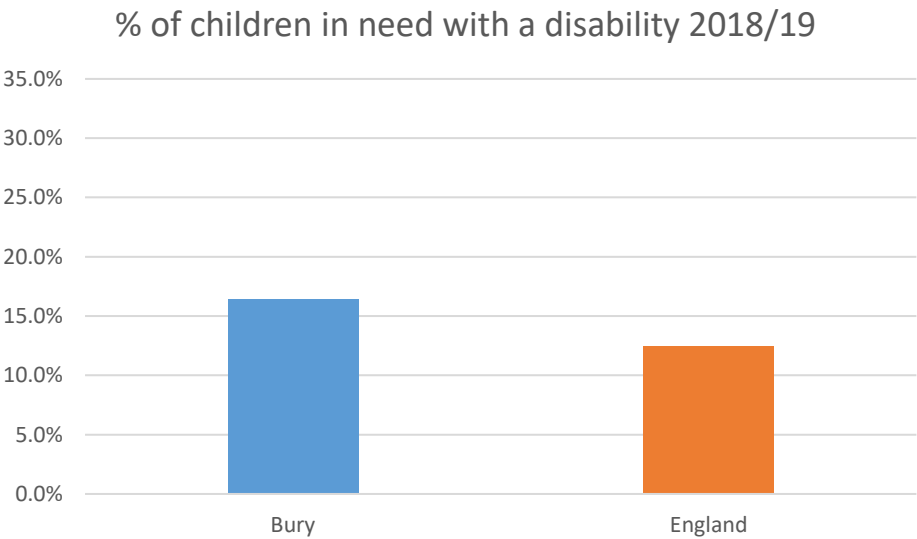
COVID & SEND

Subtitle~~

Text~~

Social care and early help assessments

How many children and young people with SEND have social care involvement?



Data collected and provided by LG Inform

Social care and early help assessments

How many children and young people with SEND have social care involvement?

Children looked after exclusively under a series of short terms placements by Local Authority with Statistical Neighbours

	2015	2016	2017	2018	2019
Bury	16	15	15	14	11
Stockton-On-Tees	38	38	29	29	32
Lancashire	103	60	14	14	20
Sefton	0	0	0	0	0
Warrington	0	0	0	0	0
Calderdale	0	0	0	0	0
Nottinghamshire	22	26	25	22	18
Solihull	0	0	0	0	0

Data collected and provided by Department for Education (some statistical neighbours have been removed for validation reasons)

Social care and early help assessments

What type of housing do those aged 18-24 years in Bury with SEND live in? ~Text

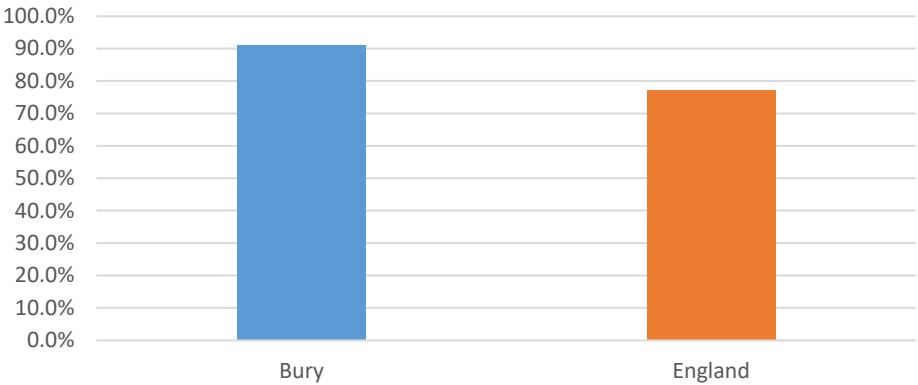
Data from PISDU below, ages 18-25 with an LD primary status whose accommodation is classed as ‘Settled’; but data quality is an issue here and if they’re not on Protocol they won’t be counted here

Accommodation Status	CountOfUnique ID
Owner Occupier / Shared ownership scheme	1
Settled mainstream housing with family/friends	105
Shared Lives scheme	4
Sheltered Housing / Extra care sheltered housing / Other sheltered housing	1
Supported accommodation / Supported lodgings / Supported group home	24
Tenant – Local Authority / Arms Length Management Organisation / Registered Social Landlord / Housing Association	1
Tenant – Private Landlord	1
Total	137

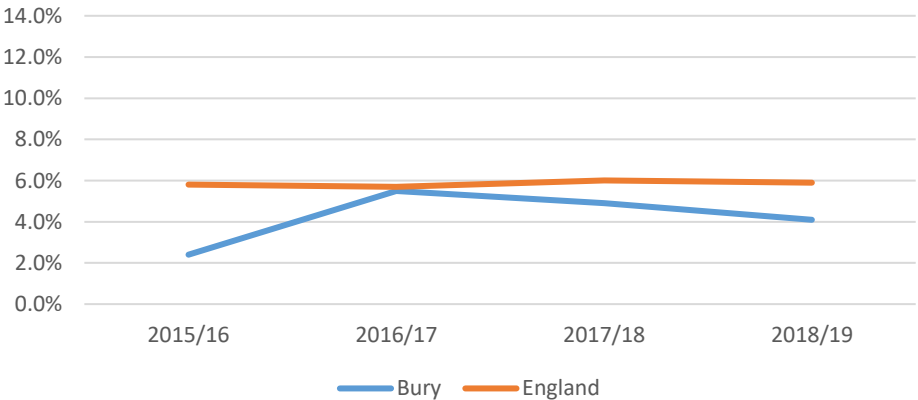
Social care and early help assessments

What type of housing do those aged 18-24 years in Bury with SEND live in?

% of adults with learning disabilities who live in their own home or with their family (18 and over)
2018/19



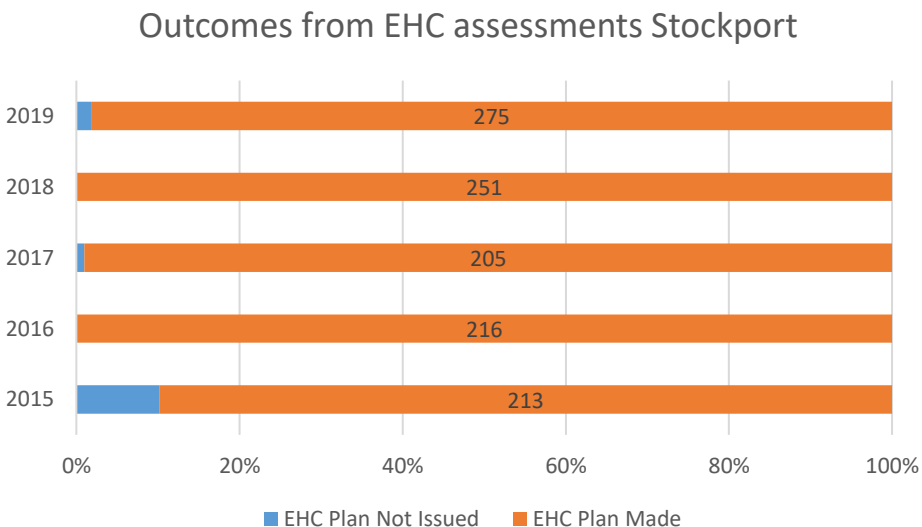
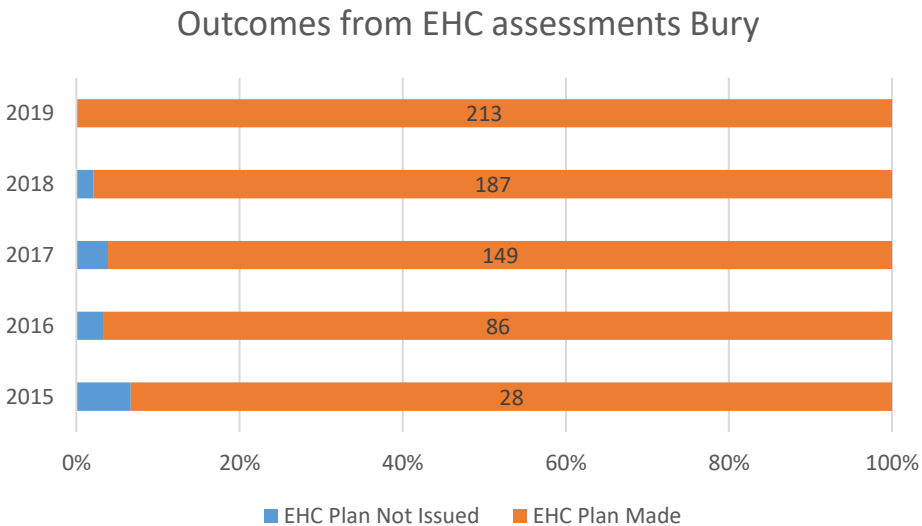
% of adults with learning difficulties in paid employment



Data collected and provided by LG Inform

EHCP services in Bury

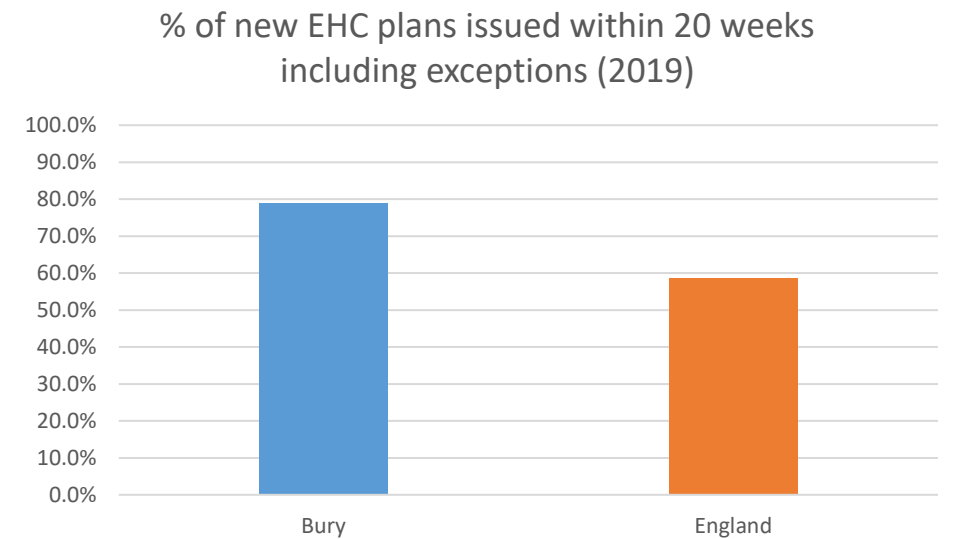
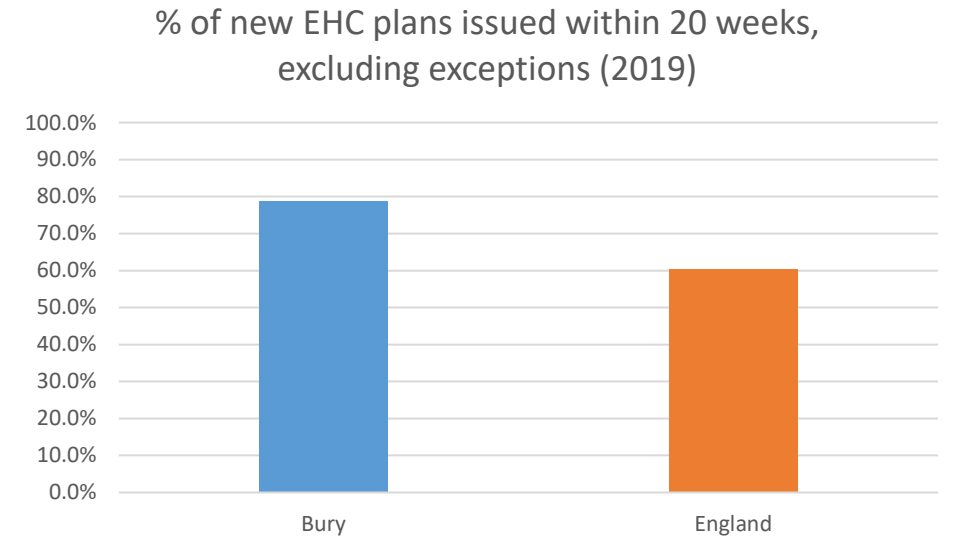
How well does the SEND assessment process work?



Data collected and provided by LG Inform

EHCP services in Bury

How well does the SEND assessment process work?



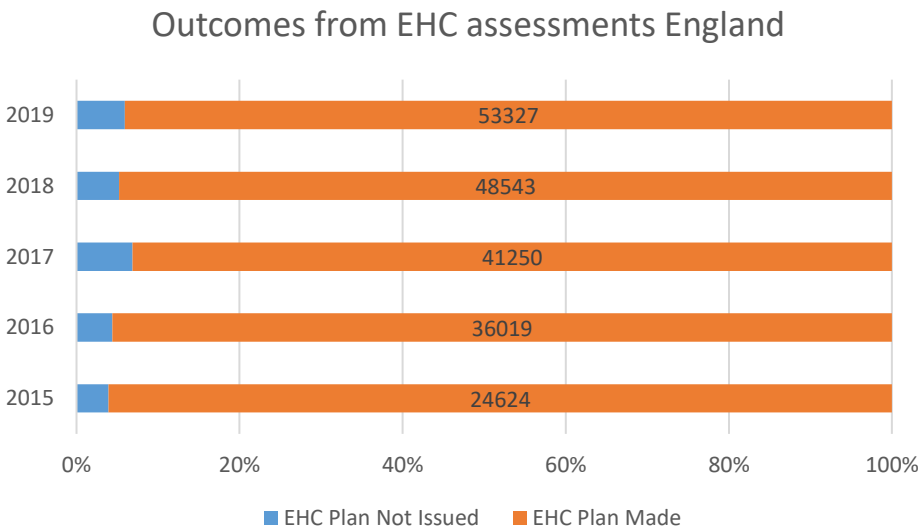
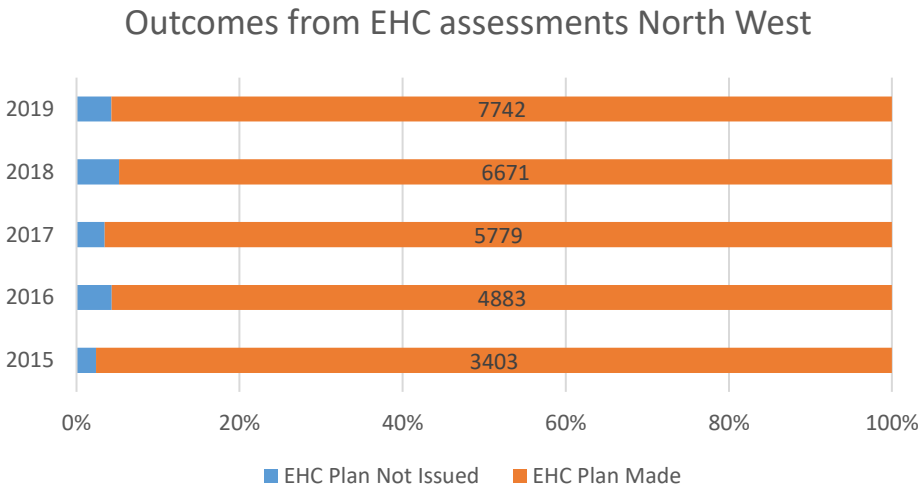
Data collected and provided by LG Inform

EHCP services in Bury

How well does the SEND assessment process work?

Graphs showing outcomes from requests for EHC assessment in Bury with comparisons, England, north west, stat neighbours

SEND group text~~

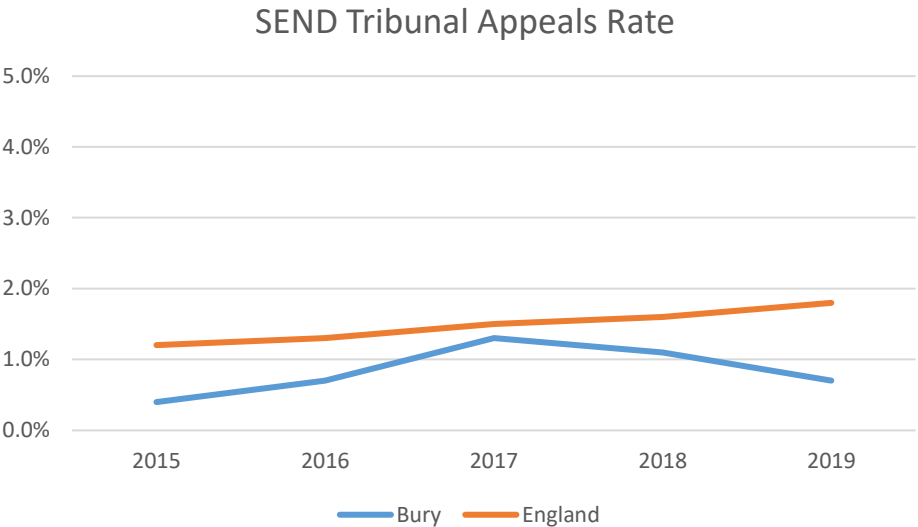


Data collected and provided by LG Inform

SEND services in Bury

How are the demands on SEND services changing over time?

~~Text



Data collected and provided by LG Inform

Evidence from parents

A Bury SEND survey was launched in 2020 and received 103 participants. The majority of the responders lived in Radcliffe (29%) followed by Ramsbottom (22%). For this survey, a large proportion of the responses were provided by parents of children/young people aged 5-11 (38%) and 12-16 (35%). The children of most of these families that responded were in primary (31%) or secondary settings (16%).

Below are several aggregate charts reflecting the broad trends returned from the survey:

Relationships, behaviour, attitudes: What needs to be improved?

~~Text

Processes and Practice: what needs to be improved?

~~Text

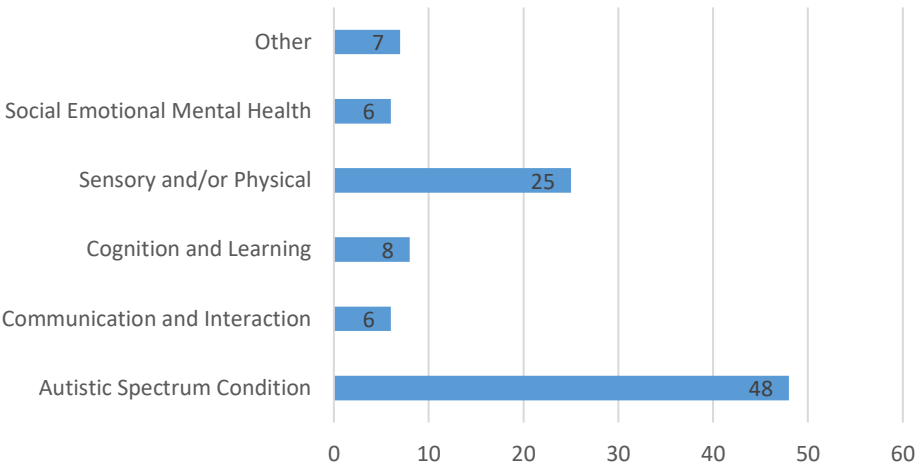
Services and Support: what needs to be improved?

~~Text

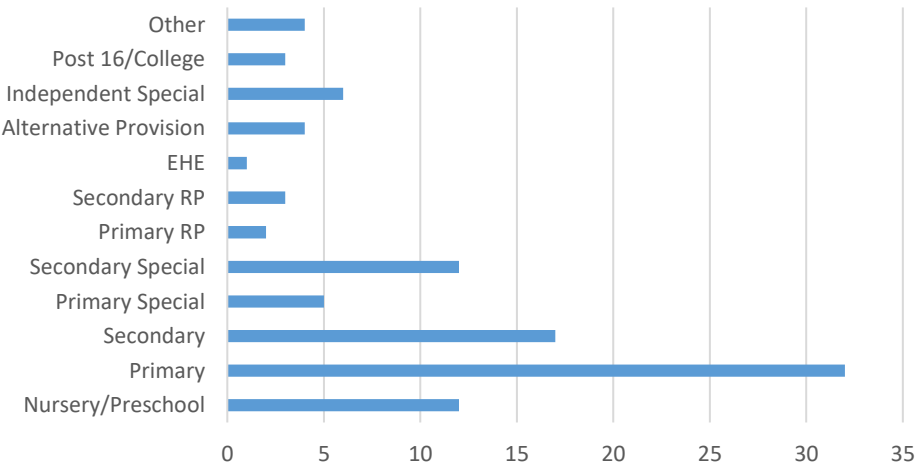
How can improvements be made?

~~Text

Bury SEND Survey: Primary Needs



Bury SEND Survey: Setting



Data collected and provided by Bury Council

Evidence from parents

In addition, a range of questions were asked in regards to the EHCP process. Of the 102 survey participants completing this section, 72% had an EHCP and said that:

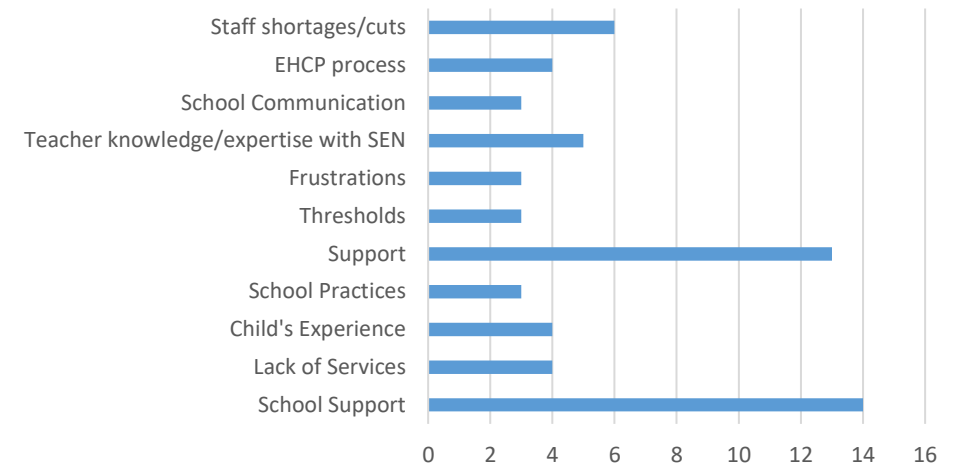
- 60% felt that their child/young person's needs had been identified really well or well
- 59% felt that the process had taken into account their views really well or well
- 49% said that they were not satisfied with the ongoing monitoring and assessment of their needs

In terms of educational provision parents said that:

- 76% felt that the educational provision did or partially met their child/young person's needs
- 49% felt that they were not fully supported to make a fully informed choice about which educational provision would be able to support their child/young person
- 58% thought the support given was good or very good

When asked if there were any changes the parents would like to see in terms of education provision there was a wide ranging response which has been grouped into themes:

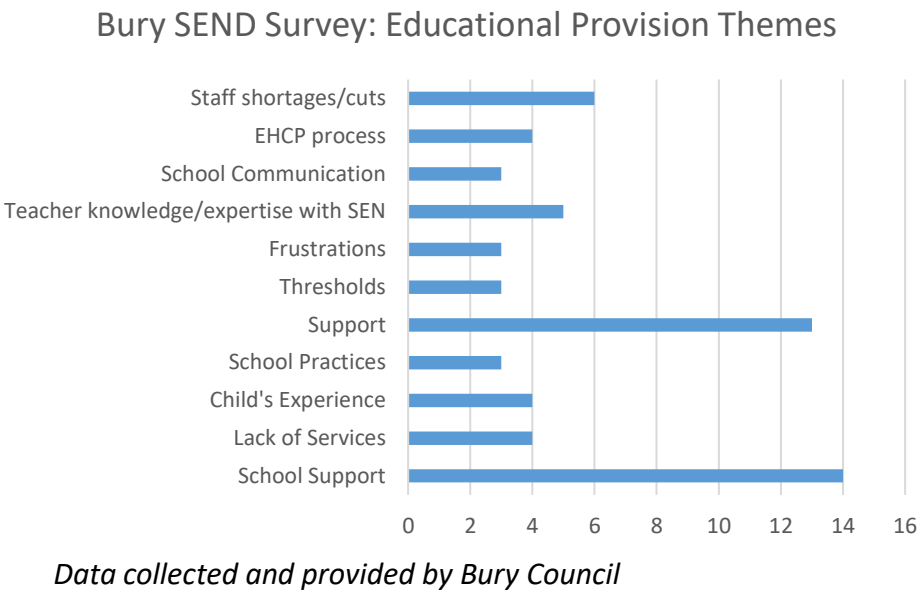
Bury SEND Survey: Educational Provision Themes



Data collected and provided by Bury Council

Evidence from parents

Text detail for SEND group to fill in re chart> Q10A in SEND survey from parents

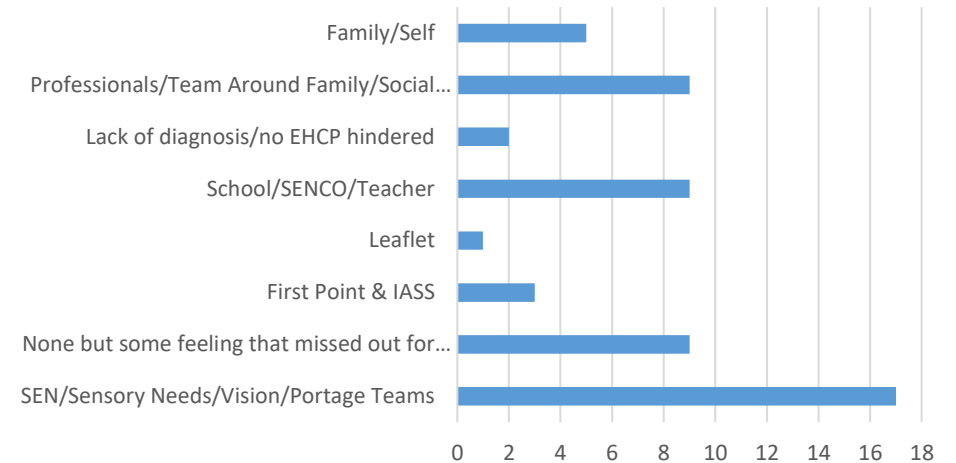


Evidence from parents

When asked who provided the support to make a fully informed choice about which educational provision would best support their child or young person, parents responded in majority by selecting local authority education services teams (31%), individual professionals second (16%), and then 16% of parents felt that they had done so on their own.

SEND group fill in detail Q10E>

Bury SEND Survey 2020: Informed Choice



Data collected and provided by Bury Council

Summary

Summary:

~~Text

~~Text

SEND Leisure

Wheels for All

**** See next two slides....**

<https://theburydirectory.co.uk/services/wheels-for-all>

Wheels for All	
2018/19	2019/20
294	288

Comment from leisure: Also have a number of groups, services and organisations that hire Wheels for All for private use but I do not have their session data

Awaiting membership listing for SEND users from Lianne Dooley – they have responded, there’s nothing too useful that they collect

SCRUTINY REPORT

MEETING: Children and Young People Scrutiny Committee

DATE: 7 September 2021

SUBJECT: Report on Special Educational Needs and Disability (SEND) and an update of the Project Safety Valve

REPORT FROM: Councillor Tariq Tamoor, Cabinet member for Children and Education Services

CONTACT OFFICER: Isobel Booler, Director of Education and Skills
Jane Case, Commissioning Programme Manager for Childrens Bury CCG

1.0 BACKGROUND

1.1 Bury Council and Clinical Commissioning Group (CCG) are committed to ensuring that all of our children are safe, have the best start in life, fulfil their potential, and are independent; this commitment extends to all, including our children with a disability and/or learning need.

1.2 This report sets out in detail the legal and strategic context within which services are delivered to children with Special Educational Needs and Disability (SEND), providing a profile and demography of need in Bury and an outline of the advice, support and services that are available for children and their families.

1.3 In addition, the report how children and their families are influencing and shaping how agencies / services work together so that Bury Council / CCG and partners can improve the experiences and outcomes of children with SEND.

1.4 The Special Educational Needs and Disability (SEND) reforms were introduced in September 2014 under the Children and Families Act. Bury was inspected as a 'Local Area' in 2017 with a follow up visit in 2019. Both visits found that Bury had not been effective in its implementation of the SEND reforms. Clear priorities were identified which Bury, as a Local Area, has been committed to improving.

1.5 Following the 2017 inspection, a 'written statement of action' was produced, setting out how the Council, CCG together with partners and stakeholders, would respond to the recommendations arising from the inspection. This written statement of action has continued to guide the focus of developments and improvements in relation to SEND.

1.6 The Council, together with partner agencies, recognises the need to further improve the outcomes and lived experience of children and young people with special educational needs and disabilities, and their families.

1.7 Whilst progress has been made against the written statement of action, including improvements in multi-agency working, and a strengthening partnership between the Council and CCG (now One Commissioning Organisation), parents/carers, young people, schools, colleges and settings, there is still a need to strengthen strategic leadership and governance.

1.8 Therefore, towards the end of 2020, in partnership with Bury2Gether parents' group, a SEND Assurance Board was established, more recently chaired by Bury's new Director of Education and Skills. The SEND Assurance Board includes senior representation from a range of partners and services including health; Children's social care; schools headteacher; parent representatives from Bury2gether; and Adult Social Care.

1.9 Bury parents and carers, via the constituted, representative Bury2gether, are key strategic partners across the local area, together with our young people, whose voices are heard through the young people's ambassador role which has been a welcome initiative.

1.10 In brief, there has been good progress achieved against each of the priorities in the written statement of action. However, there is a need to ensure a shared strategic vision across all partner agencies and deliver SEND transformation in co-production with our parents and carers through a Local Area Strategic Action Plan, incorporating delivery of the transformation work under the auspices of 'Project Safety Valve'. Details about Project Safety Valve (PSV) are set out below in section 7.

1.11 The report provides a detailed breakdown of the growing population of children and young people with SEND, to enable committee members to understand the local context, and demonstrate how the needs of our children with SEND are being met. In addition, the report details the activity and progress against key priorities.

1.12 A consequence of the 2014 SEND reforms, both locally and nationally, has been an increase in the number of requests for children to be assessed for an Education, Health and Care Plan (EHCP). This coupled with a reduction in the statutory timescales for completion has placed significant demand pressures on services impacting on the quality of those services to children and young people and their families.

1.13 Our parents continue to raise concerns about our assessment process and the quality of plans. There is a need to improve educational outcomes for children and young people with SEND. As a result, both outcomes and the quality and process about EHCPs continue to be a priority for Bury Council and its partners.

1.14 Bury Education Services and their partners are undertaking an extensive programme of SEND transformation which focuses on improving identification of need; creating an inclusive school system; improved EHCP assessment process and improved quality of plans; growth in special school places; and ensuring a reduction in the High Needs overspend.

2.0 Introduction

2.1 This report provides an update on Bury's progress on embedding the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014, including the progress against the Written Statement of Action. The report also includes progress on SEND transformation linked to the deficit in the Dedicated Schools Grant High Needs Block which is used to fund educational provision for children with Special Educational Needs and Disabilities.

2.2 A revised SEN Code of Practice, which provides statutory guidance on the policies, procedures and requirements of the Children and Families Act was published in April 2015. The Code of Practice sets out key principles for practice and provision for children and young people with SEND aged 0-25 in local areas. All partners in the local area need to have due regard to the Code of Practice. These principles are:

- Putting children and young people with SEND and their families at the heart of assessment, planning and decisions about their future outcomes and provision.
- Local authorities must publish a Local Offer showing all the services and support that the local area expects to be available to children and young people with SEND and their parents/carers, as well as how to access the provision, how to report gaps and give feedback.
- The local authority must also make sure children, young people and parents are provided with information, advice and support on all matters related to SEND.
- Education, Health and Care plans (EHCPs) replaced Statements of SEN. SEN Support has replaced School Action and School Action Plus.
- The timescale for assessing a child or young person and issuing an EHCP is 20 weeks
- Local authorities must help young people with SEND prepare for adulthood from the earliest years.
- Health and local authorities should jointly commission services for children and young people with SEND.

2.3 Local areas are subject to inspection by Ofsted and the Care Quality Commission (CQC) on their effectiveness in identifying and meeting the needs of children and young people with SEND. There is a strong emphasis, in the inspections, on local areas understanding their strengths and areas for development and being able to demonstrate how the provisions are improving outcomes for children and young people with SEND, and on improving the experience of families in accessing services and support.

2.4 So far, eight local areas in Greater Manchester have been inspected: Bolton, Bury, Oldham, Rochdale, Salford, Stockport, Trafford, and Wigan. Four areas, including Bury, were required to produce written statements of action setting out how they would respond to the findings of those inspections. Bury was first inspected in 2017 and was then subject to a re-inspection in 2019 which found progress had been made on some priorities but not all. More details of the outcome of inspections is provided below in paragraph 3.1 and 3.2.

2.5 Bury has an established SEND Assurance Board, chaired by the Director of Education and Skills, which provides governance of SEND. The Board is responsible for ensuring a shared strategic approach and vision, for evaluating progress, identifying key areas for development, and overseeing improvements.

2.6 Members of the Board are at director level from children's social care, education, early help, health commissioning and clinical leads, together with representatives from Bury2gether and Bury's Parent Carer Forum. The Board reports into the Children's Strategic Partnership Board and links with the Health Charter Groups through the Deputy Director of Commissioning and the clinical lead from the CCG, who sit on both Boards.

3.0 Local Area Special Educational Needs and Disabilities Inspection Update

3.1 In June 2017, Ofsted and the CQC conducted a joint inspection of Bury to judge the effectiveness of the Local Area in implementing the disability and special educational needs reforms. Inspectors raised significant concerns about the effectiveness of the local area in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities (SEND) and identified eight areas of significant weakness:

- the absence of strategic leadership and vision to drive the reforms
- the lack of understanding and practice of co-production at the heart of all strategic considerations.
- the failure to ensure joined up working so that all agencies and services are working together for children and young people who have special educational needs and/or disabilities
- the poor sharing of important information from health services both between different health disciplines and other external agencies
- the widespread unawareness and misunderstanding of the local offer
- the inaccurate and inconsistent identification of special educational needs and/or disabilities at school level
- the ignorance of children and young people's EHC plans by some key health practitioners
- the defective arrangements for joint commissioning.

3.2 The Local Area developed a Written Statement of Action which Ofsted confirmed accurately set out the actions that were to be undertaken to address the identified areas of weakness. This was signed off in November 2017.

3.3 Ofsted and the CQC revisited Bury in May 2019 to decide whether the local area had made sufficient progress in addressing the areas of significant weakness detailed in the written statement of action (WSOA).

3.4 The Local Area was found to have made sufficient progress to address the following five areas of weakness:

- strategic leadership and vision to drive the reforms.
- recognised improvement in the understanding and practice of co-production at the heart of all strategic considerations.
- improvement in joined up working so that all agencies and services are working together for children and young people who have special educational needs and/or disabilities.
- increased awareness and understanding of the local offer.
- improved identification of special educational needs and/or disabilities at school level.

3.5 Whilst progress was seen, it was determined that sufficient progress had not been made to improve the following three areas of weakness:

- the poor sharing of important information from health services both between different health disciplines and other external agencies
- the ignorance of children and young people's EHC plans by some key health practitioners
- the defective arrangements for joint commissioning

3.6 The outcome from the inspection resulted in a series of monitoring visits by the DfE; the final meeting took place on 11 June 2021 when the DfE and NHS England found that the Local Area had made clear and sustained progress against the Written Statement of Action and confirmed that formal progress reviews were no longer necessary.

4.0 Overall School Population with special educational needs and/ or disability

4.1 In order to better meet the needs of our children and young people with SEND it is first helpful to understand community needs. This section of the report provides a detailed breakdown of both numbers of children and young people with SEND, and also a breakdown of the type of need.

4.2 Bury's school population is now experiencing falling rolls across the primary phase, although numbers remain strong across the secondary phase, these numbers will also begin to reduce by 2023. Despite this, the SEND population continues to grow.

4.3 Within the Bury school population, the January 2021 census showed that 16.9% of pupils have SEND (4,979 pupils). This was made up of 12.7% (3,757 pupils) who have their needs met at SEN Support level, and 4.1% of the school population who have an Education, Health and Care plan (EHCP) (1,222 pupils).

4.4 There has been a consistently high number and percentage of children in Bury with an EHCP over time and at a level that is significantly higher than national, regional and statistical neighbour benchmarks; and the gap is increasing. Nationally, the percentage of pupils with an EHCP has increased to 3.7%.

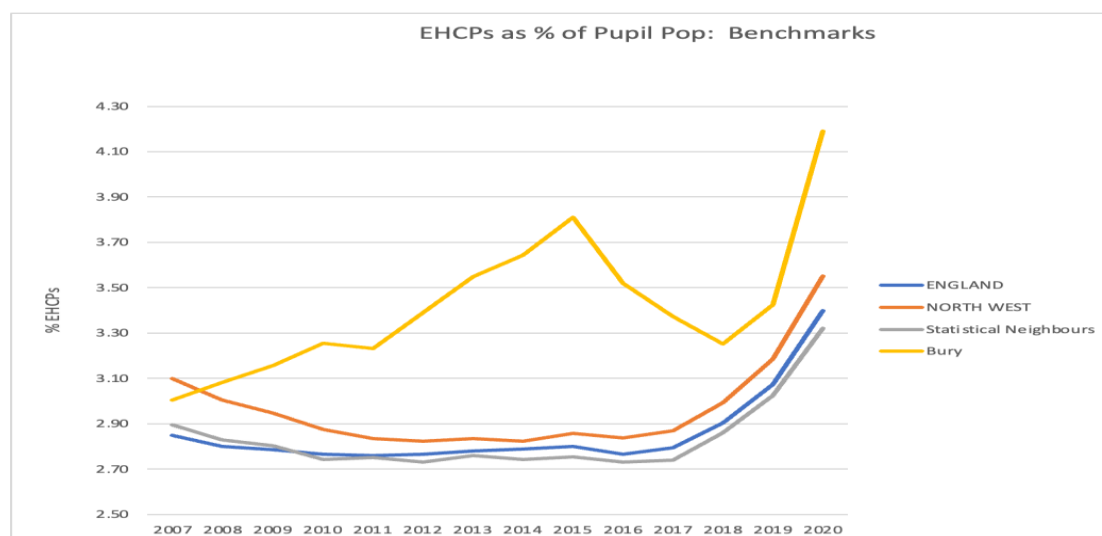


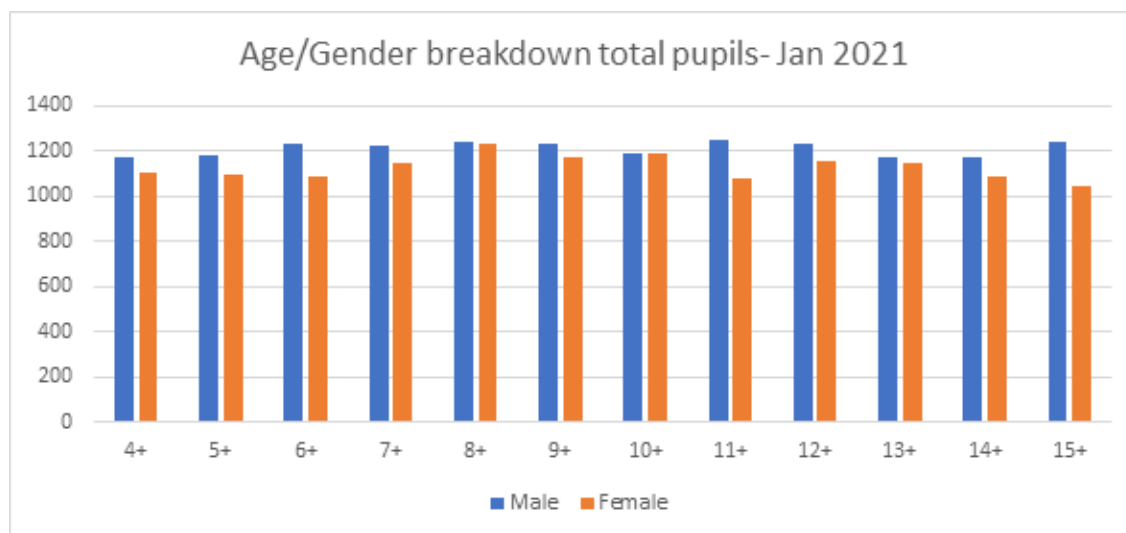
Figure 2: Number of pupils with SEND in Bury schools (School Census)

	Jan 2015	Jan 2016	Jan 2017	Jan 2018	Jan 2019	Jan 2020	Jan 2021
EHCP	1165	1088	1029	1000	1050	1131	1222
SEN Support	3577	3711	3830	3649	3910	3957	3757
All SEN	4742	4799	4859	4649	4960	5088	4979
% ALL SEN	16.5%	16.4%	16.4%	15.6%	16.7%	17.1%	16.9%

This table relates to pupils with SEND in Bury schools and does not include under 5's or post 16 or those children educated out of borough.

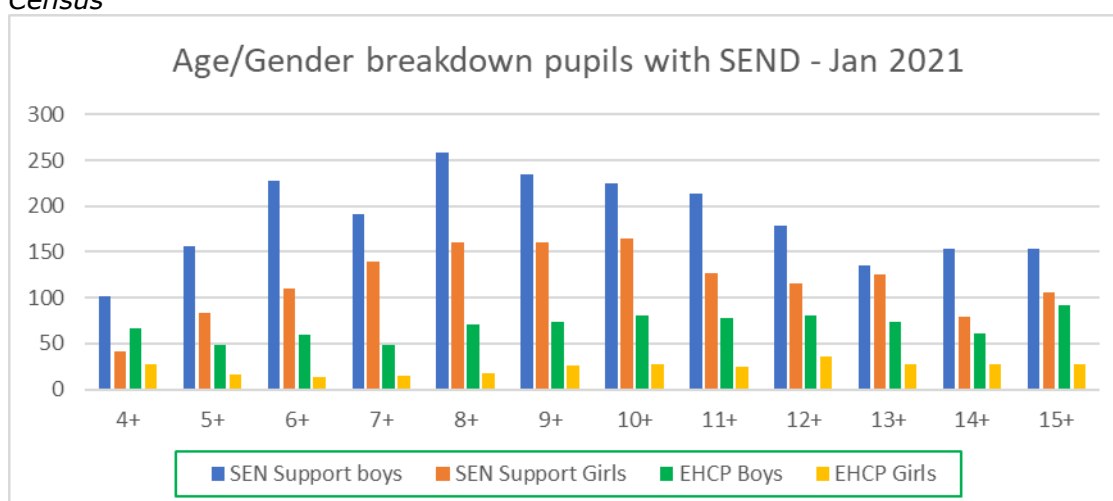
4.5 Between the January 2020 and January 2021 Census there was an increase in the number of pupils on EHCPs of 101 which equates to 0.4%, in line with the increase seen nationally. However, there was a reduction in pupils on 'SEN Support' whereas nationally there was a 0.1% increase.

Figure 2a: Age and gender of ALL pupils in Bury schools January 2021 School Census



4.6 Across all ages there are slightly more boys than girls in the school population, however as the table below shows this becomes more pronounced in the identification of SEND with a greater proportion of boys having identified additional needs than girls. This follows the national trend.

Figure 2b: Age and gender of SEND pupils in Bury schools January 2021 School Census

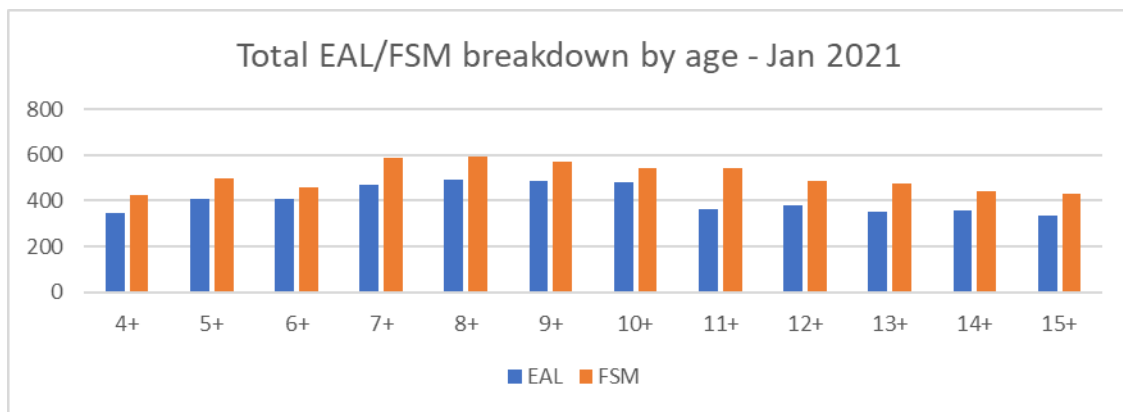


4.7 More boys than girls in Bury schools have SEND – 61% of the pupils at SEN Support level are boys and 74% at EHCP level are boys. There is a similar picture nationally with 64.2% at SEN support and 73.1% at EHCP level.

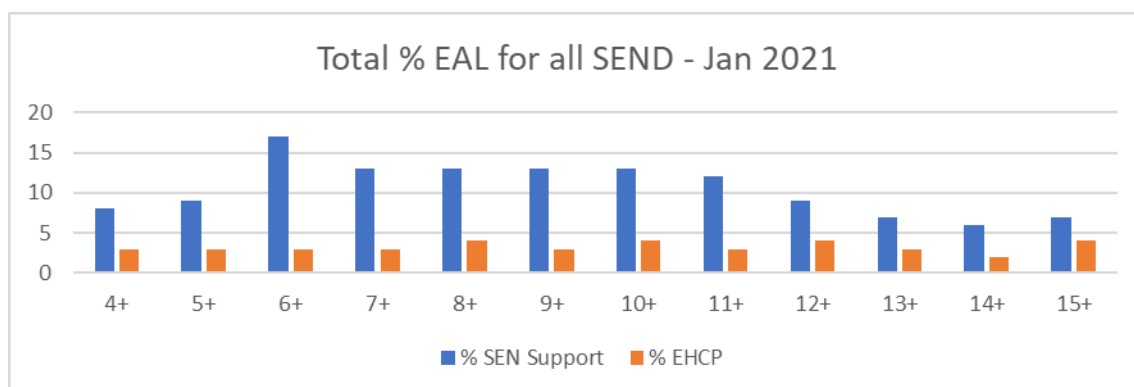
4.8 Across all ages there are more boys on SEN support than girls; the highest numbers being at ages 6+, 8+ and 9+. The number of girls on SEN support increase steadily from age 4+ to 10+. Across all ages there are more boys on EHCPs than girls.

4.9 The age distribution of Bury pupils is also similar to national as higher cohorts of pupils are moving into upper primary and then progressing into secondary schools. All the figures in this section only show numbers in Bury schools, there are additional children and young people with identified SEND in Early Years settings, colleges and training provision and schools outside Bury.

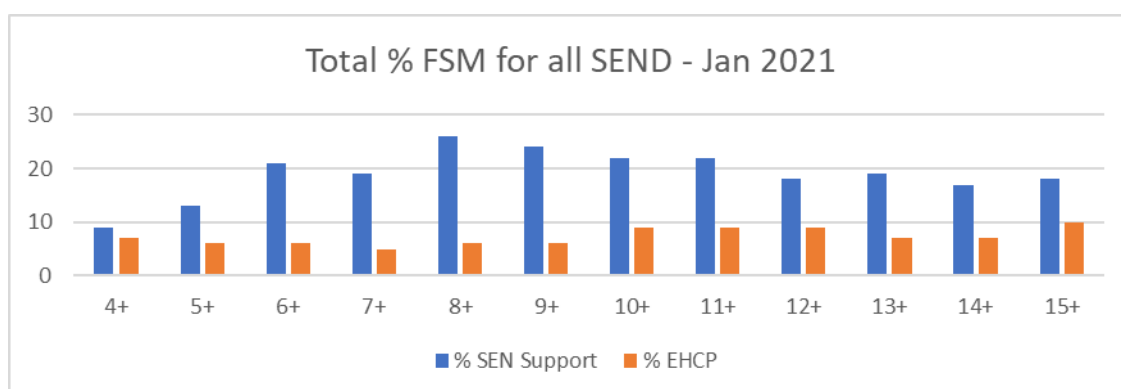
Figure 2c - English as an Additional Language and Free School Meals eligibility (Jan 21 census)



4.10 These tables show the percentages of pupils at SEN Support level and those with EHCPs who have English as an additional language (EAL) and who are eligible for Free School Meals (FSM).

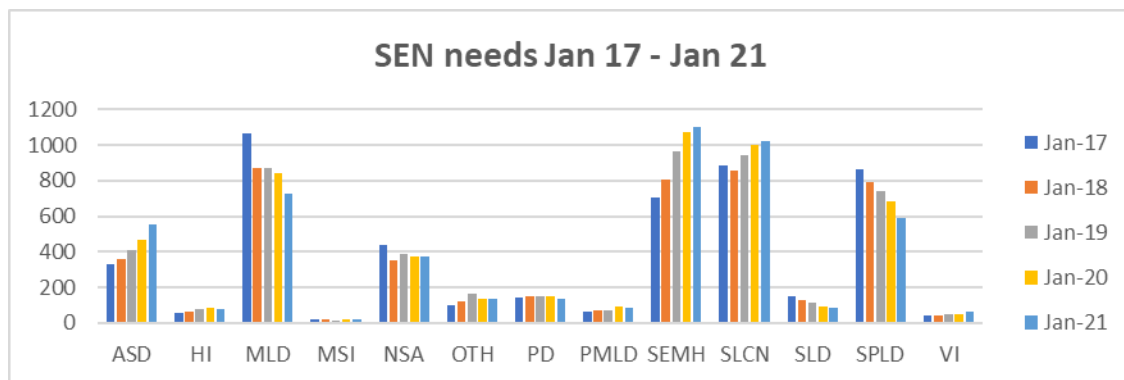


4.11 The majority of pupils with identified SEND have English as first language. Bury pupils with SEND are less likely to have English as an additional language than those with no SEND. Nationally, pupils whose first language is English are also more likely to have SEND than those who have English as an additional language.

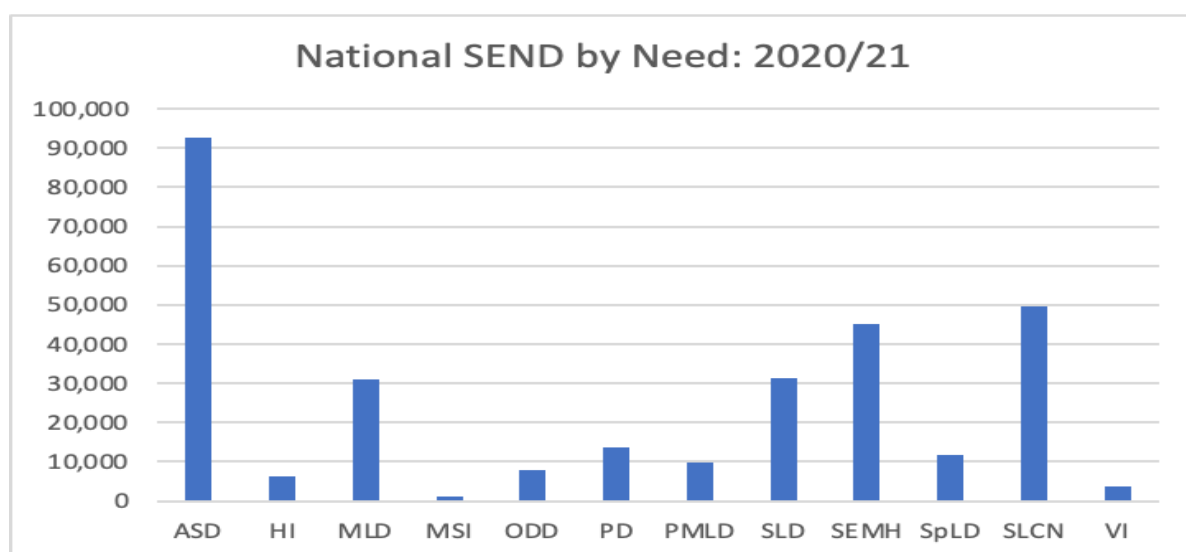


4.12 Bury pupils with SEND are more likely to be eligible for free school meals than those with no SEND. 32% of pupils at SEN Support and 39% at EHCP level are eligible for FSM, compared to 18% of pupils overall. Nationally 34.30% of pupils with SEN Support and 38.0% with EHCPs are eligible for Free School Meals compared to 20.8% of all pupils.

Figure 2d - Number of pupils in Bury schools by SEND Primary Need



4.13 The types of primary need that are most common in Bury are social, emotional and mental health needs (SEMH) 22.1%; speech, language and communication needs (SLCN) 20.5%; moderate learning difficulties (MLD) 14.7%; specific learning difficulties (SPLD) 11.8% and autism (ASD) 11.1%. The increase in the number of EHCPs is mainly in the categories of ASD, SEMH and SLCN, which is in line with national trends. Nationally, the most common primary SEND need is ASD.



5.0 Numbers of Education Health and Care Plans Overall

5.1 Education, Health and Care plans (EHCPs) for children and young people aged up to 25 were introduced on 1st September 2014 through the Children and Families Act 2014

5.2 In August 2021 Bury maintains 2121 EHCPs, a 43% growth since 2017. Children and Young people with EHCPs attend provision in and outside Bury, in mainstream, special and independent settings, schools, colleges and training. The numbers of young people with EHCPs aged 20-25 is increasing steadily. Please see figure 3 below. The number of children in the early years being assessed is also increasing and there has been a significant increase in the number of EHCPs for under 5s. If this trend continues this will put further pressure on SEND sufficiency as there will be a further increase on demand for places and services.

5.3 Please see the tables below which detail the demography of Bury's Children with EHCPs rather than the school population detailed above.

Figure 3a Age of Bury children and young people with EHCPs.

	31/08/2017	31/08/2018	31/08/2019	31/08/2020
Under Age 5	41	61	60	148
		8		

Aged 5 – 10	459	471	515	528
Aged 11-15	554	570	593	628
Aged 16 – 19	348	417	424	458
Aged 20-25	77	98	135	173
Total	1479	1617	1727	1935

Figure 3b Bar chart showing the age of Bury children with EHCPs

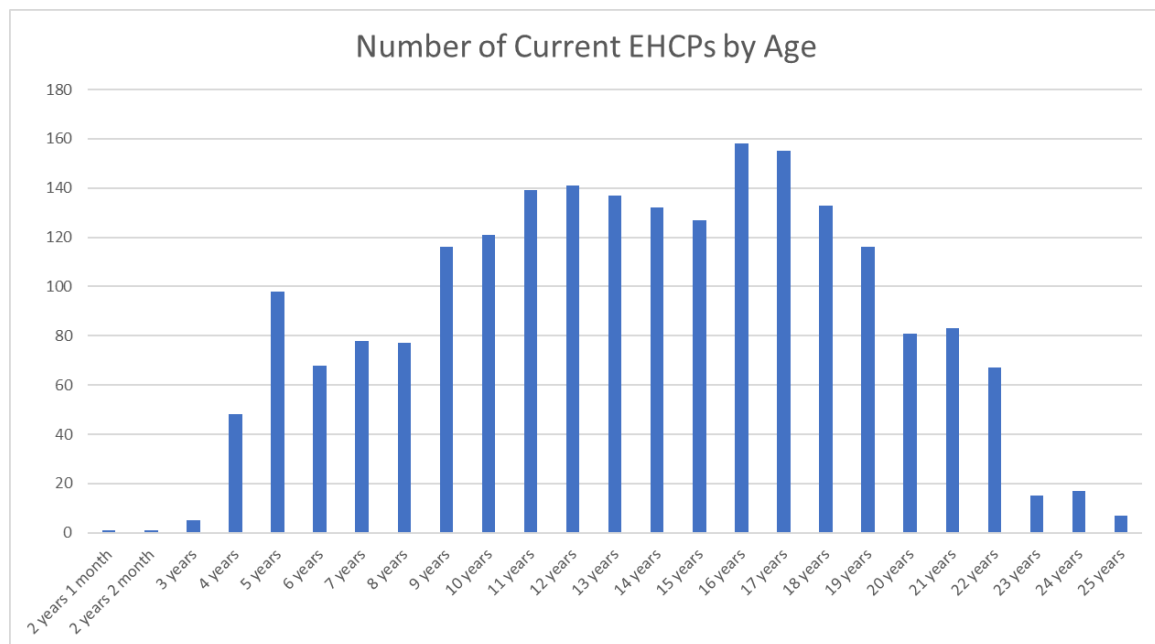
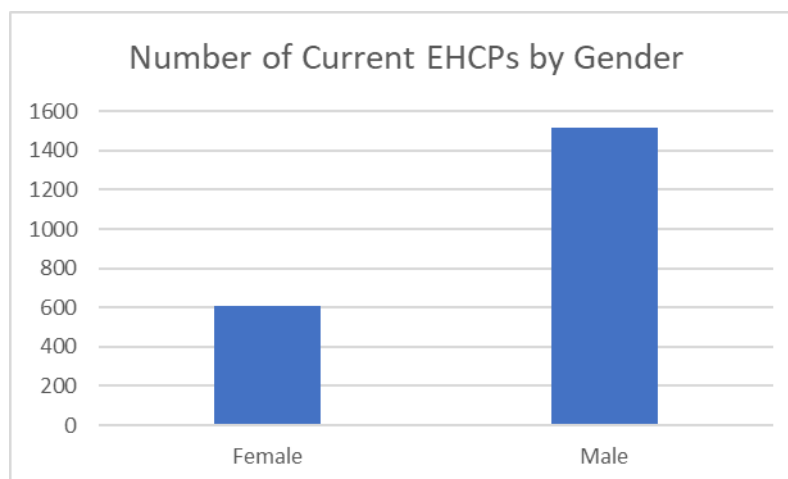


Figure 3c Bar Chart showing the gender split of Bury children with EHCPs as at 25/08/2021



5.4 Therefore it can be seen that Bury's SEND population as a whole follows very similar patterns to the school population with a similar pattern to national with a greater proportion of Boys having identified Special Educational needs and Disabilities. The types of primary need that are most common in Bury are as detailed in section 3 social, emotional and mental health needs (SEMH); speech, language and communication needs (SLCN) and moderate learning difficulties. This differs to national when Autism Spectrum Disorder is the most common type of primary need.

6.0 Project Safety Valve and a commitment to SEND transformation

6.1 Bury has seen a significant increase in the number of Education, Health & care Plans (EHCPs) and an increase in the cost of placements, which has resulted in pressure on services to deliver effectively together with escalating costs.

6.2 The Department of Children and Young People is on an improvement journey in all areas of delivery to the Borough's children, young people, and families. The Council has made a good start on this journey with its commitment to Early Help and locality-based working and has made some progress in reducing the number of special school placements in out of borough Independent Non-Maintained Sector. It is important that we build on this at pace, and the Council is engaging with the Department of Education who are working with local authorities with significant deficit balances on their Dedicated Schools Grant.

6.3 Cabinet has received reports setting out the significant deficit carried against the High Needs Block (HNB) of the Council's Dedicated Schools Grant (DSG) and proposed actions to reduce this. Councils with significant deficits are required to submit deficit recovery plans to the Department for Education (DfE) on an annual basis. Bury has complied with this requirement and has taken actions that demonstrate proportionate reductions to the deficit over time.

6.4 These actions were set out in the detailed DSG recovery report presented to Cabinet in September 2020, at which point it was estimated that Bury's deficit on the DSG would increase to c£25m by the end of 2020/21. Since then, the DfE has recognised the pressures on High Needs Funding nationally and has committed to significant increases in the level of funding available to all local authorities. In addition, DfE has been working with a small number of authorities with the highest DSG deficits nationally, of which Bury is one.

6.5 The outcome of this work has been agreement on an approach that will reduce the deficit, and ultimately achieve a balanced budget; this can only be achieved through SEND transformation which has been captured in the PSV / SEND Transformation Plan.

6.6 The transformation programme is an opportunity to build the foundations over the next two years to truly transform how we meet the desired outcomes for children and young people with SEND in Bury, and raise expectations for families from their Council, their schools and their health services, particularly in respect of inclusivity, co-production and family self-efficacy. The key aims of the transformation will include:

- educating Bury children in their own communities wherever possible
- ensuring most work with families is undertaken in community settings
- empowering communities to act to prevent escalation to statutory services
- reducing dependency on costly and sometimes ineffective provision
- helping people to receive and exit statutory services when needed, as rapidly as possible focusing money where it has most impact
- reducing our financial deficit

6.7 This transformation will be successful if undertaken in partnership, by establishing clear roles and responsibilities across education, health and social care and adopting a true spirit of co-production with children, young people, and their families.

6.8 Bury and the DfE have signed a PSV agreement in which the Council has agreed to implement the action plan that it set out in the funding bid. This includes action to:

- Strengthen the Special Educational Needs assessment and placements process, including clarifying assessment thresholds for Education Health and Care Plans (EHCP) by March 2022. This will include reviewing

transition arrangements for children and young people throughout 2021-22.

- Ensure robust planning for future provision, including reducing the use of independent school placements by increasing the availability and suitability of local provision within Bury. This will include developing a model for forecasting future needs.
- Improve quality and timeliness of management information to enable the evaluation of impact of central services.
- Support and drive schools in Bury to meet a higher level of need in a more cost-effective way within mainstream settings, while maintaining the quality of provision. Develop a culture in which demand is more effectively managed throughout the authority.
- Remodel financial practice to ensure accurate contributions from appropriate funding sources.

6.9 Revenue Funding: In total, £20.5m additional revenue funding, and £4.3m additional capital funding has been awarded to Bury by the Secretary of State following recommendations from the DfE. The funding will be received over 4 years up to 2024/25, including £6m which was awarded in 2020/21.

6.10 Together with the national increases in high needs funding, this additional grant is intended to remove the cumulative deficit in Bury's HNB by 2025/26.

	2020-21	2021-22	2022-23	2023-24	2024-25
	Cumulative Deficit £m	Estimated Cumulative Deficit £m	Estimated Cumulative Deficit £m	Estimated Cumulative Deficit £m	Estimated Cumulative Deficit £m
Additional DfE contribution	6.0	4.0	4.0	3.0	3.0
PSV Investment	1.3	1.3	1.3		
Cumulative Deficit	20.8	18.3	15.0	8.9	0.0

6.11 The deficit has arisen for two main reasons. The first is the overall high number of Education, Health and Care Plans (EHCPs), which is set out in section 3 of this report. The second is the high cost of placements in all types of settings. Work being undertaken as part of PSV will begin to address these issues.

6.12 Alongside the revenue aspects of the PSV, Bury has been allocated £3.78m of additional capital funding to improve and increase specialist provision for children and young people with Special Educational Needs and Disabilities. This will be used to develop new Resourced Provision within mainstream school settings and will also increase capacity within the borough's existing special schools.

6.13 The Council is also at an advanced planning stage in establishing a new Special Free School, sponsored by the Shaw Education Trust, that will provide 80 additional places for secondary age pupils with Autistic Spectrum Condition (ASC), with effect from September 2023. This Special Free School will be built on the Unsworth High school site to create an education village. The capital cost of this provision will be met by the DfE and is in addition to the capital funding referenced above.

6.14 In addition, as part of the response to PSV, the DfE has given approval to the establishment of a further Special Free School, targeted at secondary age pupils with Social, Emotional and Mental Health (SEMH) needs. This school will be delivered as

part of the next phase of the Governments Free School programme and is likely to see provision becoming available in 2024 or 2025. The capital cost of this new provision will be met by the DfE and is in addition to the capital funding referenced above.

6.15 Taken together, these initiatives will see significant capital investment in the development of high-quality specialist provision. There are implications for revenue budgets for creating additional specialist provision and these have been built into the revenue funding modelling of the PSV.

Progress In Project Safety Valve

6.16 Through Project Safety Valve the following progress has been made:

- Developed the governance arrangements for the delivery of the transformation programme
- Developed a communication strategy and plan, mapping out key partners and stakeholders
- Developed a resource plan, aimed at building internal capacity and capability in key areas including SEND, data and specialist posts.
- Currently developing a new banding system for allocating high needs funding linked to complexity of need. (Work has shown that Bury is an outlier in funding for SEND in its top ups for both mainstream and special schools).
- Finalised detailed project briefs for each of the workstreams to enable us to start the implementation phase.

6.17 Progress has also included recruitment of additional capacity to the SEND caseworkers; movement of the SEND EHCP team's line management to Education operations; strengthening of co-production and strategic working with Bury2gether; aligning SEND place planning to all place planning

Section 6 has detailed the specific focus of Project safety Valve and the commitment to reducing the High Needs deficit and a commitment to transforming the experience of children and families with identified Special Educational needs and Disabilities. This will be co-produced with our parents. There is also an acknowledgement that this transformation work will need to sit within a revised Local Area Strategic Action Plan, the priorities of which are detailed in section 14.

However it is important to state that although there continues to be challenges within Bury's provision for SEND there has been progress made. Sections 7 to 12 of the report detail the progress the local area has made towards achieving our aspirations which is to embed the SEND Reforms and improve outcomes and experience for children and young people with SEND.

Sections 7 to 12 include actions from all the partner agencies who continue to work together with a commitment to ensure that the experience of children with SEND and their parents continue to improve and comments will also reflect progress made against the written statement of action.

7.0 Our aim is that Bury's Parents'/Carers' and Children's and Young People's Views Impact on Strategic Decisions

7.1 Co-production with parents and carers

7.2 Bury2gether, Bury's Parent Carer Forum, receives national grant funding to act as the strategic voice of parents/carers of children and young people with SEND in Bury. The Forum sit on the SEND Assurance Board and their members are involved in a wide range of co-production activities with health, education, and social care.

7.3 Bury2gether play an important role in ensuring the voice and experiences of families are influencing service improvements.

7.4 Bury2gether continue to strategically influence and hold the local area to account. This is achieved through attendance by senior officers at the Bury2gether Steering Group; engagement sessions for parents with providers of health and Council services; and through membership of the SEND Assurance Board which is bringing about challenge and accountability.

7.5 Genuine Partnerships, was commissioned by the Council to develop a Bury Voices Model, providing challenge and facilitating a confidence to build a culture of co-production. Some examples include: the parent forum have been on the social worker interview panel for the Children with Disabilities Team; has helped design a survey monkey questionnaire for the SEN Team asking for parent views on the EHC needs assessment; invited to review the health SEND training offer; as member/s of the Joint Commissioning Group, provided scrutiny and challenge to the Joint Strategic Needs Assessment (JSNA) process with additional questions in support of further analysis; key partner in the Inclusion Service Team's co-production action planning workshop with 'Genuine Partnerships'.

7.6 The Bury Voices Co-production event (2 February 2021) facilitated by Genuine Partnerships identified actions and themes to further embed a culture of co-production in Bury. Further NHS funding has been secured for continued support from Genuine Partnerships to support a new phase of work; diagnostics to baseline the understanding of co-production amongst key service managers. The outputs of the diagnostics have been very positive and have resulted in targeted actions, including training workshops and practice development. Bury2gether are included in all activities and a co-production action plan is being developed to capture the work going forward.

7.7 Bury2gether are an active member of the NW Network of Parent Carer Forums and link with other forums to co-operate on themes of joint interest.

7.8 Bury2gether has over 400 forum members and has an active face-book page. The forum's action plan captures all member feedback on issues and concerns and these themes are used to improve service improvement for managers and commissioners within the local authority and CCG/health, a recent example is the blue badge service improvement.

7.9 Bury2gether has recently moved to new premises in Radcliffe which offers more space and, in the future, the forum will be able to provide an enhanced venue from which to support the community of SEND families. Bury2gether has been an active partner in the development of summer activities for SEND families (as part of the Holiday Activity and Food programme) on the Local Offer.

7.10 Our Aim is that we will have an excellent 'Local Offer', understood and accessible to all, leading to improved life outcomes for children and young people with SEND.

7.11 Bury's SEND Local Offer was published in December 2013 on the Bury Directory. The Ofsted/CQC inspection in 2017 identified that the Local Offer was an area needing some development. Improvements were needed so that service users were aware of the SEND local offer and was accessible.

7.12 A complete re-design of the Local Offer was undertaken with Bury2gether, and children and young people. The banner, logo and landing pages were all co-produced with families. Bury2gether was a key contributor to the functionality of the landing pages and the website architecture for navigation by families. The website was re-launched in March 2019 with the positive improvements noted at the subsequent Ofsted re-visit in May 2019.

7.13 There is an active Local Offer working group with service leads from SEN, inclusion, social care, commissioning, and health. Technical support is provided by the Bury Directory Team and Bury2gether are advisers/advocates for the service user experience. The focus of the group is to update and improve the quality of information on the Local Offer. Individual services have refreshed their pages. The inclusion service has introduced staff passports/pen portraits which have been positively received by parents/families and it is a priority that this will be rolled out in other services.

7.14 The forward work plan of the working group includes:

- Listening to the voice of young people and parent/carer using mystery shopper through Bury2gether, evaluation and consultation.
- Development of the Practitioner Support section of the website
- Parent/carer groups have put forward suggestions for a "Friends of the Local Offer Group" to be developed.
- In the longer term, Local Offer Drop-ins will be introduced.
- The governance for the Local Offer is part of The Bury Directory Governance structure under The Bury Directory Digital First Group (this is under review).

Young Person's Voice in Bury

7.15 The Inclusion Ambassador/SEND Advocate is a member of the Local Authority Inclusion Services team. The role was created by Bury LA to ensure that young people are not just listened to, but that action is taken based on their views. The focus of the role changes based on the priorities for young people. The postholder works directly with young people with a focus on supporting their wellbeing, while also making sure the views of SEND young people are heard strategically.

7.16 Particular areas of success have been demonstrated through the work centring around self-acceptance for children and young people following diagnosis, along with awareness raising for professionals in respect of Selective Mutism.

7.17 The Inclusion Ambassador was also co-chair of the Northwest SEND Young People's Coproduction Steering Group. Currently the Inclusion Ambassador role is out to advert as the postholder has recently left. It is considered an important role within the Local Area and is a permanent position.

7.18 Over the lockdown period, as many young people and their families were expressing feelings of isolation and loneliness, the Inclusion Ambassador set up virtual Zoom meetings where young people could have a chat, play games, listen to music, and relax in support of their emotional wellbeing. There was also a pilot drama

group in partnership with The Met. There was a positive response with over 60 young people attending sessions with many new friendships developed. These meetings are still running and each Zoom meeting is different dependent on the young people's needs and interests.

7.19 Some of the activities which the Inclusion Ambassador has run recently include:

- free webinar/ Q&A for professionals: Talking to young people about autism: How to do it right
- 1 hour session for autistic young people which aims to explain to them what autism is and share some useful support strategies: What is autism?
- Setting up a gaming and esports club in response to young people's interests
- Promoting local activities/ events for SEND young people to take part in
- A wide range of materials which support this group for whom universal resources are not appropriate, such as
 - Aukids Magazine;
 - Amazing Things Happen video
 - ADHD Foundation Umbrella Gang Comic for neurodivergent young people to promote acceptance of their differences (the Inclusion Ambassador was personally involved with creating the comic)

8.20 Many CPD opportunities have been offered to professionals across Education, Health and Social Care to raise awareness of children and young people's point of view in respect of how they would like to be approached by professionals. One example of a response to this CPD is demonstrated within Inclusion Service where professionals have added their own profiles to the Local Offer pages in response to children and young people saying that they got to know very little about the professionals they were involved with whereas the professionals knew very personal and sensitive information about them.

Bury SEND Information, Advice and Support

7.20 The Bury SEND Information, Advice and Support Service (BURYIASS) is a contracted-out service which provides information, advice and support on: local policy and practice; the Local Offer; EHCPs, Personalisation; the Law as applied to an individual's situation; LA's processes for resolving disagreements, tribunals, complaints etc

7.21 The service was recently tendered in 2020 with Barnardo's awarded the contact until March 2023 (with an option to extend).

7.22 In the last year 352 parents, carers and young people were supported by SENDiass. The majority of enquiries to the SENDiass service related to EHC plans, the level of school support and the name of the placement.

7.23 Barnardo's has invested in developing the role of volunteers to support delivery of the service; and invested in mental health and wellbeing training for staff so to enable conversations regarding individual's mental health and wellbeing which is presenting as a re-occurring theme with families

8.0 Our aim is that Bury's local area is committed to ensuring young people with SEND have their needs met through improving Education, Health and Care services, jointly commissioned where appropriate

8.1 The Graduated Response

8.2 Bury has a continuum of educational provision for children and young people with SEND aged 0-25. The Council, schools, CCG/health and parents are currently co-producing a revised version of the document used in the Local Area to help all partners identify and meet pupils' SEND. This is called 'Bury's Graduated Response'. It sets out the provision schools would be expected to put in place for pupils at universal and SEN Support levels, and the provision schools, the Council and other agencies need to put in place for pupils with an EHCP. This tool helps schools understand when to request statutory assessment and helps parents to have informed discussions with schools and settings about the support being provided for their child and expectations about a graduated response.

8.3 Early Years

8.4 The Early Years delivery model is an integrated pathway for all children from pre-birth to five years of age, supported by health care and early years professionals, leading to earlier identification of need for an increasing number of children.

8.5 The assessment pathway provides an early help support offer for families of young children with identified needs which cannot be met wholly through universal services these include a Speech and Language Pathway and a Parenting pathway.

8.6 Bury recognises that identifying and supporting children at the earliest opportunity, including children who have emerging SEND is essential especially if we are to reduce the numbers of children having manage complex pathways and assessments to receive support when good earlier intervention could prevent this. We need to target this in the early years for children.

8.7 In Bury there are approximately 3500 children attending an early years provision which provides the opportunity to identify those children who may require additional support as early as possible. As more families are supported to access their free child care places then a greater number of children will have access to the early years curriculum to support their learning, development and school readiness.

8.8 Through the work with GMCA, Bury is currently completing a project with the Behavioural Insight Team (BIT) aimed at raising the level of take up of free places for two year olds. Through this project Bury has seen improvement in take up from 73% to 76% of children between spring and summer term but Bury remains 7th out of the 11 other LAs we are a statistical neighbours to, so there is still work to do. Through BIT the team are targeting those areas in Bury which have the lowest take up, namely Sedgley, St Marys and Holyrood. The more families who can be encouraged to take up their free entitlement the more access to learning their children have, but also the greater the opportunity to recognise any emerging needs for children, earlier

8.9 As part of GMCAs school readiness programme and delivery model Bury is working on the pathways to support for children in relation to speech language and communication

8.10 Research tells us that for many children, when they have difficulty expressing their needs, frustrations which is integral to cognitive functioning, they are more likely to require higher levels of additional support as they age, especially if their needs are not recognised and responded to at the earliest opportunity.

8.11 In Bury is part of a GMCA project working across all 10 Localities to raise the standards in speech language and communication. One pathway we are embedding in Bury is Wellcomm which is an early screening tool to help identify speech and

language needs - even before children might be referred to traditional speech and language therapists. Bury has 112 Communication Champions working across Early Years including in schools who can carry out Wellcomm assessments.

8.12 This early screening tool is a significant part of identifying needs early and responding, thus reducing demand through specialist pathways, later. When Wellcomm screenings identify children who require support we are increasing our support pathways through a teletherapy programme which provides intensive help to children to develop better speech language and communication. Bury is also partnered with a programme called Easy Peasy and ICAN which provides intensive programmes that can be used by early years practitioners and parents. There are currently 66 practitioners trained across both early years providers and schools in ICAN and we are continuing to grow this. Early assessment of impact shows that 80% of practitioners trained in Bury, reported improvements for children in speech and communication. In addition, 1993 parents have accessed the virtual programmes linked to this support. If children are supported to order their thoughts and express themselves, for some children this will reduce educational needs arising later. As such this area of work is vital to reducing demand on SEND services as well as reducing the impact on children of intrusive assessment processes where this can be avoided

8.13 Bury Schools Continuum of Provision

8.14 The continuum of support for school pupils with SEND includes:

- Mainstream provision for pupils at SEN Support level and with EHCPs.
- Resourced mainstream provision. Bury currently has five mainstream schools designated as resourced provision for pupils with higher levels of SEND. Two of these are specialist provision for children with Autism.
- Bury has 2 special schools, both of which have expanded their numbers and both of which have been judged as 'outstanding' by Ofsted. Both special schools are highly thought of within the Local Area with a very high expression of parental satisfaction.
- Pupils with visual impairments and who are deaf or hearing impaired in both mainstream and special schools are supported by specialist staff from the Bury Sensory Support Service

8.15 Bury's strategic ambition is for our children and young people with SEND to have their needs met in their local community. However, with only two special schools and limited resourced provisions in mainstream schools this means that currently a number of children with EHCPs are placed in special schools out of borough which has put pressure on the High Needs Block of the Designated Schools Grant.

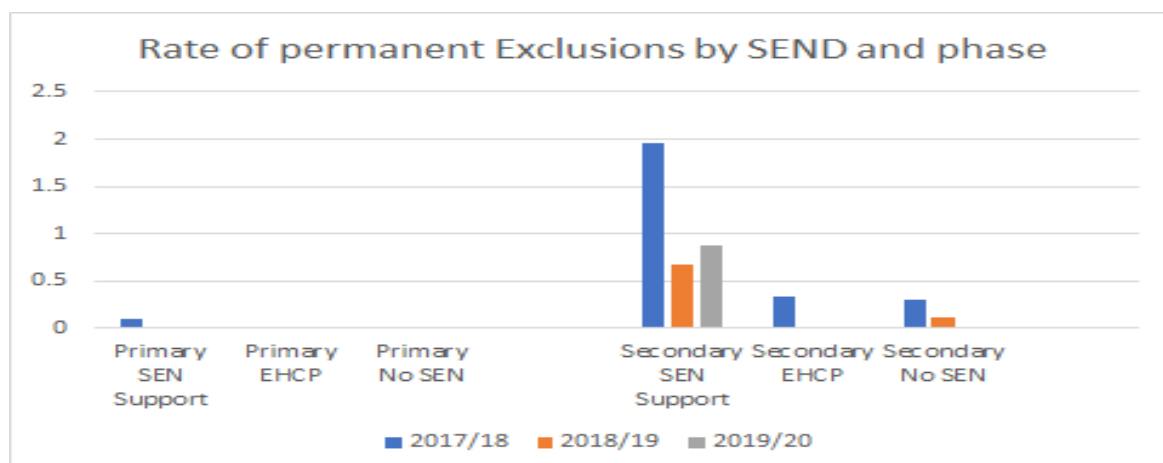
8.16 The Project Safety Valve Delivery Plan focuses on moving away from the historic practice of recourse to placing children out of borough. A new special free school is due to open in Bury in 2023 and the authority has recently received approval from the Department for Education for a further special free school specialising in SEMH. Further Capital bids, as detailed in section 6, were approved to increase Resource Provision within the Local Area Continuum of Provision.

8.17 A place plan is being developed to create additional specialist provision using the additional capital funding provided as part of Project Safety Valve.

8.18 Bury has focused on improving inclusion across its school system through the establishment of inclusion partnerships.

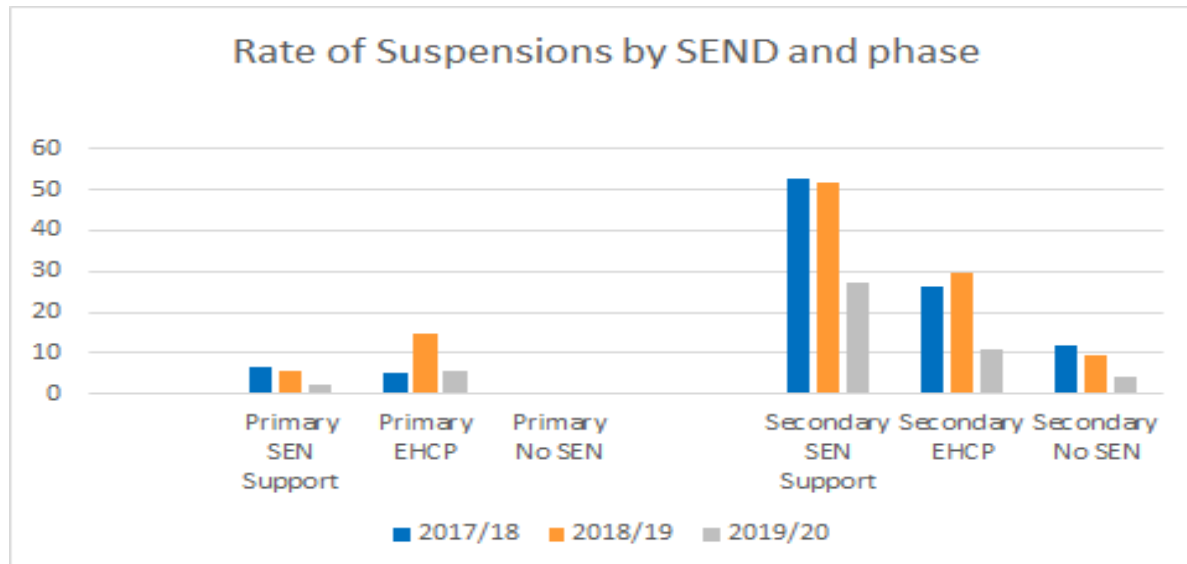
8.19 There were no permanent exclusions of pupils with EHCPs from primary schools over the three years and none from secondary schools in 2018/19 and 2019/20. The rate of permanent exclusions in secondary schools has shown a decline over time

except for pupils on SEN Support which saw a slight rise in 2019/20 following a significant reduction in the previous year. This is an impact of the inclusion partnership work which was established three years ago in response to the high proportion of exclusions in Bury.



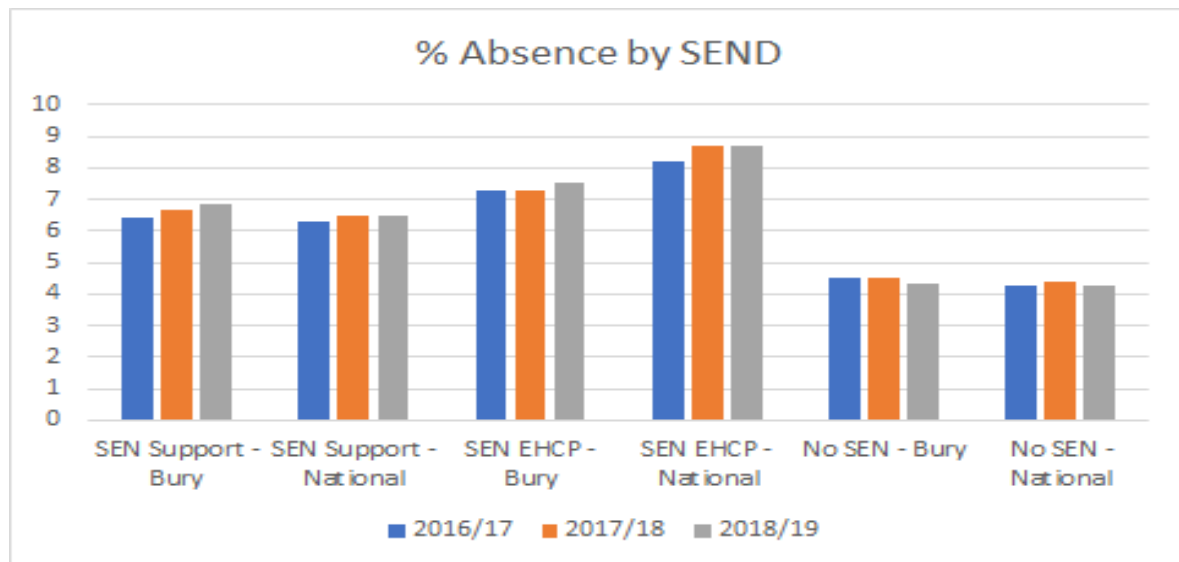
8.20 The rates of fixed term exclusions are higher for pupils with SEND than for those with no SEND. Figures are higher in secondary schools than in primary schools. The figures for secondary pupils on SEN Support are considerably higher than for pupils with EHCPs.

8.21 Bury parents have identified that inclusion is variable across the school system in Bury and the consistent application of Bury's 'Graduated Response' is a priority for the coming academic year and ensuring early identification is also captured within the Project Safety Valve SEND transformation.



Source: DfE

8.22 In addition the percentage absence of pupils on SEN Support has increased over the three-year period and remains slightly above the national average for this group and this again identifies the need to ensure a consistent approach to inclusion across the Local Area to ensure that the continuum of provision within the school system focuses on improving outcomes for children and young people with SEND. A positive impact of the school system is that absence for pupils with EHCPs has stayed steady and remains below the national average for this group. Absences for pupils with SEND is above that of pupils with no SEND. There is a need to focus on promoting good attendance following the impact of the pandemic; this focus will include vulnerable groups including pupils on SEN Support.



Source: DfE

8.23 Outreach

8.24 The Local Authority Inclusion team offers support for mainstream primary and secondary schools and early years settings. This support is highly regarded and helps mainstream staff identify need, develop strategies and practices to better support their pupils with SEND. The outreach offer includes advice on strategies to support individual children, help with whole school curriculum and accessibility strategies, training courses, learning walks and SENCO cluster groups. Bury Sensory Support Service and Cloughside College also provide outreach advice and training to schools on meeting the needs of pupils with hearing and visual impairments and those with mental health difficulties.

8.25 Short Breaks

8.26 There is a continuum of short break provision in Bury. Over the last 18 months commissioners, the children with disability (CwD) team in co-production with families and Bury2gether, have undertaken a large-scale tendering exercise to re-design the Short Breaks Services for Children and Young People with Disabilities and their families with the emphasis on enabling choice, community access and preparation for independence.

8.27 The Council have consulted and engaged with children and young people with disabilities and parents/carers about the current provision since 2019 and how it can be improved. The specification was co-produced with Bury2gether who were on the evaluation and interview panel so to ensure that there was confidence in the process.

8.28 As part of the co-production and consultation phase three new lots now form part of the short breaks local offer. These are the time limited (up to 12 weeks) programmes to enhance the learning of skills in children and young people, and also to increase participation in community activities so that both increase independence and positive outcomes. The other new service is Positive Behaviour Support. This service is to meet the needs of complex high end cases where behaviours are such that the child/young person is on the cusp of residential care. This has been welcomed by professionals and families as a gap previously in provision.

8.29 Children With Disabilities Team

8.30 Bury Children's Services offer a highly skilled and specialist service to children and young people with disabilities and their families through the Children With

Disabilities [CWD] team. The CWD team has recently benefited from significant investment into team infrastructure to increase staff capacity and as a result is currently comprised of a Team Manager, six social workers [awaiting a seventh to join in September] and three family support workers. All staff, with the exception of a newly recruited ASYE Social worker, offer significant experience and have undergone extensive training and continuous professionals development which enables them to offer a highly specialist service. The service currently meets the need of 265 children and young people and their families residing within the Local Authority.

8.31 Social workers complete statutory assessment of need for children and young people to identify where need can be appropriately met through services. CWD workers have the ability to signpost to universal and targeted services and in addition request a service from Short Breaks to target and meet need. The current Short Breaks service offer has been reimagined and refreshed as a consequence of a tender process co-produced with representatives from Bury Parents Forum. Referrals are considered within a multi-agency panel which takes place fortnightly. The SEN Manager is an attendee to ensure cohesive planning for children and young people.

8.32 Family support Workers on the team are unique in that they hold a caseload as opposed to having a supportive remit to Social Workers on the team. They hold stable cases and undertake bi annual reviews to ensure that funded provision continues to make need and they act as a key access point for families.

8.33 The CWD team benefits from 2 Transition Social Workers who are allocated the cohort of 16-18 years old on the team to ensure that they complete updated assessments and My Adult Care Assessments to identify the need for ongoing post 18 health funding and /or Adult Social Care involvement. This involves joint working with Health professionals from the Clinical Commissioning Group and Adult social workers. The cases tend to be held at Child in Need to enable a focus on working towards Preparation for Adulthood themes such as Independence, Health, Education and Employment and Social Inclusion using individual plans. There is a recognition that the transitions pathway would benefit from review and this is subject to a multi agency task and finish group meeting monthly. To drive positive change and improve both the journey of transition and the outcomes for young people and their families.

8.34 **Joint commissioning**

8.35 The Joint Commissioning Group is well established with Bury2gether representation at all meetings. Improvements in the joint commissioning arrangements were acknowledged at the DfE/DHSC monitoring visits, including the additional capacity invested in commissioning, and the appointment of the Designated Clinical Officer for SEND and a Children's Programme Manager.

8.36 Examples of joint commissioning activities over the last 18 months include the short breaks local offer, additional health services capacity for a split site special school (Elms Bank Special School), and enhanced access to therapies at Bury College. This latter intervention ensured that high needs young people were offered provision in borough rather than a specialist provider out of borough as Bury College was previously not able to meet their needs for occupational therapy and physiotherapy.

8.37 The joint commissioning workplan includes a range of service reviews which are brought to the joint commissioning group to agree the option appraisals and next steps, examples include the sensory pilot and neuro developmental pathway. The development of the Joint Strategic Needs Analysis (JSNA) is a key area of work which is reported through the Joint Commissioning Group and parents have actively contributed to the scope of the analysis with key questions and the identification of gaps.

8.38 Key themes of the work-plan for the next quarter of 2021/22 is development of a parent/carers strategy: the development of the next parental survey and the implications for commissioning of recommendations emerging from the JSNA.

8.39 **Health**

8.40 The Children's Health Charter & Transformation Programme encompasses:

- Physical health - ensuring children have access to the right support and provision to enable them to lead active healthy lifestyles.
- Mental health and emotional wellbeing - ensuring Bury children can develop positive wellbeing and mental health.
- SEND and Vulnerable Children - ensuring our children with additional needs get the right support and wider system is transforming in an integrated and seamless way
- Maternity - ensuring all children in Bury get the best start to life.

8.41 The Charter Groups cover:

- Physical health, Children who live in Bury who have any identified health inequalities, will have them mitigated and will experience improved health, through the transformation of children services; ensuring smooth and swift access to appropriate services, supported to achieve optimum health.
- Mental Health, working to develop good emotional and mental health in children through the development of a strong robust system and offer. Identifying inequalities and vulnerabilities to meet needs earlier in a child's lifetime.
- Special Educational Needs Disabilities (SEND), working across education and social care to promote and protect children and young people with additional needs. Ensuring good quality processes, provision, and services.
- Maternity, working closely with Starting Well and Early Years. Ensuring the first 1001 days of life are the best they can be.

8.42 Health and social and emotional needs are inherently complex with regards to children; it is unlikely that there will be a single factor which is responsible for any situation or issue. For this reason, it is important that we develop integrated systems across our neighbourhoods to provide the right support. Bury Council and CCG have formed a One Commissioning Organisation (OCO), which will eventually bring together all strands of delivery and commissioning across the two agencies under the leadership of the Chief Executive. Together we can better meet the challenges we face and tackle the priority areas we have identified. The Charter Groups bring together partners in oversight of the wider children health agenda and ensure opportunities for working in collaboration to drive forward transformation are harnessed.

8.43 The pandemic brought about many challenges and opportunities for the Bury SEND system, it accelerated use of digital technology across many health pathways, and this has had a huge impact on the delivery of Health provision as detailed below.

8.44 Speech and Language Therapy (SaLT) is an integral component within many of the children's pathways, and as such much work has been undertaken to reduce waiting times and provide a more responsive service. However due to growing demand, the provision is under increasing pressures and a joint commissioning review would be valuable.

8.45 **Speech & Language Therapy**

8.46 Delayed language skills lead to under-performance later in life, yet many primary school children have unidentified speech and language difficulties. The WellComm toolkits were developed by Speech and Language Therapists at Sandwell and West Birmingham Hospitals NHS Trust with the aim of providing easy to use support for everyone involved with children. Requiring no specialist expertise, they quickly identify areas of concern in language, communication, and interaction development to ensure early targeted intervention. Once a profile has been drawn up for each child, The Big Book of Ideas provides focused teaching and intervention activities to meet individual need. During Covid, Wellcomm clinics were established in the Health Visitor teams to support early identification, and support for speech and language delay.

8.47 The team have designed and implementation of a new parent workshop for parents of preschool children with social communication difficulties. Using innovative ways of engagement, the SaLT team implemented use of MS Teams for delivering parent workshops for social communication and Signalong. Developing and implementing use of telehealth as a means of service delivery, using telephone and video appointments, developing resources suitable for use with telehealth appointments

8.48 Community services School Nursing (SN), Health Visiting (HV) and School Immunisations service

8.49 During the pandemic representation on the Education Health and Care Plan (EHCP) audit group/panel has been maintained which has ensured that all HV/SNs receive requests for health information to EHCPs swiftly and input is then provided within timescales.

8.50 Enhanced health visiting team has been set up to support families who require additional support, in which they receive enhanced visits, Ages and Stages Questionnaire (ASQs) and New-born Behavioural Observations (NBOs) supporting better attachment during this pressured time.

8.51 The Special Educational Needs and Disability (SEND) HVs are two part time HVs in post to support families with children with additional needs. They work closely with partner agencies linked to SEND, ensuring vulnerable children and young people with SEND are supported. This has seen the implementation of Ages and Stages Questionnaire (ASQ) at 6-8 weeks. The ASQ is a parent completed questionnaire. Combined with the clinical judgement of the HV, we can start to build a rounded picture of a child's development and to identify any needs going forward. The ASQ also encourages parents to try out new activities with their children encouraging positive interaction.

8.52 All missed assessments during COVID have been caught up and those children with identified needs have been referred to relevant services. Ensuring earlier identification, mitigating health inequalities. Building on good partnership working with Early years to record ASQs and improve information sharing. The SEND HVs is also attend the monthly Child Development Centre Multi-Disciplinary Team meetings

8.53 The immunisation service has worked closely with the special schools to ensure all children have received their routine vaccinations and those children in alternative provisions.

8.54 Community Nursing Team -School nurses continued to virtually attend the Social Emotional Mental Health (SEMH) panels across Bury to ensure Children and young people are accessing the correct support and that the system is connected.

8.55 Paediatric Physiotherapy service continued to see patients face to face if risk assessed as urgent wearing appropriate PPE. The team ensured that children's additional physical needs were met.

8.56 During lock down the service set up a joint orthotic and physiotherapy clinic to improve collaborative working following verbal feedback from families. Orthotic clinics were cancelled in the special school setting, so this has allowed some patients to access a clinic which is not hospital based.

8.57 Throughout Covid lockdown community paediatricians have continued to support EHCP process fully by converting to telephone consultations in order to provide child and family centred EHC medical advice. However, during Covid there has been an increase demand of requests for EHC advice particularly over first lockdown period when middle grade doctors were relocated to work on acute wards. The service is hoping to resume face to face EHC medical assessments from September 2021.

8.58 Reduction in Paediatric waiting list for Social Communication Difficulties

8.59 Earlier this year a waiting list initiative was agreed due to high number of children waiting on the early years list for the Social Communication Difficulties Discussion Group , including a historical backlog. The waiting list initiative provides nine additional clinics to an additional 108 children over the coming months. This will see triage and assessment being delivered to the backlog of children who have historically been waiting for over two years , with the expectation that children will now flow through the system in 6 months . It is expected that this will be accomplished by December 2021.

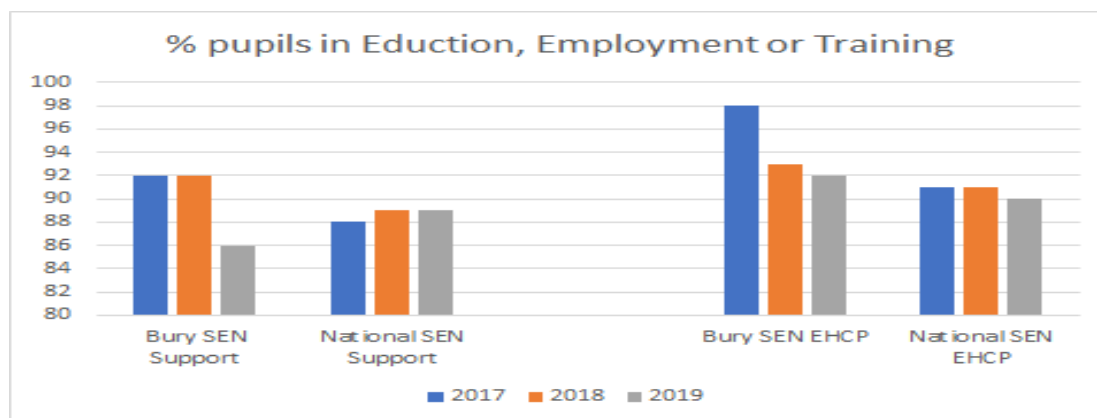
9.0 Bury's aim is that preparing for adulthood (PFA) is embedded in Bury from the earliest years

9.1 Transition

9.2 A success has been the work of the business development/employment officer on the commissioning team who works closely with local colleges for those students with high needs who are in the last year of a vocational course or on a workability/employability programme. This is a targetted service between the officer and tutor whereby the student is matched to the opportunities that the business development/employment officer has sourced by contacting local businesses/networks.

9.3 In 2019/20 of the 33 on caseload, 19 SEND young people have achieved a positive outcome and those continuing in education actively worked with to ensure their transition into a PfA destination when an opportunity is identified.

9.4 Destinations



Source: LAIT

9.5 The percentage of Bury pupils with SEND in education, employment or training (EET) has been above the national average over the three-year period with the exception of pupils on SEN Support in 2019. The percentage of pupils with EHCPs who are in EET has dipped over time.

9.6 At June 2021, of the 2020 Year 11 cohort, who have been tracked across the year as 16–17-year-olds, 3.8% of the full population were not in education, employment or training (NEET) with 0.5% unknown. For pupils on SEN Support, 44 of these were NEET representing 9.1% of the group with 6 pupils (1.2%) being unknown. For pupils with EHCPs 9.8% were recorded as NEET with 2 pupils (0.8%) being unknown. (Source: LA Stats Pack Connexions June 2021)

9.7 Post 16 opportunities

9.8 There is a new £10m European Social Fund (ESF) project for Greater Manchester for 15–19-year-olds, and up to age 24 years for students with SEND. Students with SEND are a target group for the specification which is now under development.

9.9 There are specific arrangements for SEN students taking up apprenticeships and incentives for employers. These are:

- Additional £1,000 when recruiting 19–24-year-old with EHC on to Apprenticeships
- All training costs paid when recruiting 19–24-year-old with EHC for small employers (less than 50 employees)
- Young people with special needs can join Apprenticeships at Entry 3 in English and/or maths and how far they can progress will be looked at on an individual basis
- Young people with SEN can be part-time Apprentices i.e. less than 30 hours per week e.g. if they cannot work full time due to health reasons, the end date is extended.
- Providers can claim £150 per month from the Learner Support Fund for reasonable adjustments to allow the young person to finish their Apprenticeship
- If costs are over £19,000 the provider can apply for Exceptional Learning Support Costs
- Assessments can be done using British Sign Language
- Employers can apply to Access to Work for their costs in taking on an Apprentice with SEN

10.0 Bury's aim is that transparent pathways allow parents/carers and young people to access services across Education, Health and Care

10.1 Parents, carers and young people have told us that pathways into services are overcomplicated. As a result of pathways are being reviewed. This includes:

- Redesign of Statutory Assessment, through Project Safety Valve Delivery Programme.
- Streamlining routes into requesting Early Help, EHCPs and other SEND services.
- The EHCP as the overarching plan for children with SEND who also have social care plans.
- Reviewing the Short Breaks Statement and improving access to universal Short Breaks. See information in section 7.
- Streamlining assessment for, and provision of, equipment for children and young people with SEND.
- Emotional health and wellbeing transformation, including the social communication diagnostic pathway.

10.2 Progress on the pathways workstreams is ongoing and will reported in the 2022 SEND update.

10.3 **Neuro Disability Pathway**

10.4 There has been commitment and progress in developing the Neuro Disability Pathway which has been a significant improvement in the Local Area.

10.5 The neuro disability pathway covers two areas Mental health and SEND. Bury currently have two neuro pathways – early years and school aged. Speech Communication Difficulties Discussion Groups (SCDDGS) are integral to the preschool ASD assessment. Streamlining the preschool ASD assessment pathway to an integrated one with Speech and Language Therapy team - waiting time for diagnosis and identification of needs have been significantly reduced due to a waiting list initiative which saw the investment in increasing capacity and delivering more clinics. The school aged pathway has also seen increased demand which has resulted in an increase in waiting times and work is in development to address this via the Health Charter groups.

10.6 Emotional health and wellbeing. We know that the pandemic has impacted on children's wellbeing and mental health. Much work has been ongoing in Bury to try and address these needs, and much more is to be done. As part of the Mental Health Charter group will redesign our provision to align it with the iThrive model.

10.7 Bury is co-developing an iThrive model in response to the Future in Mind report on mental health and wellbeing. It is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and their families.

10.8 The aim is that services will offer flexible holistic support based on needs not diagnosis.

10.9 The aim is to increase capacity across the system and support children, young people, their families and professionals to be resilient, to be informed about support available, the choices they have, and to understand what they can do to help themselves. A number of activities have been initialised to support this.

10.10 Early Break built on the learning from the GM Mentally Healthy Schools and Colleges pilot and currently provides 2 dedicated Emotional Health and Wellbeing (EHWB) workers to support high schools across Bury. EHWB support will offer all schools an identified worker who will wrap-around and offer tailored 1:1 support for those young people who are experiencing difficulties such as increased anxiety, stress, depression etc. some of which becomes displaced in behaviours into education

and wider family conflict. EHWP workers will also provide targeted group work and wider support to pastoral staff and mental health leads. This will prepare the way for the wider role out of Mental health in Schools Teams which is scheduled for the next financial year.

10.11 As part of the Healthy Young Minds pathway there is also the development of school link workers, who are in place to support schools to effective channels of communication and support to schools. In September there will also be a launch of a 6-month Pilot professional advice line, whereby professionals will be able to get advice and guidance from a CAMHS professional regarding children who are not in the known to the service.

10.12 September 2021 will see the launch of the Professionals help line, piloting and building intelligence on how best to build capacity and confidence in the wider system approach to supporting emotional health and well-being and mental health this help line will be available for all professionals working with Bury Children to access swift mental health advice for children via the advice and guidance help line.

10.13 Further development will see the establishment of the keyworker role to support capacity for those CYP with learning disabilities and autism who are either already in residential care placements or at risk of going into residential care – supporting families more proactively and in a coordinated way. The ultimate goal is that CYP are enabled to live their best life, within their communities, in a place which meets their needs and wishes, be that with their families/carers or in another suitable home such as foster care, their own home or supported living etc. Linking closely established Designated Clinical Officer in the CCG the key worker role will help hold the system to account and ensure services and provision is family centric.

10.14 The Designated Clinical Officer (DCO) will play a key role in implementing and embedding the SEND reforms and in supporting joined up working between health services, Council and other SEND partners. Bury CCG is the only GM CCG to invest in a full time DCO role. The purpose of role is to support health colleagues across the Clinical Commissioning Group (CCG) and Northern Care Alliance and wider children's system to ensure children and young people 0-25 with SEND have the right health support to achieve the best outcomes they possibly can.

10.15 The CCG are currently piloting provision to further understand what service is needed in Bury. Looking at wider system understanding as well as assessment of those who need it, this work is progressing and developments will be refined over the coming months to ensure those children with associated conditions such as ASD, that are impacted most by SPD will have provision and parents and schools will have a better understanding of how best to support and make reasonable adjustments for children and young people.

11.0 Bury's aim is to have highly effective Education, Health and Care Plans and reviews improve life outcomes for children and young people

11.1 Bury Local Area accepts that parents experience of EHCP process has been challenging and is committed to improving this.

11.2 The number of requests for EHCPs continues at a high rate, with over 370 new requests for assessment in 2020/21. The number of requests refused and the number where it was decided not to issue an EHCP were lower than national and regional benchmarks. The increasing number of requests for assessment has put pressure on the team and the timeliness of completion of EHCPs is not what we would want. This is a key area identified for improvement and progress has already been made in strengthening the EHCP and Assessment team. Figure 3 below show that Bury agrees

to issue a far greater number of EHC plans than are agreed nationally. The process around both the panel and assessment will be reviewed under the implementation stage of project safety valve detailed in section 5 above.

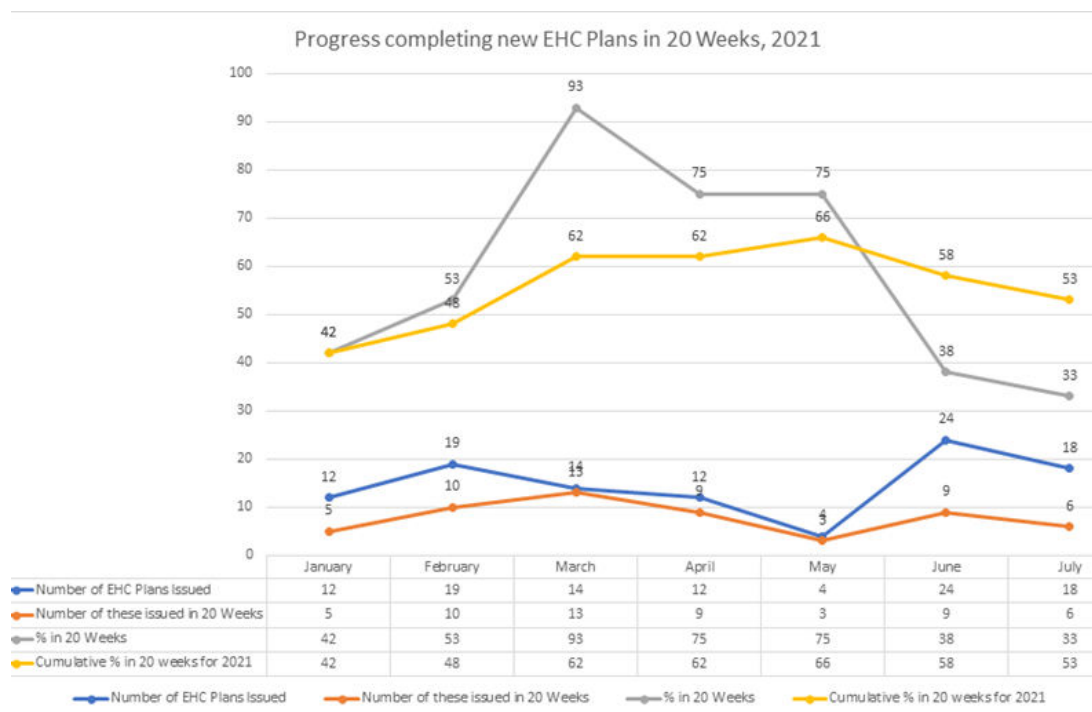
Figure 3 Requests for statutory assessment

	England	North West	Bury
Percentage of assessments during the calendar year where it was decided not to issue an EHC plan	4.90%	3.60%	0.30%
Percentage of initial requests for assessment for an EHC plan that were refused during the calendar year	21.60%	18.60%	15.10%
Rate of EHC plans excluding exceptions issued within 20 weeks	58.00%	62.50%	27.40%
Rate of EHC plans including exceptions issued within 20 weeks	55.60%	60.30%	27.20%

11.3 Ensuring improved pathways, assessment processes and improving the timeliness and quality of EHCPs is a key priority for SEN transformation and will be driven through the project delivery board within Project Safety Valve which is detailed above in section 7. Any changes to the EHCP process plans and Quality assurance will be co-produced with parents through Bury2gether, Bury's parent carer forum.

11.4 Pleasing to note is that so far in 2021 there has been an improvement from 27% in 2020 to 53% in timeliness. Although there is still need for significant improvement the improved timeliness has been facilitated by the wide adoption of an electronic portal for Health colleagues to be able to share their advice for the EHCP team and brings the Bury SEN EHCP timeliness more in line with national which is currently 58%.

Figure 4. Progress for completing new EHC Plans in 20 weeks 2021



11.5 Currently EHC plans are moderated at the EHC assessment panel and then monthly through a multi agency moderation and Quality Assurance process

11.6 As has been stated previously, improving the quality, timeliness and experience of the assessment process remains a key priority for Bury Local Area. This work is one

of the key deliverables through Project Safety Valve which will focus on strengthening the Council's Special Educational Needs assessment and placements process, including clarifying assessment thresholds for Education Health and Care Plans (EHCP) and will also include a focus on Quality Assurance. This to be completed by March 2022 and will be co-produced with parents.

12.0 Bury is working towards improved outcomes and standards across education and training

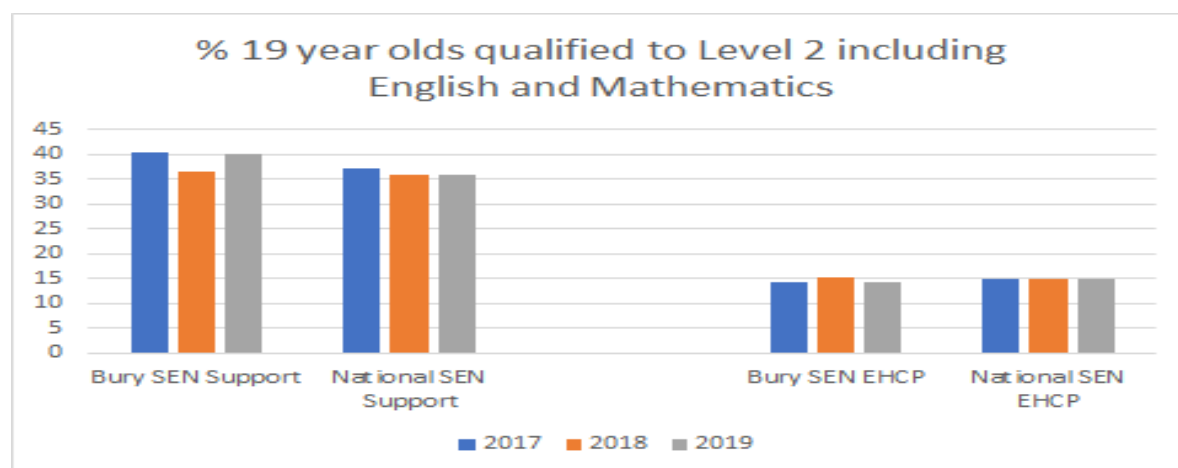
12.1 Bury has high expectations and aspirations for children and young people with SEND.

12.2 Educational outcomes for children and young people in Bury continue to show an inconsistent picture across age ranges and across different types of need. The last validated Data is from 2019 due to the disruption on assessments from COVID-19.

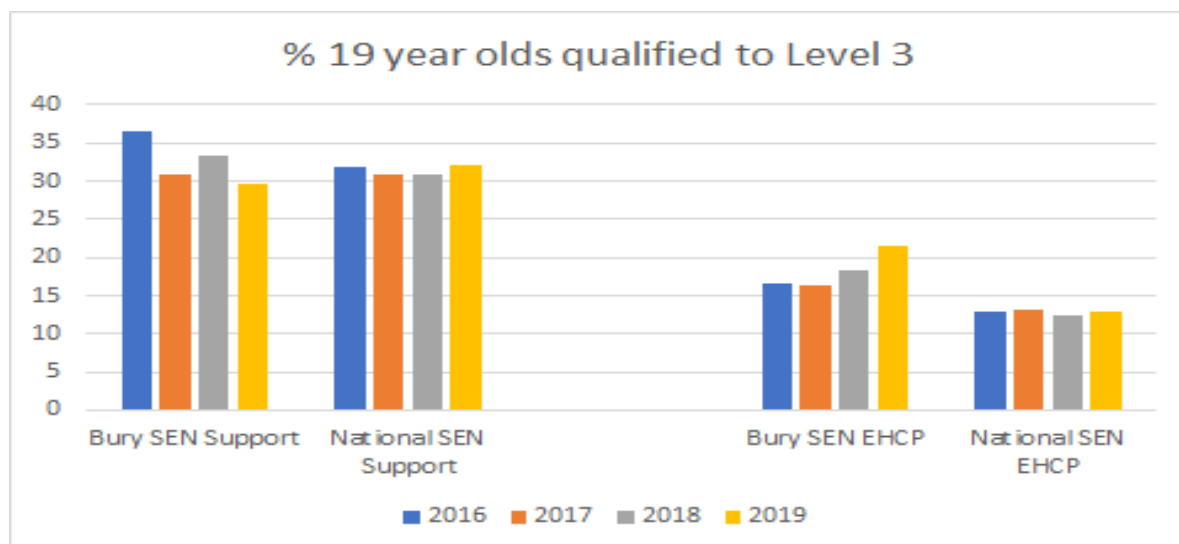
12.3 Improving outcomes for children at SEND Support and for those with an EHCP is a priority for Bury. Bury's inclusion team provides outreach support to mainstream schools and early years settings.

12.4 The following tables look at educational outcomes, progressing down the age ranges:

Attainment at Age 19

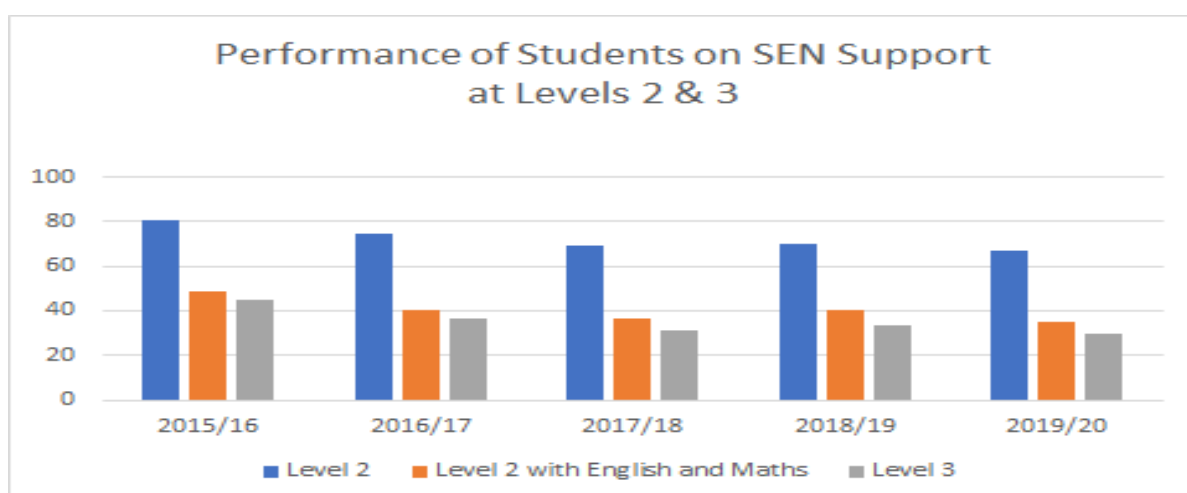


12.5 The percentage of Bury's 19-year-olds on SEN Support qualified at Level 2 (equivalent of GCSE Grade 4 and above) including English and mathematics is above national over the three years. For students with EHCPs the figures are in line with national.

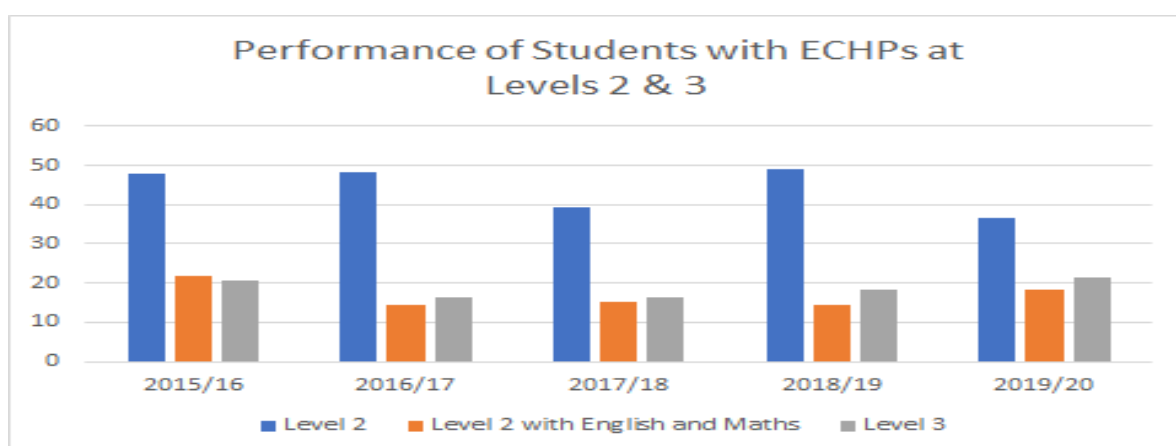


12.6 The percentage of Bury's 19-year-olds qualified to Level 3 (equivalent of A level) is variable against national for students on SEN Support however, it is above the national average, and improving, for students with EHCPs.

Attainment over 5 years at Level 2 and Level 3 Qualifications



12.7 Across the five years fewer students on SEN Support attained a Level 2 qualification including English and mathematics and those attaining Level 3 are slightly lower, and show a declining trend.



12.8 The percentage of students on EHCPs attaining a Level 3 qualification has been increasing since 2016/17 and is above the percentages attaining Level 2 qualifications including English and mathematics.

Key stage 4 in 2019 (Age 16)

Group	Cohort	Progress 8		Attainment 8		% Eng & Ma 9-5		% Eng & Ma 9-4		% Ebacc Entry		Ebacc APS	
		LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat	LA	Nat
SEN Support	228	0.74	0.43	29.7	32.6	13	17	29	32	26.3	16.9	2.5	2.6
SEN EHCP	102	1.04	1.17	17	13.7	6	6	15	11	4.9	4.0	1.3	1.1
No SEN	1807	0.19	0.08	46.8	50.1	42	48	69	71	58.2	44.6	4.1	4.4
All	2135	0.29	0.03	43.5	46.8	37	43	62	65	52	40	3.8	4.08

Source: NCER

12.9 The Progress 8 score (the main accountability measure) of all pupils in Bury at the end of KS4 is below average and there has been a three-year decline in the borough's overall Progress 8 figures between 2017-2019. For SEN Support, Progress 8 in 2019 has improved by 0.11 but is still below national. However, for SEN EHCP, Progress 8 was 0.13 better than national.

12.10 SEN support pupils' English Baccalaureate (Ebacc) entry is significantly above national by 9.4%. Attainment 8 has improved by 2.6pts from 2018 but is still below national by 2.9pts. Achieving a strong pass in English and Maths has improved significantly by 5.2% but is still 4% below national.

12.11 SEN EHCP pupils were above SEN EHCP pupils nationally in all areas except for a strong pass in English and Maths where Bury's pupils were in line with their peers nationally.

Key Stage 4 by Primary Need

Primary Need	Cohort	Progress 8		% Eng & MA 9-5		% Eng & MA 9-4	
		LA	Nat	LA	Nat	LA	Nat
Autism Spectrum Disorder	31	-1.07	-0.75	3	20	23	33
Hearing Impaired	4	-1.08	-0.16	0	29	50	48
Moderate Learning Difficulty	55	-0.44	-0.57	4	5	7	13
Multi-sensory impairment	1	0.06	-0.24	100	30	100	44
Other	15	-0.45	-0.40	53	19	73	35
Physical Disability	11	-0.53	-0.48	36	24	55	40
Profound and Multiple Learning Difficulties	4	-1.74	-1.43	0	-	0	1
Severe Learning Difficulties	12	-0.78	-1.40	8	0	17	1
Social, Emotional and Mental Health	79	-1.53	-1.19	9	13	22	26
Specific Learning Difficulties	77	-0.37	-0.18	8	18	26	35
Speech, Language & Communications Needs	28	-0.62	-0.44	14	10	32	21
Visual Impairment	3	-1.84	-0.27	33	30	33	49

Source: NCER

12.12 When breaking down the KS4 SEN results by primary need (and focusing on cohorts of more than 10 pupils due to statistical significance), pupils with autistic spectrum disorder, specific learning difficulties, Social, Emotional and Mental Health Needs and speech, language and communication needs have made less progress than their peers nationally. The Progress 8 figures for moderate learning difficulty and severe learning difficulties are above the peer national average.

12.13 Physical disability, other and speech, language and communication needs are above the national average for attainment of a good pass (5+) in English and mathematics.

12.14 In addition, physical disability, other, severe learning difficulties and speech, language and communication needs are above the national average for attainment of a standard pass (4+) in English and mathematics.

Key Stage 2 in 2019 (Age 11)

Group	Cohort	% RWM EXS+		Reading Progress		Writing Progress		Maths Progress	
		LA	Nat	LA	Nat	LA	Nat	LA	Nat
SEN Support	373	22	25	-0.25	-1.00	-1.94	-1.70	-0.23	-1.00
SEN EHCP	85	14	9	-1.14	-3.60	-2.51	-4.30	-1.73	-3.90
No SEN	1916	75	75	1.08	0.30	0.63	0.50	0.93	0.40
All	2376	65	65	0.79	0.00	0.11	0.00	0.66	0.00

12.15 In 2019, 14% of pupils with EHCPs achieved the expected standard in reading, writing and mathematics (RWM) combined; this was 5% above the national average. However, these figures are well below the national average of 65% for all pupils. 22% of SEN support pupils achieved the expected standard in reading, writing and mathematics combined. This represents a 1% decrease in 2018 and is 3% below the 2019 national for this group.

12.16 Progress scores of SEN support pupils in the borough are above the progress of SEN support pupils nationally in reading and maths.

12.17 In terms of progress, pupils with EHCPs made more progress than the national average for this group. Progress in all subjects was significantly better than that of their peers nationally.

Key Stage 2 by Primary Need

Primary Need	Cohort	% RWM EXS+		Reading Progress		Writing Progress		Maths Progress	
		LA	Nat	LA	Nat	LA	Nat	LA	Nat
Autism Spectrum Disorder	32	41	28	-0.33	-1.70	-2.41	-2.70	-1.90	-2.00
Hearing Impaired	7	57	43	0.33	-0.7	-0.57	-0.50	2.49	-0.40
Moderate Learning	93	3	11	-0.77	-1.90	-1.85	-2.10	-1.46	-1.90

Difficulty									
Multi-sensory impairment	2	0	39	-4.88	-0.00	-1.99	-2.20	-7.54	-1.3
No specialist assessment	55	20	21	0.09	-1.00	-2.09	-1.40	-1.62	-1.20
Other	14	43	29	2.9	-0.80	-1.06	-1.80	1.17	-1.50
Physical Disability	12	8	38	-1.07	-0.30	-4.24	-1.80	-0.08	-1.80
Profound and Multiple Learning Difficulties	4	0		-1.56	-2.90	-2.75	-2.90	-1.39	-3.30
Severe Learning Difficulties	8	0	1	0.67	-2.90	-1.95	-3.10	1.54	-3.30
Social, Emotional and Mental Health	83	29	35	-2.1	-1.20	-3.52	-2.70	-1.19	-1.90
Specific Learning Difficulties	87	22	21	0.71	-0.90	-1.07	-2.20	1.06	-0.90
Speech, Language & Communications Needs	54	19	19	-0.35	-1.80	-1.54	-1.80	0.83	-0.70
Visual Impairment	6	67	46	2.43	0.40	-0.13	-0.10	-0.96	-0.50

Source: NCER

12.18 When breaking down the Key Stage 2 SEN results by primary need (and focusing on cohorts of more than 10 pupils due to statistical significance), a higher percentage of pupils with autism spectrum disorder and other attained the expected standard in reading, writing and maths combined compared with their peers nationally.

12.19 Progress in reading is better than their peers nationally for all sizable groups except physical disability and social, emotional and mental health. Progress is positive for pupils with specific learning difficulties and other.

12.20 Writing progress for sizable groups is better than or equal to their peers nationally with the exception of pupils with no specialist assessment, physical disabilities and social, emotional and mental health. Progress of pupils with specific learning difficulties is well above their peers nationally.

12.21 Progress in maths is better than their peers nationally for all sizeable groups except pupils with no specialist assessment. Progress is positive for pupils with specific learning difficulties and for those with speech, language and communication needs.

Key Stage 1 in 2019 (Age 7)

Group	Cohort	RWM EXS+		Reading EXS+		Writing EXS+		Maths EXS+	
		LA	Nat	LA	Nat	LA	Nat	LA	Nat
SEN Support	368	21	21	36	33	24	25	39	36
SEN EHCP	64	8	7	14	13	9	9	14	14
No SEN	2025	71	73	80	83	76	78	82	84
All	2484	61	65	72	75	67	69	74	76

12.22 The percentage of pupils with SEN support reaching the expected standard in reading, writing and mathematics (RWM) is in line with the national figures for their peers, reading and mathematics 3% above, writing in line. For pupils with EHCP,

RWM and expected standard in reading are above national and the expected standard in writing and maths are in line with national. Figures in all subjects are well below those for all pupils nationally.

Key Stage 1 Primary Need

Primary Need	Cohort	RWM EXS+		Reading EXS+		Writing EXS+		Maths EXS+	
		LA	Nat	LA	Nat	LA	Nat	LA	Nat
Autism Spectrum Disorder	32	13	20	19	29	13	22	16	31
Hearing Impaired	10	30	40	40	49	40	44	60	53
Moderate Learning Difficulty	62	13	7	29	17	15	10	37	19
Multi-sensory impairment	1	0	27	0	42	0	30	0	43
No specialist assessment	44	9	14	18	27	9	17	18	29
Other	10	20	22	40	34	30	25	40	35
Physical Disability	9	33	30	44	45	33	34	44	42
Profound and Multiple Learning Difficulties	4	0	1	0	2	0	1	0	2
Severe Learning Difficulties	3	0	1	0	2	0	1	0	2
Social, Emotional and Mental Health	55	36	28	56	45	38	32	56	46
Specific Learning Difficulties	56	18	11	34	22	21	14	32	26
Speech, Language & Communication s Needs	135	19	21	32	31	24	24	37	37
Visual Impairment	8	25	38	38	52	25	43	50	53

Source: NCER

12.23 When breaking down the Key Stage 1 SEN results by primary need (and focusing on cohorts of more than 10 pupils due to statistical significance), moderate learning difficulties, social, emotional and mental health and specific learning difficulties are consistently above national in all subjects. Autism spectrum disorder and no specialist assessment are below national figures in all subjects. Pupils with speech, language & communication needs are broadly in line with national figures.

Year 1 Phonics in 2019 (Age 6)

Group	Cohort	Working at Expected Standard	
		LA	Nat
SEN Support	251	47	48

SEN EHCP	44	9	20
No SEN	2056	88	88
All	2379	82	82

Source: NCER

12.24 The percentage of SEN Support pupils 'passing' the phonics screening check is 1% below national for this group whilst pupils with SEN EHCP are below the national average for this group.

Phonics Primary Need

Primary Need	Cohort	Working at Expected Standard	
		LA	Nat
Autism Spectrum Disorder	31	31	37
Hearing Impaired	7	71	57
Moderate Learning Difficulty	27	33	32
Multi-sensory impairment	0	-	51
No specialist assessment	31	29	44
Other	8	63	46
Physical Disability	10	50	51
Profound and Multiple Learning Difficulties	4	0	3
Severe Learning Difficulties	3	0	4
Social, Emotional and Mental Health	35	50	52
Specific Learning Difficulties	22	33	36
Speech, Language & Communications Needs	117	47	47
Visual Impairment	1	0	59

Source: NCER

12.25 When breaking down the Year 1 Phonics SEN results by primary need (and focusing on cohorts of more than 10 pupils due to statistical significance), the picture is variable with pupils with autistic spectrum disorder and no specialist assessment being below their peers nationally whilst pupils with moderate learning difficulties and those with speech, language and communication needs are broadly in line with their peers.

Early Years Foundation Stage (EYFS) in 2019 (Age 5)

Group	Cohort	% achieving GLD	
		LA	Nat
SEN Support	181	26	29
SEN EHCP	45	9	5
No SEN	2059	77	77
All	2326	71	72

Source: NCER

12.26 The percentage of pupils on SEN support achieving a good level of development (GLD) is 3% below national for this group whilst the percentage of pupils on EHCP achieving a good level of development is 4% above national.

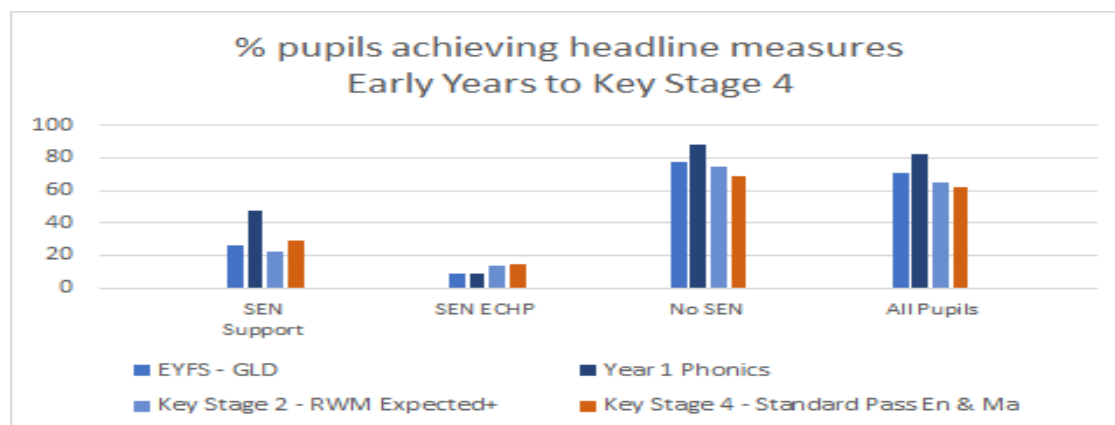
EYFS Primary Need

Primary Need	Cohort	% achieving GLD	
		LA	Nat
Autism Spectrum Disorder	29	10	12
Hearing Impaired	5	40	40
Moderate Learning Difficulty	12	25	14
Multi-sensory impairment	-	-	30
No specialist assessment	17	35	24
Other	4	25	31
Physical Disability	7	14	31
Profound and Multiple Learning Difficulties	3	0	1
Severe Learning Difficulties	2	0	1
Social, Emotional and Mental Health	29	17	27
Specific Learning Difficulties	12	0	16
Speech, Language & Communications Needs	105	28	29
Visual Impairment	2	0	47

Source: NCER

12.27 The percentage of pupils with moderate learning difficulties and no specialist assessment achieving a good level of development are above national; moderate learning difficulties achieving the GLD was 11% above the national figure. No pupils with specific learning difficulties achieved GLD.

Attainment of Bury pupils with SEND from Early Years to Key Stage 4 in 2019

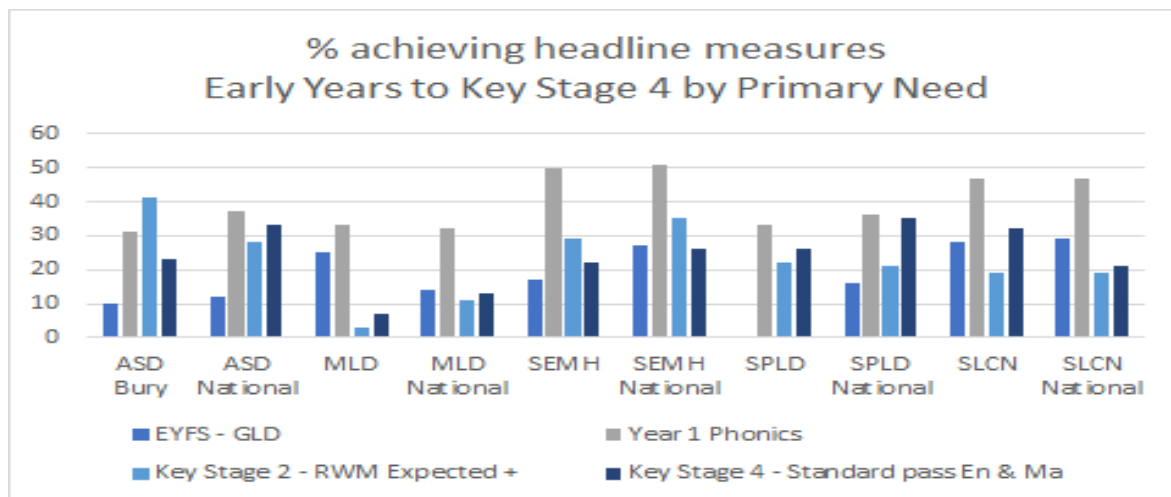


Source: NCER

12.28 A higher percentage of pupils with EHCPs attained the headline measure of a standard pass in both English and mathematics at Key Stage 4 than achieved a good level of development at the end of the Early Years Foundation Stage. This is also the case for pupils on SEN Support however the Year 1 phonics check is significantly higher. Care should be taken with this data given the difference of SEN needs within the different cohorts however the picture for SEN is positive compared with the picture for pupils with No SEN in Bury. This pattern is replicated nationally.

Attainment of Bury Pupils with SEND from Early Years to Key Stage 4 by Primary Need

Note: Only Primary Needs with 10 or more pupils at each Key Stage have been included



13.0 CONCLUSIONS

13.1 Local area leaders from health, social care and education have acknowledged the challenges faced by Bury in implementing the SEND Local Area reforms. Bury as a local area is committed to a programme of transformation and is determined to work in co-production with parents to improve both outcomes and experiences of children, young people with SEND and their families.

13.2 Bury's Local Area Strategic action plan and Project Safety Valve Transformation Delivery Plan will be governed through the SEND Assurance Board which is an example of our strengthening local area partnership and has had a key leadership role in embedding the reforms and accelerating Bury's improvement journey.

13.3 These plans both complement one another with agreed priorities, joint working on integrated pathways and continued work on quality and timeliness of EHCPs; improving outcomes for children with SEND support and improving the experience of families.

14.0 Next steps:

14.1 Bury as a Local Area is committed to SEND transformation and continued progress to ensure improved experience and outcomes for our children and young people with identified Special Educational Needs and Disabilities and their families.

14.2 Finalise a co-produced Revised Strategic Local Area Action Plan in which the aim is that:

- Parents'/carers' and children's/young people's views impact on strategic decisions and shape and inform all work across the Local Area;
- Excellent local offer, understood and accessible to all, leading to improved life outcomes; Earlier intervention and prevention to offer help and meet needs at the earliest opportunity, reducing the demand on high cost and sometimes ineffective interventions; Integrated and transparent pathways allows parents/carers and young people to access services across education, health and care;
- High quality individualised Education Health and Care Plans and reviews drive improvements across the Local Area through transformation through Project Safety Valve;

- Children and young people with SEND have needs met through local sufficient excellent education, health and care services, jointly commissioned where appropriate; Updated JSNA ensures revised SEND strategy and revised commissioning strategy and joint commissioning responds to Local Area needs;
- A continuum of provision across the Local Area ensures needs are met including specialist SEND services;
- Develop opportunities for the use of personal budgets where parents want them; Preparing for Adulthood (PfA) is embedded in Bury from the earliest years including high quality transition to adult social care;
- Improved outcomes and standards across education and training with a focus on inclusion, covid-19 recovery;
- A highly skilled workforce across all stakeholders improves outcomes for children and young people;
- The local area has embedded robust accountability and governance structures ;
- Project Safety Valve leads to SEND Transformation and a reduction in High Needs spending

14.3 Project Safety Valve SEND Transformation plan implementation phase is currently starting with project workstreams in place and reporting progress to the SEND Assurance Board

14.4 Committee members are asked to consider and comment on the information in this report, the identified priorities and the planned next steps.

List of Background Papers:-

Cabinet Report, March 2021: Dedicated Schools Grant (DSG) Deficit Recovery

Contact Details:-

Isobel Booler, Director of Education and Skills
i.booler@bury.gov.uk

Executive Director sign off Date: 23/8/21

JET Meeting Date:24/8/21

This page is intentionally left blank

Meeting: Strategic Commissioning Board

Meeting Date	04 October 2021	Action	Receive
Item No	11	Confidential / Freedom of Information Status	Yes
Title	Integrated Commissioning Fund Financial Position Month 5		
Presented By	Sam Evans, Executive Director of Finance		
Author	Carol Shannon-Jarvis, ACFO, Bury Council and CCG Finance Departments		
Clinical Lead			
Council Lead			

Executive Summary

The ICF brings together the financial resources of the CCG and Council into a single fund enabling the Strategic Commissioning Board (SCB) to make decisions and recommendations (subject to reserved matters) based on the full picture of CCG and Council finances.

The ICF is comprised of 3 budgets:

- a section 75 pooled budget - SCB has delegated decision making powers;
- an aligned budget - SCB can make recommendations. Decision making powers remain with the originating statutory body; and
- an in-view budget which impact on the CCG and Council - decisions are made by bodies other than the partners.

In constructing the ICF for 2021/22, whilst the Council aspects are per the annual budget approved in February, for the CCG the national command and control framework put in place by NHSE/I in response to COVID-19 has continued into the first six months of 2021/22 (H1). This means the CCG has so far only received confirmation of funding for the first 6 months. For ease and to enable consistent reporting across the integrated organisation the CCG has assumed the same level of funding and expenditure for the second half of the year as the first.

At the time of writing the financial framework for the CCG for the second half of the year has not been confirmed. Indications are that a number of the policies that have been in place for the last 18 months will remain in some form including block payments to NHS providers, the hospital discharge programme and some system funding. A savings target of 2-3% is expected which will be incredibly hard to achieve with the lack of discretion in the majority of the CCG expenditure.

In anticipation of changes to the financial framework in H2 and looking forward to a return to more normal contracting arrangements from 22/23 the CCG has been working closely with the Northern Care Alliance (NCA) to agree community H2 and recurrent baseline funding. To date agreement has been reached on a number of underlying pressures identified during the

transfer of community services from Pennine Care FT to NCA and £2.5m of the £3.9m recurrent impact of schemes previously funded from GM devolution transformation fund.

At the end of month 5 the ICF is forecasting an overspend of £3.4m on an annual total budget of £524.3m. There is a £0.3m overspend on services held within the section 75 pooled budget, £3.5m overspend on services within the aligned fund and £0.4m underspend on services within the in-view budget.

The key overspend in the pooled budget is £3.8m in continuing healthcare budgets. This is the resulting pressure after full reimbursement of expenditure related to the national Hospital Discharge Programme (HDP). Overspends are offset by underspends in other CCG and Council services coming from unrequired budgets and release of prior year benefits in the CCG and vacancies.

The aligned fund is forecasting a £3.5m overspend of which £1.5m is as a consequence of council transformation scheme savings targets not being aligned with programme delivery in year, work is ongoing to identify other savings or to bring forward delivery of savings to mitigate this. There is also circa £0.6m of unachieved savings brought forward from the previous year, £0.6m is as a consequence of pressures on net housing subsidies and an increase in the associated bad debt provision with the remainder mainly as a consequence of unachieved income targets in operational services as a consequence of reduced activity associated with the pandemic. Work is ongoing within all departments to identify mitigating actions and to bring budgets back into balance.

The in-view budget of the ICF is forecasting an underspend of £0.4m as a result of the finalisation of 20/21 outturn and release of prior year accruals.

At month 5 the Council is forecast to deliver £5.9m of its planned £8m savings and the CCG is on track to deliver its savings target for the first half of the year of £2.1m. There is significant risk however as we move into the second half of the year with the CCG budget not yet confirmed beyond September.

Recommendations

The Strategic Commissioning Board is asked to:

- Note the ICF financial position at month 5.
- Note the addition of £1.7m CCG allocations to the ICF.
- Note the financial risk in the position reported in particular as a result of the uncertain CCG finance regime beyond September and the Councils current unachieved savings target.

Links to Strategic Objectives/Corporate Plan	Yes
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The ICF align investment and saving plans in an integrated way to our key health and wellbeing priorities.					
How do proposals align with Locality Plan?	The ICF support the locality plan by working in an integrated way to align investment and saving plans to our key priority areas of urgent care, intermediate care, mental health and learning disabilities.					
How do proposals align with the Commissioning Strategy?	The ICF aligns to the "Lets Do It" strategy by supporting joined up health and social care services through jointly developed investment					

Implications						
	and savings plans with a single view of Council and CCG wide budgets.					
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?	The ICF supports the targeting of resources to the areas that most need them to close the inequalities gap.					
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					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	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 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"/>

Integrated Commissioning Fund Month 5

1. Introduction

- 1.1. This report provides a summary of the financial position of the Bury Integrated Commissioning Fund (ICF) in 2021/22 for month 5. Appendix 1 provides a detailed summary of the ICF. Individual financial reports for the Council and CCG are available on request.
- 1.2. The ICF brings together the financial resources of the CCG and Council into a single fund enabling the Strategic Commissioning Board (SCB) to make decisions and recommendations (subject to reserved matters) based on the full picture of CCG and Council finances.
- 1.3. The ICF is comprised of 3 budgets:
 - a section 75 pooled budget - SCB has delegated decision making powers;
 - an aligned budget - SCB can make recommendations. Decision making powers remain with the originating statutory body; and
 - an in-view budget which impact on the CCG and Council - decisions are made by bodies other than the partners.
- 1.4. For Council budgets the pooled budget comprises of all health, social care, health related functions and supporting corporate services within the directorates it is possible and the SCB has deemed it appropriate to pool. All remaining Council budgets including the whole of the Business, Growth and Infrastructure and Housing General Fund are held within the aligned budget.
- 1.5. For the CCG all health, social care, health related functions and supporting corporate services it is possible and the SCB has deemed it appropriate to pool are held within the pooled budget, all those it is not possible or has been deemed not appropriate to pool are held within the aligned and in-view budgets

2. Financial Framework 2021/22

- 2.1. In constructing the ICF for 2021/22, whilst the Council aspects are per the annual budget approved in February, for the CCG the national command and control framework put in place by NHSE/I in response to COVID-19 has continued into the first six months of 2021/22 (H1). This means the CCG has so far only received confirmation of funding for the first 6 months. For ease and to enable consistent reporting across the integrated organisation the CCG has assumed the same level of funding and expenditure for the second half of the year as the first.
- 2.2. At the time of writing the financial framework for the CCG for the second half of the year has not been confirmed. Indications are that a number of the policies that have been in place for the last 18 months will remain in some form including block payments to NHS providers, the hospital discharge programme and some system funding. A savings target of 2-3% is expected which will be incredibly hard to achieve with the lack of discretion in the majority of the CCG expenditure.

3. Recurrent impact of transformation funding and transfer of Community Services.

- 3.1. In anticipation of changes to the financial framework in H2 and looking forward to a return to more normal contracting arrangements from 22/23 the CCG has been working closely with the Northern Care Alliance (NCA) to agree community H2 and recurrent baseline funding. The COVID-19 pandemic and financial framework imposed put a stop to on-going work between the NCA and CCG to resolve underlying pressures identified during the transfer of community services from Pennine Care Foundation Trust (PCFT) to NCA. It also prevented progress being made on how services introduced per the locality plan funded from devolution transformation funds would be managed recurrently.
- 3.2. In H1 NCA were able to cover these pressures from system support funds which will be unavailable in future. For H2 the CCG has agreed to fund these pressures and has included them within H2 plans.
- 3.3. Recurrently the CCG has agreed to enact variations for the district nursing pressures and the appointed nursing director identified as needed during the transfer to NCA, the decommissioning of Bealeys following the intermediate care review and a number of other small value items.
- 3.4. In terms of the £5.9m recurrent costs of transformation schemes which system partners agreed they would work together to find funding for the CCG has agreed to recurrently fund £1.2m of Council run schemes, £2.5m of NCA run schemes, and £0.2m of schemes run by other providers. The Council have agreed to manage the remainder of recurrent costs resulting from the transformation programmes they run. This leaves £1.4m of pressures relating to NCA run schemes yet to be identified.

4. ICF Summary Financial Performance

- 4.1. At the end of month 5 the ICF is forecasting an overspend of £3.4m on an annual total budget of £524.3m. There is a £0.3m overspend on services held within the section 75 pooled budget, £3.5m overspend on services within the aligned fund and £0.4m underspend on services within the in-view budget.

Summary	21/22 Contribution £'000	21/22 Forecast Expenditure £'000	21/22 Variance £'000
Section 75 Pooled Budget	(333,423)	333,678	255
Aligned Budget	(149,905)	153,382	3,477
In-View Budget	(41,017)	40,644	(373)
Integrated Commissioning Fund	(524,345)	527,704	3,359

- 4.2. Since quarter 1 the CCG received an increase in allocation of £1.7m. The majority of this, £1.6m was received for the reimbursement of Hospital Discharge Programme costs, a further £0.4m, for Greater Manchester Clinical Assessment Services (CAS), £0.2m for transforming community services, and a reduction of £0.3m for GM

managed mental health investments. These allocations have all been added to the pooled budget. A remaining £0.1m allocation was also received for long covid support in primary care which has been included within the in-view budget.

5. Section 75 Pooled Budget

5.1. The summary position of the pooled budget at month 5 is an overspend of £0.3m as set out in the table below:

Service area	21/22 Budget £'000	21/22 Forecast £'000	21/22 Variance £'000
Acute Health Services	87,143	87,119	(25)
Community Health & Care Services	84,923	88,510	3,588
Mental Health & Learning Disabilities	38,943	39,162	219
Primary Care Services	42,065	41,741	(324)
Adult Social Care	17,707	17,480	(227)
Childrens Services and Social Care	14,004	13,962	(42)
Public Health	10,756	10,756	0
Other CCG & Council Services	37,882	34,948	(2,934)
Total Pool Expenditure	333,423	333,678	255
Contributions	(333,423)	(333,423)	0
Section 75 Pooled Budget	0	255	255

5.2. The key overspend in the pooled budget is £3.6m in community health and care services mainly attributable to a £3.8m forecast outturn overspend in continuing healthcare budgets offset by a £0.2m underspend in care in the community. This resulting pressure is after full reimbursement of expenditure related to the national Hospital Discharge Programme (HDP) under which the Bury system is reimbursed for the first 4/6 weeks of care depending on date of discharge for patients discharged from hospital. CHC is still experiencing significant pressures in month five, despite the ongoing reviews of joint funded patients, Mental Health and children's placements and further emphasises the requirement to progress the implementation of the CHC database. Given the importance of the work and absences in the CHC team, resource from across other existing CCG and Council teams, and from another GM CCG continues to be utilised.

5.3. Other overspends are seen in mental health services, £0.2m, attributable to high cost placements which is a highly variable area of expenditure dependant on case mix of patients.

5.4. Underspends are forecast in other CCG and Council services £0.3m in primary care and £3.4m in other CCG & Council services coming from unrequired budgets in the CCG following the continuation of the command and control financial framework and release of prior year benefits reduced to £2.9m primarily from income loss at leisure centres. A further £0.2m underspend in adult social care is due to staff vacancies.

6. Aligned Budget

6.1. The aligned budget is forecasting an overspend of £3.4m at month 5 as shown in the table below.

Service area	21/22 Budget £'000	21/22 Forecast £'000	21/22 Variance £'000
Acute Health Services	79,168	79,193	25
Childrens Services and Social Care	26,057	26,109	52
Operations	16,543	16,762	218
Other CCG & Council Services	28,137	31,318	3,181
Total Aligned Expenditure	149,905	153,382	3,477
Contributions	(149,905)	(149,905)	0
Aligned Budget	0	3,477	3,477

6.2. Of the £3.5m forecast overspend in the aligned budget; £0.2m in operations is as a result of income loss and slippage in delivery of savings, £1.5m within other CCG & Council services is as a consequence of the transformation programme within the Council that whilst the schemes are being developed and are currently forecast to deliver their recurrent targets will not have a full year impact until 2022/23, £0.6m is a overspend on housing subsidies (previously known as housing benefit) and the bad debt provision associated with reclaiming overpaid housing subsidies the balance is as a consequence of unachieved savings rolled forward from the previous year.

7. In-View Budget

7.1. The in-view budget of the ICF is forecasting an underspend of £0.4m as shown in the table below. This underspend is non-recurrent resulting from the finalisation of 20/21 outturn and release of prior year accruals, in particular, the Quality and Outcome Framework achievement payments made to GP's which was £0.3m less than forecast.

Service area	21/22 Budget £'000	21/22 Forecast £'000	21/22 Variance £'000
Delegated GP services	31,116	30,751	(365)
Other CCG & Council Services	9,901	9,893	(8)
Total In-View Expenditure	41,017	40,644	(373)
Contributions	(41,017)	(41,017)	0
In-View Budget	0	(373)	(373)

8. Financial Savings and Risks

- 8.1. The opening ICF budget relied on savings plans totaling £12.2m: £4.2m of CCG savings with only £2.1m of identified schemes; £4m of Council efficiency savings and £4m of service reductions. In addition a £12m planned use of Council reserves was required to balance the budget.
- 8.2. At month 5 the CCG is on track to deliver its savings of £2.1m for the first half of the year having identified a number of non-recurrent mitigations as a result of prior year benefits and the impact of the current financial regime. There is significant risk however as we move into the second half of the year with the CCG budget not yet confirmed beyond September.
- 8.3. Of the £8m planned Council savings £5.9m are forecast for delivery in year with the remaining £2.1m requiring further investigation. The biggest element of this is the £1.5m of transformation savings and whilst schemes are progressing in terms of mobilisation this financial year it will be 2022/23 before they deliver their full year effect.

9. Actions Required

The Strategic Commissioning Board is asked to:

- Note the ICF financial position at month 5.
- Note the addition of £1.7m CCG allocations to the ICF.
- Note the financial risk in the position reported in particular as a result of the uncertain CCG finance regime beyond September and the Councils current unachieved savings target.

Carol Shannon-Jarvis

Associate CFO

Carol.Shannon-Jarvis@nhs.net

September 2021

Appendix 1: Full ICF at Month 5

Service area	21/22 Budget £'000	21/22 Forecast £'000	21/22 Variance £'000
CCG Pool Contribution	(232,309)	(232,309)	0
LA Pool Contribution	(101,114)	(101,114)	0
CCG Pool Additional Contribution	0	0	0
LA Pool Additional Contribution	0	0	0
Total Pool Contribution	(333,423)	(333,423)	0
Acute Health Services	87,143	87,119	(25)
Community Health Services	23,453	23,464	11
Continuing Healthcare	19,072	22,893	3,821
Mental Health & Learning Disabilities Services	38,943	39,162	219
Primary Care Services	42,065	41,741	(324)
Adult Social Care	17,707	17,480	(227)
Care in the Community	42,398	42,154	(244)
Public Health	10,756	10,756	0
Other OCO Services	17,756	17,654	(102)
Childrens Social Care	6,949	7,031	82
Other Childrens Services	7,055	6,931	(124)
Other CCG Services	12,186	8,817	(3,369)
Other Council Services	7,940	8,477	537
Total Pool Expenditure	333,423	333,678	255
Section 75 Pooled Budget	0	255	255
CCG Aligned Contribution	(79,168)	(79,168)	0
LA Aligned Contribution	(70,737)	(70,737)	0
Total Aligned Contribution	(149,905)	(149,905)	0
Acute Health Services	79,168	79,193	25
Childrens Social Care	17,061	17,021	(39)
Other Childrens Services	8,997	9,088	92
Business, Growth & Infrastructure	2,727	2,896	169
Operations	16,543	16,762	218
Other CCG Services	0	0	0
Other Council Services	25,410	28,422	3,012
Total Aligned Expenditure	149,905	153,382	3,477
Aligned Budget	0	3,477	3,477
CCG In View Contribution	(41,017)	(41,017)	0
LA In View Contribution	0	0	0
Total In View Contribution	(41,017)	(41,017)	0
Delegated Co-Commissioning Budgets	31,116	30,751	(365)
Other CCG Services	9,901	9,893	(8)
Other Council Services	0	0	0
Total In View Expenditure	41,017	40,644	(373)
In-View Budget	0	(373)	(373)
CCG Total Contribution	(352,494)	(352,494)	0
LA Total Contribution	(171,851)	(171,851)	0
Total Contribution	(524,345)	(524,345)	0
CCG Expenditure	352,494	352,494	(0)
LA Expenditure	171,851	175,210	3,359
Total Expenditure	524,345	527,704	3,359
Bury Integrated Commissioning Fund Total	0	3,359	3,359

Meeting: Strategic Commissioning Board			
Meeting Date	04 October 2021	Action	Receive
Item No.	12	Confidential	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The CCG, alongside other CCGs in Greater Manchester (GM), has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position against a number of the main CCG Performance Indicators along with an overview of the impact to these during the current response to the COVID-19 pandemic. Particular focus in this report has been placed on the current position with elective waiting lists. A further, more detailed, report setting out the position on all the indicators is presented to the Quality and Performance sub-committee on a monthly basis and to the Governing Body every two months.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update, noting the areas of challenge and action being taken.

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

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

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Introduction

- 1.1. The purpose of this report is to provide an overview of performance in the key areas of urgent, elective, cancer and childrens and adults mental health care along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the COVID recovery phases.

2. Background

- 2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in September 2021 which related to the published position as at June 2021. However, where later data has since been published, this too is referenced within the report.
- 2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A and this includes a comparison with the GM, North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics due to data being published at different times and to some data collections having been paused as part of the COVID-19 response.

3. NHS Oversight Framework (NHSOF)

- 3.1 The NHSOF is to become the NHS System Oversight Framework for 2021-22 and a review of this is currently underway with a view to providing a summary to an upcoming Quality and Performance Committee once all relevant guidance has been published. At this stage it is understood that a national dashboard will be produced to support this framework. Arrangements for assurance visits under this framework are yet to be confirmed.

4. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

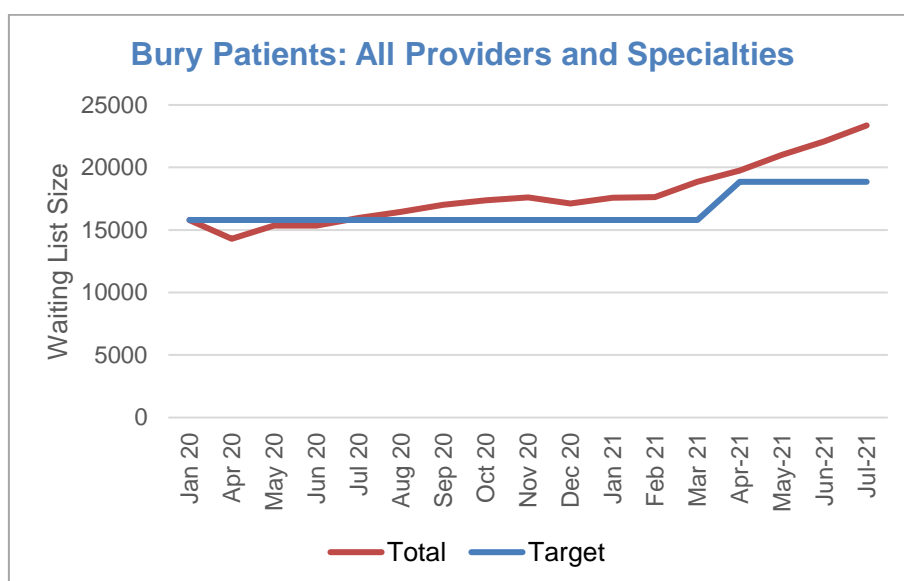
- 4.1 Data shows continued fluctuation in case numbers for Bury patients with recent data showing a seven day average of 77 cases at 7th September with the peak during this wave standing at 185 in mid-July. The full impact of schools reopening following the summer break is yet to be seen.
- 4.2 Data also shows fluctuation in the number of COVID-19 positive patients occupying beds locally. At the Fairfield General Hospital (FGH) site, these numbers started to increase from mid-June and reached a peak of 35 on 3rd September with the figure standing at 26 at 10th September. Peaks in previous waves have been 132 in November 2020 and 79 in January 2021.
- 4.3 Throughout this latest COVID-19 wave, the Northern Care Alliance (NCA) has continued to carry out elective procedures, facilitated at FGH through use of the protected 'green floor' space, though expansion of this has been limited at times due to the pressures experienced in urgent care.

Planned (Elective) Care

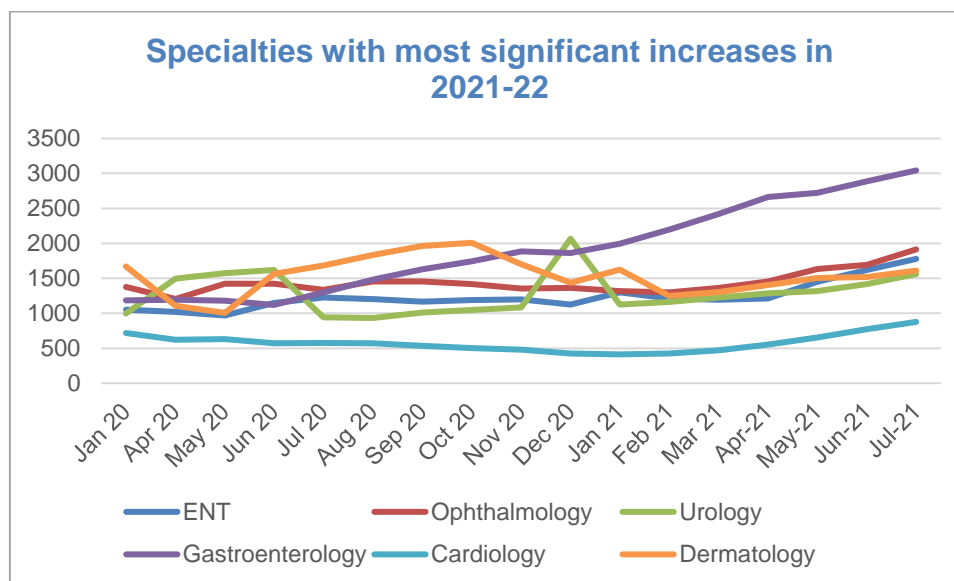
- 4.4 The operational planning guidance for 2021-22 set a requirement for providers to achieve 85% of the 2019-20 baseline across Quarter 2 for restoring elective activity and this was one of the gateway measures associated with being able to access the Elective Recovery Fund (ERF). During July, NHS England announced that this gateway measure target had increased to 95%.
- 4.5 Elective activity for Bury patients across Quarter 1 was a little below the planned level though monies flowed regardless. In the early part of Quarter 2 (July), the aggregate position across elective services (admissions and outpatients) was 85.5% of the 2019-20 baseline. The breakdown for each point of delivery is shown below.

Activity Type	Baseline <i>Jul-19</i>	Actual <i>Jul-21</i>	% of 2019-20 <i>Baseline</i>
Total Outpatients	23177	20174	87.0%
Total Elective Admissions	2786	2025	72.7%
Total Elective Activity	25963	22199	85.5%

- 4.6 As assessment for the ERF is based on system performance at a GM level, the impact of activity levels along with assessment of other gateway measures will be confirmed once this information becomes available.
- 4.7 In terms of the waiting list position, there were 23362 incomplete pathways at the end of July and this marks a 23.9% (4509 pathways) increase in waiting list size when compared to March 2021 and this is reflected in the chart below which shows the position since April 2020. During 2020-21, the target was to reduce the waiting list size to the January 2020 position (15800 pathways). Whilst there is no specific target set for 2021-22, March 2021 (18853 pathways) has been used as a proxy baseline against which to compare.



- 4.8 In the Year to Date (YTD) to July, the most significant increases have occurred in Ear Nose and Throat (ENT) (+49%), ophthalmology (+40%), gastroenterology (+26%), urology (+27%), dermatology (24%) and cardiology (+87%) and these increases are reflected in the following chart.



- 4.9 Despite the waiting list growth referenced above, there was a further slight decrease in the number of 52+ week waits in July with this figure standing at 1266 and representing a 25.4% (-431 pathways) reduction when compared to March 2021. The biggest specialty decrease has been in orthopaedics where there has been a 38% decrease (-138 pathways) during this period.
- 4.10 The reason for a reduction in 52+ week waits is likely to be two-fold. Firstly, an expectation was set in both the operational planning and ERF guidance for providers to take account of long wait times as part of the prioritisation process. Secondly, as referrals to secondary care were reduced early in the pandemic, there are fewer patients reaching the 52 week mark during this period. It is therefore possible that numbers may increase to reflect the increasing pattern of referrals over the autumn months.
- 4.11 Referral to Treatment (RTT) data in 2021-22 also now includes details of pathways that have exceeded 104 weeks. This figure grew further in July with 43 such pathways for Bury patients with almost two thirds related to general surgery, ENT and gynaecology.
- 4.12 To address the current waiting list position, the CCG and locality partners continue to progress the development and implementation of a transformation plan for elective care that includes both 'quick wins' and longer-term transformation. This work complements the efficiencies work being undertaken by the NCA that includes waiting list validation and maximising theatre use. A project plan and progress report were presented recently to the Integrated Delivery Collaborative (IDC) Board and the Strategic Commissioning Board (SCB) and included an overview of the improvement work currently underway in orthopaedics as an exemplar to a different way of addressing waiting list pressures and supporting patients.
- 4.13 The locality developments complement the GM programme and includes the implementation of the Waiting Well initiative for which a delivery group has been established in Bury with a view to the framework being implemented in orthopaedics initially with patients directed to information primarily via the online Bury Directory. Bury's programme lead presented the approach at a recent GM-led learning event at

which it was well received as the locality is seen to be a pathfinder across GM through integrating the GM perspective with local systems and services.

- 4.14 In time, data is expected to demonstrate the positive impact of these schemes on the wellbeing of Bury patients and on the waiting list size. Such information will be shared with relevant committees once available.
- 4.15 In conjunction with the Bury Care Organisation (BCO), opportunities in cardiology, urology and respiratory are also under review. This includes a successful bid for funding to implement a cardio prehabilitation service (preparation for surgery) for which planning can now commence.
- 4.16 With regard to diagnostics, performance has deteriorated for Bury patients across June and July with the latest data showing 40.1% of patients waiting longer than six weeks to be seen, against a target of <1.0%. A downturn in performance was also noted at NCA organisations, at GM and at an England level too.
- 4.17 Significant diagnostics pressures remain at Pennine Acute Hospitals Trust (PAHT) though an improvement plan is in place. The main pressures currently relate to endoscopy and echocardiography. For endoscopy, it has been confirmed that the GM modular unit will remain in place at the FGH site until December 2021. In echocardiography, PAHT has confirmed that additional staff and sessions have now been secured and it is therefore expected that performance will start to improve.
- 4.18 Planning for the Community Diagnostic Hub (CDH) programme continues with the NCA business case having been submitted for inclusion as part of the GM-wide strategy. Alongside the CDH scheme, work to develop a diagnostics strategy for the Bury locality continues also.
- 4.19 In terms of diagnostic activity levels, delivery in July was 95% of the 2019-20 baseline level though variation between test types is noted with reduced endoscopy activity offset by increased imaging tests.

Cancer Care

- 4.20 Suspected cancer referrals (2WW) in Bury in the YTD to July remain higher than in the same period of 2019-20 (+23.2%). Variation between tumour groups remains with the most marked increase in this period noted for gastroenterology with a decrease seen in 2WW lung and breast referrals. Although lung referrals remain below pre-pandemic levels, there has been a marked increase in recent months.
- 4.21 To partly address the above, GM Cancer is progressing a proposal to fund a Cancer Champion in each Primary Care Network (PCN) to help drive an increase in identification and referral of patients with suspected cancer.
- 4.22 A data review by the NCA has confirmed that most delays in cancer treatment take place in the early part of the pathway and therefore as the trust revises its specialty improvement plans into a 'plan on a page' format, it will ensure focus is given to high impact changes designed to reduce delays in the early stage of a pathway.
- 4.23 The NCA's Rapid Diagnostic Centre (RDC), in collaboration with the GM Cancer Alliance, was shortlisted for a Health Service Journal (HSJ) Value award within the Cancer Care Initiative of the Year category.

- 4.24 In terms of performance against the NHS Constitution standards, a reduction in 2WW breaches resulted in slightly improved performance though there was a slight drop in performance against the 62-day wait following a GP referral standard. 2WW performance continues to be affected primarily by dermatology though there were fewer breaches noted in July. Following a significant increase in 2WW skin referrals in Quarter 4, this has levelled off somewhat in 2021-22 with referrals in the YTD to August being 4.9% higher than in the equivalent period of 2019-20. An improvement plan is in place and includes a new Referral Assessment Service (RAS) which will be piloted for Salford patients initially from October. The NCA is also currently reviewing options to be able to provide some additional capacity for Bury patients away from the FGH site.
- 4.25 Most breaches against the 62+ day wait standard continue to be seen in gastroenterology, lung and urology, a picture that is reflected in other localities too. The NCA data review referenced above confirms that many of these breaches are impacted by diagnostic and outpatient capacity in the early stages of the pathway and aims to address this through revision of the improvement plans.
- 4.26 The new 28-day Faster Diagnosis Standard (FDS) was introduced from April 2021 with an expectation that the 75% target is achieved from Quarter 3 onwards. Data shows the standard to have been achieved in both June and July.

Urgent Care

- 4.27 At PAHT, performance remains below target for the 4 hour wait standard though reduced performance is reflected across other GM adult sites too. In Quarter 2, (to 9th September), the FGH site specifically is the third-best performing GM adult site for Type 1 activity, with Stockport and Wigan currently performing better.
- 4.28 A&E attendance figures at FGH remain just below the level seen in 2019-20 though the aggregate trust position shows a slight increase due to activity levels at the Royal Oldham hospital site.
- 4.29 Increased focus on managing patient flow at the FGH site is in place to improve the severe pressures currently being experienced and this includes regular Bury system bronze and silver command meetings taking place. An essential part of the current focus is to facilitate an increased number of inpatient discharges over weekends to support patient flow. Challenges in achieving this in recent weeks have resulted in some ambulance queuing and increased handover times to the Emergency Department (ED) along with temporary redeployment of surgical staff to a medical ward and occasional ambulance diversion to other sites and hospitals. Despite these pressures, PAHT continues to perform comparatively well in terms of stranded (> 7 days) and super-stranded (>21 days) admissions.
- 4.30 These issues, compounded by increased pressure within the ambulance service generally, are also reflected in deteriorated performance in June and July in ambulance response times and in the number of handover delays seen. Such increased pressure is reflected nationally too.
- 4.31 In the early part of September, NHS England and Improvement's ESIST team was invited into FGH to support in the review of ED pathways with a view to identifying areas for improvement. The outcome of this will be shared once available.

- 4.32 Work remains ongoing within the locality to ensure a single urgent care programme plan is in place that meets the agreed shared priorities. Actions taken to date include enhanced reporting via a regular Integrated System Pressure update to enable insight into emerging issues and a locally commissioned 'Surge Car' which became operational in mid-July.
- 4.33 Implementation of both the urgent care redesign (Phase 2) and Intermediate Care programmes in Bury continue to progress. With regard to the Intermediate Care review, the Bealeys inpatient facility is now closed with the plan to commission 13 intermediate care beds being considered by the SCB on 4th October. In Quarter 2, placements of up to four weeks are funded following an inpatient stay.

Maternity and Childrens Performance Measures

- 3.6 During August, Pennine Care Foundation Trust (PCFT) highlighted further challenges to partner organisations in respect of mental health service provision. Within the children and young peoples (CYP) service, there is a national shortage of inpatient beds and this is resulting in longer waits for those requiring admission. PCFT also reports an increase in staff absence contributing to the pressures. The trust has re-established its Gold and Silver command structure and has advised that non-essential meetings are being stepped down to allow focus to be given to the immediate pressures.
- 3.7 Quarter 1 data for the Community Eating Disorder service suggests increased demand. There were ten new routine cases in Quarter 1 which is almost 50% of the total in the previous two years. 100% of the routine cases in Quarter 1 were seen within the required four-week period. National data suggests that demand for CYP eating disorder services has almost doubled since the COVID-19 outbreak.
- 3.8 CYP Access remains strong with a 12-month rolling average of 49.4%. The precise target for 2021-22 is yet to be confirmed though is believed to be around 35%-37%.
- 3.9 The SCB in September approved additional Mental Health Investment Standard (MHIS) investment into CYP services, with a focus on Tier 2 as a jointly agreed priority with PCFT.

Mental Health

- 4.34 The dementia diagnosis standard continues to be achieved for Bury patients. Following approval of the business case by the SCB in August, the re-establishment of a GP-led Cognitive Impairment Model is now underway. This includes the identification of a Dementia Clinical Lead in each Primary Care Network (PCN) who will attend and cascade relevant training.
- 4.35 As referenced in the above section of this report, PCFT has highlighted further significant operational pressures due to increased demand and staff absence. As for the CYP service, most pressure is felt within the inpatient services and particularly the Psychiatric Intensive Care Unit (PICU) and out of area placements. PCFT has advised that the pressures are reflected across the North West with independent sector providers operating at capacity too. Some service business continuity plans have been invoked with staff redeployed temporarily to support inpatient services.

- 4.36 Improving Access to Psychological Therapies (IAPT) data is published on a quarterly basis though provisional data to the end of May suggests under-performance is likely against the IAPT rollout (prevalence), 6-week wait and 18-week wait standards though the indication at this stage is that the IAPT recovery standard may be achieved.
- 4.37 Work to understand and progress the demand and capacity modelling for the Bury IAPT service continues with regular meetings taking place. Data from the digital Silver Cloud therapy solution which is commissioned at a GM-level will also be used to inform this work once available. Once received, this information can then feed into the review of the locality's IAPT model which remains a key priority in Bury in 2021-22.
- 4.38 The SCB in September approved additional MHIS investment into the Community Mental Health Team (CMHT) services as a jointly agreed priority with PCFT.

4 Actions Required

- 4.1 The audience of this report is asked to:
- Receive this report.

Susan Sawbridge
Head of Performance
September 2021

Appendix A: Greater Manchester Constitutional Standards Summary

Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Aug-21	70.5%	66.3%	73.5%	77.0%
A&E 12 Hour Trolley Wait	0	Aug-21	290	231	559	2794
Delayed Transfers of Care - Bed Days (PAHT)	200	Feb-20	428	35.1	917.1	5371.8
Delayed Transfers of Care - Bed Days (PCFT)				30.1		
Delayed Transfers of Care - Per 100,000	Null	Feb-20	19.2	12.2	15.6	12.4
Stranded Patients (LOS 7+ Days)	2196	Jul-21	2503	303	6242	38428
Super-Stranded Patients (LOS 21+ Days)	Null	Jul-21	994	113	2408	13090
Referral To Treatment - 18 Weeks	92.0%	Jul-21	63.7%	62.6%	67.0%	68.2%
Referral To Treatment - 52+ Weeks	0	Jul-21	22555	1266	45890	294605
Diagnostics Tests Waiting Times	1.0%	Jul-21	30.4%	40.1%	25.6%	23.5%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Jul-21	89.5%	80.1%	91.0%	85.6%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Jul-21	81.1%	67.3%	86.5%	74.7%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Jul-21	95.9%	97.8%	95.2%	94.7%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Jul-21	96.8%	100.0%	89.7%	87.2%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Jul-21	100.0%	100.0%	99.5%	99.2%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Jul-21	100.0%	100.0%	99.8%	97.4%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Jul-21	71.6%	58.9%	72.1%	72.1%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Jul-21	69.1%	71.4%	75.7%	75.9%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Jul-21	76.6%	71.4%	80.9%	81.7%
Cancer - 104-Day Wait	0.0%	Jul-21	63	9	175	3187
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Dec-20	60.3%	72.6%	60.2%	63.5%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Dec-20	66.0%	65.9%	67.2%	70.0%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Apr-21	68.8%	71.4%	70.2%	68.9%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Apr-21	74.3%	74.7%	74.2%	75.0%
MRSA	0.0%	Jul-21	3	0	7	57
E.Coli	Null	Jul-21	162	7	410	3433
Estimated Diagnosis Rate for People with Dementia	66.7%	Jul-21	68.5%	75.2%	66.2%	62.1%
Improving Access to Psychological Therapies Access Rate	5.3%	Jun-21	4.73%	2.45%	4.24%	5.18%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Jun-21	48.6%	51.6%	50.0%	50.4%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Jun-21	83.0%	50.0%	87.5%	92.5%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Jun-21	98.3%	91.7%	97.7%	98.8%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Jun-21	55.1%	79.0%	43.5%	65.2%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Jun-21	97.3%	100.0%	61.6%	65.8%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Jun-21	92.8%	93.3%	70.2%	69.5%
Access Rate to Children and Young People's Mental Health Services	34.0%	Jun-21	47.8%	50.0%	46.7%	45.0%
CPA follow up within 7 days	95.0%	Dec-19	96.2%	98.1%	96.6%	95.5%
Mixed Sex Accommodation	0.0%	Feb-20	1.9	1.5	1.3	3.00
Cancelled Operations	Null	Dec-19	1.7%	2.0%	1.3%	1.1%
Ambulance: Category 1 Average Response Time	420	Jul-21	08:16	09:15		
Ambulance: Category 1 90th Percentile	900	Jul-21	13:30	14:34		
Ambulance: Category 2 Average Response Time	1080	Jul-21	1:01:45	1:01:23		
Ambulance: Category 2 90th Percentile	2400	Jul-21	2:10:58	2:06:37		
Ambulance: Handover Delays (>60 Mins)	Null	Jul-21	5.5%	9.3%	4.5%	7.0%
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%		

[As per GM Tableau on 10/09/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary](#)

Meeting: Strategic Commissioning Board

Meeting Date	04 October 2021	Action	Information
Item No	13	Confidential / Freedom of Information Status	No
Title	Bury System / Transition Board Meeting		
Presented By	-		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The paper includes the minutes of the Bury System / Transition Board Meeting held on 19th August 2021.

Recommendations

It is recommended that the Strategic Commissioning Board:

- receive the Minutes of the Bury System / Transition Board Meeting held on 19th August 2021

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

Add details here.

Implications

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

Implications						
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?						
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
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					

BURY HEALTH, CARE AND WELL BEING PARTNERSHIP

Title	Minutes of the Bury System/Transition Board 19 August 2021		
Author	Jill Stott, LCO Governance Manager		
Version	1.0		
Target Audience	Members of the Bury System/Transition Board		
Date Created	20 August 2021		
Date of Issue	20 August 2021		
To be Agreed			
Document Status (Draft/Final)	Draft		
Document History:			
Date	Version	Author	Notes
20.08.21	1.0	Jill Stott	
Approved:			
Signature:		

Bury System/Transition Board

MINUTES OF MEETING
19 August 2021, 10.30 – 12.20
Via Teams
Chair – Dr Jeff Schryer

Members Present:

Dr Jeff Schryer – Chair, Bury CCG (JS)
 Mr Will Blandamer, Executive Director of Strategic Commissioning, Bury CCG/Bury Council (WB)
 Mr Howard Hughes, Clinical Director, NHS Bury CCG (HH)
 Mr Chris O’Gorman, Independent Chair, IDC Board (CO’G)
 Ms Lindsey Darley, Director of Transformation and Delivery, Bury LCO (LD)
 Ms Catherine Jackson, Executive Board Nurse, Bury CCG (CJ)
 Mr Sajid Hashmi, MBE, Chair Bury VCFA (SH)
 Ms Mui Wan, Associate Director of Finance, Bury LCO (MW)
 Ms Sam Evans, Executive Director of Finance, NHS Bury CCG and Bury Council (SE)
 Ms Catherine Wilkinson, Director of Finance, Bury Care Organisation (CW)

Others in attendance:

Ms Jill Stott, LCO Governance Manager (JMS) - minutes

Apologies**Apologies for absence were received from:**

Dr Cathy Fines, Clinical Director, NHS Bury CCG
 Dr Daniel Cooke, Clinical Director, NHS Bury CCG
 Dr Kiran Patel, Medical Director, Bury LCO
 Cllr Eamonn O’Brien, Leader of the Council
 Mr Geoff Little OBE, Chief Officer, Bury CCG/Bury Council
 Ms Kath Wynne-Jones, Chief Officer, Bury LCO
 Cllr Andrea Simpson, Chair/Deputy Leader and Cabinet Member for Health and Wellbeing, Bury Council
 Ms Lesley Jones, Director of Public Health, Bury Council
 Mr Tyrone Roberts, Director of Nursing & Chief Officer, Bury Care Organisation
 Mr Ian Mello, Director of Secondary Care Commissioning, Bury CCG

MEETING NARRATIVE & OUTCOMES

1.	Welcome and Apologies
	JS welcomed those present to the Bury System/Transition Board and apologies were noted as outlined above.
2.	Declarations of Interest
	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/Transition Board. None were declared.
3.	Minutes of Last Meeting (17 June 2021)
	The minutes of the previous meeting were agreed as a correct record.

4.	Review of Action Log
	The Action Log was noted, and updates were recorded within the log accordingly.
<u>TRANSITION PROGRAMME</u>	
5.	National ICS Transition - update
	<p>WB confirmed that national legislation has not yet been passed and that the HR framework is still awaited. He reported that a process is in place to recruit to the chair and chief executive of local integrated care systems.</p> <p>SE noted there was a document available outlining the timeline for expected guidance.</p> <p>Action: SE to share the document on the timeline for national guidance (ref A/08/01)</p>
6.	GM ICS - update
	<p>WB described the proposition for the GM governance architecture which would comprise an ICS board, alongside a health and social care partnership board, alongside the combined authority; a joint planning committee would support in binding the groups together.</p> <p>WB said it was still unclear how the voice of the localities would be heard as representatives from all 10 localities were not expected to be on all GM committees.</p> <p>WB went on to describe the content of a paper produced by Warren Heppolette on locality working, which has been largely endorsed by localities. This includes:</p> <ul style="list-style-type: none"> • The key elements of a place-based lead, focus on neighbourhoods, locality boards, HWB boards, provider collaborative model • Suggestion that localities refresh their locality plan, which Bury has already done • CCG staff expected to transfer to the GM ICS but, in the main, to be deployed locally • No step back from current models of integrated arrangements at a locality level <p>WB reported that the GM Transformation Board is due to consider funding flows at its meeting on 27 August; this will be around how funding is distributed around the system once received by the GM ICS. It was confirmed there will be one allocation to the GM ICS, rather than 10 individual allocations to localities. Work is being developed on the funding routes which will include local boards, provider collaboratives, direct funding for some specialist services and a separate contract for Primary Care.</p> <p>SE differentiated between the funding flows work and the overall Finance Strategy (which looks at funding gaps, health inequalities and growth). She referred to a draft paper which is being developed and has been through parts of the Bury system.</p> <p>Action: SE to share the paper on future financial arrangements (ref A/08/02)</p> <p>CW noted the need for Bury to ensure its own financial arrangements are agreed before the new arrangements come into force.</p> <p>There was discussion around historical underfunding in Bury and whether this would be addressed. SE noted that GM as a whole is addressing a £650m funding gap, which needs to be resolved as a system. She said that Bury's strong partnership arrangements and its cohesive working as a borough should put it in a good place in any future negotiations.</p> <p>CW said, from the NCA's perspective, the issue was around a fairer and more even distribution of funding. She said a cultural shift was needed on the way we operate and that there was opportunity to shine as a collaborative system of partners.</p>

Responding to JS's query on the potential use of CCG resource to support provider collaboratives WB explained that clarity on this would come once agreement is reached on which services are delivered at which spatial level. He explained this is a GM work stream in development and that he would share the paper on this as it becomes available.

Action: WB to share the paper on the spatial level work when it is available (ref A/08/03)

Discussion followed on the spatial arrangements topic: LD said that Mental Health (MH) looks likely to be addressed more centrally, with minimum local level focus. She noted this as a risk to integrated working.

LD suggested that we need to be clear on how integrated we want MH to be in our system and to articulate this clearly to GM.

WB said he was unsure where the decision making around the spatial levels sat and SE gave some background to the possible thinking around MH provision, citing disparity in delivery across footprints and national scrutiny on GM. She suggested that this would be an area worth challenging.

WB reported on work around establishing a clinical and professional senate at GM level and CJ said that the medical director and director of nursing posts should be confirmed in October.

7. Bury Locality Partnership Arrangements

WB had shared a summary document outlining the proposed new governance arrangements in Bury, along with a suite of appendices. He explained that these had been developed in readiness for the move to shadow arrangements in September/October and that SCB would be reviewing the same documents at the meeting of 6 September.

WB covered the main highlights from each section and Board was asked to discuss and approve.

1. Locality Plan

This has recently been developed and strengthened and is in keeping with GM's requirement for localities to refresh their locality plan.

Board endorsed the refreshed Locality Plan

2a. Locality Board – draft terms of reference

WB explained the rationale behind the remit of the Bury Locality Board, with its purpose being an amalgam of the work of the SCB, CCG Governing Body and System/Transition Board. The suggestion is that the new board begins in October, with the statutory boards continuing but on a less frequent basis, and dealing only with statutory business.

The System/Transition Board would be stepped down.

JS agreed that the Locality Board should take on responsibility for the system's outcomes.

CO'G said that the proposed ToR were really good and he appreciated that comments from the IDC had been incorporated.

CJ recommended an early review date of the ToR in 3 months' time.

Board agreed to the proposed Locality Board ToR, to step down the System/Transition Board and to continue with the CCG Governing Body and SCB only as long as their

statutory functions are required

2b. Place-based Lead Paper

Subject to confirmation of GM arrangements WB explained that in the interim period, until at least April 2022, it would be prudent to confirm this role in Bury; the place-based lead would act as the link between Bury and GM

Board approved the proposal of the CCG accountable officer/chief executive of the council to be the place-based lead for Bury.

3.IDC Board – draft terms of reference

CO'G explained that these ToR have been considered by this and the IDC Board on a number of occasions. He said there is clarity on the IDC Board's role and its relationship to the Locality Board.

He described the breadth of work reviewed at IDC Board at its meeting on 18 August.

Responding to Tyrone Roberts' comments on the ToR which had been relayed to this Board CO'G said these had been taken into account from a previous iteration. He noted that the ToR are a schedule X and not a formal agreement. He updated that the mutually binding agreement, to which partners are currently working, will be developed to reflect the new GM landscape and the Bury architecture. This document will be formalised from 1 April 2022.

SE suggested that names be taken out of the document as it was difficult to keep these up to date. She said the job title only would suffice.

Board endorsed the ToR for the IDC Board

4.Health and Well being Board – ToR

These have been reviewed by Board previously.

Board endorsed the ToR for the HWB

5.Clinical and Professional Senate Development and Transition

HH confirmed that a steering group will progress the development of the senate and that a proposed membership list for the interim senate has been shared. He confirmed that representatives would be aligned with transformation pieces, rather than their own organisation.

Responding to Tyrone Roberts' comment regarding rotation of the chair, HH suggested that the IDC Board's medical director would fulfill this role in the interim; he noted that currently this is not a decision-making committee.

There was discussion around the amount of GP/primary care representation as it had been noticed that the clinical CCG chair is not currently included in the membership.

CJ highlighted the need to ensure the appropriate language is used to be inclusive of health and social care.

Board supported the development of the clinical and professional senate and the establishment of the interim transition group, with the addition of the clinical CCG chair role to the membership.

6.Towards a GP Collaborative for Bury

WB explained the background to this work, which is about the GP voice being heard within GM ICS arrangements. He cited models in other areas and explained that conversations with the GP community in Bury had now begun; discussions involving the GP Fed, the LMC and GPs are being hosted by the OCO.

LD suggested this work offered the opportunity for a wider stakeholder session, noting the impact on other parts of the system.

Board supported the process

7. Locality Strategic Finance Group – ToR

The position of this committee, sitting between the IDC Board and the Locality Board was noted. SE explained that the ToR need revising following progress made since April, but that the work and ethos described within them are still current.

CW agreed that the key elements are around transparency, behaviours and what we want to achieve as a collective are still valid withing the document

Board endorsed the terms of reference of the Strategic Finance Group

8. Bury System Assurance Principles

System Quality, Safeguarding and Performance Committee

The position of this committee, sitting between the IDC Board and the Locality Board was noted.

CJ explained the remit of this committee in monitoring the delivery of responsive, high quality services in Bury, as well as meeting GM reporting demands. She said that work around the ToR, membership and a reporting dashboard had been developed over September.

CJ raised the issue of risk and where this should sit in the system.

JS agreed that organisations should be aware of each other's risks as part of collaborative working.

CJ confirmed she was aware of Tyrone Roberts' comments around chairing arrangements for this committee.

Board noted the progress towards establishing the System Quality, Safeguarding and Performance Committee and supported the transition of the CCG quality and performance committee into the new arrangements (subject to completion of statutory CCG duties until 31/3/21)

WB thanked board for their support in approving the key components of the new architecture which will run in shadow form from September/October. He said that the neighbourhood model would follow for approval.

Board endorsed the proposed transition to new shadow arrangements

On behalf of the Board the chair thanked WB for the fantastic job he has done in coordinating this substantial piece of work. He expressed his appreciation for the comprehensive suite of documents produced and the clarity of content within them.

Discussion followed as to how both the public and health and care staff will be assisted in understanding the new arrangements. It was agreed that this should be a work stream in its own right which would be part of the IDC's remit.

8. IDC Update

A progress report and IDC synthesis document had previously been shared with Board. CO'G reported on the main highlights from these including:

- the last 5 months has seen IDC Board develop work on organisational development (OD) and business management

- a set of values, purpose, vision and behaviours is due to be agreed at the September development meeting
- focus for the next 6 months will be on the 14 programmes of work in the IDC's remit
- LD/HH and Kath Wynne-Jones are undertaking a stocktake process with each programme SRO on resource and planning
- Baseline on each programme to be in place by the end of September
- Assurance will be part of the IDC Board's remit and a report from the assurance committee will be received in October or November
- IDC Board are due to start reviewing the CCG's performance and quality reports
- Progress on the governance framework is planned for the end of December, to be finalised by 1 April 2022

CO'G noted IDC Board's awareness of the financial issues around the former Transformation Fund, noting that this materially important issue affected a number of partners.

Discussion around this followed. It was confirmed that the Transformation Fund has now ceased and that CW and MW are working on the recurrent pick up work as a system and where this will sit. It was recognised that it was not appropriate for one partner to hold all the risk around the £3m gap and that it was important to confirm how this would be managed before the new architecture comes into play.

LD noted that there may be some difficult decisions to be made around the £3m gap and that there was urgency around considering a timeline for these.

CW said that consideration needed to be given to both the security of the funding stream for the NCA and also how Bury as a system will manage the deficit.

It was confirmed that the issue is owned by the Strategic Finance Group, which will then report up to relevant committees in the Bury system.

SYSTEM BOARD

No items for discussion

9. Closing Matters

Final Meeting of this Board

As this was JS's last meeting and the final meeting of this Board the chair thanked everyone for the fabulous work undertaken over the last 5 years. Areas of work he commended included:

- Collaborative working
- MDTs
- LCO and OCO development
- Neighbourhood work
- VCFA's work, particularly around mental health
- Development of the community staff model

This page is intentionally left blank