Meeting: Strategic Commissioning Board (Public)			
Meeting Date	01 February 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 J Schryer, 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

The attached minutes reflect the discussion from the Strategic Commissioning Board held on 4 January 2021.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve the Minutes of the Meeting held on 4 January 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	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted?	Yes	☐	No	☐	N/A	☒

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

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

Title	**Minutes of the Strategic Commissioning Board Virtual Meeting on 4 January 2021**		
Author	Andrea Tomlinson, Democratic Services, Bury Council (Minutes)		
Version	0.1		
Target Audience	Strategic Commissioning Board Members / Members of the Public		
Date Created	January 2021		
Date of Issue	January 2021		
To be Agreed	1 February 2021		
Document Status (Draft/Final)	Draft		
Description	Minutes of the Strategic Commissioning Board on 4 January 2021		
Document History:			
Date	**Version**	**Author**	**Notes**
	0.1	Andrea Tomlinson	Forwarded to Chair for review.
Approved:			
Signature:			---------- **Cllr O'Brien**

Strategic Commissioning Board Virtual Meeting

MINUTES OF MEETING
Strategic Commissioning Board Virtual Meeting 4 January 2021 16.30 – 18.30 **Chair – Cllr E O'Brien**

Voting Members	
Cllr Eamonn O'Brien	Leader, Finance & Growth, Bury Council (Chair)
Dr Jeff Schryer	NHS Bury CCG Chair
Cllr Jane Black	Cabinet Member Corporate Affairs & HR, Bury Council
Mr Will Blandamer	Joint Executive Director of Strategic Commissioning, Bury Council & NHS Bury CCG
Mr Peter Bury	Lay Member Quality & Performance, NHS Bury CCG
Dr Daniel Cooke	Clinical Director, NHS Bury CCG
Cllr Clare Cummins	Cabinet Member Corporate Housing Services, Bury Council
Dr Catherine Fines,	Clinical Director, NHS Bury CCG
Mr Howard Hughes	Clinical Director, NHS Bury CCG
Cllr David Jones	Cabinet Member Corporate Communities & Emergency Planning, Bury Council
Mr Geoff Little	Chief Executive, Bury Council / Accountable Officer, NHS Bury CCG
Mr David McCann	Lay Member Patient & Public Involvement, NHS Bury CCG
Cllr Alan Quinn	Cabinet Member Corporate Environment & 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 Lucy Smith	Cabinet Member Transport & Infrastructure, Bury Council
Mr Chris Wild	Lay Member, NHS Bury CCG
Mr Mike Woodhead	Joint Chief Finance Officer, NHS Bury CCG and Bury Council
Others in attendance	
Mrs Catherine Jackson	Director of Nursing and Quality Improvement, NHS Bury CCG
Julie Gonda	Director of Community Commissioning, Bury Council
Ms Lesley Jones	Director of Public Health, Bury Council
Ms Sheila Durr	Executive Director of Children and Young People, Bury Council
Mrs Lisa Kitto	Interim Deputy Chief Finance Officer, Bury Council
Mr James Mulvaney	Executive Policy and Research Advisor, Bury Council
Cllr Michael Powell	Council Opposition Leader, Bury Council
Nicky Parker	Programme Manager, Urgent Care Review, Bury Council
Lynne Ridsdale	Deputy Chief Executive, Bury Council
Marie Rosenthal	Strategic Advisor, Corporate Core, Bury Council
Andrea Tomlinson	Democratic Services, Bury Council (Minutes)

Public Members	
Ms Ruth Passman	Public Meeting
Chris Gee	Bury Times

MEETING NARRATIVE & OUTCOMES

1	Welcome, Apologies And Quoracy
1.1	The Chair welcomed those present to the meeting and noted apologies of: • Fiona Boyd, Registered Lay Nurse of the Governing Body, NHS Bury CCG • Cllr Nick Jones, Council Opposition Member, Bury Council • Cllr Tamoor Tariq, Deputy Leader and Cabinet Member Children, Young People & Skills, Bury Council
1.2	The Chair advised that the quoracy had been satisfied.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/01	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. • **Declarations of interest from today's meeting**
2.5	There were no declarations of interest from the meeting raised. • **Declarations of Interest from the previous meeting**
2.6	There were no declarations of interest from the previous meeting raised.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/02	Decision	Noted the published register of interests.	

3	Minutes of the last Meetings and Action Log
3.1	• **Minutes** The Lay Member Quality & Performance referred to the Minutes of the Strategic Commissioning Board meeting held on 7 December 2020 and asked that it be recorded at 5.2 that he was referring to a conflict of interests with providers rather than GPs. It

3.2	was agreed that subject to this correction, the Minutes of the Strategic Commissioning Board meeting held on 7 December 2020 be agreed as an accurate record. • **Action Log** There were no updates in relation to the Action Log.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/03	Decision	Approved the minutes of the meeting held on the 7 December 2020.	

4	Public Questions
4.1	There were no public questions raised.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/04	Decision	Noted the information.	

5.	Chief Executive and Accountable Officer Update
5.1	The Chief Executive and Accountable Officer asked that thanks be recorded to all of the CCG and Council staff that had worked throughout the Christmas and New Year break to ensure that support was in place in relation to both Covid 19 requirements and continuing to deliver change across the organisations The Chief Executive and Accountable Officer provided an update on the latest CCG and Council developments. It was reported that: - • Covid-19 Update - The current reality of the pandemic was that Bury had recorded 327 positive Covid cases per 100,000 as of the 4 January 2021 and this had been rising for the previous few weeks. - Greater Manchester had been placed into tier 4 restrictions and it was expected that a national lockdown would be announced imminently. - Lateral flow testing was being carried out and track and trace systems are in place and working. It was also reported that enforcement of restrictions was continuing. - Fairfield, North Manchester General and Royal Oldham Hospitals were currently operating at OPEL 2 which was the 2nd category of 4.
5.2	It was reported that all schools were currently intending to open as planned; secondary school pupils due to take exams this year would be returning next Monday (11 Jan) and the rest the following Monday (18 Jan). Lateral flow testing was due to be carried out within the schools and all schools were being supported as much as possible in establishing this.
5.3	It was acknowledged that the effect of the Pandemic was wide reaching and had hit the retail and hospitality sectors severely in relation to job losses.
5.4	The effect on mental health and stress and the need to support clinically vulnerable would require more support from GPs and communities.
5.5	It was explained that an extraordinary amount of work had been carried out to ensure that the vaccine programme would be rolled out as quickly across the borough as it could be and that as soon as supplies have been received they are administered.

5.6	Those present were given the opportunity to ask questions and make comments and the following points were raised: - • The First Deputy Leader and Cabinet Member Health & Wellbeing asked that the thanks to health care providers and the PCNs be recorded. • The First Deputy Leader and Cabinet Member Health & Wellbeing asked whether lateral flow testing would be carried out through the testing centres and whether they would be increasing their opening hours to facilitate that. • The Chief Executive and Accountable Officer explained that lateral flow testing was available at local test centres and Bury schools had been advised that their staff could use the centre's for their tests. He also reported that the Council and CCG had accepted the offer of support from the military but it was yet to be decided how this support would be utilised. It was also explained that if demand were to rise then opening hours would be increased. • The Director of Nursing and Quality Improvement reported that Bury was the highest borough in Greater Manchester for testing. It was also reported that Waterfold Farm would be reopening for testing in the next few days. • The Cabinet Member Cultural Economy referred to the hard work that was being carried out across Bury in relation to the testing and the vaccination roll out and asked that her thanks be recorded. • The Chair referred to the different information that was being reported in relation to the vaccines particularly around the time period required between the first and second doses and asked for an update: • The Joint Executive Director of Strategic Commissioning explained that the timescales between the first and second doses had been reviewed by the Joint Commission with a view to securing maximum protection as quickly as possible for vulnerable members of the community. It was further explained that the first dose offered short term protection and became long term protection as long as the second dose was administered within the 12 week follow up period.
5.7	It was also reported that Bury CCG had been asked to withdraw the invitations for a second dose after 3 weeks to those residents that had received it but it had been decided to continue with them.
5.8	The Chair commented there had been speculation as to whether the vaccines could be mixed and he asked if this was an option. The Director of Public Health advised it was recommended that the same vaccine is used for both doses and this would be the case in Bury.
5.9	The Lay Member Patient and Public Involvement referred to communication with communities and guidance on this from a Greater Manchester level and asked whether Bury was satisfied with this.
5.10	It was explained that Greater Manchester Combined Authority had been working well across the region to put together an effective model for the roll out of the vaccines. The only area that required work was local data collection which was being established.
5.11	The Lay Member Patient and Public Involvement also referred to the locations/sites for the administering of the vaccinations and asked whether the CCG and Council were happy with the locations and were they accessible to all communities.
5.12	It was reported that there were 3 sites in Bury currently being utilised for the administering of the vaccinations; Bealeys site in Radcliffe, Prestwich Walk in Centre and the Elizabethan Suite at the Town Hall, with another site opening the following week in

	Ramsbottom. It was also reported that hospitals would be coming online in addition to the Etihad Stadium in Manchester.
5.13	All of those involved with the roll out of the vaccinations was thanked for their hard work.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/05	Decision	Noted the update.	

6.	Intermediate Care Consultation Outcome
6.1	The Joint Executive Director of Strategic Commissioning presented a report which showed that people didn't have the same opportunity to access home based intermediate care in Bury, when compared to other areas in the country. He said the aim was for people to have the option to receive personalised care in their own home where it is safe and appropriate to do so. The growth in home based services means that fewer bed based services will be required in future.
6.2	The report at Appendix 1 detailed the review of Intermediate Tier Services in Bury and made recommendations for changes to the nature of service provision.
6.3	Permission was given by Strategic Commissioning Board in October 2020 to undertake public consultation regarding this proposals which was carried out for a period of 60 days, the results of which are shown in Appendix 2
6.4	The report outlines the results of the consultation and seeks permission make changes to the delivery of Intermediate Care Services in Bury.
6.5	By considering the aims of delivering more care at home, focusing on care to maximise recovery and providing high quality accommodation when that is needed, we are led to the outcomes of this report and seek permission make the recommended changes.
6.6	Those present were given the opportunity to make comments and ask questions and the following points were raised:
6.7	The First Deputy Leader and Cabinet Member Health & Wellbeing stated she was happy to support the recommendations within the report but she was disappointed by the number of responses received through the consultation.
6.8	The First Deputy Leader and Cabinet Member Health & Wellbeing asked whether the staff would be Tuped over from Bealey's to Killelea. It was explained that as the staff were employed by the Northern Care Alliance so there would be no impact on their contracts. This would therefore mean that the full saving of 1.7m would be achieved.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/06	Decision	Agreed to decommission Bealeys Intermediate Care Facility.	
D/01/07	Decision	Agreed to decommission the GP support to Bealeys Intermediate Care Facility.	
D/01/08	Decision	Agreed to re-provide 13 Intermediate Care beds in the Independent Care Sector through a tender exercise.	
D/01/09	Decision	Agreed to increase the nursing beds at Killelea.	

7.	Greater Manchester Response to the Integrated Care Consultation
7.1	The Joint Executive Director of Strategic Commissioning presented a report explaining that Bury, like the rest of Greater Manchester, has made good progress on creating integrated arrangements for commissioning and provision over recent years with the aim of improving outcomes for residents, reducing inequality and securing a financially and clinically sustainable health and care system.
7.2	The NHSE guidance of 27 October 2020 on 'next steps to integrated care systems' reflected much of our current work, but also highlighted potential legislative changes that could put an Integrated Care System (for us at a Greater Manchester level) on a statutory footing and repurpose CCGs from 1 April 2022.
7.3	The paper provided background and context on the work required to respond to the guidance, and proposes an initial partnership model for Bury for consideration. The paper highlights some particular issues that need to be addressed in the next stage of maturity of our arrangements, including for example the necessity for mandated clinical leadership, working alongside political leadership in the borough.
7.4	The paper proposes the current System Board is recast as a Transition Programme Board and a number of programmes of work are established to address key elements of the transition.
7.5	The paper also provides context to the consideration by the Bury Strategic Commissioning Board on 4 January 2021 of the Greater Manchester submission (including a stated preference of Option 2 for the configuration of the Integrated Care System (ICS) at a Greater Manchester level) to NHS England by 8 January 2021.
7.6	Those present were given the opportunity to ask questions and make comments and the following points were raised: • The Chief Executive and Accountable Officer referred to the sub groups that were suggested within the report: Neighbourhood, Staffing and Finance and Governance group also be established and a Patient and Public involvement Sub Group. • The Lay Member Patient and Public Involvement stated that there were 3 concerns that he wished to raise: - The size of Bury as a small Metropolitan Borough and the need to ensure that Bury is as vocal as possible. Bury needs to be part of the conversation rather than being told what is happening. - The need for neighbourhood focus and being focussed on outcomes so that Bury can engage with Greater Manchester and set out what outcomes are required. - Working with neighbourhoods and being led by neighbourhoods with a view to commissioning at a neighbourhood level through voluntary groups. • The CCG Chair stated that the paper presented reflected the conversations that had taken place over the past 6 months. He explained that strong clinical leadership was a must and that there needed to be triangulation between the clinical voice, the community and the political voice. • The Cabinet Member Transport & Infrastructure referred to the local communities and the requirement to benchmark who the communities and neighbourhoods are and what their requirements and priorities are. • The Chief Executive and Accountable Officer suggested that a Task and Finish Group be established to look at 'Powers and Resources' from a Bury perspective at a Greater Manchester level and also how powers and resources would be devolved to neighbourhoods.

	• The Powers and Resources Task and Finish Group should consider early/late intervention, financial flows, governance, voting and Bury's rights and should be mandated by the Strategic Commissioning Board. • The Chair suggested that a North East Sector Partnerships working group should also be considered to carry out joint working with other local authorities.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/10	Decision	Confirmed support for Option 2 as part of the Greater Manchester response to the national consultation to be submitted by 8 January 2021, subject to implementation of financial, governance and staffing arrangements which would provide for accountability at Bury level for integrated community health, primary care, Autistic Spectrum Condition?? (ASC), parts of children's social care, community mental health and medical acute services.	
D/01/11	Decision	Endorsed the Greater Manchester response to the national consultation to be submitted by 8 January 2021, subject to the caveats agreed above.	
D/01/12	Decision	Reviewed these proposals as a basis for wider engagement and dialogue on the future of partnership working in the borough.	
D/01/13	Decision	Designated the System Board as the Transition Programme Board, to confirm the Senior Responsible Owner (SRO) for the Transition Programme, and to establish and specify the task groups as outlined above.	
D/01/14	Decision	Noted that responsibilities in relation to the Vision, Values and Strategic Direction of the CCG are delegated to the Governing Body with the Strategic Commissioning Board responsible for recommending a course of action. The Governing Body has therefore delegated final sign-off of this response to the Accountable Officer and Chair following review and recommendation by the Strategic Commissioning Board on the 4 January 2021 ahead of the final submission on the 8 January 2021.	
D/01/15	Decision	Support the establishment of a Powers and Resources Task and Finish Group	

8.	Finance / Performance / Risk
8.1	The Joint Executive Director of Strategic Commissioning presented a report.
8.2	It was explained that to further the system ownership of OCO savings and to allow a joint OCO position to be brought to Strategic Commissioning Board, a summary framework including the cost savings proposed in the council cabinet paper alongside the recovery and transformation financial trajectories was developed and circulated to senior CCG and local authority officers, finance counterparts and clinical leads.

8.3	A meeting was then held to discuss financial interdependencies and risks relating to the savings proposals. A number of issues of potential risk were recognised, including: a) The need to understand the existing or additional costs in the settings activity is being deflected to; b) the considerable risk of realising some of the system savings due to the nature of the financial regime next year (phase 4 guidance awaited) and the fixed nature of much of the current system's cost base; c) the need to include NHS provider colleagues within these discussions at the earliest opportunity.
8.4	The meeting particularly focused on the transformation proposals in adult social care contained within the council cabinet paper, details of which had been circulated in advance. Discussion took place which recognised the transformative approach that was being adopted to the financial challenge - asset based, all age, technology enabled, new housing opportunities etc. However, it was recognised that the scale of the proposed reductions to the adult social care budget are significant (circa 20%) which, in itself, presents significant risks; and there is a considerable challenge in delivering the transformation programmes concurrently.
8.5	The largest area of concern was the proposal to save £1.5m in Adult Social Care, through increasing CCG expenditure in Continuing Health Care (CHC). This was based upon benchmarking which incorrectly showed that Bury was low in terms of CHC funding per head of population compared to other Greater Manchester (GM) CCGs. Upon investigation it was found that this analysis had not included "fast track" referrals.
8.6	As a result it was the belief of the multi-disciplinary group that the proposed saving of £1.5m in Adult Social Care needed to be removed, as there was not a clear evidence base and the likelihood of achievement was very low. It was however agreed to add a stretch target to the savings in CHC with the CCG of £0.25m a year in 2021/22 and 2022/23.
8.7	All present felt that the meeting was a positive step and that this was the beginning of a journey and not a one off meeting. It was agreed that there needed to be regular meetings of this nature in the remainder of 2020/21 and to continue in 2021/22 and it was also noted that system partners from the Northern Care Alliance, Pennine Care NHS Foundation Trust, and the LCO needed to be brought into these discussions to get a true system view.
8.8	The scale of the challenge and the ability to actually deliver cashable savings in 2021/22 was noted as a concern given: • the requirement on all partners across Health and Care to deliver significant savings in 2021/22 and beyond; • the unknown NHS financial regime and CCG allocations in 2021/22 ; • the likelihood of a 3rd COVID-19 wave in quarter 4 of 2020/21; • the potential significant socio-economic impact of a no-deal Brexit.

ID	Type	The Strategic Commissioning Board:	Owner
D/01/16	Decision	Agreed that regular meetings of this type to be set up to discuss savings and the ICF budget.	

D/01/17	Decision	Agreed to include NCA, PCFT and LCO colleagues in these meetings to enable a true system view.	
D/01/18	Decision	Agreed that parties to explore any synergies between CHC and Adult Social Care.	
D/01/19	Decision	Agreed to remove the £1.5m CHC savings proposal from Adult Social Care in 2021/22.	
D/01/20	Decision	Agreed to add a stretch target to CCG CHC savings of £0.25m in 2021/22 and 2022/2.	
D/01/21	Decision	Agreed to push back the Care at Home pricing structure saving by 12 months to deliver in 2022/23 and 2023/24.	
D/01/22	Decision	Approved the revised OCO savings targets to Strategic Commissioning Board, as shown in Appendix 1.	

9.	**Minutes of Meetings**		
9.1	• Bury System Board Meeting – 19 November 2020		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/01/23	Decision	Received the minutes from the Bury System Board Meetings held on the 19 November 2020.	

10	**Any Other Business and Closing Matters**		
10.1	The Chair summarised the main discussion points from today's meeting and thanked members for their contributions.		
ID	**Type**	**The Strategic Commissioning Board:**	**Owner**
D/01/24	Decision	Noted the information.	

Next Meetings in Public	**Strategic Commissioning Board Meetings:** • Monday, 1 February 2021, 4.30 p.m., Formal Public meeting via Microsoft Teams (Chair: Cllr E O'Brien / Dr J Schryer)
Enquiries	Emma Kennett, Head of Corporate Affairs and Governance emma.kennett@nhs.net

Strategic Commissioning Board Action Log – January 2021

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

A/11/01	A revised version of the Supervised Consumption paper to be submitted to the December Strategic Commissioning Board meeting once the appropriate engagement, clinical, quality, risk and safeguarding implications have been fully reviewed	Mrs Jones.		December 2020	A revised paper on Supervised Consumption was submitted to the SCB in December 2020. A supplementary paper in relation to Drug Related Deaths is appended to the minutes.

Meeting: Strategic Commissioning Board			
Meeting Date	01 February 2021	**Action**	Receive
Item No	3.2	**Confidential / Freedom of Information Status**	No
Title	Drug related deaths paper (supplementary paper to supervised consumption paper submitted in December 2020)		
Presented By	Lesley Jones, Director of Public Health		
Author	Jon Hobday, Consultant in Public Health		
Clinical Lead	Dr Cathy Fines, Clinical Director		
Council Lead	Cllr Andrea Simpson, Elected member and portfolio Holder for Health		

Executive Summary

Following the paper on supervised consumption discussed at the last Strategic Commissioning Board, follow up work was requested to provide further detail on the numbers and rates of Drug Related Deaths (DRDs) in Bury and an outline of what is being done to tackle these.

Bury had 13 DRDs in 2019 less than any other area within Greater Manchester. In addition, Bury saw a significant decrease in the number of DRDs when compared to 2018, with Rochdale being the only other area in GM also seeing a decrease.

Initial figures for DRDs in 2020 from our service provider suggest the number of DRDs are on track to be similar to the number in 2019 (6 DRDs from March to August).

A range of factors are contributing to the national increase in DRDs which include an aging cohort of opioid users from the 80s and 90s, an increasing number of whom have complex physical health problems, in addition nationally there has been disinvestment in services and support.

In Bury we are trying to reduce DRDs in a number of ways. Firstly, Our substance misuse provider Greater Manchester Mental Health Trust (GMMH) looks to support service users holistically, which includes supporting mental and physical health needs of the service users. As such as part of their treatment all service users are offered an assessment of their physical health needs, they have clear pathways of support for those with dual diagnosis of mental health and substance misuse issues. In addition they work closely with key partners to ensure that the wider needs of their service users are supported effectively including social care and housing.

Locally we have also ensured an extensive offer of Naloxone (a medication used to block the effects of opioids and commonly used to counter decreased breathing in opioid overdose)

amongst service users. This has been significantly increased following the increase in numbers moving to weekly medication pickups rather than daily supervised consumption.

In addition, we continually try and reduce DRDs locally by utilising learning from any DRDs. As part of routine practice GMMH carry out an internal investigation for every DRD. Dependent on the outcome they will then either be escalated to an incident panel or a full root cause analysis will take place. The findings and learning of these are then captured and analysed and any potential changes in practice or policy required will be put in place.

Recommendations

It is recommended that the Strategic Commissioning Board note:

- That the Public Health team carry out 6 monthly reviews of the findings of DRDs in Bury in conjunction with GMMH and obtain assurance that appropriate changes in practice and policies are being made as a result.
- We continue to monitor DRDs locally to look for trends and patterns for contributing factors and raise these with partners in appropriate forums.
- We review whether all DRDs should be screened by the 'Bury Adult Safeguarding Board'.
- Increased collaborative working between primary care and the substance misuse service to robustly support service users' physical health.

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

Implications						
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?	Health and Wellbeing is a priority within the LP					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	This work will potentially reduce the DRDs.					
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/ Access to Information implications?	None at this stage					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☒	No	☐	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☒	N/A	☐
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
Meeting	**Date**	**Outcome**
SCB	07/12/2020	Paper on Supervised Consumption considered.

Drug Related Deaths

1. Introduction and Background

1.1 Following the paper on supervised consumption discussed at the last Strategic Commissioning Board, follow up work was requested to provide further detail on the numbers and rates of Drug Related Deaths (DRDs) in Bury and an outline of what is being done to tackle these.

1.2 DRDs include accidents, suicides and assaults involving drug poisoning, as well as deaths from drug abuse and drug dependence. Every year the ONS publishes an annual drug misuse deaths report which shows statistics on the total number of deaths due to drug poisoning. This is then broken down by Regional and Local Authority area to provide more detailed analysis. The recently published report for 2019 data shows there was 4,115 deaths in 2019 due to drug poisoning. This is a new record high in England and is the seventh year in a row of increases.

1.3 The year on year increase in DRDs is reflected across Greater Manchester as can be seen in the table 1 below

Table 1.

Area name	Number of drug related deaths by year									
	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010
England	4,115	3,983	3,482	3,450	3,416	3,156	2,734	2,367	2,425	2,509
Greater Manchester	268	239	238	199	231	239	166	178	207	182
Bolton	33	22	21	24	25	17	22	9	31	24
Bury	**13**	**27**	**18**	**15**	**8**	**18**	**9**	**8**	**10**	**6**
Manchester	50	47	61	38	52	58	33	45	49	42
Oldham	24	17	27	15	18	30	12	14	12	10
Rochdale	20	22	26	20	19	32	7	20	19	9
Salford	24	18	28	20	24	11	11	19	29	24
Stockport	20	18	14	19	20	18	23	19	17	12
Tameside	30	22	12	14	24	9	21	19	15	26
Trafford	21	14	7	9	10	18	11	10	9	9
Wigan	33	32	24	25	31	28	17	15	16	20

1.4 As can be seen in table 1 Bury and Rochdale were the only two areas within Greater Manchester who saw a decrease in DRDs from 2018-2019. With the number almost halving in Bury.

Table 2.

Area	2017 - 2019		2016-2018		2015-2017	
	Deaths in 3 year period	**Rate (Per 100,00)**	**Deaths in 3 year period**	**Rate (Per 100,00)**	**Deaths in 3 year period**	**Rate (Per 100,00)**
England	11,580	7.1	10,915	6.7	10,348	6.4
Bolton	76	9.4	67	8.2	70	8.5
Bury	**58**	**10.6**	**60**	**10.9**	**41**	**7.4**
Manchester	158	11.9	146	10.8	151	11.5
Oldham	68	10.6	59	9.2	60	9.3
Rochdale	68	10.9	68	10.9	65	10.7
Salford	70	10.0	66	9.6	72	10.4
Stockport	52	6.1	51	6.0	53	6.3
Tameside	64	9.7	48	7.4	50	7.8
Trafford	42	6.0	30	4.5	26	3.8
Wigan	89	9.3	81	8.4	80	8.4

1.5 Table 2 shows the 3 year rolling average rate rates and numbers for each area. Bury's rates for 2017-2019 were 10.6 per 100,000 joint 3rd highest in GM with Rochdale. However it is important to note that apart from Trafford and Stockport all the other areas within GM have similar rates with no statistically significant difference. Bury saw a statistically significant increase in DRD rates from 2015-2017 to 2016-2018, but rates have then remained relatively stable in 2017-2019.

2.0 Factors influencing DRDs

2.1 Nationally most drug misuse deaths are related to heroin (46%). Heroin deaths have more than doubled since 2012 and these deaths drive the overall trend. Most people using heroin started in the 1980s and 90s and are heavily dependent. They are some of the most marginalised members of our society and experience considerable health inequalities. Many will have had very difficult lives well before they first used heroin, and now face increasing physical and mental health problems as they get older, due in part to their long heroin use. In this context, the high rate of heroin deaths is likely to continue.

2.2 This ageing group of heroin users does not fully explain the increases. We know that drug treatment protects against drug-related death but, National data suggests that the size and quality of the treatment workforce has been depleted due to reduced available budgets. In many areas, the range of treatment options has reduced, and inpatient detoxification and residential rehab services are both increasingly rare. So, it's reasonable to expect that a reduction in treatment services alongside drug support services helping people with other aspects of their lives (like housing) have played some role in drug deaths reaching current levels nationally.

2.3 Deaths related to other drugs have also increased. For example, cocaine deaths have risen six-fold since 2011. A large proportion of these were heroin overdose deaths where crack cocaine was also used. This is consistent with other evidence of increased crack availability, purity and use. However, it is likely that some of the increase in deaths is due to powder cocaine which is used more widely across society.

2.4 Evidence shows once addicted to heroin, it is very difficult to stop. It's notable that despite two decades during which far fewer people have started using it, the impact of the epidemics of the 80s and 90s is still reflected in increasing heroin-related deaths. Perhaps the most important determinant of the level of drug-related deaths in two decades' time will be the numbers in which younger people start taking drugs today.

2.5 There are some signs nationally that recent progress made on tackling drug uptake is at risk of being lost. For example, increases in drug prevalence among school children, an emerging group of younger adults using crack cocaine, and the exploitation of young people through 'county lines' all ramp up this risk. There is also a very strong link between deprivation and drug use, so it's critical that through any economic downturn there are good quality services and opportunities for young people.

2.6 Public Health England (PHE) are taking a close look at the impact of COVID-19 on deaths among people who use drugs and alcohol, as well as the impact of the lockdown and resulting changes to treatment. The high level of comorbidities among heroin users could make them more vulnerable to serious illness. However, although they are getting older, few are yet in the age brackets where COVID-19 poses the highest risk.

3.0 What are we doing locally to prevent DRDs in Bury

3.1 Our substance misuse provider (GMMH) looks to support service users holistically, which includes supporting mental and physical health needs of the service users. As such as part of their treatment all service users are offered an assessment of their physical health needs, they have clear pathways of support for those with dual diagnosis of mental health and substance misuse issues and they work closely with key partners to ensure that the wider needs of their service users are supported effectively including social care and housing.

3.2 Locally we have ensured an extensive offer of Naloxone (a medication used to block the effects of opioids and commonly used to counter decreased breathing in opioid overdose) amongst service users. This has been significantly increased following the increase in numbers moving to weekly medication pickups rather than daily supervised consumption.

3.3 The other key element to try and reduce DRDs locally is utilising learning from any DRDs. As part of routine practice GMMH will carry out an internal investigation for every DRD. Dependent on the outcome they will then either be escalated to an incident panel or a full root cause analysis will take place. The findings and learning of these are then captured and analysed any potential changes in practice or policy required will be made as a result. Some of the DRDs will also go to 'Bury Adults

Safeguarding Board' to be screened and subsequently reviewed but this is currently dependent on the case.

3.4 The relationship with primary care is also an important element of ensuring service users are supported robustly around their wider health needs. In Bury we have 13 GP Practices which provide 'Shared Care' for service users. The aim of 'Shared Care' is that the practice proactively supports the physical health of patients and regularly reviews medication and general health. The Service Level Agreement for Practices offering 'Shared Care' is due to be reviewed in 2021. This review could offer an opportunity to engage primary care on how best service users could be supported collaboratively by Practices and the substance misuse service.

3.5 From an early intervention perspective, we have a robust and holistic offer to our children and young people around substance misuse through our local provider Early Break. Early Break provide support for children and young people experiencing complex issues including drugs and alcohol, crime, violence and family breakdown, and where possible intervene early to prevent longer term issues.

3.6 The holistic support for drug users and those vulnerable to substance misuse will be further developed in the context of the emerging whole system neighborhood working model.

4 Recommendations

4.1 It is recommended that the Strategic Commissioning Board note:

- That the Public Health team carry out 6 monthly reviews of the findings of DRDs in Bury in conjunction with GMMH and obtain assurance that appropriate changes in practice and policies are being made as a result.
- We continue to monitor DRDs locally to look for trends and patterns for contributing factors and raise these with partners in appropriate forums.
- We review whether all DRDs should be screened by the 'Bury Adult Safeguarding Board'.
- Increased collaborative working between primary care and the substance misuse service to robustly support service users' physical health.

5 Actions Required

5.1 Acknowledge the paper and be assured DRDs are being monitored and addressed appropriately locally.

5.2 Note the recommendations.

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