



# HEALTH & SOCIAL CARE PROVIDER EVENT



# Information Pack

## Presentations & Workshops



**Tuesday 21st July 2015**

from

**1pm - 4:15pm**

at

**The Elizabethan Suite**

**Bury Town Hall**

**Knowsley Street**

**Bury**

**BL9 0DG**



Department for Communities & Wellbeing

**Bury**  
COUNCIL

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# **Greater Manchester Health and Social Care Devolution**

**Stuart North, Chief Officer  
21<sup>st</sup> July 2015**

# Greater Manchester: a snapshot picture



**£56 Billion GVA**

Fastest growing LEP in the country



**2.7 Million People**

Growth of 170,000+ in the last decade



**104,000 People Unemployed**

7.8% (above UK average of 5.5%)



**77.7 Male Life Expectancy**

England average: 79.3



**81.3 Female Life Expectancy**

England average: 83.0



**112,000**

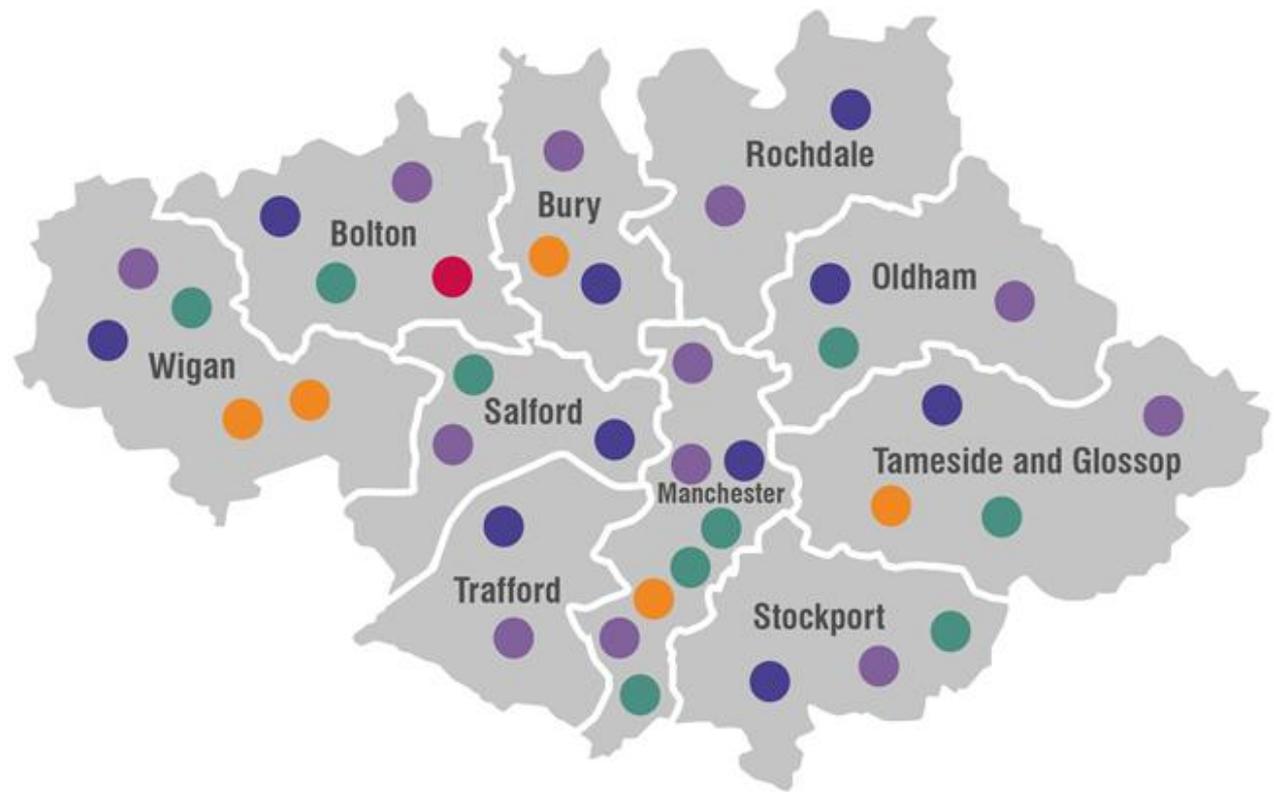
People on long-term sick and inactive



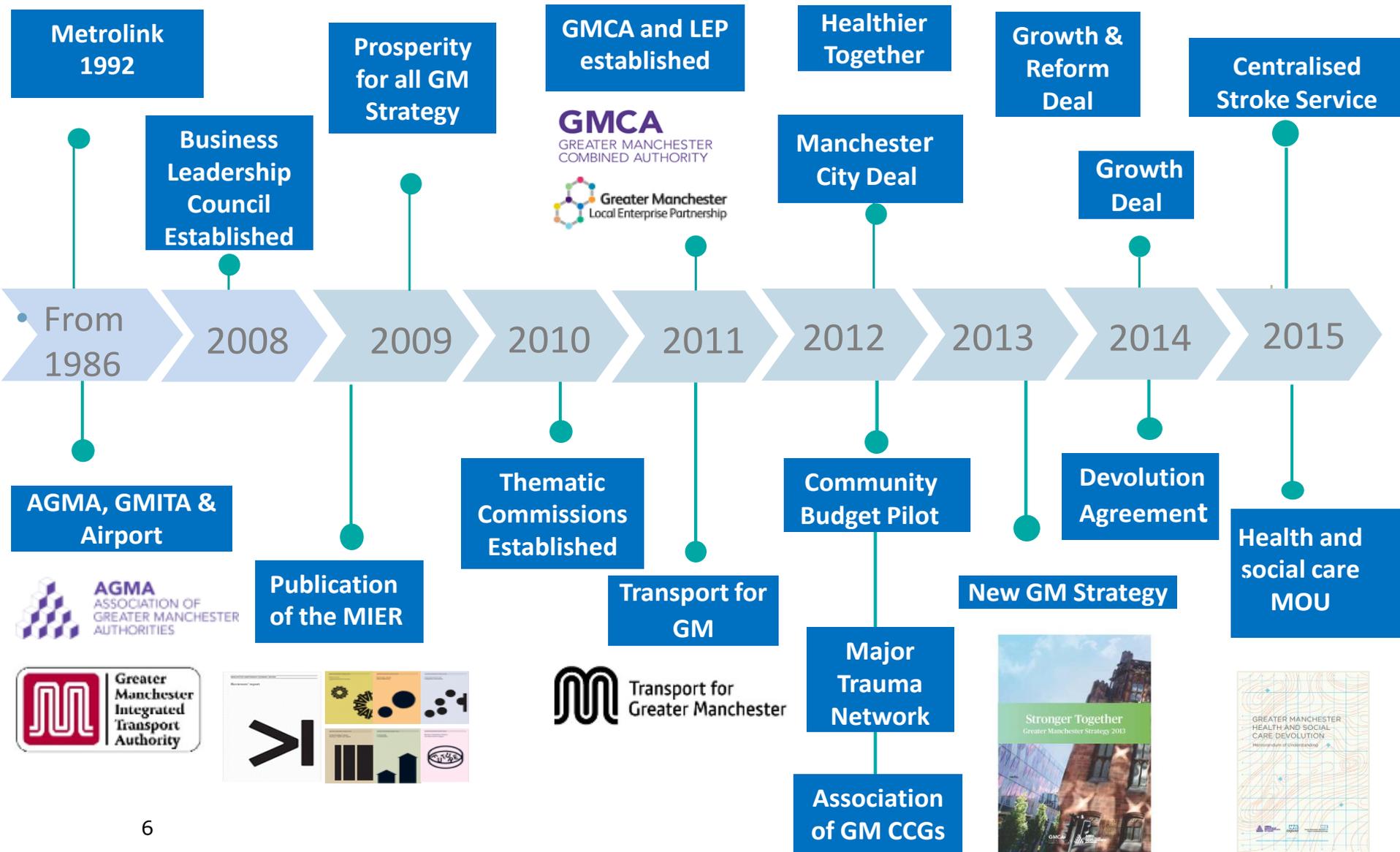
GVA – Grøss Value Added

LEP – Local Enterprise Partnership

# Greater Manchester: Our health and social care system

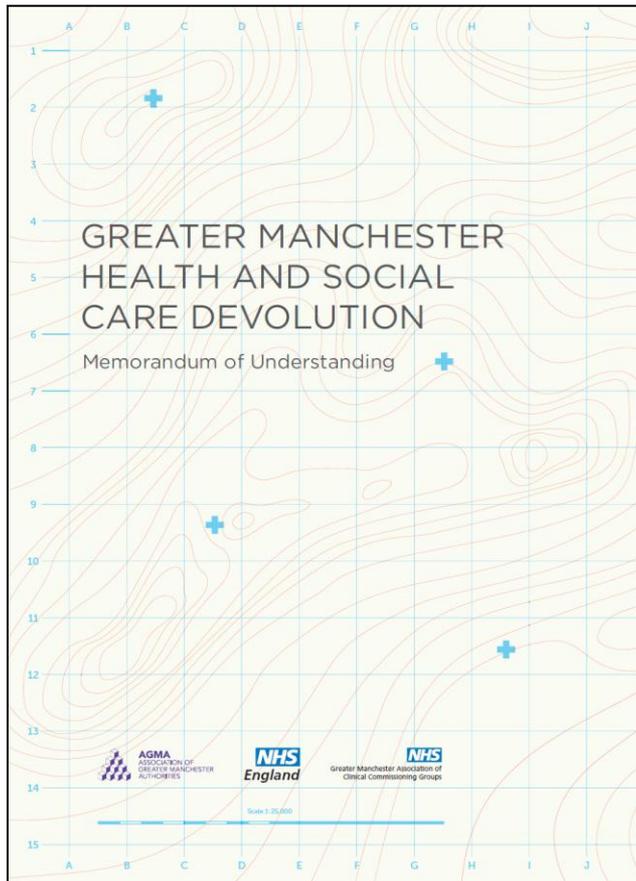


# Greater Manchester: A history of working together



# The background to GM Devolution

- **Greater Manchester Devolution Agreement** settled with Government in November 2014, building on GM Strategy development.
- Powers over areas such as transport, planning and housing – and a new elected mayor.
- Ambition for £22 billion handed to GM.
- **MoU Health and Social Care devolution** signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts
- MoU covers acute care, primary care, community services, mental health services, social care and public health.
- To take control of estimated budget of £6 billion each year from April 2016.
- Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan



## The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester

# Devolution isn't just about health & social care

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing

Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
<p>Long-term JSA claimants</p> <p>ESA claimants (WRAG)</p> <p>'Low pay no pay' cycles</p> <ul style="list-style-type: none"> <li>Working Tax Credit claimants</li> <li>Low skill levels (vocational or academic)</li> <li>Insecure employment</li> </ul> <p>NEET (Young People)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <li>Lone parents with children 0-4</li> <li>Poor literacy and numeracy</li> <li>Poor social skills</li> <li>Low aspirations</li> <li>Living alone</li> </ul>	<p>Child in Need Status (CIN) / known to Children's Social Care</p> <p>Child not school ready</p> <p>Low school attendance &amp; exclusions</p> <p>Young parents</p> <p>Missing from home</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <li>Repeat involvement with social care</li> <li>LAC with risk of offending</li> <li>Poor parenting skills</li> <li>SEN</li> <li>Frequent school moves</li> <li>Single parents</li> </ul>	<p>Repeat offenders</p> <p>Family member in prison</p> <p>Anti-social behaviour</p> <p>Youth Offending</p> <p>Domestic Abuse</p> <p>Organised Crime</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <li>Lost accommodation</li> <li>Dependent on service</li> <li>Vulnerability to sexual exploitation</li> <li>Missing from home</li> <li>Violent crime</li> </ul>	<p>Mental Health (including mild to moderate)</p> <p>Alcohol Misuse</p> <p>Drug Misuse</p> <p>Chronic Ill-health (including long-term illness / disability)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <li>Unhealthy lifestyle</li> <li>Social isolation</li> <li>Relationship breakdown / loss or bereavement</li> <li>Obesity</li> <li>Repeat self-harm</li> <li>Living alone</li> <li>Adult learning difficulties</li> </ul>

# What have we said we'll do in the MoU?

- Improve the health and wellbeing of all Greater Manchester people – of all ages
- Close the health inequalities gap faster within GM, and between GM and the rest of the UK
- Integrate physical health, mental health and social care services across GM
- Build on the Healthier Together programme
- Continue to shift the focus of care closer to homes and communities where possible
- Strengthen the focus on wellbeing, including a greater focus on prevention and public health
- Contribute to growth and connect people to growth, eg helping people get in to and stay in work
- Forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population
- Make significant progress on closing the financial gap

# Why do devolution?

- Devolving powers to GM will enable us to have a bigger impact, more quickly, on the health, wealth and wellbeing of GM people
- It will allow us to respond to the needs of local people by using their experience to help change the way we spend the money
- It will allow us to better co-ordinate services to tackle some of the major challenges supporting physical, mental and social wellbeing

## How will we do this?

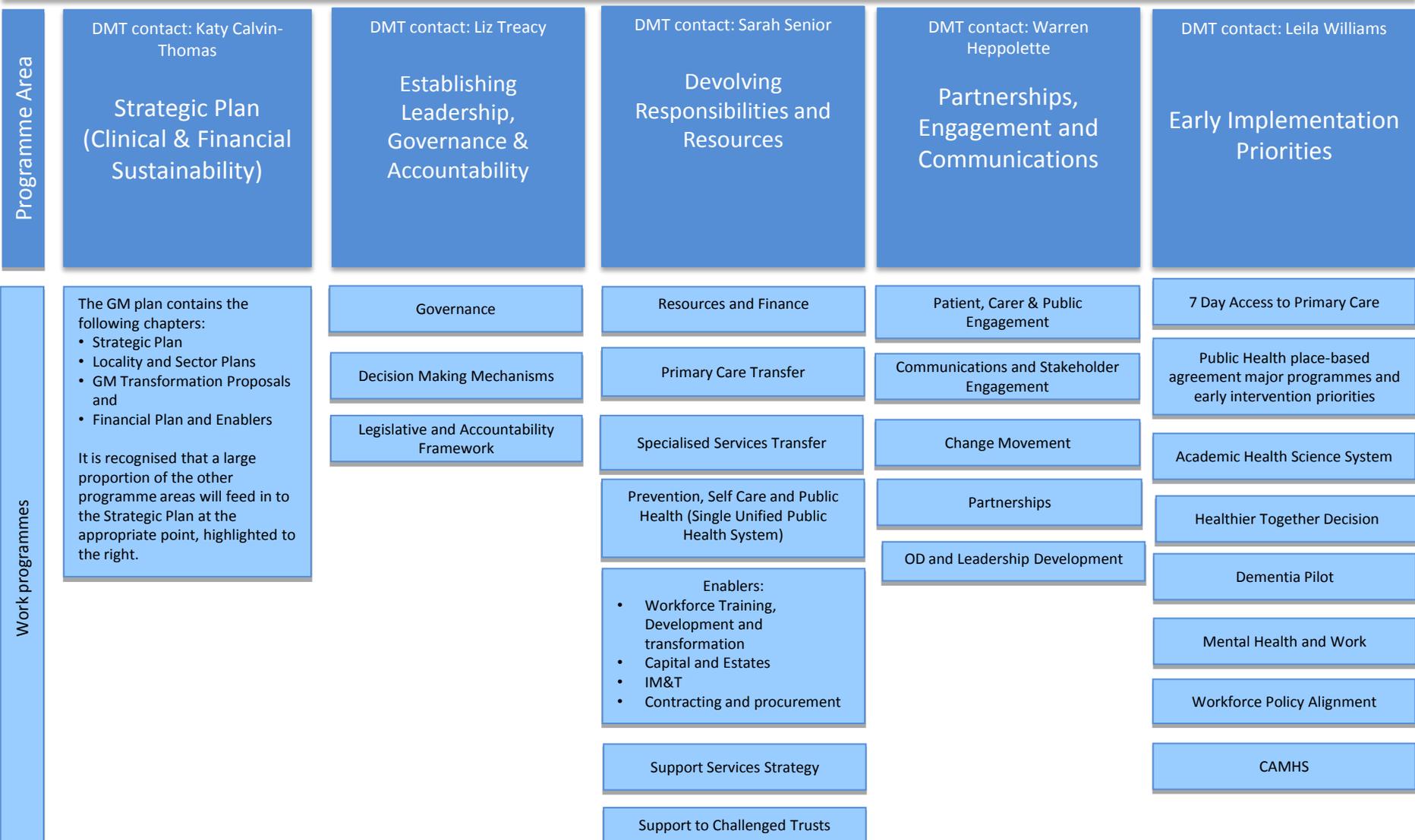
- By integrating our governance: being binding on all the partners, decisive and bold
- By integrating planning: working across CCGs, local authorities and trusts in our 10 areas to create aligned local plans feeding one GM strategic plan
- By integrating delivery: by doing best practice at pace and scale

# What will – and won't - this mean for the NHS and social care

- Greater Manchester will remain within the NHS and social care systems and continue to uphold standards in national guidance and statutory duties in NHS Constitution and Mandate – and for delivery of social care and public health services
- Decisions will continue to be made at the most appropriate level to the benefit of people in GM – sometimes locally and sometimes at a GM level
- Organisations will work together to take decisions based on prioritising their people and their place
- From 1 April 2015 'all decisions about GM nationally are taken with GM'

# Programme approach

## Health & Social Care Devolution Programme



# Strategic plan

## 1. Strategic Direction

The Strategic Plan will set out the vision for the delivery of services within GM and what a sustainable approach would look like.

## 2. Locality & Sector Plans

The Strategic Plan will provide a framework to ensure the overall level of ambition is achieved and for the development of Locality Plans. Each area in GM will produce their own five year Strategic Plan for the five years from 2016/17.

## 3. GM Transformation Proposals

A key component of the Strategic Plan will be to identify new models of care/strategies and where transformation is needed

## 4. Financial Plan & Enablers

A GM Model will be developed enabling scenario planning for the significant changes of services that will be required. It will be capable of predicting the impact of new models of care and of locality and sector plans.

# Key achievements

June 2015

**7 Day Access to Primary Care**



Launch of the commitment that all 2.8 million people across GM will have access to primary care services seven days a week from the end of the year

July 2015

**Healthier Together decisions**



The final decision, following a three year process, about which hospitals will work together as single services and which of those will specialise in emergency medicine and general surgery

July 2015

**Public Health MoU**



Launch of a new model of public health leadership in GM, putting public health at the heart of wider economic and skills potential of area by helping people into work, encouraging independence and reducing demand on the NHS. Early priorities include vascular disease, the Greater Manchester Alcohol Strategy, combining the work of emergency services to help with integrated health and care arrangements, and increasing the uptake of health checks

July 2015

**Spending review**



Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan

# What's to come: summer/autumn 2015

## Academic Health Science System



Bringing together world class experts in health, academia and industry to enable GM to compete on a global level through aligning Manchester Academic Health Science Centre (MAHSC), Greater Manchester Academic Health Science Network (GMAHSN) and Local Clinical Research Network (LCRN)

## Dementia Pilot



Helping people living with dementia get better care, through integrating services and using opportunities to use technology and digital advances to help patients live at home safely

## Mental Health and Work



Developing a service model which supports unemployed people who are finding it difficult to get in to work because of mental health issues

## Child and Adolescent Mental Health Services



System wide enabler to transforming Children and Young People's Mental Wellbeing services as outlined in the March 2015 report 'Future in Mind'

## Workforce Policy Alignment



Secure agreement across provider organisations in GM on: common standards on pre-employment checks, statutory and mandatory training and common rates for specific targeted locum and agency staff

# Timeline to devolution

**APRIL 2015:** Process for establishment of Shadow Governance Arrangements Agreed and initiated

**MAY-DECEMBER:** Announcement of Early implementation Priorities

**OCTOBER:** Governance structures fully established and operating in shadow form.

**APRIL 2016:** Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 agreements in place.

Spring  
2015

Summer  
2015

Autumn  
2015

Winter  
2015

Spring  
2016

Summer  
2016

Autumn  
2016

Winter  
2016

Spring  
2017

**AUGUST:** Production of an Outline Plan to support the CSR process which will include a specific investment fund proposal to further support primary and community care and will be the first stage of the development of the full Strategic Plan.

**DECEMBER:** Production of the final agreed GM Strategic Sustainability Plan and individual Locality Plans ready for the start of the 2016/17 financial year.

**DECEMBER:** In preparation for devolution, GM and NHSE will have approved the details on the funds to be devolved and supporting governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements.

# Care Act 2014

## Implications for Providers

### Julie Gonda

Assistant Director for Strategy,  
Procurement and Finance (Bury  
Council)

&

Associate Director of Joint  
Commissioning (NHS Bury CCG)

# Care Act 2014

## Key changes

- Legislative base very different
- In practice, much will remain the same
- Two parts to the Act
  - April 2015
  - April 2016 - Care Cap on costs delayed until 2020
- The Act, a range of Regulations and Statutory Guidance



# Care Act 2014

## Key changes ctd – documents repealed

- National Assistance Act 1948
- Chronically Sick and Disabled Persons Act 1970
- NHS and Community Care Act 1990
- Choice of Accommodation Directions 1992
- Delayed Discharges Regulations 2003
- NHS Continuing Healthcare (Responsibilities) Directions 2009
- Charging for residential accommodation guidance (CRAG) 2014
- Transforming Adult Social Care (LAC(2009)1)
- Fair Access to Care Services (FACS) guidance on eligibility criteria
- No secrets: guidance to protect vulnerable adults from abuse

# Care Act 2014

## Key changes ctd

- Previously the duty of the local authority was to provide (or commission) particular services
- Now the concept is meeting needs for people who need care and support
- The Council must act to promote wellbeing
- The Council must promote prevention
- Carers' rights are now established in law
- Safeguarding Adults now established in law
- Independent Information and Advice services must be in place

# Care Act 2014

## Key changes ctd

- Market shaping and commissioning principles:
  - Focusing on outcomes and wellbeing
  - Promoting quality services, including workforce development and remuneration and ensuring appropriately resourced care and support
  - Supporting sustainability
  - Ensuring choice
  - Co-production with partners
- Market shaping duty on local authorities to facilitate diverse, sustainable, high quality services in their area to provide people with meaningful choice regardless of who pays for care
- It covers the whole market

# Care Act 2014

## Market shaping and commissioning

Steps which local authorities should take to develop and implement local approaches to market shaping and commissioning:

- Designing strategies that assess and meet local needs
- Engaging with providers and local communities
- Understanding the market
- Facilitating the development of the market
- Integrating their approach with local partners
- Articulating understanding of supply, demand and future intent through a market position statement
- Securing supply in the market and assuring its quality through contracting

# Care Act 2014

## **Managing provider failure and service interruptions**

- This section directly affects providers
- Triggered when business failure means there is service interruption
- Recognises that most failures are already managed responsibly & don't impact people's wellbeing
- The duty on a local authority to ensure needs are met is not specific and hence may range from providing
- Information on alternative providers to arranging care and support itself depending upon circumstances

# Care Act 2014

## Market oversight

- Applies only to the largest and most difficult to replace providers
  - *Domiciliary Care providers who deliver 30,000 hours or more care in a week, or deliver care to 2,000 or more people in a week, or deliver care to 800 or more people in a week and they each receive more than 30 hours in that week.*
  - *Residential care providers with bed capacity of 2,000 beds or more, or bed capacity of between 1,000 and 2,000 beds and either they have beds in more than 16 local authority areas, or the capacity in each of three or more local authority areas exceeds 10% of the bed capacity of those local authorities*
- They have duty to provide information to CQC
- CQC have a duty to assess sustainability and inform local authorities when they consider a provider is likely to be unable to continue. This is to provide local authorities with early warning of likely failure so they can prepare to step in if needed

# Care Act 2014

## Financial sustainability of other providers

- This will be the vast majority of small and medium providers.
- Local authorities must ensure continuity of care in respect of business failure of all providers and so need to have contingency plans and an understanding of the likelihood of failure of providers in their area
- What matters in deciding whether to meet needs, under this provision, is whether the needs of the people affected appear to be urgent
- Authorities need to have an understanding of current trading conditions and the sustainability of their pool of providers in order to focus their contingency planning
- Strengthens the need for contingency planning on all parties

# Care Act 2014

## **Safeguarding – provider requirements**

- Policies and procedures which cover:
  - Statement of purpose
  - Roles and responsibilities
  - Procedure for dealing with allegations of abuse
  - Points of referral and how to access
  - How to record allegations, enquiries and actions
  - A list of sources of expert advice
  - Full description of channels of inter-agency communication
  - List of services which might offer access to support or redress
  - How professional disagreements are resolved

# Care Act 2014

## Summary for providers

- Market shaping and commissioning
- Provider failure
- Market oversight
- Potential for new opportunities
- Introduction of Care Cap delayed until 2020
  - Potential shortfall in social care funding of £4.3bn
  - Some concern about funding for increases in minimum wage
- **Get in touch** - Katie Wood, Community Networks Officer  
[k.wood@bury.gov.uk](mailto:k.wood@bury.gov.uk) 0161 253 5819  
Shirley Allen, Project Manager, [s.allen@bury.gov.uk](mailto:s.allen@bury.gov.uk) 0161 253 6302

# Social Care Procurement

**New Regulations & Bury's approach**

**Sarah Janusz - Head of Strategic Procurement & Project  
Planning Bury Council**

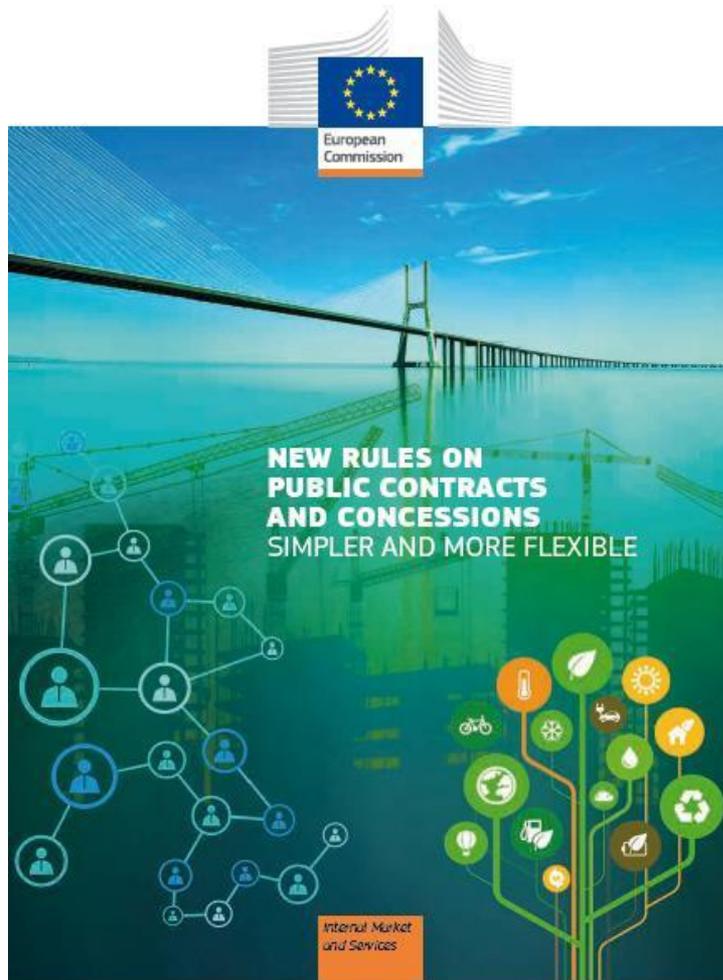
**Neil Clough – Senior Contracts & Procurement Officer Dept for  
Communities & Wellbeing**



**Department for  
Communities & Wellbeing**

**Bury**  
COUNCIL

# Public Contracts Regulations 2015



- In force from 26 Feb 2015
- Include Lord Young reforms
- Reinforce VFM
- New flexibilities
- Reduced timescales
- More streamlined
- Encourage early market engagement
- Codify case law e.g. Teckal and Hamburg

# Public Contracts Regulations 2015

- Abolition of Part B - new light touch regime (LTR)
- Removal of PQQs for below threshold procurements
- New advertising requirements
- Ring- fencing opportunities
- 'Community benefit' opportunities

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STATUTORY INSTRUMENTS

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**2015 No. 102**

**PUBLIC PROCUREMENT**

The Public Contracts Regulations 2015

Made - - - - 4th February 2015  
Laid before Parliament 5th February 2015  
Coming into force in accordance with regulation 1(2) to (6)

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PART 1  
GENERAL

1. Citation, commencement, extent and application  
2. Definitions

PART 2  
RULES IMPLEMENTING THE PUBLIC CONTRACTS DIRECTIVE

CHAPTER 1  
SCOPE AND GENERAL PRINCIPLES

SECTION 1  
Scope

3. Subject-matter and scope of Part 2  
4. Mixed procurement  
5. Threshold amounts  
6. Methods for calculating the estimated value of a procurement  
7. Utilities  
8. Specific exclusions in the field of electronic communications  
9. Public contracts awarded, and design contests organised, pursuant to international rules  
10. Specific exclusions for service contracts  
11. Service contracts awarded on the basis of an exclusive right  
12. Public contracts between entities within the public sector  
13. Contracts subsidised by contracting authorities  
14. Research and development services  
15. Defence and security  
16. Mixed procurement involving defence or security aspects  
17. Public contracts and design contests involving defence or security aspects which are awarded or organised pursuant to international rules

# So What does all this mean for Bury?

What do these changes actually mean for us as a council and you as providers of social care services?



# So What does all this mean for Bury?

- During 2015 we intend to implement an 'Electronic Provider List' (EPL) for the various categories of social care services that we buy.
- This will be advertised on 'The Chest'
- Providers will need to complete a Suitability Assessment Questionnaire available through 'The Chest' Procurement Portal
- There will be a standard SAQ for all service types.
- The EPL will be divided into service categories
- Successful completion of the SAQ will ensure providers are added to an EPL for each category.

# So What does all this mean for Bury?

- Spot Contract opportunities will be notified to providers approved in each category as they arise.
- Individual 'open' tenders will also be advertised for opportunities that are outside of these categories as they arise.
- **Important** - The intention is that this approach will apply to existing providers if they are seeking new business as well as new entrants to the Bury Market.

# Our proposed approach

- Providers will need to register in the Proclass Social Care category on 'The Chest' Procurement portal
- We will advertise the opportunities to become part of the EPL
- Download, Complete and upload the Suitability Assessment Questionnaire
- We will evaluate and advise whether you have been admitted to the EPL
- Specific Contract Opportunities will then be notified to those providers on the EPL according to category
- Providers will need to respond to these ITT's
- ITT's will be evaluated in accordance with the evaluation criteria (which will be included in the ITT).
- Contracts will be awarded accordingly.

# We value your input

- As providers of social care services, we value your views.
- What do you think about this approach?
- If you would like to make any comments please e-mail [cwprocurement@bury.gov.uk](mailto:cwprocurement@bury.gov.uk) by the 7<sup>th</sup> August 2015
- Please put engagement - Bury Social Care Procurement in the subject header as this is a generic e-mail address





**Heather Crozier**  
Social Development Manager

**Sarah-Jayne Rushton**  
Customer Engagement Co-ordinator

[www.theBuryDirectory.co.uk](http://www.theBuryDirectory.co.uk)

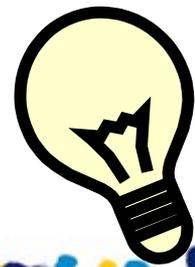


# The Bury directory

## Background

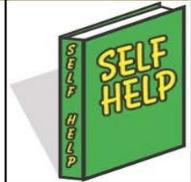


- Your care, Your choice
- Find it 4 me
- Adults Care and Support Directory
- Community Assets Register
- Domestic Violence Register
- Bury.gov.uk
- NHS Choices
- 'Little Black Book'
- In our heads



## Drivers

- Children and Families Act 2014
  - The Local Offer
- Care Act 2014
- Integration of Health & Social Care
- Health & Wellbeing
- Self help/treatment
- Increasing demand
- Budget pressures
- Digital Inclusion



### Health and social care



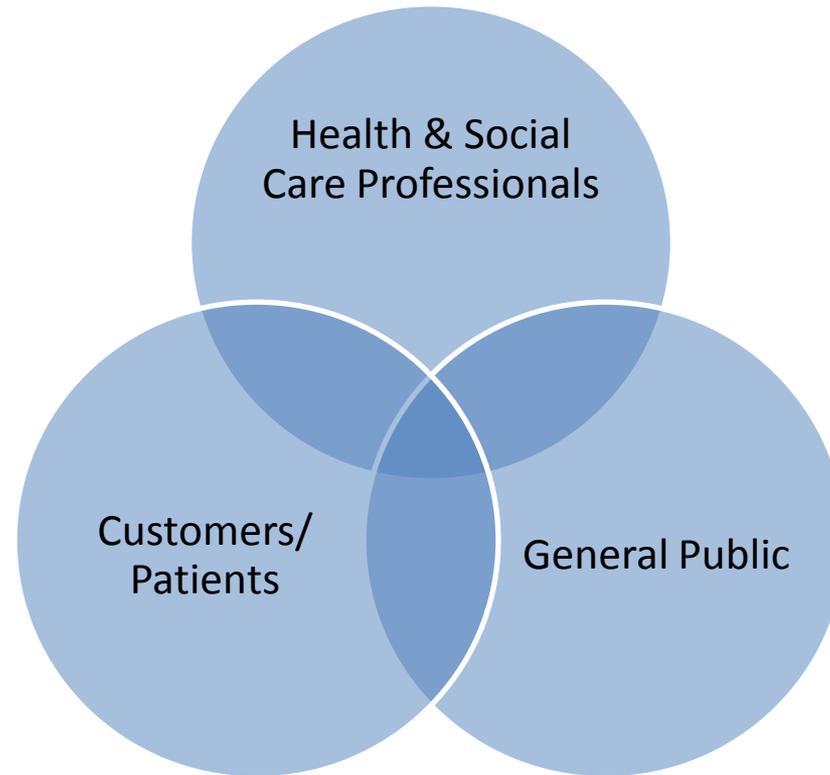
## What is The Bury Directory?

- New one-stop information point for advice, support, activities, services and more
- Combines all existing community information sources into one easy to use directory for both customer and professionals available 24 hours a day, seven days a week
- Works on all devices
- Fully hosted



# The Bury directory

## Who is it aimed at?



## Capabilities

- Information can be searched using categories, keyword, location, postcode or using the interactive map
- Create a 'shortlist' and email, text or print this information
- Change the size of the text on the screen or change the language at the click of a button
- Find an event or activity using the 'what's on' section
- Use the NHS Choices section to find a GP, Dentist or Health Professional



## Capabilities Cont...

- 'Rate' or give your feedback on an entry within the directory
- View an entry on a map and plan a journey using live public transport and/or live traffic information
- View the 'Local Offer' section for children and young people with special educational needs
- View Information & Advice pages
- Search for Independent Living Aids/Equipment
- Promotion for a service, organisation, agency, club, group or activity
- Add or edit your own entry and upload logos, pictures, documents and videos
- Auto update facility



## Progress to date:

- Data migration & data quality (Aug- Sep 2014)
- Design (Sep 2014)
- Advice & Information pages (Oct 2014 -Feb 2015)
- Interactive map (Feb 2014)
- Soft roll out (Dec 2014- March 2015)
- Internal staff awareness & training (Jan-March 2015)
- Training & DIY guides (Dec 2014- March 2015)
- Marketing & promotion (Feb-March 2015)



# The Bury directory

**THE BURY DIRECTORY**  
**THE HOW TO DO IT YOURSELF GUIDE**

This guide is designed to help you register your service, organisation or activity and update it yourself.  
 To get started you will need to visit:  
[www.theburydirectory.co.uk](http://www.theburydirectory.co.uk)

**How do I register?**

1. On the home page please click on the "Register" button on the dark blue bar at the top of the page.
2. The register button will then direct you to a page with this form.
3. Complete the form by entering your:
  - First Name
  - Surname

Other features shown in the collage include: "Change how the directory looks and size of fonts etc and the language here", "Add an entry search A-Z here", "Send us an email", "Add contact information", "Search for activities & events here", "Use this to search for equipment and aids to help you", "Help us spread the word!", "Welcome to The Bury", "Click on these market stalls to find information, service, activities and support for either adults or children & families", "Search here for services' offers for young children & young people with special educational needs & disabilities", "Local Offer", "Search to your local area", and "Click on area you wish to find services in".

## The Bury directory

Your one-stop information point for advice, support, activities, services and more!

- Need advice on how to keep healthy?
- Want to stay independent as long as you can?
- Want to find a childcare provider?
- Want to find places to go and things to do?
- Need to choose a school in Bury?
- Want to contact a local group or service?
- Want to get out more and meet new people?

[www.theburydirectory.co.uk](http://www.theburydirectory.co.uk)

Get online Bury COUNCIL

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## The Bury directory

Your one-stop information point

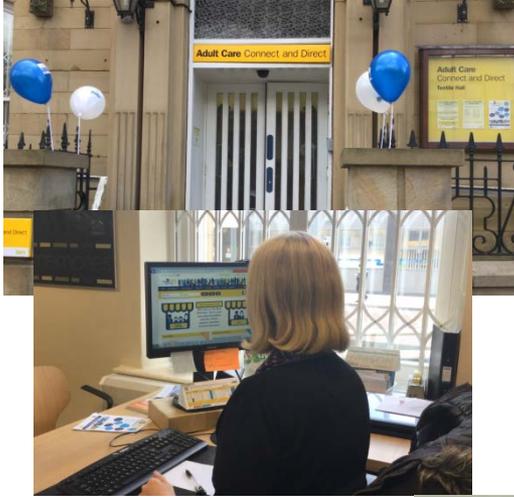
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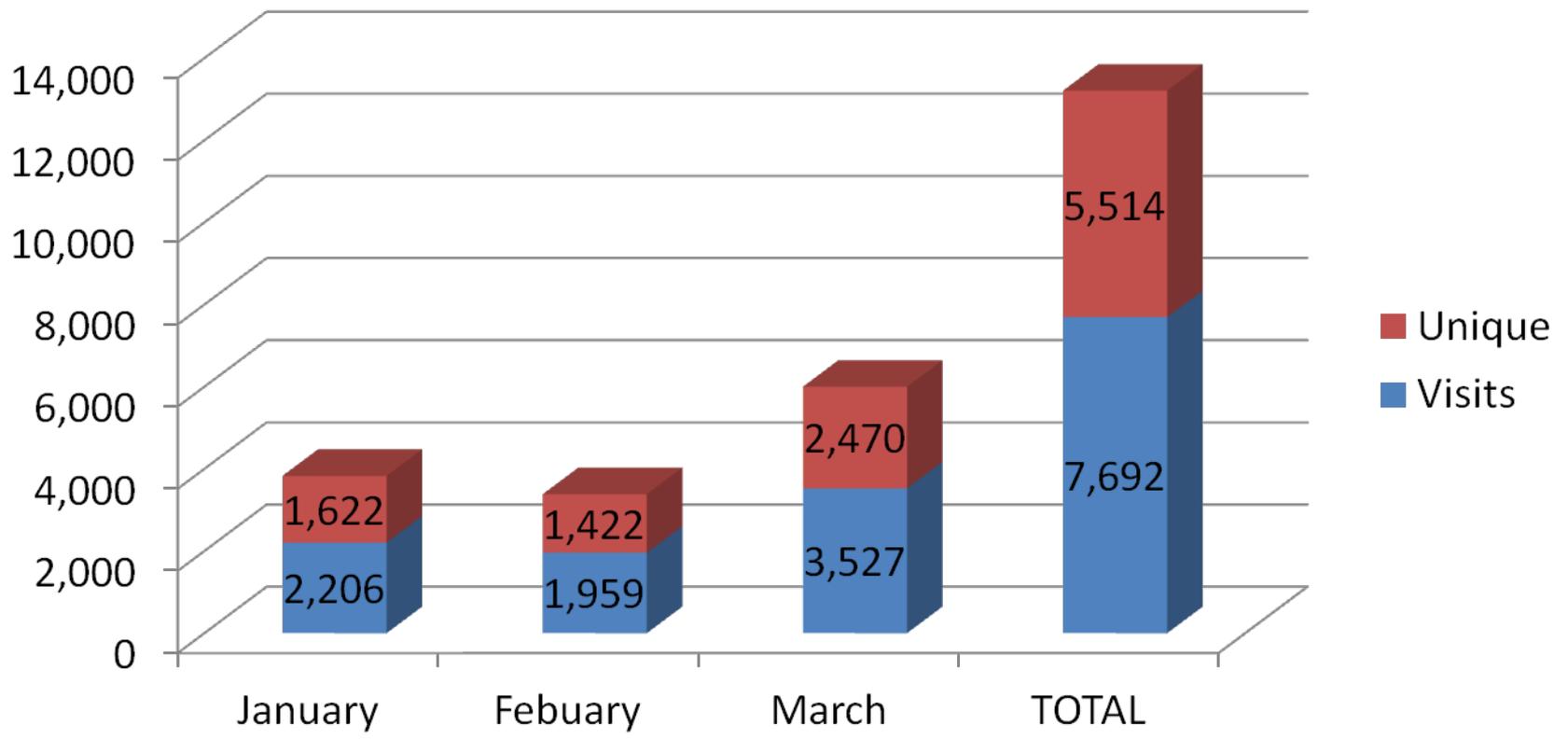


# The Bury directory

# Public Launch 16<sup>th</sup> – 28<sup>th</sup> March 2015

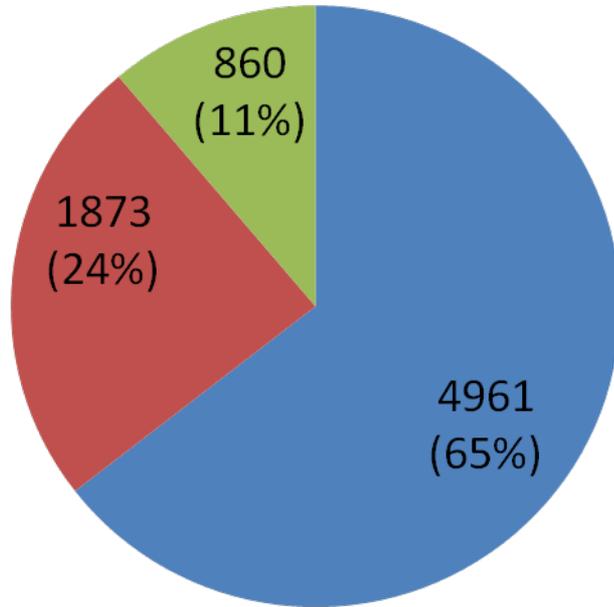


# Visits

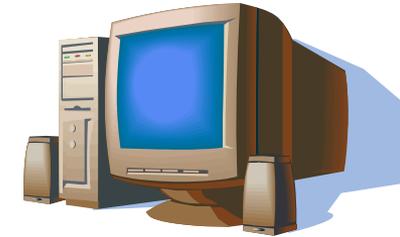


# Access to the Bury Directory

## Access to The Bury Directory



■ Desktop PC



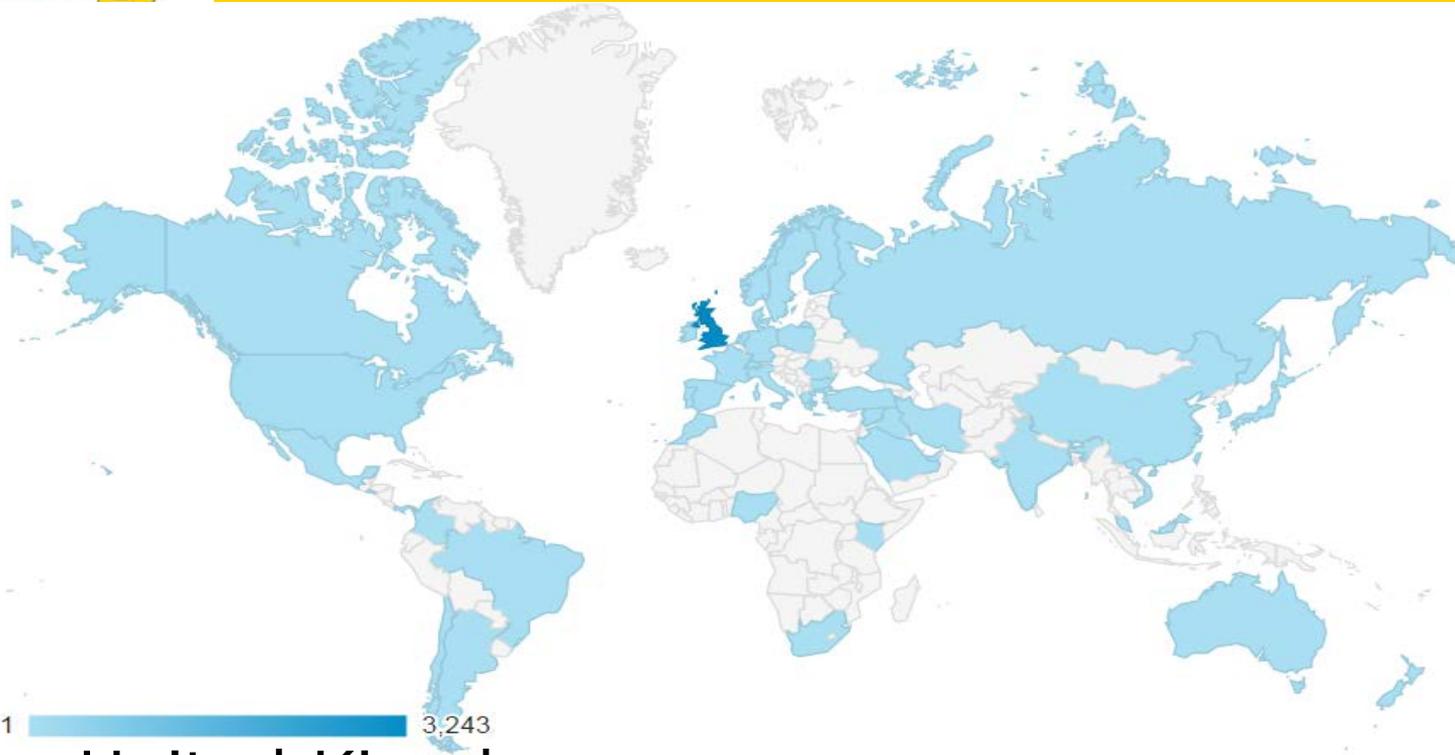
■ Mobile Phone



iPhone 5S  
4"

■ Tablet PC



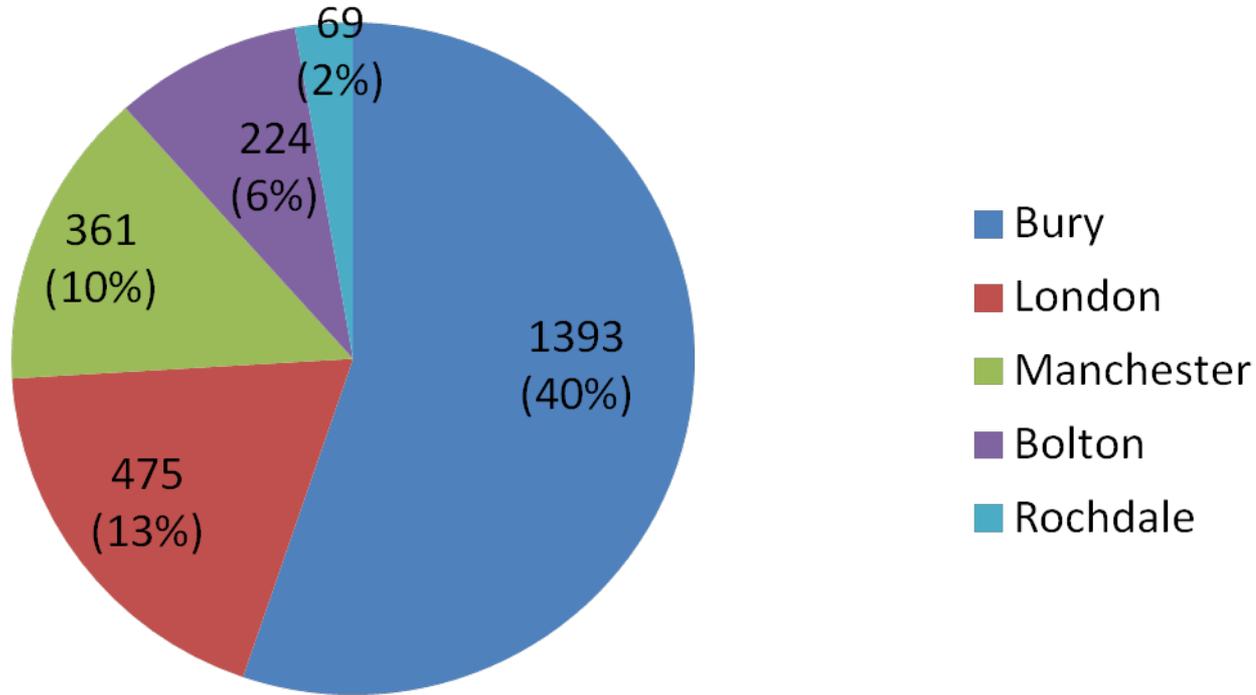


1. United Kingdom
2. United states
3. Brazil
4. China
5. India

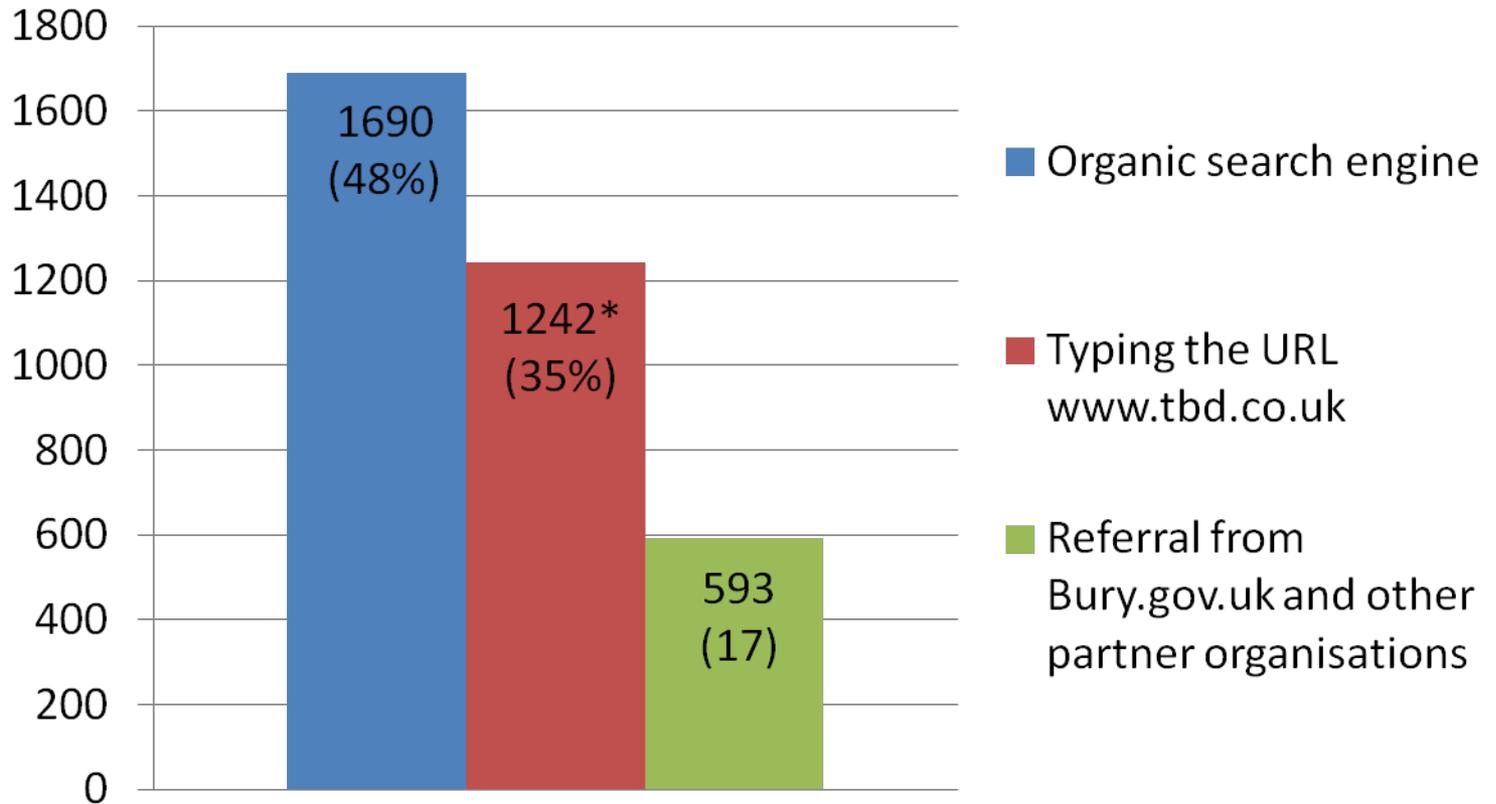
6. Japan
7. Germany
8. Italy
9. South Korea
10. Canada



## Visitors

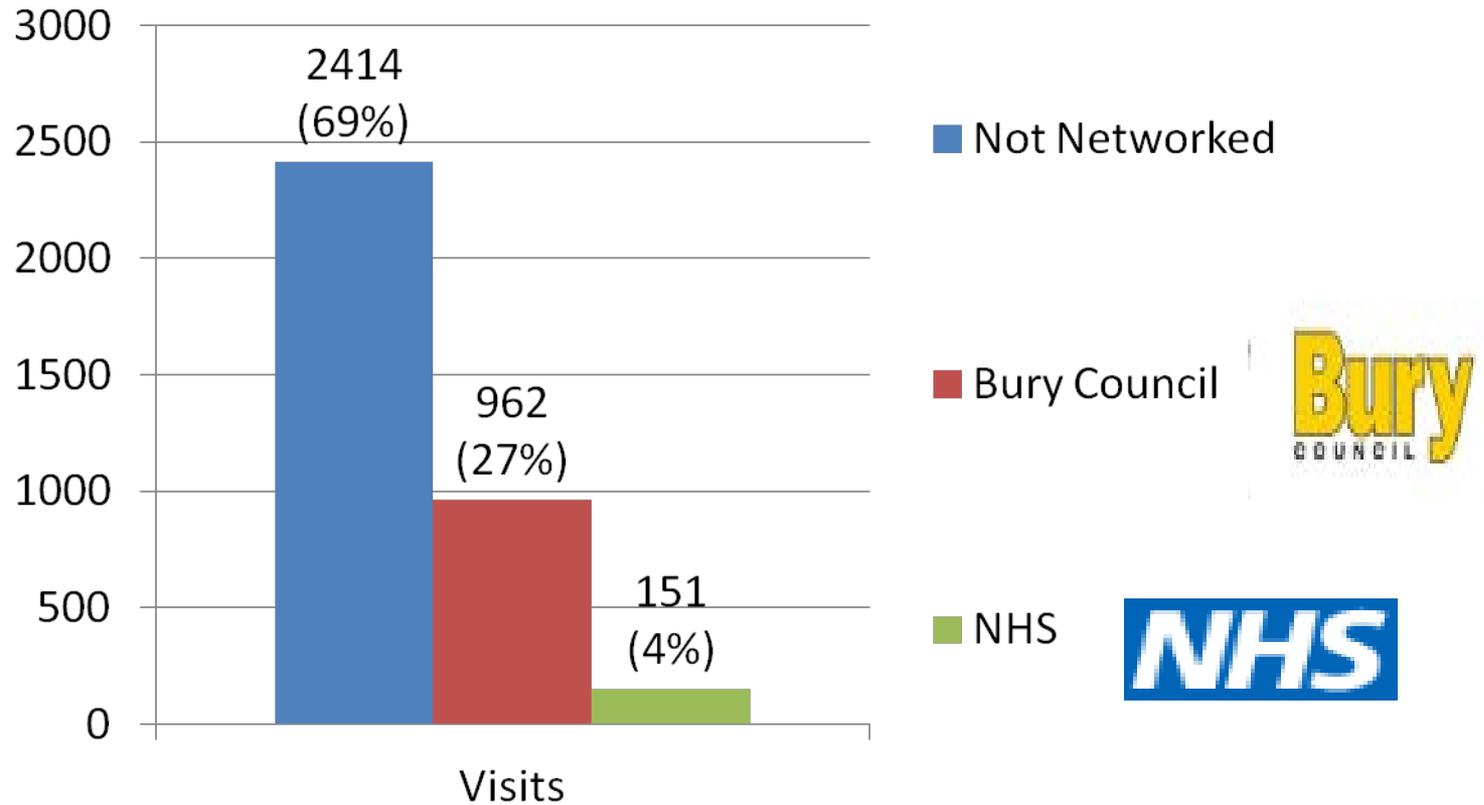


# How people found the site



*\* This has increased by 14% since the directory has been officially launched*





## Top Keyword search

- 'Mental Health' - 35 searches
- 'Dementia' - 34 searches

## Top Location search

- 'Bury' - 109 searches
- 'Ramsbottom' - 49 searches





- 5.14 pages per session
  - increased by 2 pages since February
- Average length of time per visit 3 min 48 seconds
  - increased by 40 seconds



# The Bury directory

Live demo

[www.theburydirectory.co.uk](http://www.theburydirectory.co.uk)



## Next Steps:

- Continue to roll out with partner agencies
- Attend key events to promote
- Potential to provide a data share platform for partner agencies





Workshop/Questions/Feedback

[www.theBuryDirectory.co.uk](http://www.theBuryDirectory.co.uk)





## The Bury Directory Workshops Feedback

27 feedback forms were completed during the two Bury Directory workshops.

### Organisations that attended the workshops:

- Alzheimer's Society (*already listed*)
- Anchor Homes (*already listed*)
- BMI Healthcare (*to be added*)
- Carers Federation - Independent Complaints Advocacy (*to be added*)
- Caring alternatives (*to be added*)
- Contour Homes (*already listed*)
- Creative Support (*already listed*)
- Eldercare UK Ltd (*to be added*)
- Flatpack Manchester (*to be added*)
- Great Places Housing Group (*already listed*)
- Healey Care Ltd (*to be added*)
- Healthwatch Bury (*already listed*)
- ICare Community meals (*already listed*)
- Lifeways
- Millercare Ltd (*already listed*)
- Outreach Community & Residential Services (*already listed*)
- Penderels Trust (*to be added*)
- Praxis Care (*to be listed*)
- Reed Community Care (*to be added*)
- Rochdale and District Mind (*to be added*)
- Royal Mencap (*to be added*)
- S.E.A Recruitment (*to be added*)
- Social Adventures (*to be added*)
- St George Healthcare Group Ltd (*to be added*)
- Unlimited Potential (*will not be added*)
- Your life, Your way CIC Ltd (*to be added*)

### Question 1.

**Following the workshop today which statement best describes your presence on the directory?**

	Responses	Comments
My organisation is already listed on The Bury Directory	37% (10)	
My organisation will be added to The Bury Directory as soon as possible	59% (16)	
My organisation will not be added to The Bury Directory.	4% (1)	Unlimited Potential said "Not until they win contracts in Bury"

## Question 2.

### How often will you use the Bury Directory in the future?

	Regularly	Sometimes	Rarely	Never
As an individual	33% (8)	29% (7)	29% (7)	9% (2)
Within your organisation	73% (19)	23% (6)	4% (1)	-

## Question 3.

### We would really like your feedback on The Bury Directory, please tell us what you think in the space provided below:

- I will be using it more often, thanks.
- Easy to use - excellent.
- Great asset.
- Excellent idea ... Just requires buy in from everyone else.
- Nice, clear, easy to use website.
- Looks great. Definitely something we will consider adding our details to.
- It's fantastic that all this information is in one place!!!
- Excellent tool, thank you.
- Very good presentation, we will be updating our information on your website and advertising your link on our promotional leaflets (Millercare)
- Thanks for your pride about The Bury Directory, I will find it very useful. Also will be setting up to be registered.
- Great idea, looking forward to using it.
- One stop shop for all information - very good.
- First impressions - excellent.
- This seems like a very productive service and will be very beneficial to our service users. Maybe a training day for service users from Bury Council would be good (Creative Support).
- I think this is a useful tool for all.
- Looks easy to access, and now I know more about it I can point individuals in the right direction, if as an organisation we are unable to help (Outreach Community Residential Services).
- Very impressed with what you have shown us today. I will definitely be putting our organisation on the site (Praxis Care).
- Excellent initiative making good use of technology to drive awareness of services. I will be adding our company after this session.
- It will be very useful and should save time and also increase access to opportunities (Rochdale and District Mind).
- Great - easy to use and navigate around the different options.
- Very useful resource.
- Excellent initiative - look forward to being a part of it and using to enhance our service (Great Places Housing Group).
- Sounds a good all round information centre.
- Looks very helpful will renew further and discuss within the group.

# How to access Council opportunities

Malcolm Shaft

Procurement Development Manager, Strategic Procurement

Jane Moulton

Contracts and Procurement Officer, Communities and Wellbeing



# Accessing The Chest

Going to cover...

- Background
- Benefits
- How to access
- Opportunities
- Expressing interest
- Walk through of process
- Hints on using
- Questions

# The Chest

What is it?

- **Opportunities Portal**



- **e-tendering**



# e-tendering / Opportunities Portal

- North West Collaborative tender
- Awarded to Due North
- Used by most North West Councils
  - 50 authorities

Named:

- The Chest



# The Chest - Benefits

- Greater visibility of business opportunities
- Fully hosted solution
- Secure logon and site
- Openness and transparency in procurement process
  - Robust audit trail
- 'One stop shop'
  - Free of charge to suppliers
  - e-mail notifications of opportunities
- Improved tender process
  - Tenders can be uploaded, downloaded and submitted electronically
- 24/7 access
- Less risk of tender rejection

# The Chest – How to access

- Accessible via Bury Council web pages:

[www.bury.gov.uk/contractopportunities](http://www.bury.gov.uk/contractopportunities)

Or direct

[www.the-chest.org.uk](http://www.the-chest.org.uk)

Or try

['Googling'](#)      The Chest

# Opportunities, up to 2016

- School Nursing Service
  - Tender September 2015 for April 2016
  - Contact: Rachel Davis
- Advocacy
  - On Chest July 2015
  - Contact: John Allen
- Hoists and Slings Inspection Service
  - Contact: Rachel Davis

# Opportunities, up to 2016

- Mental Health
  - Market Development
  - Contact: Claire Travis
- Care at Home (formerly Domiciliary Care Older Adults)
  - Expected tender phase April 2016

# Expressing Interest

- Expressing interest in opportunities

[www.the-chest.org.uk](http://www.the-chest.org.uk)

# Walk through of process

- Submitting a tender

[www.the-chest.org.uk](http://www.the-chest.org.uk)

# The Chest – Hints

- Suppliers registered under their category area - will receive e-mail notifying of opportunities
- Please use the 'Opt Out' & 'Intend to participate' buttons
- Download documents to your PC to complete
  - Upload to The Chest with your submission
- Any questions – Use Q & A on The Chest
  - Don't reveal company name in body of question
  - Check previous questions
- Documents can be saved as 'Draft'
  - Ready for submission
- Allow enough time for upload of documents ahead of closing time
  - ≠ Late submissions won't be accepted

# Questions?



# Provider Engagement: Market Position Statement workshop



**John Campbell**  
**Strategic Planning & Development Manager**

# Overview

1. Introduction
2. Our approach
3. Other approaches and best practice
4. What would be useful for you?
5. Q&A

# Introduction

- Care act and duty to facilitate the market
- LA is responsible for achieving a responsive, diverse and sustainable market.
- High-quality, personalised care and support that best meets the needs of people, regardless of who pays for care.
- Market insight
- **Purpose of the session: to help shape future MPS based on your feedback**



# What would be useful for you?



**How could we better  
communicate with providers to  
support the duty to facilitate the  
market?**

# What is an MPS?

*A Market Position Statement should encourage dialogue and understanding between local authorities, stakeholders and providers; it should signal the local authority's direction of travel and policy intent, and contain information on needs, demand and trends.*

# Our approach

- Historically we have opted for individual client group MPS', currently we have:

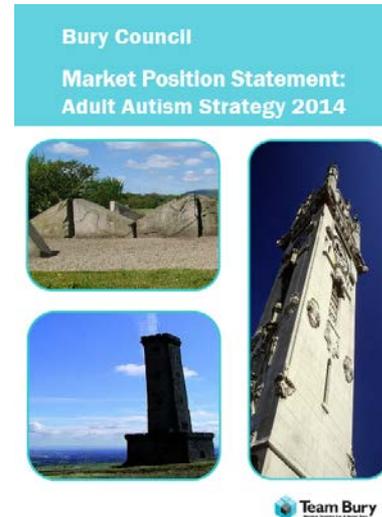
## Learning Disabilities



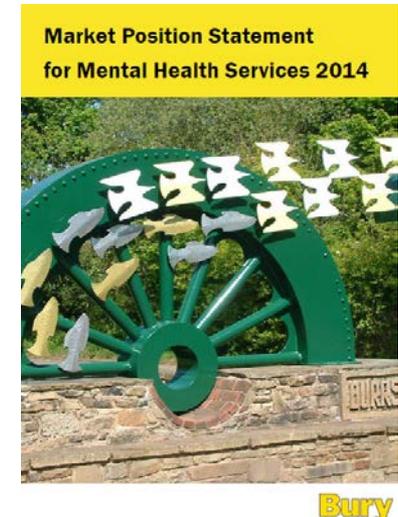
## Carers



## Autism



## Mental Health



# Our approach: contents

## 1. Introduction

- What is an MPS, who is it for and what is happening nationally

## 2. Where are we now?

- What is the need
- What services and support is there

## 3. Funding & quality

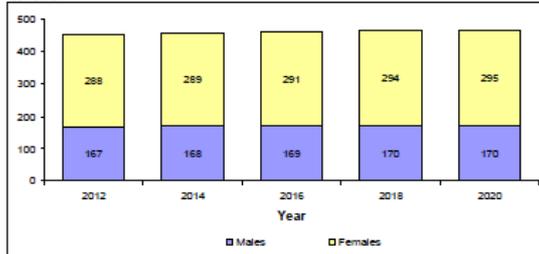
- Finances
- What does good look like
- Safeguarding

## 4. Where we aim to be

- What have our customers told us?
- What are the opportunities / what does this mean for providers?

# Our approach: types of data (1)

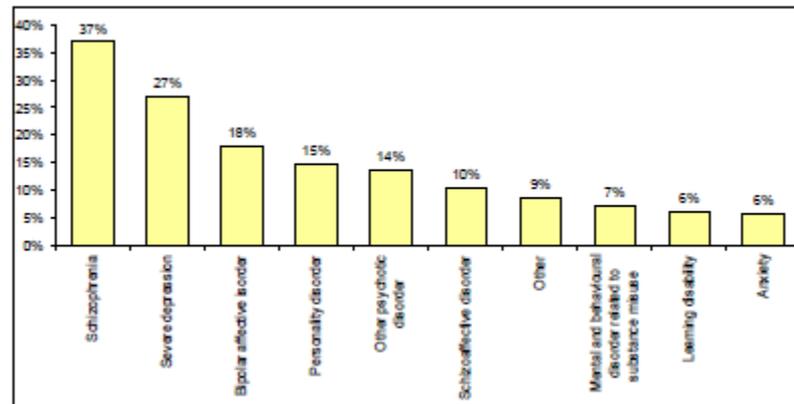
Figure 2: Estimated number of adults (aged 18-64) in Bury with a complex mental health condition



Source: Projecting Adult Needs and Service Information 2013

## Estimated numbers of people

Figure 4: Mental health conditions of the people supported by the Community Mental Health Service<sup>6</sup>.



## Type of condition

Table 2: Gender breakdown of adults (aged 18-64) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
Females (18-64 years)	468	440	431
Males (18-64 years)	474	445	443
<b>Total</b>	<b>942</b>	<b>885</b>	<b>874</b>

Source: P7 of the Referrals and Assessment Process (RAP) service trends

## Gender breakdown

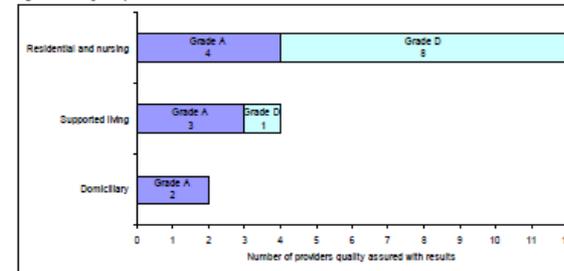
Table 5: Ethnic breakdown of adults (65 plus) with mental health conditions supported by the council for their social care needs

	2010 - 2011	2011 - 2012	2012 - 2013
White (65 plus)	504	570	590
Mixed (65 plus)	1	1	0
Asian or Asian British (65 plus)	8	7	8
Black or Black British (65 plus)	1	1	0
Chinese or ethnic group (65 plus)	9	6	7
Not stated (65 plus)	9	5	3
<b>Total</b>	<b>532</b>	<b>590</b>	<b>608</b>

Source: P4 of the Referrals and Assessment Process (RAP) service trends

## Ethnicity breakdown

Figure 10: Quality Assurance Review Status of Providers – correct at December 2013<sup>9</sup>

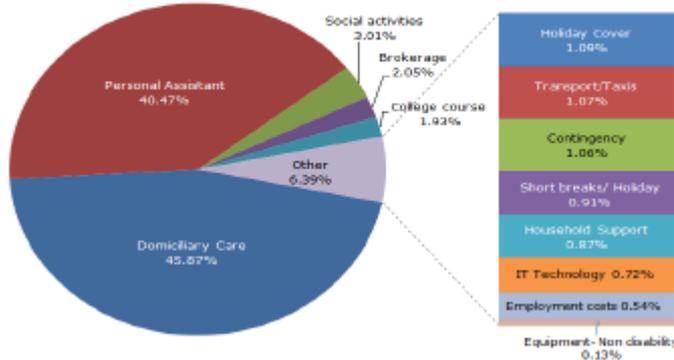


## Quality of provision

# Our approach: types of data (2)

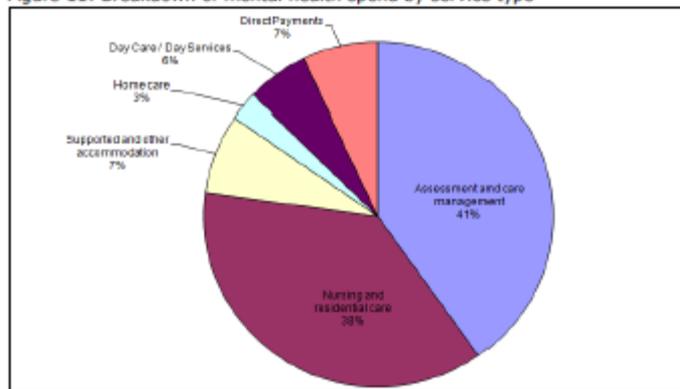
## Breakdown of services commissioned

Figure 12: Breakdown of the services purchased by personal budget holders (as a proportion of total spend in 2012 -13)

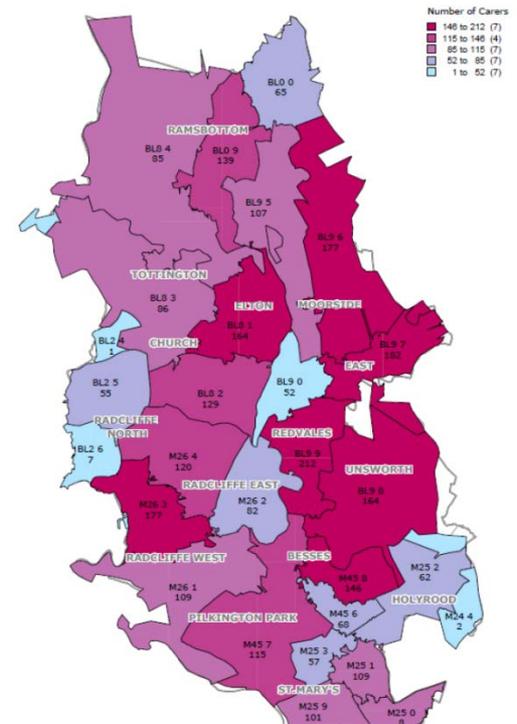


## Breakdown of personal budgets / spend

Figure 11: Breakdown of mental health spend by service type



Source: PSSEX1 (note: due to rounding numbers do not sum to 100%)



## Geographic spread

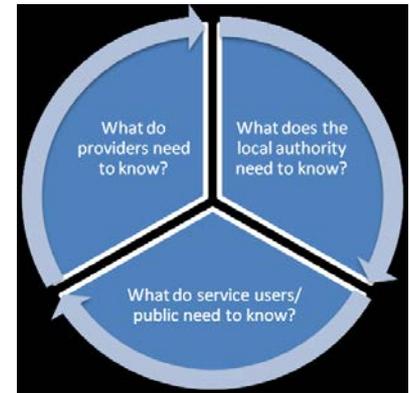
# Other approaches

- 1-3 years in duration
- 10 – 20 pages in length v 21-57 pages in length
- Primarily focus on social care, some are cohort specific
- Miss holistic areas
- Follow similar themes – demand, supply and opportunities
- Manchester example



# Best Practice Guidance

- IPC and Oxford Brookes guidance.
- Facilitation of the social care market requires LA's to engage in three distinct tasks: market insight; structuring and intervening.
- Differentiating – know your audience
- Cover the whole provider market
- LA intends to behave towards the market
- Brief, analytical & evidence-informed
- Draw on commissioning strategies, the JSNA, policy reviews, inspection reports *etc.*, *but differ from these documents by virtue of its brevity and readability*
- Not be seen as the end product, but as the start of dialogue



# What would be useful for you?

1. What would be in your ideal contents page?
2. What data would be useful?
3. Is there any information you hold which could help?
4. Future opportunities, what would you like to see?
5. A single or client based approach?
6. How could we better market and communicate documents like this to you?



Close



# Provider Engagement: Market Position Statements

## Workshops Feedback

One of the workshops at the provider event was a discussion on Market Position Statements (MPS) and what information needs to be included to make them more meaningful to organisations. There were a total of 51 organisations in attendance at the MPS workshops.

A series of questions were asked at the MPS workshops; a summary of these is below.

### **How could we better communicate with providers to support the duty to facilitate the market?**

- There is a sense that organisations do not feel they receive much information from Bury Council. The Council needs to be more pro-active in finding all provider organisations that exist in Bury, particularly the smaller providers, so opportunities can be communicated to all, not just those we currently hold a contract with.
- A quarterly newsletter was one suggestion to communicate effectively. This would include contact details of relevant officers within Bury Council and updates to policies and procedures and what this means to organisations.

### **What would be in your ideal contents page?**

- Bury Council's strategic aims and objectives / intentions.
- Include the basics and don't assume the reader has any amount of knowledge.
- Think about the audience – have different sections for organisations, customers and carers/family members.
- Future opportunities within the borough.
- Useful contacts within Bury Council including who to approach with questions.

### **What data would be useful?**

- Demand levels, including spikes in usage throughout the year and how many out of borough placements are expected to return to Bury.
- The budget available, including current spend and how this may change in the coming years. This should also include what the council is prepared to pay for certain services, e.g. domiciliary care.

### **Is there any information you hold which could help?**

- Information on self funders and what they buy from providers across the borough.
- Customer feedback and what they value.
- Employee satisfaction results.
- Types of services offered by organisations alongside details of innovation, good practice and lessons learnt.
- Data which illustrates which outcomes each organisation achieves.

### **Future opportunities, what would you like to see?**

- Providers need honest information about what the council is seeking to commission.
- Providers need to see a framework of future commissioning opportunities. This should include:
  - Approximate value of the contracts
  - Approximate timeline for when the contracts will be advertised
  - Information on the services required in the contract (specifically the level of interventions the service will provide for the clients)
  - The size of the market
  - Summary of provision

### **A single or client based approach?**

There were some mixed messages on this subject. Although the majority of organisations thought that one MPS which covered the entire market would be most beneficial, some organisations felt it was important that they could easily access just the information they needed. This would include information on health services as well as social care.

*Advantages of a single document:* if providers support multiple client groups they can access all the opportunities in one place.

*Advantages of multiple documents:* if providers support just one client group, they can more easily access just the information they need

Regardless of whether there is a single document or multiple documents, the MPS needs to be:

- Short
- Easy to follow
- Joined up

## **How could we better market and communicate documents like this to you?**

A mixture of methods should to be used to communicate with providers:

- (a) **Paper copies of the MPS** mailed out are very useful for smaller providers, who do not have the resources to trawl the internet for opportunities.
- (b) **Purchasing systems.** The CHEST is useful for larger providers. However, smaller providers may miss opportunities / information.
- (c) **Local networks.** But most organisations had no contact /were not aware of either B3SDA or Best of Bury
- (d) **Wider networks.** GMCVO, Voluntary Sector North West, Greater Manchester Chamber of Commerce. This would enable providers across Greater Manchester to look at opportunities.
- (e) **Social media.** Post opportunities on twitter and facebook via the Council's accounts. Local organisations often follow these accounts and share the information posted. This could also include online forums, webinars and blogs from commissioners.
- (f) **Face to face.** Hold small meetings with providers where they can talk directly to the commissioners to ask them in more detail about what they are looking for. This type of meeting would also be useful to the providers for networking.

# Self Care Workshop



**Cath Coward & Joanne Smith**

Health Improvement Officers – Social Development Team

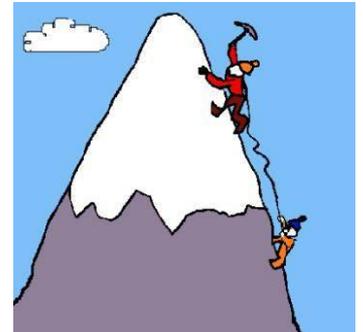
# What does the Care Act aim to achieve?

- **Clearer, fairer** care and support
- **Wellbeing** – physical, mental and emotional – both of the person needing care and the carer
- **Prevention and delay** of the need for care and support
- **People in control** of their care



# The Challenge in Bury

- To reshape the workforce to one that is able to deliver coordinated care in new ways
- Support people to manage their health and wellbeing, creating more capacity to target areas of greatest need
- Shift towards a more enabling, co-produced, person-centred culture



# Definition of Self Care



“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 wellbeing after an acute illness or discharge from hospital.”

# The seven core Principles of Self Care

1. Person-centred practice that engages, supports, encourages and facilitates involvement and helps individuals to make decisions that are right for them
2. Effective communication enables individuals to identify their strengths, assess their needs, and develop and gain confidence to self-care
3. For individuals to make well-informed decisions about their self-care they must have access to appropriate information and understand the range of options available to them
4. Developing skills and confidence in self-care requires access to a range of learning and development opportunities, formal and informal
5. New technology is an important aspect of enabling people to self-care
6. Individuals are enabled to access support networks and participate in the planning, development and evaluation of services
7. Risk taking is a normal part of everyday life, so supported risk management and risk taking is an important element of maximising independence and choice

# Useful websites

- [Guide to the Care Act 2014 and the implications for providers](#)
- [Common Core Principles to support self-care](#)
- [Care Act learning and development materials](#)



# Self Care

## Workshops Feedback

### **1. What does self care mean to you?**

- Long term conditions – self manage (Expert Patient Programme)
- Providing information and understanding as to long term conditions for the individual to better realise how to help themselves e.g. expert patient.
- Partnerships.
- Consistent information for professionals.
- Encourage independence.
- Signposting.
- Modelling good behaviour from staff.
- Modelling good choices (staff) to encourage change and be role models.
- Individuals taking responsibility for their own health and lifestyle.
- Enable and empowering individuals.
- Enabling, empowering and educating people to look after themselves.
- Education.
- Provide clarity about what is available.
- Increase S.E and confidence.
- I Will If You Will/Otago – a falls prevention chair based exercise scheme that improves balance, strength and mobility
- Prevention and early intervention.
- Links to local groups (e.g. WI) to help promote and deliver initiatives.
- Sharing information across providers e.g. assessments.
- Positive challenge people to do things for themselves.
- Setting expectations of what people can access and when.

### **2. How is your organisation embracing the principles and what steps have you taken to implement them?**

- Individual and family needs – asking them what they need.
- Supporting customers with signposting onto relevant services.
- Positive reinforcement – focus on what they can do and not what they can't.
- Break down into small steps to empower the individual.
- Young People – online resources.
- Educating carers.
- Breaking down a barrier.
- Asset based information right at the start.
- Technology – information, advice and services (social prescribing)
- Family/carer - shop for support
- Befriending and peer support.
- Sharing of skills (circle)
- Advocacy – special equipment.
- Information booklets/packs.
- Expert by experience, what's right now what's wrong (emerging futures).

### **3. How can we embrace the 7 Principles of Self Care to promote independence?**

- Prevention and early intervention.
- Holistic and person centred.
- Clearer definition from professionals.
- Increase self confidence about self care.
- Able to search for information themselves.
- Self awareness about own needs (work/life) and limitations.
- Professionals accepting that individuals can self care.
- Taking control and responsibility
- Ensuring consistent information.
- Enabling informed decision making.
- Individual capability assessments.
- Personal responsibility.
- Self management/self care (separate but linked).
- Using community services.
- Social prescribing.
- Organisations that will signpost.
- Empowering individuals to self care.
- Understanding of using services appropriately.
- Lifestyle choices.
- Making contact count.
- Raising awareness of services.
- Self assessments.
- Co-producing services.
- Making choices.
- Being empowered.
- Involvement.
- Information – informed choices.
- Awareness of health.
- Setting personal targets.
- Dynamic.
- Community.
- Strengths not weaknesses.
- Realistic finances around care providers.
- Initial assessment with the person.
- Reviews not reassessment.
- Think outside the box.
- Continuity.
- Working to achievable outcomes.
- Small steps.
- 'Social movement to change' look across Greater Manchester, do things differently and bigger.
- Modelling wellbeing.
- Checkups etc.
- Self referral 24/7.
- Sheltered housing support plan 1 – 10 point system.
- Partnership working.
- Early intervention.
- Prevention, prevention, prevention.

# Social Value Workshop

**Sarah Janusz - Head of Strategic Procurement & Project Planning Bury Council**

**Rachel Taylor – Procurement Assistant**



**Department for  
Resources & Regulation**

# Social Value

- What is it?
- Public Services (Social Value) Act 2012
- Understanding social value
- Draft framework
- Examples
- Roundtable discussions and feedback

# Social Value – What is it?

*"seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves"*

- Social value essentially asks the question: 'If £1 is spent on the delivery of goods, services and outcomes, can that same £1 also be used to produce a wider benefit to the community?'
- This should not effect the primary purpose / objective of the commission

# Social Value – Legal Definition

- **Public Services (Social Value) Act 2012**

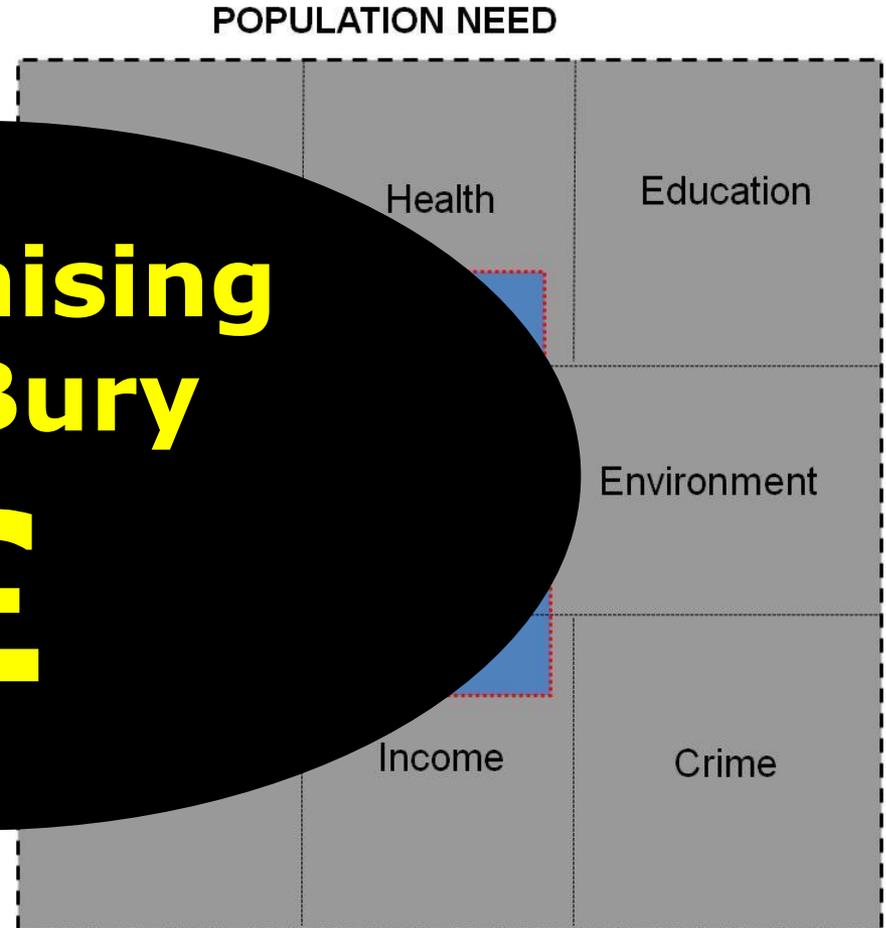
*'An Act to require public authorities to have regard to economic, social and environmental well-being in connection with public services contracts; and for connected purposes'*

- Law from 08/03/12 & live 31/01/13

# Understanding social value

- Considering the wider determinants of health and connectedness / potential for interaction between domains
- About being able to measure what you achieve

**Maximising the Bury**  
**£**

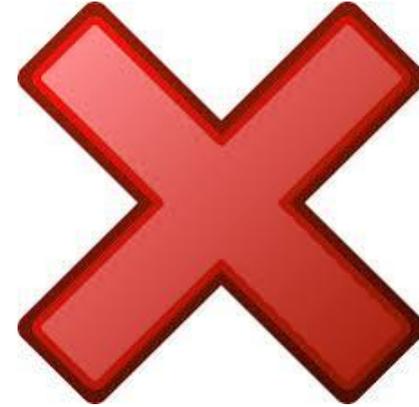


# The Pro's and Con's



## PROS

- Supports efficiency agenda
- Council's vision & values plan
- Delivers wider value for money
- Supports partnerships
- Levels the playing field
- Supports localism agenda
- Legal requirement



## CONS

- Something else to consider
- Without careful review and planning it could incur additional costs
- Potential impact on procurement timelines
- Local providers and SMEs deterred from competing due to perceived difficulty in demonstrating social value

# Draft Framework

## Reducing poverty & its effects

More local people in work

A local workforce which is fairly paid & positively supported by employers

More local people are offered volunteering and work placement opportunities

Income is maximised

## Supporting our most vulnerable residents

Individuals & communities are enabled and supported to help themselves and others

Acute problems are avoided & costs are reduced by investment in prevention

Improved coordination of services and organisations through a single point of access

## Making Bury a better place to live

Thriving local businesses

Responsible businesses that 'do their bit' for Bury

An effective & resilient third sector

Protecting our physical environment & contributing to climate change reduction

Healthy & active communities

# Practical Examples (1)

## Reducing poverty & its effects

More local people in work

A local workforce which is fairly paid & positively supported by employers

More local people are offered volunteering and work placement opportunities

Income is maximised



# Practical Examples (2)

**Supporting prevention, e.g. Promoting physical activity, health, money etc.**

**Allowing support organisations and groups to operate from premises**

**Signposting**

**Customers up skilled in the use of ICT**

**Supporting our most vulnerable residents**

Individuals & communities are enabled and supported to help themselves and others

Acute problems are avoided & costs are reduced by investment in prevention

Improved coordination of services and organisations through a single point of access

**Promoting access to welfare advice**

**Self help information**

**Reducing social isolation e.g. befriending**

**Volunteering opportunities**

**Raising awareness**

**Reducing stigma**

# Practical Examples (3)

**New business start ups**

**Attracting inward investment into the borough**

**Investment in the borough / Bury supply chain**

**Utilising fair trade and other ethical initiatives**

**Purchasing local produce**

**Carbon reduction**

**Staff time back into the community**

**Volunteering opportunities**

**Reduction in waste generated**

**Health promotion**

**An active workforce**

**Promoting sustainable travel**

**Making Bury a better place to live**

Thriving local businesses

Responsible businesses that 'do their bit' for Bury

An effective & resilient third sector

Protecting our physical environment & contributing to climate change reduction

Healthy & active communities

# Examples



# Provider Input

- In your groups have a short discussion and identify 3 aspects of social value that could be delivered as part of a social care contract
- One person from each group to provide brief feedback

# Provider Input

- Does your view of social value differ from the Council's? If so, how?
- Are there any barriers preventing you from contributing to social value outcomes? What are they?
- How can these be overcome?
- What are the options for measurement and performance monitoring?
- Would you like to contribute to the development of the framework - how?

# Contact Details

Sarah Janusz –

[s.e.janusz@bury.gov.uk](mailto:s.e.janusz@bury.gov.uk)

T - 0161 253 6147

Rachel Taylor –

[Rachel.taylor@bury.gov.uk](mailto:Rachel.taylor@bury.gov.uk)

T – 0161 253 5744

[corporateprocurement@bury.gov.uk](mailto:corporateprocurement@bury.gov.uk)

# **Feedback from workshop**

**Feedback to follow shortly**

# HEALTH & SOCIAL CARE PROVIDER EVENT

## Useful Contacts

Affordable Warmth	Email Address	Telephone Number
Michelle Stott - <i>Energy Support Officer</i>	<a href="mailto:m.d.stott@bury.gov.uk">m.d.stott@bury.gov.uk</a>	0161 253 6367

Bury 3 <sup>rd</sup> Sector Development Agency & Bury Community Advice Network	Email Address	Telephone Number
David Wildman - <i>Bury Community Advice Network Development Project Manager</i>	<a href="mailto:d.wildman@adviceinbury.org.uk">d.wildman@adviceinbury.org.uk</a>	0161 272 0666

Care Act	Email Address	Telephone Number
Julie Gonda - <i>Assistant Director for Strategy, Procurement and Finance (Bury Council) &amp; Associate Director of Joint Commissioning (NHS Bury CCG)</i>	<a href="mailto:j.gonda@bury.gov.uk">j.gonda@bury.gov.uk</a>	0161 253 7253
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<b>Event Organisers</b>	<b>Email Address</b>	<b>Telephone Number</b>
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<b>Health &amp; Wellbeing Board</b>	<b>Email Address</b>	<b>Telephone Number</b>
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Chloe McCann - <i>Assistant Improvement Advisor, Corporate Policy</i>	<a href="mailto:C.McCann@bury.gov.uk">C.McCann@bury.gov.uk</a>	0161 253 5609

<b>How to access council opportunities - The Basics (The Chest)</b>	<b>Email Address</b>	<b>Telephone Number</b>
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<b>I Will If You Will</b>	<b>Email Address</b>	<b>Telephone Number</b>
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<b>Provider Engagement: Market Position Statements</b>	<b>Email Address</b>	<b>Telephone Number</b>
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<b>Working Carers Grant</b>	<b>Email Address</b>	<b>Telephone Number</b>
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