AGENDA FOR

HEALTH AND WELLBEING BOARD

Contact:: Julie Gallagher
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To: All Members of Health and Wellbeing Board

Voting Members : Pat Jones-Greenhalgh (Vice-Chair), Dave Bevitt, Mark Carriline, Stuart North, Councillor Rishi Shori (Chair), Lesley Jones, Councillor Andrea Simpson, Councillor Roy Walker and Councillor Paddy Heneghan

Non-Voting Members :

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday, 16 July 2015
Place:	Meeting Rooms A&B, Bury Town Hall, Knowsley Street Bury BL9 0SW
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	*****Please note there will be a pre-meeing briefing for Board Members (and their deputies) commencing at 5pm. Refreshments will be provided.**

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 6)*

Minutes attached.

4 MATTERS ARISING

Forward plan attached.

5 PUBLIC QUESTION TIME

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

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

6 NHS ENGLAND QUARTERLY COMMISSIONING UPDATE REPORT *(Pages 7 - 14)*

A report from Rob Bellingham, NHS England is attached.

7 PHYSICAL ACTIVITY AND SPORT STRATEGY *(Pages 15 - 60)*

Stefan Taylor Health Improvement Specialist will provide a verbal presentation at the meeting. Strategy is attached.

8 TOBACCO CONTROL ANNUAL REPORT *(Pages 61 - 74)*

The Director of Public Health will report at the meeting. Report attached.

9 LETTER FROM DUNCAN SELBIE - PUBLIC HEALTH ENGLAND *(Pages 75 - 78)*

Letter is attached.

10 LETTER FROM LYN ROMEO *(Pages 79 - 82)*

Letter attached.

11 PUBLIC HEALTH ANNUAL REPORT *(Pages 83 - 128)*

The Director of Public Health will report at the meeting. Report is

attached.

12 HWB REFRESHED WEB PAGES *(Pages 129 - 132)*

Bury MBC Social Development Manager will report at the meeting. Report attached.

13 PENNINE ACUTE NHS TRUST MATERNITY SERVICES UPDATE *(Pages 133 - 136)*

The Chief Operating Officer, Bury CCG will report at the meeting.

14 REFRESHED HEALTH AND WELLBEING BOARD STRATEGY *(Pages 137 - 194)*

Bury MBC Social Development Manager will report at the meeting. Report attached.

15 HWB ANNUAL REPORT *(Pages 195 - 206)*

The Social Development Manager, Heather Crozier, will report at the meeting. Report attached.

16 URGENT BUSINESS

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

17 HEALTH AND WELLBEING BOARD SUB GROUP MINUTES ***FOR INFORMATION* *(Pages 207 - 232)*

Minutes attached.

- (Priority 1)Children's Trust Board Minutes
- (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes
- (Priority 5) Carbon Reduction Board Minutes
- (Priority 5) Housing Strategy Programme Board Minutes

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Agenda Item 3

Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 11th June 2015

Present: Cabinet Member, Councillor Andrea Simpson (Chair); Chair, Healthwatch, Barbara Barlow; Director of Public Health, Lesley Jones; Police Inspector Jo Marshall; Executive Director of Communities and Wellbeing, Pat Jones-Greenhalgh; Dave Bevitt, Representing B3SDA; Chief Officer, CCG, Stuart North; Dr. K.Patel; NHS England, Mr. Rob Bellingham

Also in attendance:

Councillor Paddy Heneghan, Cabinet Member for Children, Young People and Culture
Councillor Roy Walker, opposition member, Health and Wellbeing
Mike Owen, Interim Chief Executive, Bury MBC
Representing Mark Carriline – Karen Whitehead Strategic Lead Health, Families & Partnerships
Donna Green, BSCB Development Officer
Heather Hutton – Health and Wellbeing Board Policy Lead.
Chloe McCann – Assistant Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services.

Apologies: Mark Carriline, Executive Director Children, Young People and Culture.

Public attendance: 4 members of the public were in attendance

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HWB. DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB. MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 9th April 2015, be approved as a correct record and signed by the Chair.

HWB. MATTERS ARISING

The Executive Director Communities and Wellbeing reported that Lyn Romeo Chief Social Worker, Adults had recently visited Bury Council. Ms. Romeo met with social care and social work practitioners, service users and other colleagues. Ms.Romeo reported that the visit had been very successful and memorable.

The Director of Public Health reported that Duncan Selbie, Chief Executive, Public Health England had recently visited the Borough, he too was very impressed and a report following his meeting will be considered at a future meeting of the health and wellbeing board.

Julie Gallagher, Democratic Services referred members to the draft forward plan for the Health and Wellbeing Board 2015/16. Democratic Services reported that the document is a working document and Member and partner organisations can add additional items.

Delegated decision:

That the forward plan be noted.

HWB. PUBLIC QUESTION TIME

There were no questions from Members of the Public present at the meeting.

HWB. HEALTH AND WELLBEING BOARD MEMBERSHIP UPDATE

Julie Gallagher, Democratic Services reported that following discussions with the Leader of the Council, it was agreed at Annual Council, that the Councillor representation on the Health and Wellbeing Board be reviewed.

The Health and Social Care Act 2012 requires Unitary authorities to establish Health and Wellbeing Boards. The Act sets a core membership that health and wellbeing boards must include. Democratic Services reported that the neighbouring authorities have the following Councillor representation on their health and wellbeing board: Oldham, 6 Councillors; Rochdale, 4 Councillors and Bolton, 7 Councillors.

Democratic Services reported that it is proposed that the terms of reference be amended to include, an additional two Elected Members.

Stuart North, Chief Operating Officer, Bury CCG reported that he supported the proposed increase.

Delegated Decision:

1. That the Health and Wellbeing Board Membership be increased to four Councillors, appointed annually at annual council.
2. Following discussions at the Health and Wellbeing Board that the Chief Executive in consultation with the Leaders of the political groups agrees to the increase the Councillor representation on the Health and Wellbeing Board.

HWB. DEVOLUTION MANCHESTER UPDATE

Members discussed the development of the proposals for Devolution Greater Manchester.

The Chief Operating Officer Bury CCG reported that at a recently held Primary Care summit there was agreement to continue to develop seven day access to primary care from 8am until 8pm, with four hubs in Bury.

The Executive Director, Communities and Wellbeing reported that whilst she welcomed the initiative this will only be successful if done in conjunction with social care partners.

Rob Bellingham, NHS England reported that the primary care summit had been a very successful event. Devolution Greater Manchester will result in £750 million of primary care funding being transferred to Greater Manchester from central government.

In response to a Board Member's question, the Chief Operating Officer Bury CCG reported that it is only when services are properly integrated with improved access to primary care, will there then be real reductions in A&E attendance.

Dr. Patel, Chair of Bury CCG reported that the Board would have to make bold decisions in relation to service delivery, with finite resources.

Members of the Board discussed the Boroughs locality plan.

It was agreed:

The Bury Locality plan will be considered at a future meeting of the Health and Wellbeing Board.

HWB.153 MAY BETTER CARE FUND QUARTERLY PERFORMANCE REPORT AND FUTURE SIGN OF PROCESS

The Health and Wellbeing Board considered a verbal presentation from the Executive Director of Communities and Wellbeing. The report provided information on the national reporting and monitoring requirements for the Better Care Fund Plan.

The National Better Care Fund Task Force issued guidance in March 2015 to Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards with reference to the operationalisation of the Better Care Fund plans in 2015-16. This guidance sets out:

- The Care Act legislation underpinning the Better Care Fund
- The accountability arrangements and flows of funding
- The reporting and monitoring requirements for 2015 – 2016
- Arrangements for the operation of payment for performance framework
- How progress against plans will be managed and what the escalation process will look like
- The role of the Better Care Fund Task Force/ Better Care Support team going forward

The quarterly reporting template focuses on the allocation, budget arrangements and national conditions. Data in relation to the agreed local performance metrics and income/expenditure data will be collected as part of the quarterly reporting return due at the end of quarter one 2015-16. An updated template capturing these additional reporting requests will be circulated by the national team in early July.

It was agreed:

1. The Better Care Fund quarterly report for the period 1st January 2015 to 31st March 2015 be ratified.
2. To Delegate the responsibility to the chair of the Board for sign off of future Better Care Fund quarterly reports which will then be brought to the attention of the Health and Wellbeing Board at subsequent meetings.

HWB. CHILD DEATH OVERVIEW PANEL (CDOP)

The Health and Wellbeing Board considered a verbal presentation from Donna Green, BSCB Development Officer in relation to Child Death Overview Panel Annual Report 2013/14. The report contained the following information:

In April 2008 Bury, Rochdale and Oldham joined to form a tripartite arrangement following the recommendation made by the Department for Education that CDOPs require a total population of 500,000 or higher. The joint working of the three local authorities provides a wider data set to conduct analysis and emerging trends.

As a sub group of the Local Safeguarding Board the CDOP reports information and themes back to each of the LSCB via the annual report and on an ad hoc basis.

The report analyses the total number of child deaths reported to the CDOP between 1ST April 2013 and March 2014, in that time the CDOP received a total notification of 74 child deaths. With 33 of the 74 child deaths Oldham received the largest number of notifications.

All three of the local authorities found the highest number of deaths occurred in neonates with a joint total of 43% of the overall deaths. Of the 37 BME child deaths, 23 were of Pakistani heritage.

The BCSB Development Officer reported that the report findings should be used to inform local strategic planning, including the Joint Strategic Needs Assessment.

The BCSB Development Officer reported that the report highlights the following emerging themes:

- The disproportionate number of deaths within the BME community
- Co-ordinating a consistent safe sleeping message and
- Consanguinity and the associated health risks

In response to a Board member's question, the BCSC Development Officer reported that a CDOP action plan has been developed.

The Director of Public Health reported that the Starting Well Partnership Group (a sub-group of the Board) will review the issues identified within the report.

The Chief Operating Officer raised concerns with regards to the accuracy of the figures reported in relation to consanguinity.

It was agreed:

The BCSB Development Officer would provide members of the Board with clarification in relation to the Child Death Overview Panel Annual Report figures on consanguinity.

HWB. QUARTERLY NHS ENGLAND COMMISSIONING REPORT

Rob Bellingham, NHS England reported that NHS England will no longer attend Health & Wellbeing Board meetings within Greater Manchester. The Director of Commissioning reported that with the increase of co-commissioning within both primary care and specialised commissioning the principle relationship should now be between NHS England and their local Clinical Commissioning Group.

It was agreed:

1. NHS England would attend for specific items only.
2. The Health and Wellbeing Board will continue to receive the Quarterly NHS England Commissioning Reports.
3. Rob Bellingham, Director of Commissioning NHS England will no longer be a member of Bury's Health and Wellbeing Board.
4. The Director of Commissioning, NHS England will provide members of the Board with a report which will provide an overview of the role and responsibilities of NHS England.

HWB. HEALTH AND WELLBEING BOARD STRATEGY REFRESH

Heather Crozier, Health and Wellbeing Board Policy Lead provided members of the Board with an update in relation to the HWB strategy refresh. The following reports had been circulated to members for their consideration:

Priority one governance report
Priority two refresh and governance report
Priority three governance report
Priority four refresh and governance report
Priority five refresh and governance reports

Members discussed the refreshed strategy. Bury is the first Board to refresh its strategy within Greater Manchester and the work undertaken as part of this process will support the future development of the Devolution Greater Manchester proposals and locality plan.

In response to a Board members question, the Executive Director Communities and Wellbeing reported that in relation to concerns raised about residents suffering due to welfare reform, this will be addressed via the Poverty strategy and monitored through the Housing Strategy Programme Board.

It was agreed:

1. Members of the Board agree the proposed refreshed priority and governance arrangements.
2. The refreshed Health and Wellbeing Strategy will be considered at the next meeting of the Health and Wellbeing Board due to be held on 16th July 2015.

HWB. PENNINE ACUTE MATERNITY SERVICES

It was agreed:

The External Review report into the provision of Pennine Acute NHS Trust maternity services will be considered at the next meeting of the Health and Wellbeing Board.

Councillor Andrea Simpson
Chair

(Note: The meeting started at 2pm and ended at 3.20pm)

Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Direct Commissioning Update Report			
Date	16th July 2015			
Contact Officer	Rob Bellingham, Director of Commissioning (Greater Manchester), NHS England Lancashire and Greater Manchester Email robbellingham@nhs.net – telephone 0113 825 5193			
HWB Lead in this area				
Is this report for?		Information X	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	For information			
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)				
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf				
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The Bury Health and Well Being Board are requested to note the content of the update report.			
What requirement is there for internal or external communication around this area?				
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.				

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Direct Commissioning Report for Bury Health & Wellbeing Board

1. Introduction

NHS England continues to directly commission the other primary care services, (dental, pharmaceutical and ophthalmic) and secondary care dental services on behalf of the population of Bury.

Previous reports have introduced these arrangements and provided background to the service provision across Bury. The following report provides update and additional information where this is available.

2. Primary Medical Services

Since April 2015, Bury Clinical Commissioning Group and NHS England entered into joint commissioning arrangements for GP Primary Medical Contracts. To this purpose, NHS England and Bury CCG have established a joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Bury.

Extended access to GP services continues across to be provided to the population of Bury under the Prime Minister's Challenge Fund arrangements.

GP contracts

There are 33 practices in Bury, serving a registered population of 198,590 (as at 1st April 2015).

For the purposes of primary medical services, GP patient registrations are weighted under the Carr-Hill Formula, which attributes weighting according to a number of factors including age, demographic and local health need. The weighted population registered with Bury practices is 198,338.46

GP practices are contracted under national regulations for General Medical Services, Personal Medical Services and Alternative Provider Medical Services. The breakdown of contract types within Bury is as follows:

	Bury CCG
Number of GP practices	**33**
Number GMS contracts	**21**
Number PMS contracts	**10**
Number APMS contracts	**2**

There are 124 GP Performers (as at June 2015) operating within Bury.

There have been no contractual changes to Bury GP Practice contracts during the most recent period of April-June 2015.

Quality & Outcomes Framework (QOF)

Achievement in the QOF for GPs is measured against 559 maximum points distributed across three domains:

Clinical Domain which has 435 points
Public Health Domain which has 27 points
Public Health Additional Services Domain which has 97 points

Within 2014-15, all 33 practices achieved in excess of 80% of the total QOF, with the CCG average achievement being 537.08 points. However, 3 practices achieved less than 80% within the Additional Services domain and 1 practice achieved less than 80% of the Clinical Domain.

The national achievement has not yet been published to provide a benchmark for Bury's achievement.

Friends and Family Test

The Friends and Family Test (FFT) was introduced to primary medical care services in December 2014. The most recent data available is for the period January-March 2015, during which all 33 practices reported, with 1,256 responses across Bury.

85% of patients recommended the practice.

General Practice Workforce

Most recent workforce data for general practice is from returns presented in September 2014, when only 22 out of 33 practices submitted information.

The indication of this data regarding GP workforce is that there are:

64.45 GP Practitioners per 100,000 population in Bury
compared with 66.5 GP Practitioners per 100,000 population nationally

Conversely, this means that Bury CC has an average of 1,551 patients per GP Practitioner, compared with 1,577 nationally.

It is planned that in future there shall be a GP practice workforce census undertaken biannually, providing more comprehensive and timely information.

Contact Details

If you require more information around primary medical care services, please do not hesitate to contact the Greater Manchester Medical Team via email england.gmpcs@nhs.net.

3. General Ophthalmic Services

There are currently 27 contracts delivering eye care services within Bury which are as follows:

Optometrists Contracts	Bury	Greater Manchester
Mandatory Contracts (GOS)	18	297
Additional (including mandatory) Contracts	9	84
Additional Contracts		*31
Total:	***27***	***410***

*Greater Manchester additional contracts also include local area provision for domiciliary NHS eye sight tests.

There is nothing of note to add to information included in previous reports provided to the Board.

Contact Details

If you require more information around community pharmacy and the contribution they can make, please do not hesitate to contact the Greater Manchester Optometry and Pharmacy Team via email AGM.optometry-pharmacy@nhs.net or telephone 0113 825 5162/5139/5270.

4. Community Pharmacy Services

There are currently 42 contracts providing pharmaceutical services within Bury which are as follows:

Pharmacies:	Bury	Greater Manchester
Standard (40 hours)	33	571
100 hours	5	98
Distance Selling Pharmacy	4	27
Dispensing Appliance Contractors	0	8
Overall Opening Hours	***Mon – Fri:*** 0600 – 2359 ***Sat:*** 0600 - 2200 ***Sun:*** 0800 - 1800	***Mon – Sat***: 0000- 0000 ***Sun:*** 0600 - 2300

There is nothing of note to add to information included in previous reports provided to the Board.

Contact Details

If you require more information around community pharmacy and the contribution they can make, please do not hesitate to contact the Greater Manchester Optometry and Pharmacy Team via email AGM.optometry-pharmacy@nhs.net or telephone 0113 825 5162/5139/5270.

5. Primary Dental Care Services

Access to NHS Dental Services

Access to NHS Dental Services in Bury appears to have increased over the past three quarters. There has been a particular increase in children's access to services.

Patients Accessing NHS Dental Services

	Children	Adults	Total
30-Sep-14	29746	76612	106358
31-Dec-14	29703	76119	105822
31-Mar-15	29963	76454	106417

% of Population Accessing NHS Dental Services

	Children	Adults	Population
30-Sep-14	70.2%	53.1%	57.0%
31-Dec-14	70.1%	52.8%	56.7%
31-Mar-15	70.7%	53.0%	57.1%

(Bury population reference: Children=42,359 / Adult=144,168 / Total=186,527)

Patient experience of NHS Dental Services

The national GP Patient Survey includes questions relating to patient experience of NHS Dental Services. The most recent survey results relate to the period January to March 2015. The following outcomes of this survey present the experience for people within Bury.

Successful in getting an NHS dental appointment:

95% of respondents who tried in the last 3 months were successful
This compares favourably to 92% of respondents who tried in the last 24 months

Of those patients who attempted to get an NHS appointment:

96% of those who approached a practice they had been to before were successful
and 77% who approached a practice they had not been to before were successful

Private dental services:

Although there is no formal data available relating to the provision of private/independent provision of dental services, the survey provides an indication of access to these non-NHS services.

Of responders who have not tried to get an NHS dental appointment for themselves in the last 2 years:

21% (compared with 16% nationally) stayed with their dentist when the practice changed from NHS to private
18% (compared with 22% nationally) prefer to go to a private dentist

Information for patients

NHS Choices

Patients who are seeking access to dental care are able to source information regarding local dental services from the NHS Choices website (www.nhs.uk).

Urgent Dental Care Services

- Bury - Urgent In Hours Care (8.00am – 6.30pm) 0161 447 9898
- Bury - Urgent Out of Hours Care (6.30pm – 8.00am) 0161 763 8941

Community Dental Services

- Pennine Care NHS Foundation Trust (Bury) 0161 447 9866

Secondary Care Dental Services

District General Hospital provision of secondary care dental services is provided locally for Bury by Pennine Acute Hospital Trust. The Dental Hospital within Central Manchester Foundation Trust provides further specialist care, including tertiary care, for patients across Greater Manchester.

National performance of secondary care dental services is measured by Referral to Treatment waiting times for oral surgery services. Most recent data for Pennine Hospital report compliance against Referral to Treatment waiting times for oral surgery:

Pennine Acute Hospital Data published 11th June 2015:

- Patients waiting to start treatment at the end of April 2015
  96.8% of patients were waiting within 18 weeks (national standard = 92%)
- Patients who completed their pathway and started treatment during April 2015
  95.2% started admitted treatment that involved admission to hospital, e.g. inpatient appointments, within 18 weeks (national standard = 90%)
  97.3% started non-admitted treatment, e.g. outpatient appointments, within 18 weeks (national standard is 95%)

Contact Details

If you require more information around Primary Care / Secondary Care Community Dental Care, please do not hesitate to contact the Greater Manchester Dental Team via email england.gmdental@nhs.net or telephone 0113 825 5264 / 5231 / 5144.

Ben Squires
Head of Primary Care Operations
Email: ben.squires@nhs.net

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Bury Health and Wellbeing Board

Title of the Report	Physical Activity and Sports Strategy
Date	16th July
Contact Officer	Stefan Taylor
HWB Lead in this area	Pat Jones-Greenhalgh / Lesley Jones

1. Executive Summary

Is this report for?	Information ☐	Discussion ■	Decision ☐
Why is this report being brought to the Board?  Master Draft Bury PAS Strategy_FINAL_	This report is being brought to the attention of the board due to the proposed governance and responsibility of the strategic direction and oversight. See page 28 of the Physical Activity & Sport Strategy for Bury 2015-2020		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The Physical Activity and Sport Strategy contribute towards the priorities of the Joint Health and Wellbeing Strategy directly and indirectly. The strategy promotes and encourages behaviour change through and regular participation in activities; leading to healthy lifestyles; activities have a direct positive impact on both physical and mental wellbeing throughout the life course.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	The Physical Activity and Sport Strategy contribute towards the priorities of the Joint Strategic Needs Assessment directly and indirectly. The strategy promotes and encourages behaviour change through regular participation in activities leading to healthy lifestyles; activities have a direct positive impact on both physical and mental wellbeing throughout the life course.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its	In terms of governance it is considered that the Health and Wellbeing Board should provide strategic direction and		

members? Please state recommendations for action.	oversight of the strategy. Operational oversight of the strategy will sit with the re-constituted Active Bury. Active Bury will be accountable to and will report directly to the H&WB Board.
What requirement is there for internal or external communication around this area?	Social marketing and a comprehensive communication campaign aimed at changing attitudes will be key to the delivery of the strategy and achieving its objectives. This will require both internal and external communication as the strategy will be targeting audiences within the council and the community as a whole.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The strategy has been presented at Communities and Wellbeing Senior Management Team & Senior Leadership Team. Both management teams agreed to support the document going forwards.

2. Introduction / Background

It was considered timely to develop a strategy for physical activity and sport in light of the increasing rates of inactivity and the groundbreaking work which has been undertaken through the I Will If You Will programme (*Phase 1 has been completed and now we are moving into phase 2*). The strategy provides an opportunity to increase participation in physical activity and sport and act as a lever for change to improve health and wellbeing and quality of life for individuals, their families and the wider communities. The strategy considers the whole population through a life-course approach.

The key vision for the strategy is: *everybody active, more often* – for those who do nothing it is about getting them into a pathway, for those already active it is about doing a little bit more and/or sustaining existing high levels of participation over the life course.

The strategy provides an overview in terms of where we are in Bury with regards to activity levels, the effects of inactivity and sets out a clear action plan for moving forward.

Whilst there have been encouraging increases in participation in Bury over recent years, this strategy argues that we need to achieve greater and more sustained growth across all age groups if we are to improve the long term health and wellbeing of local people.

The strategy outlines how we will work smarter to understand our communities and influence peoples attitudes and behaviours towards physical activity and sport; how we will maximise the power of collaboration, not just within Bury but across Greater Manchester.

The strategy has two clear aims:

1. Adopt a targeted approach to supporting the inactive to become active.

2. To sustain and increase participation for those already active.

Underpinning the aims we have identified three key areas that will support growth – how we influence social perceptions regarding physical activity and sport to stimulate demand; how we ensure there is choice and create targeted physical activity and sport opportunities where needed; and how we influence the physical environment including open space, built provision for physical activity and sport, and infrastructure that enables or improves accessibility of activity.

Ten key objectives have been identified to help deliver the aims of the strategy

1. Influence commissioning and policy making to incorporate physical activity and sport
2. Influence attitudes and behaviours to stimulate (re-prompt) demand for physical activity and sport
3. Make the workplaces of Bury amongst the most active in the country
4. Ensure people who have long term conditions (LTC's) access physical activity and sport
5. Increase the number of people undertaking Active Travel
6. Build intelligence and insight to help create the right environment for growth
7. Improve the skills and capacity of the sport and physical activity workforce
8. Deliver high quality sport, physical activity and physical education opportunities for children and young people
9. Develop the physical activity and sports market to ensure it is high quality, accessible and reflects local demands across the life course, all abilities and backgrounds
10. Develop our physical assets and places to ensure they are accessible, high quality, and reflects local demands across the life course, all abilities and backgrounds.

The strategy will be owned by the Health and Wellbeing Board who will provide strategic direction and oversight. There will also be reporting lines to Team Bury, recognising that the outcomes of this strategy contribute to a number of areas of the Community Strategy and will not just relate to health and wellbeing promotion.

Operational oversight of the strategy will sit with a re-constituted Active Bury (formerly sport and physical activity alliance), which is a partnership group of key strategic agencies engaged in physical activity and sport and who will be responsible for driving forwards the objectives and priority actions. Active Bury will be accountable to and will report to the Health and Wellbeing Board.

This strategy subscribes to the key principle outlined in 'Everybody active, every day' which notes that to deliver change it is not necessarily about new investment – it is more about maximising the potential of existing assets and resources. This relates to both existing investment and also our assets such as open green space, streets, parks, leisure facilities, community buildings, schools and the workplace.

The strategy has been developed as a result of the growing evidence around inactivity. However, we know that if physical activity and sport participation is increased there are a number of significant benefits which are associated with this.

There is already lots of good work to build on such as the I Will If You Will women and girls project, plus we are fortunate enough to have so many committed partners sharing our participation ambitions – it is clear that Bury Council cannot achieve this vision alone: these organisations in the public, private and voluntary sectors all have a valued and important role to play.

3. key issues for the Board to Consider

- The board is asked to consider its role within the proposed governance structure of the strategy moving forwards.
- The board is asked to consider the re-constitution of Active Bury the Physical Activity and Sport Alliance for Bury.

4. Recommendations for action

- Health and Wellbeing Board to agree to own the Physical Activity and Sport Strategy and provide strategic direction and oversight.

5. Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

6. Equality/Diversity Implications

A full Equality Analysis has been completed and signed off by the appropriate Bury Council Officer.

EA - Physical Activity & Sport Strategy - Ma

CONTACT DETAILS:

Contact Officer: **Stefan Taylor Health Improvement Specialist**

Telephone number: 253 6854

E-mail address: s.taylor@bury.gov.uk

Date: 16th July

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A Physical Activity and Sport Strategy for Bury 2015-2020

Bury COUNCIL

Contents

Foreword

I am delighted to present the Physical Activity and Sport Strategy for Bury 2015-2020, a partnership strategy which sets out our vision *to increase participation in physical activity and sport and act as a lever for change to improve the health and wellbeing and quality of life for individuals, their families and the wider community.*

This is a vision we feel passionately about in Bury Council because we recognise the benefits that participation in physical activity and sport can create for local people and contribute towards making Bury a great place in which to live, work, visit and study.

We need this strategy because around one in two women and a third of men in England are damaging their health through a lack of physical activity. Evidence also shows that physical inactivity directly contributes to one in six deaths in the UK the same number as smoking. Unfortunately Bury is no different; the estimated health cost of inactivity each year is over £4.5m, with a cost per 100,000 people greatly in excess of regional and national figures.

However, it is clear that increased levels of physical activity and sport can contribute to an improved quality of life at all stages. Regular participation in physical activity and sport can make a significant contribution towards reducing the risk of diseases including coronary heart disease, stroke, cancer, type 2 diabetes and obesity, and can also improve mental health and wellbeing.

Whilst there have been encouraging increases in participation in Bury over recent years, this strategy argues that we need to achieve greater and more sustained growth across all age groups if we are to improve the long term health and wellbeing of local people.

We also know that being physically active brings with it a number of other positive benefits. We know that active workplaces do better and help to drive a stronger economy. We know that sport generates £62.6m per annum in Gross Value Added to the local economy with £45.5m alone generated from people participating in sport. Alongside over 1,500 local jobs in the sector, we know that the value of volunteering to the local economy is also significant, at over £14m per annum.

So what are we going to do differently to bring change? This strategy outlines how we will work smarter to understand our communities and influence peoples attitudes and behaviours towards physical activity and sport; how we will maximise the power of collaboration, not just within Bury but across Greater Manchester; how we will embed physical activity and sport into local policy; how we will develop a mixed economy market of opportunities and ensure a high quality experience for all participating; and, how we will be ambitious in our approach in focussing on areas of real opportunity, for example those related to workplaces, or active travel.

There is already lots of good work to build on such as the I Will If You Will women and girls project which we are delighted has received an additional £2m National Lottery investment from Sport England through to the end of 2016. We are also fortunate to have so many committed partners sharing our participation ambitions – it is clear that Bury Council cannot achieve this vision alone; these organisations in the public, private and voluntary sectors all have a valued and important role to play.

Our aims are twofold, we need to look at the specific support required to help change behaviours of the inactive helping them to become active, whilst at the same time ensuring that we don’t lose sight

of what we need to do is sustain and increase participation for those already active. The message is simple everybody active, more often, across the lifecourse.

Underpinning our aims we have identified three key areas that will support growth - how we influence *social perceptions* regarding physical activity and sport to stimulate demand; how we ensure there is choice and create targeted *physical activity and sport opportunities* where needed; and how we influence the *physical environment* including open space, built provision for physical activity and sport, and infrastructure that enables or improves accessibility of activity.

Our plans are laid out in our delivery framework and action plan, which set out our objectives and priority actions. The Bury Health and Wellbeing Board will ensure that we are accountable for delivering these plans, supporting the formation of a new Active Bury partnership that will oversee the on-going implementation across the borough and champion effective collaboration between partners.

The evidence is compelling that increasing participation in physical activity and sport can make a real difference to people's lives. I look forward to you joining us on that journey.

Councillor Andrea Simpson

Chair of Bury's Health & Wellbeing Board

1. Our Vision and why this is important

a. Introduction

1.1. This document sets out the strategy for Bury Council and partners to develop a borough wide approach for physical activity and sport. This is a partnership strategy; Bury wants to create a model of good practice in developing a holistic, multi agency approach to addressing the challenges caused by a lack of physical activity, and contribute positively to improving the lives of local people.

1.2. In developing this strategy it is argued that physical activity and sport have a vitally important role to play in contributing to the overall vision for Bury, *'to make Bury a great place in which to live, work, visit and study*.'[1] Indeed as the evidence presented as part of this strategy shows, the time for action is now as this contribution is only likely to become increasingly significant in future years.

1.3. The challenge is succinctly summed up by Everybody active, every day: An evidence-based approach to physical activity, published by Public Health England in October 2014:

Around one in two women and a third of men in England are damaging their health through a lack of physical activity. This is unsustainable and costing the UK an estimated £7.4bn a year. If current trends continue, the increasing costs of health and social care will destabilise public services and take a toll on quality of life for individuals and communities.[2]

1.4. The evidence base is undisputable linking increased levels of physical activity and sport to improved quality of life at all stages. Regular participation in physical activity and sport can be seen to make a significant contribution towards reducing the risk of diseases including coronary heart disease, stroke, cancer, type 2 diabetes and obesity, and can improve mental health and well being.

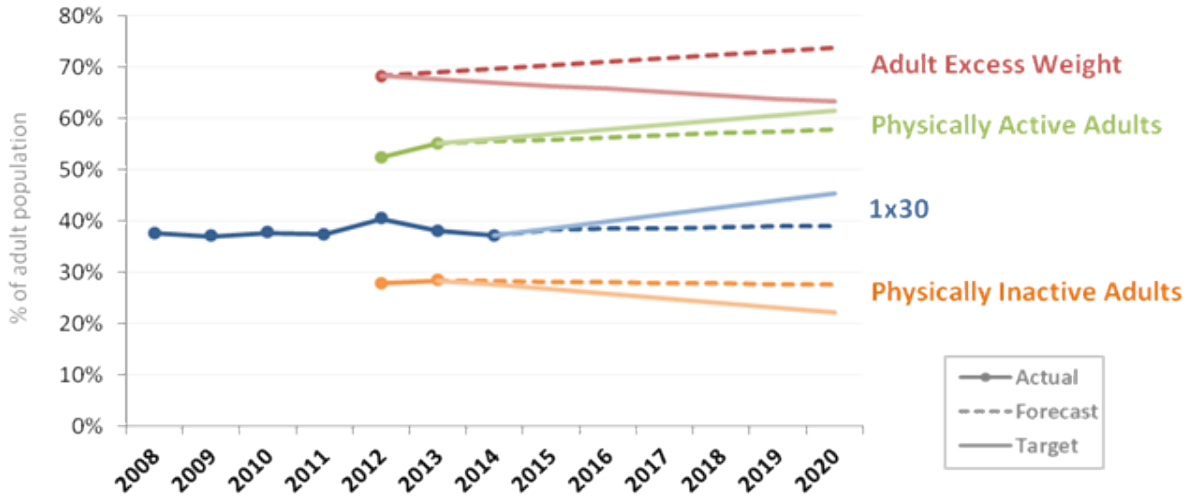
1.5. The current picture in Bury will present a story showing some growth in participation levels over recent years. However, this strategy argues that just being better than a national average, which is deemed by most industry experts as unacceptable, is not a vision that Bury should strive for, we need to be bolder in building high and sustained levels of participation. Current participation levels are not enough to make a sustained difference on our population, and greater participation impacts can be achieved as evidenced elsewhere in Europe.[3]

1.6. Whilst participation increases are encouraging in isolation, based on the evidence in this strategy the stark reality is that the prevalence of diseases linked to physical inactivity are also increasing in Bury and the current participation increases are not sufficient to turn the curve in terms of improved health and wellbeing. Figure 1.1 below highlights the curves we are trying to turn in terms of activity levels, inactivity levels, and health related indicators. The graph highlights the actual position against each measure, the forecasted position based on the

[1] Bury's Community Strategy 2008-2018
[2] Everybody active, every day: An evidence-based approach to physical activity. Public Health England, October 2014
[3] The example of Finland is cited in much of the latest research. Finland has taken a long term approach to embedding health enhancing physical activity for all into national and local policy over a period of more than two decades. This is not just sport and health policy but also transport and multisectoral. Repeated surveys indicate that participation in recreational physical activity has increased in Finland among young, working aged, and elderly people during the past two decades. (Physical Activity Policy and Program Development: The Experience in Finland, Vuori et al 2004)

following the status quo, and the targeted change by 2020. Excess weight has been used in this instance as a proxy measure but the same would also apply to a number of other indicators.[4]

Figure 1.1 – turning the curve in terms of participation in physical activity and sport, and health related indicators[5]



1.7. Achieving the changes illustrated in figure 1.1 will not be easy, but that is why a concerted and coordinated effort is required from stakeholders across Bury to make this sustainable change and improve quality of life for local residents.

1.8. Whilst reducing health inequalities is clearly a significant strategic driver this strategy also recognises the important positive contribution that physical activity and sport can make towards improving quality of life in a wider perspective, such as through spurring economic growth, energising community engagement, educational attainment and helping to raise aspirations of local people.

b. Our vision

"To increase participation in physical activity and sport and act as a lever for change to improve the health and wellbeing and quality of life for individuals, their families and the wider community"

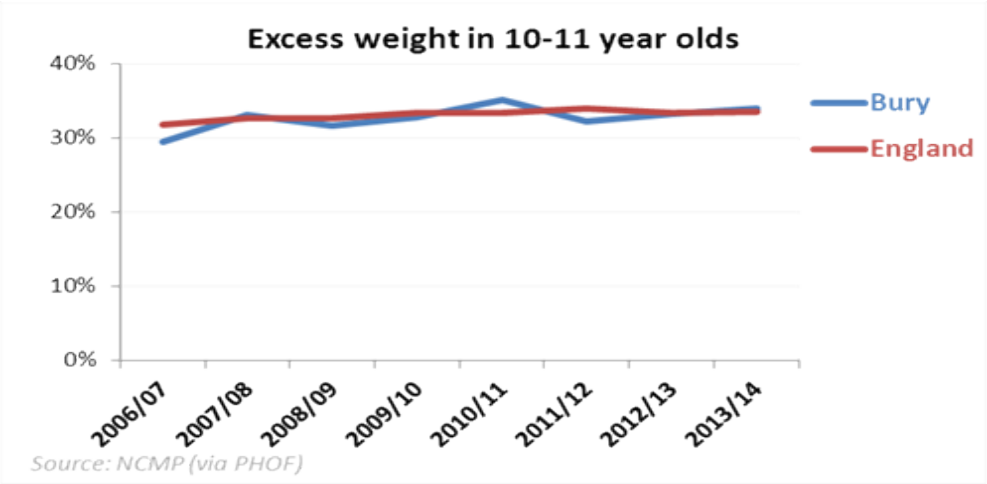
1.9. Increasing participation in physical activity and sport will generate significant societal benefits across Bury, improving not just the lives of the individuals engaged but also impacting upon their families and the wider community.

1.10. Our vision is underpinned by the fundamental premise that we want to see everybody in Bury more active, more often, and for this to be habit forming so that participation in physical activity and sport is continued throughout the life course.

1.11. Success in achieving the vision will see in 2020:

[4] Excess weight has been used as a proxy measure. It is acknowledged that overweight people can be physically active.
[5] Forecasts are based upon linear trend lines of figures for Bury or nationally, where historic data does not exist for Bury, e.g. excess weight forecasts are based on Health Survey England trends. The activity and inactivity targets are based on the actual targets set for the strategy, as listed under 1.1.

- **Over 65% of adults (16+) in Bury undertaking 150 minutes of moderate intensity physical activity per week. This equates to a sustained increase of 10 percentage points from 2013 and aims to put Bury above the 75th percentile for participation nationally.[6]**
- **A projected reduction of 10,000 adults (16+) who are classed as inactive, a decrease of nearly 7 percentage points from 2013.**



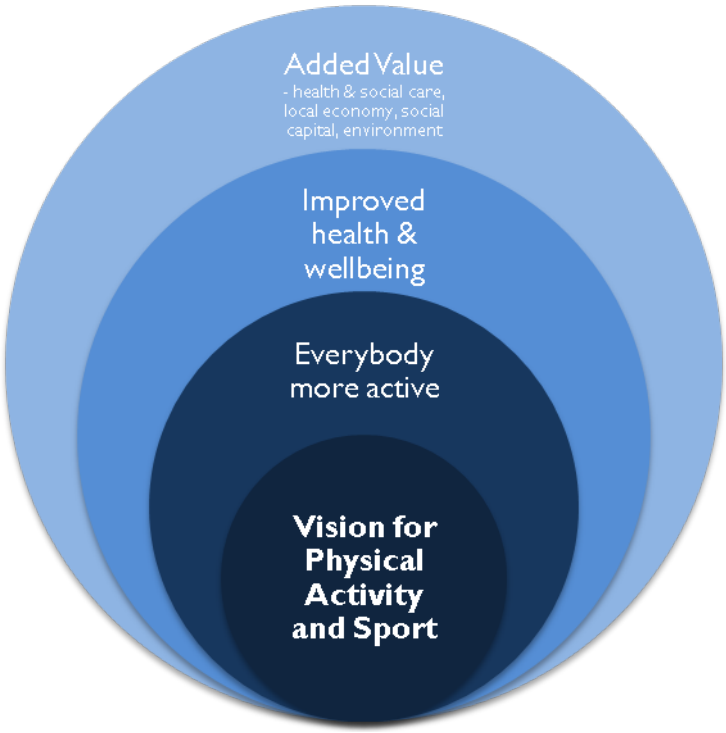
[7] [8]

- **A 1.5 percentage point increase per annum of adults (16+) taking part in sport at least once a week.[9] [10] [11]**

1.12. Figure 1.2 below outlines the targeted outcomes from this strategy. These are articulated in further detail in Appendix B, alongside the key indicators of success.

Figure 1.2 – Vision and Outcomes

[6] This relates to Public Health Outcomes Framework (PHOF) measure 2.13i. A target of 65.1% would mean there would be an estimated 94,721 adults aged 16+ active for 150 minutes per week, a projected increase of 14,550.
[7] This equates to 21.5% of the population classed as inactive, and is projected to put Bury in the upper 75th percentile nationally.
[8] The target for active adults is larger than inactive adults as there is a proportion of the population (c16.5%) who do some activity but do not yet reach the recommended 150 minites of moderate intensity physical activity per week. The aim is to get everybody doing more and it is acknowledged that to move from less than 30 minutes to 150 minutes per week is a big change for an individual to make.
[9] The I Will If You Will (IWIYW) women and girls participation project is aiming to get 10,675 more women/girls in Bury taking part in sport and physical activity once a week for 30 minutes, an increase of over 14 % points from April 2014. Whilst this is an ambitious target the investment behind IWIYW provides a real opportunity to make this change.
[10] Whilst these targets are measuring those aged 16+ it is important that a lifecourse approach is adopted. Specific targets will be adopted for those aged under 16.
[11] In adopting these targets the latest available data sets have been used as 2015 baselines are not yet available. Forecasts have been made as to where we expect to be in 2015 based on the status quo. It is acknowledged that whilst there may have been some positive movement the scale of the task year on year from 2015 is likely to be larger than presented in these targets.



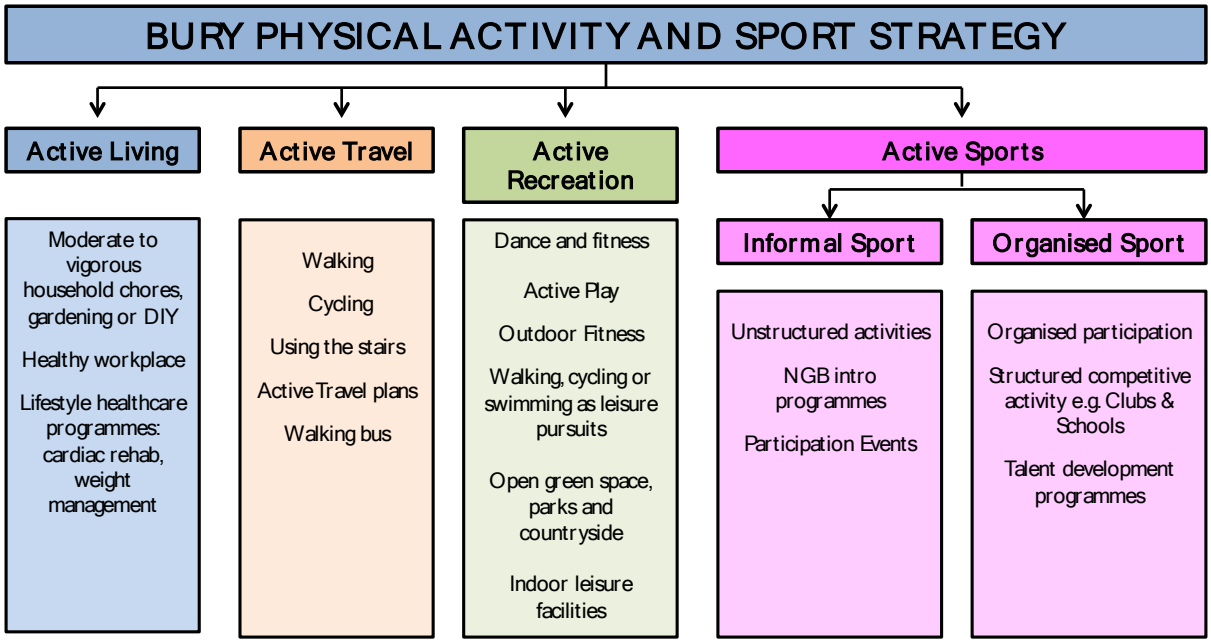
1.13. This strategy will outline what Bury Council and partners need to do differently in order to achieve these outcomes and make the sustained change in participation levels across the borough. This will include how we work smarter to gather and apply insight into understanding our population and influencing their attitudes and behaviours towards physical activity and sport; how we maximise the power of collaboration, not just within Bury but across Greater Manchester; how we try to embed physical activity and sport into local policy; how we look to develop a mixed economy marketplace and ensure a quality experience for participants; and, how we are ambitious in our approach in focussing on areas of real opportunity, for example those related to workplaces, or active travel.

c. Defining Physical Activity and Sport

1.14. In order to achieve the vision outlined a holistic interpretation is required when defining what we mean by 'physical activity and sport'. This is because the lines between what is defined as 'sport' and 'physical activity' are often blurred and serve to create a false distinction. By adopting a broader definition it is intended to engender a more joined up, multi agency approach to addressing the challenges faced.

1.15. Figure 1.3 highlights the breadth of the remit of activity covered under this strategy.

Figure 1.3 – defining sport and physical activity



1.16. Physical activity should be encouraged across all ages and populations. The risks of engaging in physical activity are low for most people, but the risks of poor health resulting from inactivity are high. Moving from a sedentary lifestyle to an active lifestyle is a challenge in itself and therefore the message which is promoted should focus upon behaviour change and encourage any activity as a positive move forward however big or small and thus building activity into our daily lives.

1.17. The Chief Medical Officer's (CMO) current guidelines[12] allow more flexibility in achieving the recommended levels of physical activity. The main elements of the guidelines focus on:

- more emphasis vigorous intensity and muscle strengthening activity;
- the inclusion of early years guidelines;
- bespoke guidelines for older adults;
- encouragement of a life course approach to physical activity;
- recommendations for minimising sedentary behaviour.

1.18. Appendix C includes references for the full detail of the recommendations for the appropriate age groups.

1.19. It is important to consider the role and contribution of sport to overall physical activity levels. This is an area currently being explored by Sport England and research to date shows that sport has a strong role in helping individuals to reach the 150-minute per week target set by the CMO.

1.20. Furthermore the proportion of people who achieve their 150 minutes in sport alone appears to be a significant proportion of those who achieve the target at all. This is reinforced by the high level of minutes taking part in sport amongst those who meet the guidelines.

1.21. The counter to this argument is the recognition that 'sport' can carry with it negative connotations for many less active people, and would not be the appropriate vehicle to use to

[12] Start Active Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, 2011

help all people become more active. The positive is that this strategy will provide a clear direction for those seeking an alternative route other than sport. Strong offer for those not turned on by sport, including informal sporting opportunities.

1.22. These reasons provide the rationale for why this is a physical activity *and* sport strategy, with its remit covering the breadth of activities highlighted in figure 1.3.

d. Why is it important

The evidence base

1.23. In 2011, Start Active Stay Active: A report on physical activity from the four home countries' Chief Medical Officers underlined the urgent need for a concerted action on physical activity across the UK. Physical inactivity directly contributes to one in six deaths in the UK the same number as smoking.[13]

1.24. Further evidence regarding the health related risks and costs of inactivity are presented in Section 2. However, information about physical activity is often presented in the form of warnings about the negative impacts of not doing it, but it is just as important to also focus on the positive benefits of participating in physical activity and sport. The benefits are felt across the life course:

- Physically active children are more likely to do better academically – physical activity is essential for healthy growth and development, and increases cognitive outcomes and school attainment.[14]
- Sport England estimate a £7.35 return on investment for every £1 spent on sports for at risk youth through, for example, reducing crime and anti social behavior.
- Participating in sport has been shown to have a positive effect on employability: National research conducted on behalf of BUCS shows that:
  - Graduates who participated in sport at university earn an average £5,824 (18 per cent) more per year than their non-sporting counterparts. The current average salary of graduates who engaged with sport at university is £32,552, compared with £26,728 for those who did not.
  - The positive effects of sports participation go beyond earning power with more than half (51 per cent) of graduates say sporting involvement has helped them develop team work skills and leadership qualities in the workplace.[15]
- Active workplaces do better. Physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50%.[16] Active workers are also happier, cited as better team players and are visibly more productive.
- An active population drives a stronger economy. UK Active estimates that just a 1% reduction in the rates of inactivity each year for five years would save the UK around £1.2 billion.[17]

[13] Lee I-M, et al, 2012, Wen CP, 2012, Health and Social Care Information Centre 2014
[14] Department of Health, 2014, Moving More, Living More: Olympic and Paralympic Games Legacy, https://www.gov.uk/government/publications/moving-more-living-more-olympic-and-paralympic-games-legacy
[15] The Impact of Engagement in Sport on Graduate Employability, Sport Industry Research Centre, 2013.
[16] Davis, Adrian, Jones, Marcus (2007) Physical activity, absenteeism and productivity: An Evidence Review http://www.tfl.gov.uk/assets/downloads/businessandpartners/Physical-activity-absenteeism-and-productivity-evidence-review.pdf
[17] UK Active, (2014), Turning the tide of inactivity, http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf

1.25. All of these benefits apply to Bury. In terms of some specific evidence for Bury Sport England estimate:

- Sport generates £62.6m in Gross Value Added to the local economy
- £45.5m is generated from people participating in sport
- There are 1,676 in jobs in the sector
- £14.4m is the value of volunteering to the local economy
- £80.1m is the economic value of improved quality and length of life plus health care costs avoided.

1.26. The argument is compelling with the weight of evidence that now exists. As this strategy will outline, whilst the health benefits are clearly a significant drive behind getting people more active, the social and economic benefits should also not be lost, as they present an opportunity to support growth as well as the reform of public services agenda.

The strategic context

1.27. It is important to set the strategy within the strategic context to ensure it is aligned to relevant local, city-regional, and national policy directions.

1.28. In summary the key points to note are:

- The strategy contributes directly to a number of priorities of **Team Bury**, the Local Strategic Partnership, as highlighted through the **Bury Community Strategy 2008-18** and the stated vision for Bury to be '*a great place in which to live, work, visit and study'*. This specifically includes an aspiration to be the '*healthiest borough in the North West'* and a focus on the principle on '*targeting resources towards areas of greatest need',* something that will be critical for this strategy to achieve in terms of identifying and engaging with the inactive.
- It will be important to exert a greater influence on delivery linked to the **Bury Joint Health and Wellbeing Strategy 2013-18** with the role that physical activity and sport can play in contributing to a number of the identified priorities.
- Bury has recently been awarded a further £2 million from Sport England for the **I Will If You Will** national women and girls sport participation pilot. This focuses on addressing the gender gap in participation and will see the project build on the original £2.3million award in 2013 to deliver the project through to the end of 2016.
- The **Greater Manchester Strategy 2013-2020: Stronger Together**, which guides the work of the Greater Manchester Combined Authority (GMCA), will also help inform wider public policy across the city region including plans for economic growth and reforming public services. This recognises the proportion of public funds are spent on reactive and unplanned 'crisis' interventions, rather than targeted, planned and preventative measures and public services. Physical activity and sport can be one of those preventative measures.
- The **Greater Manchester Devolution Agreement** has laid the foundations for the recent announcement of plans around the future of health and social care with a signed memorandum agreeing to bring together health and social care budgets in Greater Manchester – a combined sum of £6 billion. As above a strong emphasis is placed on prevention of ill health and promotion of wellbeing.

- Greater Sport, on behalf of partners across Greater Manchester, is currently developing a **Greater Manchester Sport and Physical Activity Strategy** (to be completed summer 2015). The alignment between these two strategies will be important to ensure a strong consistency in message and help advocate for Bury's work locally.
- Nationally, in addition to CMO guidelines on physical activity, the policy context is set by '**Everybody Active, every day: a framework to embed physical activity into everyday life'**, published by Public Health England in October 2014. Much of the evidence within that framework has informed the development of this strategy.
- In the context of sport, by 2017 **Sport England** wants to have transformed sport so that it becomes a habit for life for more people and a regular choice for the majority. There is a particular focus on 14-25 years including reducing the number of people dropping out of sport. This further reinforces, that whilst the measures of success might be slightly different to Public Health England, the overarching ambition nationally is to increase participation in physical activity and sport, and to ensure that this becomes a habit retained over the life course.

2. Where are we now?

2.1. This section outlines the current position in Bury in terms of:

a. How active Bury currently is
b. What people in Bury are currently engaged in
c. What we know about the barriers and motivations to get involved in physical activity and sport
d. The risks and costs of inactivity
e. Some evidence about what we know works.

a. Activity and inactivity levels

Inactivity levels

2.2. At a population level the evidence is not encouraging, but this is heightened with common inequalities relating to economic grouping, age, disability, gender, race, and sexual orientation.

- Over one in four women and one in five men in England do less than 30 minutes of physical activity a week, so are classified as 'inactive'. One third of men and nearly half of women are not active enough for good health.
- Only 21% of boys and 16% of girls aged 5-15 achieve the recommended levels of physical activity. By the age of 13-15 only 8% of girls meet the recommended levels.
- There are socio demographic challenges; 47% of boys and 49% of girls in the lowest economic group are inactive compared to 26% and 35% in the highest.
- Only 18% of disabled adults regularly take part in sport, compared to 39% of non-disabled adults.[18]
- In comparison to 1961 levels, we are now 24% less active. If we don't act now, we will be 35% less active by 2030.[19] There are a number of factors relating to the physical environment and social attitudes that can be attributed to these changes and will need to be addressed for the curve to be turned on activity levels.

2.3. In 2013, 28.4% of the adult population in Bury were reported as inactive compared to the England figure of 28.3%.[20] This represents a slight negative trend in Bury from 2012. The position however is relatively favourable in comparison to the North West which stands at 31.7%.

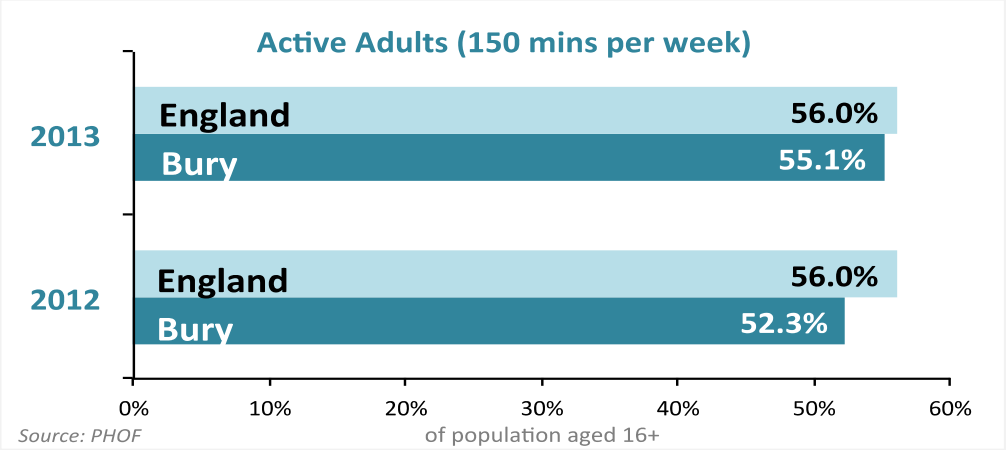
2.4. The evidence presented on the current performance in terms of inactivity in Bury compared to the national figure doesn't tell the full story. It is important to acknowledge that the England average is not considered acceptable relative to European comparators and there is an opportunity for Bury to take ambitious steps towards increasing levels of activity, reducing levels of inactivity, decreasing levels of excess weight in children and adults, and improving overall health and wellbeing across all life courses.

[18] Everybody active, every day: An evidence-based approach to physical activity. Public Health England, October 2014
[19] Designed to Move, (2013), Designed to Move: A physical activity agenda, http://www.designedtomove.org/
[20] This indicator is defined as the 'percentage of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Activity Levels

2.5. In 2012 52.3% of the adult population were reported as being active for 150 minutes per week (as per the CMO recommendations) compared to England figure of 56.0%. However in 2013 this figure in Bury rose to 55.1% whereas the figure for England has stayed the same.[21]

Figure 2.1 – Active Adults (Bury and England comparison)

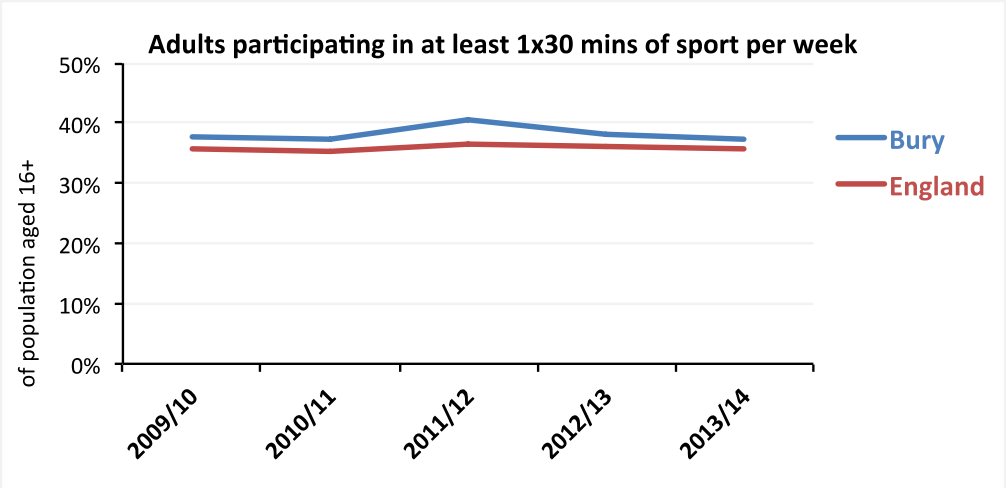


1x30 minutes per week (sport)

2.6. Nationally there is a trend of increasing participation in sport with 1.63 million taking part in sport in 2013/14 compared to 2005/06 (Active People Survey 1).

2.7. Encouragingly participation in sport has grown quicker and is above average in Bury compared to both Greater Manchester and England. In 2005/06 (APS1) Bury were below the national and city region average with 32.9% of the adult population taking part in at least one session of sport per week. By 2013/14 this figure had increased to 37.2%, compared to a current figure of 36.5% across Greater Manchester.

Figure 2.2:



[21] This indicator is defined as the 'percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity.' The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more

2.8. Latest national analysis also highlights that:

- More than three quarters of 14-15 year olds play sport at least once a week.
- Participation in sport decreases with age. This points to a need to consider key points of transition in people's lives, i.e. from school to college, to the workplace etc, and also the appropriate 'touch points' in people's lives at different life stages to be able to try and influence behaviours.
- Over 40% of males play sport once a week, whilst only 31% of females played sport once a week. Growth in men's participation is faster than women's.[22]
- Since APS1 the rate of participation amongst people aged 16 years and over is greater amongst people from higher socio-economic groups than those from lower socioeconomic groups. It also shows that rates of participation have risen across the highest socioeconomic groups but fallen across the lowest socio-economic groups.

2.9. In Bury, IWIYW has helped to contribute towards a recent growth in female participation. In the 12 months to October 2014 Bury's participation rate for women is 32.4% which is 1.4% higher than the England average for women and 3.2% higher than the baseline measured in Bury (24 months to April 2013). This means that there are 25,000 women in Bury playing sport at least once a week and 2,500 more women playing sport since the pilot was announced and when compared to the England trend line, Bury grows faster and now sees a higher percentage of women playing sport.

3x30 minutes per week (sport and active recreation[23])

2.10. In 2005/6 20.8% of all adults in Bury reported undertaking 3x30 minutes of moderate intensity activity per week compared to 21.3% nationally and 20.2% across Greater Manchester. By the period October 2012-October 2014 this figure had increased to 25.7% in Bury, compared to the slight increase to 24.7% in England and 24.5% in Greater Manchester.

2.11. Encouragingly Bury has made improvements over recent years in the levels of activity undertaken at 1x30, 3x30 and 150 minutes. However it still only ranks 123rd of all local authorities in England against the 1x30 measure and 166th against the 3x30 minutes measure. Fundamentally, as outlined in section 1 it is argued that the relative position is still not where it needs to be in terms of turning the curve for the long-term health of the population. The physical activity and sport strategy provides a vehicle to ensure that opportunities to be active and sustain an active lifestyle become part of everyday life.

Latent Demand

2.12. Furthermore, evidence through the Active People Survey indicates there is a demand for people in Bury to be more active.

2.13. Overall latent demand shows that in 2013/14 55.9% of the population in Bury would like to do more sport than they currently do. Interestingly given their lower participation rate over 59% of women want to do more sport than at present, and, in the knowledge that participation decreases with age, more than 45% of 55-64 year olds want to take part more. Figure 2.3

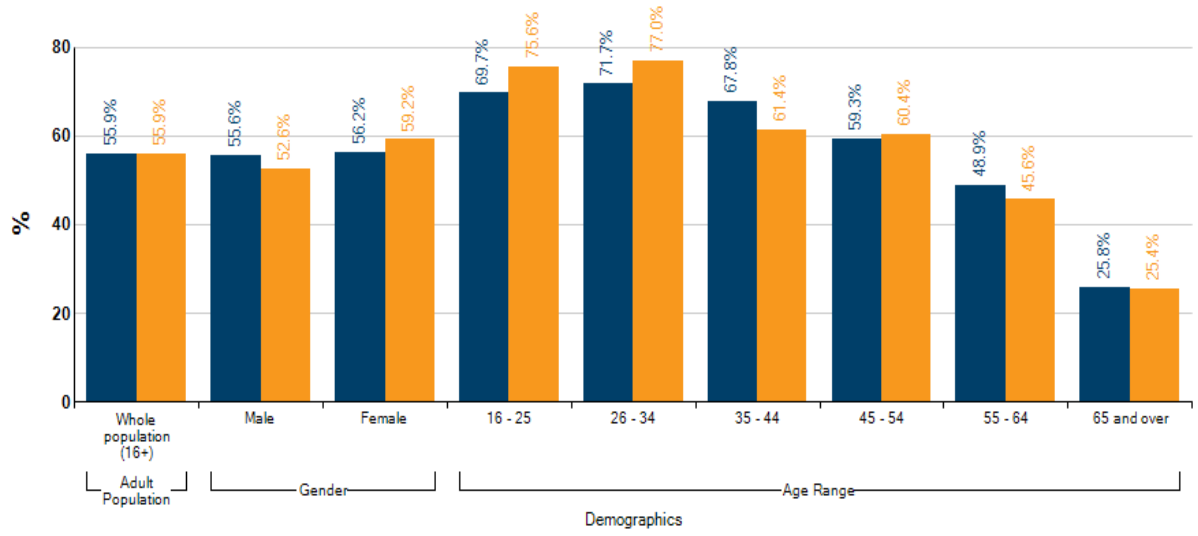
[22] Sport England Active People Survey 8

[23] The 3x30 minutes participation measure (NI8) differs from Sport England's 1x30 sports participation indicator, including a wider range of activities (than specified for 1x30) such as recreational walking and cycling

highlights the latent demand for Bury compared to the national average by adult population, gender and age group.

Figure 2.3 – latent demand to undertake more sport than at present[24]

England = Blue; Bury = yellow



2.14. When analysed specifically against those who are already active, 28% of this group would like to do more sport.

2.15. Most significantly, of those currently inactive 27.9% also said they would like to do more sport.[25] Within this group there is higher than national average demand amongst women, and also amongst males and females in the 45-54 year old category.

2.16. A key challenge for the strategy is to understand how to translate these positive intentions into commitment and action.

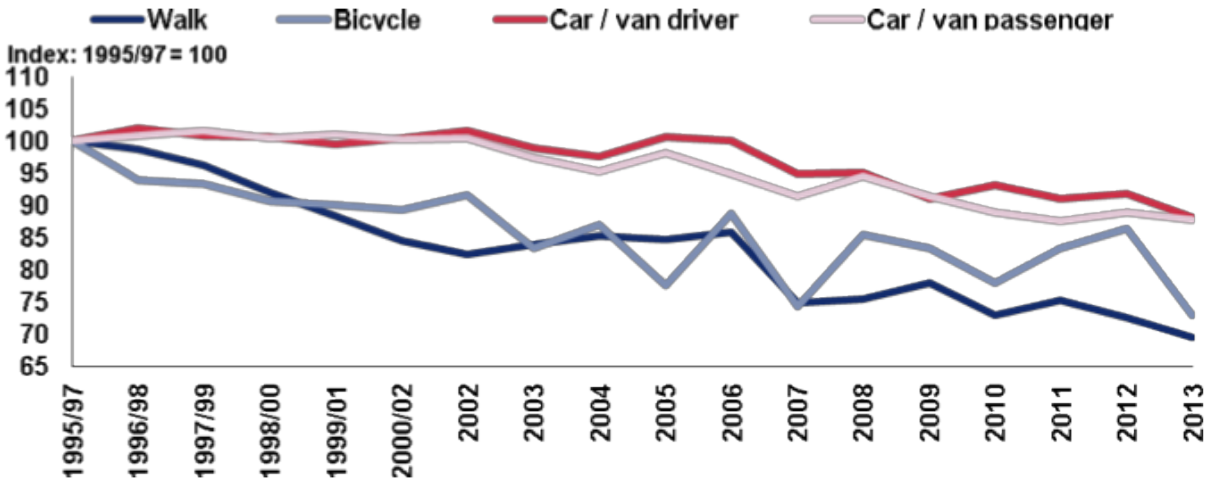
b. What activity are people undertaking?

2.17. Walking and cycling are seen as key areas of focus nationally. Improved walking and cycling infrastructures can encourage more people to be active and support people with long term chronic diseases. For example, across a town of 150,000 people, if everyone walked an extra 10 minutes a day, evidence shows that 31 lives per year can be saved.[26]

2.18. Figure 2.4 below shows the changing travel trends since 1995 and highlights a significant 30% decrease in the number of walking trips over the period.

[24] Source: Active People Interactive, based on APS8 data.
[25] The proportion/number of adults (aged 16 and over) who would like to do more (of the) sport over the next 12 months than they currently do AND have not participated in any sessions of (the) sport, at any intensity or duration, in the last 28 days. Respondents select one sport they would most like to do/do more of.
[26] World Health Organisation (2011) Health economic assessment tools (HEAT) for walking and cycling: WHO.

Figure 2.4 – Average number of trips by selected private transport modes: England, 1995/97 to 2013[27]



2.19. Nationally swimming, athletics, cycling, and football are amongst the most popular sports in 2013/14.

2.20. However the biggest changes in participation in sport over recent years has been the growth of individual and more informal sports participation activities such as going to the gym, cycling, running, or fitness classes. The market is evolving and becoming more mature and it is important that the physical activity and sport market is supported to develop and evolve to meet customers demands.

Figure 2.5 – type of activity undertaken

	Bury (No's)	Bury (%)	England
Any organised sport[28]	52,600	35.4%	33.9%
Club membership	37,500	25.2%	21.6%
Coaching or tuition	23,600	15.9%	16.4%
Competition	20,200	13.7%	13.3%

2.21. Figure 2.5 above highlights the type of activity people are involved in as measured by the Active People Survey. This highlights that organised sport makes an important contribution to activity levels, but this should again be understood alongside the changing trends of undertaking organised sport, e.g. club membership levels remaining static, whilst alternative forms of sport have been developed often targeted to different market segments, e.g. back to netball, walking football etc.

2.22. However, whilst this is important insight in terms of what people are doing what this doesn't show is what activities are most appropriate to engaging the inactive and this is where the sector needs to challenge itself to tailor the offer to address specific barriers and motivations of these groups.

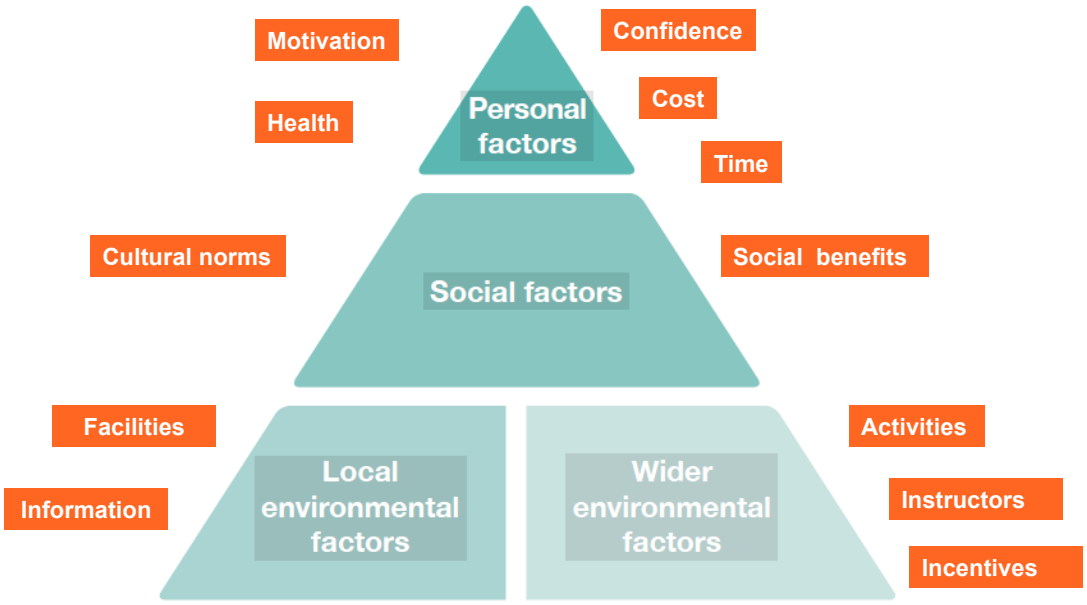
[27] National Travel Survey, England, 2013
[28] This includes anyone who is in one or more of the sub categories

c. Barriers and Motivations

2.23. In order to come up with an achievable plan to change activity levels it is important to understand the barriers and motivations to getting active. This builds on the premise that a significant element in creating the enablers for growth is about addressing social perceptions, influencing attitudes and stimulating demand.

2.24. Bury is well placed in this regard because of IWIYW, which is focussed upon changing women and girls' behaviours to take part in sport and physical activity with the aim of getting more women and girls being more active, more often. IWIYW applies the framework set out in The Government Communication Service (GCS) guide to behaviour change, 2014,[29] clustering insights regarding behavioural influences across the three broad categories of personal, social and environmental. The key influencing factors to support a more active lifestyle are summarised below.

Figure 2.6 – behavioural influences on participation in physical activity and sport



2.25. The mix of behavioural influences (barriers and motivators) set out above will of course differ according to different target groups of people and the stage of their journey to increased physical activity. This does however provide the framework under which these barriers and motivations can be understood and addressed across different target groups.

2.26. Appendix C provides a link to the latest insight into key influences on participation of different groups.

[29] Click here for a link to the Government Communication Service guide to behaviour change

d. Risks and costs of inactivity

2.27. As noted in section 1, the weight of the evidence base regarding the risks and costs of inactivity is compelling:

- Physical inactivity directly contributes to one in six deaths in the UK the same number as smoking.[30]
- Physical inactivity is the fourth largest cause of disease and disability in the UK.[31]
- '*Physical inactivity poses a serious and growing danger to society; it damages health, economy and the environment and limits the educational attainment and future lives of children*.'[32]
- Physical inactivity leads to around 37,000 premature deaths a year.[33]
- Evidence highlights that active people are less likely to suffer from heart disease, stroke, cancer, diabetes and may consequently live 5 years longer.[34]
- Lack of physical activity is estimated to double the rate of absenteeism at work.[35]

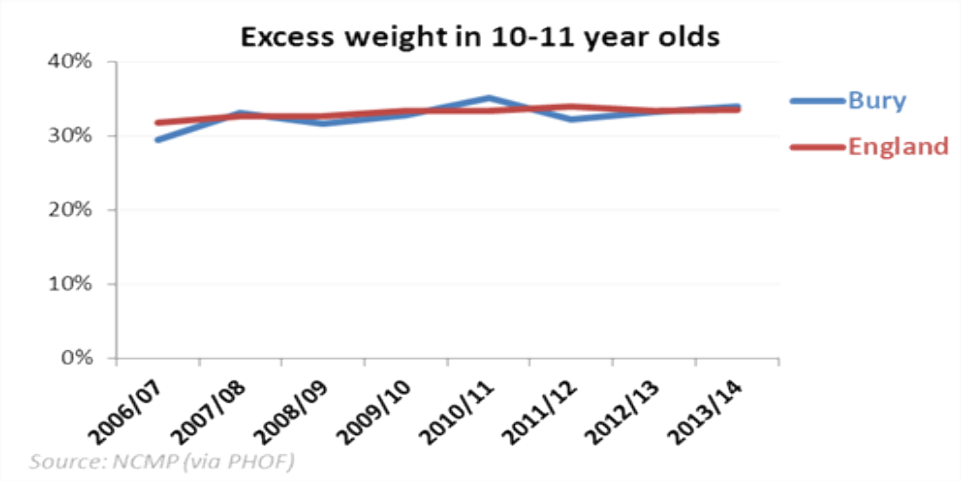
Excess Weight

2.28. Excess weight and obesity is one of the many risks associated with inactivity in both adults and children. The evidence available highlights:

- In 2012 approximately 68.2% of adults in Bury were classified as overweight or obese. That is an extremely concerning statistic in terms of the health of the population.
- Excess weight in children aged 4-5yrs has been seen to fluctuate over the years and in 2013/14 the percentage of children measured overweight or obese was 19.4%, marginally below the regional and national trends.
- Evidence in terms of physical activity participation in schools and how this is collected needs further progress enabling robust analysis of activity and weight management in children.

Figure 2.7:

[30] Lee I-M, et al, 2012, Wen CP, 2012, Health and Social Care Information Centre 2014
[31] Murray et al. (2013) UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet 381: 997-1020
[32] Tackling Physical Inactivity – A coordinated approach, All Party Commission on Physical Activity, 2014
[33] Network of Public Health Observatories, (2013), Health Impact of Physical Inactivity, http://www..apho.org.uk/resource/view.aspx?RID=123459
[34] Designed to Move, (2013), Designed to Move: A physical activity agenda, http://www.designedtomove.org/
[35] Tackling Physical Inactivity – A coordinated approach, All Party Commission on Physical Activity, 2014



- In terms of children aged 10-11 years figure 2.7 above highlights an increase in the percentage of children with excess weight greater than the national increase. In 2013/14 34% of 10-11 year children in Bury are classed as overweight, a growth of 4.5% since 2006-07. Additional work needs to be developed around the offer for this age group, which should include regular physical activity in and out of the school and improved guidance on healthier foods and soft drink as part of the curriculum. This will be further developed through the Healthy Weight commissioning intentions.

Health Costs

2.29. Estimates of the health costs vary. Whilst Public Health England have highlighted the net cost in the UK to be £7.4 billion per annum, the All Party Commission on Physical Activity, inactivity cited evidence that the cost to the UK economy is approximately £20 billion every year.[36] [37]

2.30. Apart from the obvious costs to individuals and their families in terms of ill health and reduced life expectancy, other costs associated with physical inactivity include:

- treatment of disease including prescribing costs (such as heart disease, diabetes, cancer , obesity, depression and dementia)
- injuries from falls
- social care arising from loss of functional capacity and mobility in the community
- sickness absence from work and school
- loss of work skills through premature death or incapacity
- lower quality of life and mental wellbeing for individuals and carers.

2.31. Figure 2.8 below highlights the comparative health costs of physical inactivity for Bury against the North West, and England. The total health cost of inactivity per year in Bury is over £4.5 million. Perhaps more worryingly the cost per 100,000 populations in Bury is significantly higher than against both North West and England benchmarks.

Figure 2.8 - Health Costs for Physical Inactivity[38]

[36] Designed to Move, (2013), Designed to Move: A physical activity agenda, http://www.designedtomove.org/
[37] A more detailed breakdown of some of the specific risks of inactivity is included in Section 2.
[38] Source: Sport England commissioned data from British Heart Foundation Health Promotion Research Group for PCTs, reworked into estimates for LAs by TBR. Year: 2009/10, Measure: Health costs for physical inactivity, split by disease type.

Disease Category	Bury	North West	England
Cancer lower GL e.g. bowel cancer	£321,760	£10,000,041	£67,816,189
Breast Cancer	£367,730	£7,919,863	£60,357,887
Diabetes	£636,300	£29,733,783	£190,660,420
Coronary heart disease	£2,744,130	£81,670,410	£491,095,943
Cerebrovascular disease e.g. stroke	£470,400	£20,181,189	£134,359,285
Total Cost	**£4,540,320**	**£149,505,285**	**£944,289,723**
Cost per 100,000 population	**£2,453,984**	**£2,145,919**	**£1,817,285**

2.32. The Illustration provides a snap shot with a range of health conditions associated with levels of sedentary behaviour and inactivity. Regular physical activity can help avert many of the conditions which have been referenced, and therefore many of these diseases are manageable and preventable.

e. Summary of what evidence tells us works

2.33. In developing the strategy it has been important to understand what evidence tells us works in terms of increasing participation, both from national guidance and also with what we know works in Bury.

2.34. Public Health England through 'Everybody active, every day' has also produced a 'What works – the evidence' document.[39] Much of this is taken from NICE evidence based guidance (see appendix C). A brief summary of evidence highlights:

- Implementation across settings:
  - Physical environment – NICE guidance on physical activity and the environment emphasises that local authorities prioritise the creation and maintenance of environments that encourage people to be active, with features that have an impact on physical activity including location, density and mix of land use, physical access to public services, open and green space, and transport.
  - Social environment – people are more likely to be active if it is seen as 'normal', and if their friends and peers are also active.
  - Community-wide – increasing social support for physical activity within communities, specific neighbourhoods, and worksites can effectively promote physical activity. This can include town wide programmes in which successful marketing is reinforced by community level action.
  - Group – evidence suggests that the social element behind physical activity aids enjoyment and that social support encourages sustained behaviour change.
  - One to one – there is strong evidence for the effectiveness of counselling and brief advice in primary care to increase an individual's physical activity.
- Implementation across the life course – with the acknowledgement that benefits of being more active can accrue across the life course:

[39] Everybody active, every day: what works – the evidence. Public Health England, October 2014.

- Starting well – research suggests that campaigns to improve children's health should be directed to whole families. The school is also clearly a critical setting with evidence supporting a 'whole school approach', including physical education, classroom activities, after-school sports, and promoting active travel to and from school. Evidence also suggests that managing the transition periods between stages in education and through to employment is important as it can lead to drop off in participation.
- Living well – with 70% of the population in employment the workplace is clearly important, but consideration also needs to consider wider physical and social settings.
- Aging well – with an aging population, and 24% of the total population aged over 60 by 2030, this group is an important focus. Evidence suggests that physical activity can tackle the growing problem of social isolation, as well as giving health benefits such as a reduction in falls, which is aligned to the priority to reduce non elective hospital admissions.

2.35. Underpinning this are four key principles:

- Positive change needs to be long term and large-scale
- Interventions must be based on community needs
- Research and co-design will mean initiatives are workable and effective
- It is not about new investment– it is more about maximising existing assets.

2.36. At a local level there are a number of activities in Bury that have shown a level of success in terms of increasing participation.

IWIYW – I Will If You Will

2.37. This national pilot programme aims to get more women and girls active and playing more sport. Significant learning has been developed through phase one of the programme which has helped to inform this strategy. For instance:

- Bringing innovative behaviour change thinking to traditional sports development is challenging – but necessary and productive.
- Stakeholder and commercial engagement should be considered priorities to ensure the sustainability of the project beyond the initial funding period. The benefits to the partner of getting involved must be clear and explicit.
- The need for learning and insight to be at the core of projects of this nature.
- The central role of marketing and communications in driving behaviour change should not be underestimated.
- Monitoring and Evaluation frameworks must be tightly aligned with programme objectives.
- Retention is as important a challenge as participation and should be a focus from the outset, with a better understanding of the target audience's journeys. Instructors can play a vital role here.
- Behaviour change takes time. Although early indicators can be tracked sooner, one year is too short a period to expect to measure sustained increases in physical activity and associated benefits.
- Getting a good mix of delivery providers involved is important, with as many different points of supply as possible in a 'whole market' approach.

- A diverse range of activities should be offered for women and girls, including traditional sports, dance based and innovative new activities – recognising this group's various needs and motivations.
- Convenience in terms of timing and location is key to overcome practical barriers to participation. Hyper local, community based activities offer many advantages.[40]

2.38. This learning has informed the development of phase two of the project supported with an additional £2m of lottery funding from Sport England through to the end of 2016.

GP Exercise Referral

2.39. Bury's GP referral scheme provides people who have a Long Term Condition's (LTC) with a structured exercise programme which encourages and promotes behaviour change through regular physical activity participation with the main focus on better health management and increased physical activity as an outcome. Success has been observed through the increased levels of retention by clients accessing and staying active within the programme. Significant health improvements have been reported, reduced usage of medication, less visits to GP's, increased mobility, more energy and an overall sense of wellbeing. Continued work in this area will provide those identified by health care professionals a pathway in which they can access physical activity in a safe and structured environment.

Open Green Space

2.40. Bury sees a wide range of activities to the whole community located in local parks and green space; Green Gyms, Healthy Walks, Buggy Boot camps, cycling routes provide an opportunity to exercise outside of the traditional facility setting. Open Green Space provides an opportunity for communities to come together building on improved community cohesion and creating stronger communities.

Capitalising on the range of providers in the market

2.41. This area is highlighted because, whilst there is some good partnership work in the borough, the breadth of providers and the consideration of non-traditional providers are often overlooked despite the critical role they play in a mixed economy of physical activity and sporting opportunities. This market is sizeable given we know that £45.5m is generated per annum in Bury from people participating in sport.

2.42. The integration of physical activity and sport into mainstream services also offers non-traditional routes into physical activity and sport. Together this range of providers offers market choice to help meet the demands and specific needs of different sectors of the community. This list of providers includes private sector providers (small and larger scale operators), Bury Leisure, Bury FC Community Trust, Pennine Care Trust, Education providers, Community groups, Charities, voluntary sports clubs, slimming groups.

[40] Adopted from the draft Sport England IWIYW Phase One Evaluation Report

3. Our Aims and Objectives

3.1. Having outlined a clear vision and rationale for increasing participation in physical activity and sport, and understood where we are now, Section 3 outlines our delivery framework for what we propose to do including our aims, objectives and the enablers for growth.

a. Aims

Aim	Rationale

1. Adopt a targeted approach to supporting the inactive become active	– We will only address the health challenges caused by inactivity if we get those who are currently inactive to be more active. All the evidence suggests this is a really challenging area and needs specific tailored interventions to support the behaviour change process (see Section 2).
	– The focus on the targeting is to utilise available insight to identify who the inactive groups are and put in place appropriate support.
	– We will apply the market segmentation approach adopted by IWIYW[41] to define who the inactive are. This recognises that even those who do something may not be doing the required levels for good health. The focus for this aim is on:
	  – Low active (1 to 3 sessions of 30 mins / month)
	  – Inactive (less than 1 session per month but doing some form of activity)
	  – 'Profoundly inactive' (no physical activity at all).
	– This aim recognises that many can access the 'universal offer' for physical activity and sport directly with the right support to do so. However, for many in this group tailored physical activity interventions will be required to put people on the pathway into the 'universal offer' and sustained physical activity habits.
	– The importance of integration of physical activity and sport into the mainstream is key through identification of the different 'touch points' into people's lives.

2. To sustain and increase participation for those already active	– It is critical that this strategy doesn't ignore those already active for a number of reasons, most particularly the only way to sustain high participation levels is to get those inactive being more active, *and* also to retain those already active in physical activity and sport. – A focus under this aim is to consider the 'safety nets' that are required to ensure that people don't drop out of activity. – This aim primarily deals with the 'universal offer' for physical activity

[41] Insight into women (aged 16+) in Bury at the start of IWIYW in 2013 showed that over 70% of women fell into these three categories.

Aim	Rationale
	and sport that can be accessed by the whole population. This will also consider the pathways that need to be put in place (within Bury and linking into the wider Greater Manchester infrastructure) to allow local people with talent to fulfil their potential in sport. – Key features that will underpin the retention in activity include market development of opportunities to meet local demands, and ensuring the quality of the experience.

3.2. **The message is simple, everybody active, more often** – for those who do nothing it is about getting them onto the pathway, for those already active it is about doing a little more (frequency and/or intensity), and/or sustaining existing high levels of participation over the life course.

b. Objectives

3.3. Ten key objectives have been identified to help deliver the aims of this strategy. They are listed in table 3.1 below and consider the different ways in which we can create an environment for growth including:

- Stimulating demand for physical activity and sport, and sustaining (and re-prompting interest).
- Influencing market development and the supply of physical activity and sport opportunities.
- How we can influence the system in terms of creating capacity and enhancing capability to deliver effectively.

3.4. The priority actions that determine how we will deliver these objectives are listed in our **Action Plan** (see appendix A). Section 4 outlines how this Action Plan will be utilised as a live document that is updated annually to ensure we deliver our stated ambitions.

3.5. Alongside the aims and objectives are two other key features of our delivery framework; the enablers for growth, and the importance of adopting a life course approach.

c. Enablers for growth

3.6. Three enablers for growth have been identified that cut across many of the objectives for the strategy. They are:

- **Social Perceptions** – stimulating demand in the market place, and helping to sustain (re-prompt) interest.
- **Physical Activity and Sport Opportunities** – the supply of programmes and activities to ensure market choice and create targeted opportunities. The scope of physical activity and sport opportunities is defined in figure 1.3 in Section 1.
- **Physical Environment** – including open space, built infrastructure for sport and physical activity, and infrastructure that enables activity/improves accessibility of activity (e.g. enabling travel arrangements, cycle parks, showers in workplaces etc).

d. A life course approach

3.7. The benefits of regular physical activity have been clearly set out across the life course with the strength of the relationship between physical activity and sport and health outcomes persisting throughout people's lives.

3.8. As a result of age we get less active, however, the good news is it's never to late to adopt a more physically active lifestyle. There is good evidence that the benefits of physical activity apply even to older people who have previously been inactive. With a greater proportion of older adults in Bury than nationally, and lower participation levels with age this presents a particular challenge locally in terms of increasing participation.

3.9. It is important to start early though. Trends in terms of remaining active from a young age are considered a challenge with only 23% of girls aged 5-7 nationally meeting the recommended levels of daily physical activity, declining to only 8% by the age of 13-15.

3.10. The importance of adopting a life course approach to increasing participation in physical activity and sport is therefore a key underpinning principle within the strategy. In designing the delivery framework we have therefore considered how our objectives will impact upon people in different stages of life.

e. Delivery Framework

3.11. The Delivery Framework is presented in table 3.1 below. This outlines the 10 key objectives, and illustrates their contribution to the strategic aims of getting people active and maintaining this for the lifecourse. In order to achieve this they are considered alongside the key enablers.

Active Travel example

- Active Travel can be part of the 'universal offer' helping to achieve both aims, having relevance to both engaging the inactive, and also supporting on-going active lifestyles.
- It impacts across the life course from children going to school right through to older people.
- To achieve the objective will require:
  - Work to change social perceptions around Active Travel, e.g. that it isn't safe to cycle to work, and also to promote this as a 'normal' way to travel
  - It will require opportunities to be put in place by schools and workplaces for instance to facilitate people's engagement
  - It will require changes to the physical environment, for example, provision of bicycle racks, or showers in workplaces, or development of cycle lanes.

3.12. For a detailed outline of the priority actions that we will address to achieve these objectives please refer to the Action Plan in appendix A.

Table 3.1 - Delivery Framework

	AIMS		LIFE COURSE					ENABLERS		
OBJECTIVE	**1. Adopt a targeted approach to support the inactive become active**	**2. To sustain and increase participation for those already active**	**Early Years (0-5)**	**Children (6-13)**	**Young People (14-25)**	**Adults (26-64)**	**Older Adults (65+)**	**Social Perception**	**Physical activity & Sport Opportunities**	**Physical Environment**
1. Influence commissioning and policy making to incorporate physical activity and sport	✓	✓						✓	✓	✓
2. Influence attitudes and behaviours to stimulate (re-prompt) demand for physical activity and sport	✓	✓						✓		
3. Make the workplaces of Bury amongst the most active in the country	✓	✓						✓	✓	✓
4. Ensure people who have long term conditions (LTCs) access physical activity and sport	✓							✓	✓	✓
5. Increase the number of people undertaking Active Travel	✓	✓						✓	✓	✓
6. Build intelligence and insight to help create the right environment for growth	✓	✓						✓	✓	✓
7. Improve the skills and capacity of the sport and physical activity workforce	✓	✓						✓	✓	
8. Deliver high quality sport, physical activity and physical education opportunities for children and young people	✓	✓						✓	✓	✓
9. Develop the physical activity and sport market to ensure it is high quality, accessible, and reflects local demands across the life course, all abilities and backgrounds	✓	✓						✓	✓	
10. Develop our physical assets and places to ensure they are accessible, high quality, and reflects local demands across the life course, all abilities and backgrounds	✓	✓						✓	✓	✓

4. Delivering our ambitions

a. Action Plan

4.1. The Action Plan in appendix A outlines 43 priority actions to be addressed in order to ensure that the key objectives are on track to be delivered.

4.2. This is the key document that will drive the implementation of the Strategy and will be overseen through the governance arrangements outlined below.

4.3. As a live document it is proposed that the Action Plan is updated on an annual basis to ensure that the priority actions remain current. Many of these are time limited and will require refreshing as partners work towards achieving the objectives.

b. Resourcing

4.4. This strategy subscribes to the key principle outlined in 'Everybody active, every day' which notes that to deliver change is not necessarily about new investment – it is more about maximising the potential of existing assets and resources. This relates to both existing investment and also our assets such as open spaces, streets, parks, leisure facilities, community halls, schools and workplaces.

4.5. Bury is fortunate that between 2013-16 will have received £4.3m (including £2m from 2015-16) from Sport England to help address the challenges of inactivity from 50% of the population through the IWIYW women and girls project. The learning from phase one of this project has helped to inform much of the development of this strategy.

4.6. The Action Plan also makes reference to the existing products and services we have in place in Bury aligned to different priority actions. We are starting from a position that there is already a lot happening to try and increase participation. The challenge is that the status quo will not achieve the aims, we need to consider how we bring this together to really maximise the investment to achieve a sustained change in participation habits.

4.7. In addition, it will be important to consider Bury's role within the city-region, through the Greater Manchester Devolution Agreement, the Greater Manchester Strategy, and the new Greater Manchester Sport and Physical Activity Strategy. The recent announcement regarding bringing together health and social care budgets across the city-region – a combined sum of £6 billion presents some interesting opportunities for physical activity and sport particularly with a focus on the prevention of ill health and the promotion of wellbeing.

c. Governance

4.8. This is a strategy for the population of Bury as a whole; it is not a Council Strategy. Whilst the Council clearly have a leading role to play the ambitions will only be achieved through a multi agency approach to addressing the challenges of physical inactivity, and helping to sustain active lifestyles.

4.9. The proposed governance model is shown in figure 4.1 below.

Figure 4.1 – proposed Governance model

4.10. The Strategy is owned by the Bury Health and Wellbeing Board who will provide strategic direction and oversight.

4.11. There will also be a reporting line to Team Bury, recognising that the outcomes of this strategy contribute to a number of areas of the Community Strategy and will not just be relating to health and wellbeing.

4.12. Operational oversight of the strategy will sit with a re-constituted Active Bury (sport and physical activity alliance), which is a partnership group of the key strategic agencies engaged in physical activity and sport and who will be responsible for driving forwards the objectives and priority actions. It will be responsible for owning, updating and ensuring delivery against the Action Plan.

4.13. Active Bury will be accountable to and will report directly to the Health and Wellbeing Board. As such this will help to give the group legitimacy and empower the stakeholders involvement to be able to make a difference.

Appendices

Appendix A – Action Plan[42]

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
1. INFLUENCE COMMISSIONING AND POLICY MAKING TO INCORPORATE PHYSICAL ACTIVITY AND SPORT						
1.1 Develop a physical activity assessment process into planning policy utilising existing models of best practice	✓	✓	TBC	TBC	TBC	Stefan Taylor, Health Improvement Specialist
1.2 Incorporate physical activity and sport into relevant policy's across the borough	✓	✓	Policy & Planning	2015	Internal	Bury Workforce Strategy Group, DPH
1.3. Ensure that commissioners have a long term plan for addressing physical inactivity including building it into existing commissions and contracts	✓		TBC	TBC	TBC	Julie Gonda, Commissioning & Procurement Stefan Taylor
1.4 Influence policy making at a Greater Manchester level, particularly in the context of Greater Manchester Devolution	✓	✓	Greatersport	TBC	TBC	Lesley Jones, Public Health Pat Jones-Greenhalgh Harry Downie
2. INFLUENCE ATTITUDES AND BEHAVIOURS TO STIMULATE (RE-PROMPT) DEMAND FOR PHYSICAL ACTIVITY AND SPORT						
2.1 Building from the insight developed from IWIYW, to develop a marketing and communications campaign aimed at addressing known barriers for inactive groups, in particular challenging existing 'norms' to re-position being physically active as positive, fun and rewarding and something open to all	✓		IWIYW	2015 - 2016	Internal	Gill Long, Communications Donna Campbell, IWIYW Marcomms
2.2 Develop and implement learning from IWIYW regarding approaches to encourage retention		✓	IWIYW	Dependant on new	Internal	John Mclean, IWIYW Insight

[42] This is a 12 month Action Plan that will be reviewed on an annual basis
[43] The proposed leads are for agreement with the new Active Bury partnership

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
				CRM system		
2.3 Work in partnership to develop effective approaches to intelligently signpost people towards physical activity and sport opportunities	✓	✓	IWIYW	Dependant on new CRM system	Internal	Donna Campbell, IWIYW Marcomms
2.4 Ensure physical activity and sport is integrated into existing public health campaigns	✓			2015	TBC	Heather Crozier Social & Development Team Stefan Taylor
2.5 Utilise learning from IWIYW to develop a plan for engaging with the 'touch points' around an individual's life to support in changing behaviours, raising awareness of the benefits of physical activity and sport, and signposting people to relevant opportunities (see also 6.1)	✓	✓	IWIYW	Dependant on new CRM system	Internal	IWIYW workforce
3. MAKE THE WORKPLACES OF BURY AMONGST THE MOST ACTIVE IN THE COUNTRY						
3.1 For Bury Council to take a lead in improving activity levels of its own workforce	✓	✓	IWIYW	2015	TBC	Bury Workforce Strategy Group
3.2 To work with local employers to understand what is important in establishing the Active Travel Plan for the borough (see 5.2) and how they can become physically active employers	✓	✓	TfGM Sustrans	2015	TBC	Chris Wilkinson Jackie Veal Bury Council
4. ENSURE PEOPLE WHO HAVE LONG TERM CONDITIONS (LTCS) ACCESS PHYSICAL ACTIVITY AND SPORT						
4.1 Extend the existing GP Referral programme to include people with a BMI of 25 and above	✓		BEATS; YOLO; BEATS/IWIYW	May 2015	Internal	Lee Buggie, BEATs, Sport & Physical Activity Service

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
4.2 Develop a falls prevention intervention pathway	✓		Falls Service	2015	TBC	Stefan Taylor Lee Buggie
4.3 Commission a longitudinal study regarding the participation / retention rates of LTC interventions	✓			2016	TBC	Stefan Taylor
4.4 Build physical activity guidance in as part of mainstream assessment processes, e.g. to adults having their NHS Health Check; to parents / carers of children during their child's Healthy Child Programme 2-year review; to parents or carers of children as part of the National Child Measurement Programme (NCMP)	✓		NHS Health Check, Healthy Child Programme, National Child Measurement Programme	2015 Ongoing	Internal	Lindsey Mooney Steph Mitchell Stefan Taylor
5. INCREASE THE NUMBER OF PEOPLE UNDERTAKING ACTIVE TRAVEL						
5.1 Establish an Active Travel partnership to increase Active Travel	✓	✓	SPAS, Cycling & Walking groups, Planning, TfGM, Parks, Engineering	July 2015	TBC	Chris Wilkinson Stefan Taylor
5.2 Develop an Active Travel Plan by assessing supply and demand helping to establish a set of commissioning intentions	✓	✓	TBC – Bury Active Travel Group	Oct 2015	TBC	Chris Wilkinson Stefan Taylor
6. BUILD INTELLIGENCE AND INSIGHT TO HELP CREATE THE RIGHT ENVIRONMENT FOR GROWTH						
6.1 Develop the IWIYW Blueprint to evidence how intelligence and insight can underpin successful approaches to increasing physical activity and sport	✓	✓	IWIYW	Dependant on new CRM system	Internal	John Mclean, IWIYW Sport England Jane McPherson SE
6.2 Test the IWIYW CRM system to explore its value to this strategy beyond IWIYW in gathering market insight	✓	✓	IWIYW	2015	Internal	John Mclean, IWIYW Insight
6.3 Develop profiles of inactive and active people in Bury to inform delivery of the objectives of the strategy	✓	✓	IWIYW / internal Intelligence	2015	Internal	John Mclean, IWIYW Insight

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
7. IMPROVE THE SKILLS AND CAPACITY OF THE SPORT AND PHYSICAL ACTIVITY WORKFORCE						
7.1 Establish coaching and officiating pathways	✓	✓	SAPAS	2015	Internal	Jackie Veal Carly Heselwood Sport & Physical Activity Service
7.2. Provide a training and capacity building programme to support delivery of activity to women and girls (IWIYW)	✓	✓	IWIYW	2015	Internal	Pritesh Patel, (IWIYW Sport & Active Lifestyles)
7.3. Develop a coordinated plan to ensure that we adequately value our Volunteers	✓	✓	SAPAS	2015	Internal	Jackie Veal Carly Heselwood Sport & Physical Activity Service
7.4. Deliver a 'Champions' volunteering programme supporting women and girls to become more active	✓	✓	IWIYW	2015	Internal	(IWIYW Communities Lead) new officer in post June 2015
7.5 Improve skills of the workforce to supporting the inactive to become active, for e.g. integration of key skills around physical activity for older adults amongst health and social care staff, support coaches, Bury Leisure staff with training and guidance on integration of behaviour change	✓		IWIYW	2015	Internal	Pritesh Patel Simon Wesolowski, IWIYW Training Development Officer
7.6 To ensure that health care professionals have sufficient and appropriate training and competencies to deliver against the actions around physical activity	✓		TBC	TBC	TBC	Stefan Taylor
7.7 Develop a plan for the recruitment of more volunteers, including engagement with employers	✓	✓	SAPAS	2015	Internal	Jackie Veal Carly Heselwood Sport & Physical Activity Service

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
8. DELIVER HIGH QUALITY SPORT, PHYSICAL ACTIVITY AND PHYSICAL EDUCATION OPPORTUNITIES FOR CHILDREN AND YOUNG PEOPLE						
8.1 Help give people the best start in life by improving physical literacy levels of 0-5s	✓		Lets Play	TBC	TBC	(Tbc)
8.2 Ensure that the PE and Sport premium for Primary Schools improves the quality of the PE and sport activities they offer their pupils	✓	✓	PE and Sport Premium Private Providers	2015 Ongoing	External	Gill Molloy Naomi Williams Gareth Oliver Broadoak Sports College
8.3 Ensure that Bury Schools are actively engaged in competition opportunities via the School Games, in particular: • Level 1 – Intra school (in school) • Level 2 – Inter school (between schools) • Level 3 – County/ area festivals		✓	School Games Greatersport	2015 2 Games per year Winter and Summer	External	Gill Molloy Naomi Williams Gareth Oliver Broadoak Sports College
8.4 Every college student in Bury is encouraged, supported and has the opportunity to participate in physical activity and sport as an integrated part of their college experience (contributing to learning, progression to employment and the development of active and sporting habits for life)	✓	✓	Active Colleges (including College Sportmaker), Sportivate, IWIYW	TBC	TBC	Scott Carnegie, College Sport Maker, Bury College
8.5 Ensure that schools physical activity and sport provision helps to engage inactive children, and those with excess weight	✓		Sportivate	TBC	TBC	School link Lee Buggie
8.6 Fully integrate physical activity and sport as part of the Healthy Schools Programme	✓		Schools	TBC	TBC	Public Health Steph Mitchell
8.7 Ensure there are pathways in place to continue to participate in organised sport and for those with talent to		✓	Satellite Clubs, Club Matters, Sportivate	TBC	TBC	Jackie Veal Carly Heselwood Sport & Physical

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
fulfil their potential						Activity Service
8.8 Support the growth of a strong and vibrant sports club infrastructure across Bury		✓	Doorstep Clubs, Club Matters	TBC	Internal	Carly Heselwood
9. DEVELOP THE PHYSICAL ACTIVITY AND SPORT MARKET TO ENSURE IT IS HIGH QUALITY, ACCESSIBLE AND REFLECTS LOCAL DEMANDS ACROSS THE LIFECOURSE AND ALL ABILITIES AND BACKGROUNDS						
9.1 Audit the market to understand the current supply of physical activity and sport opportunities (across different providers) in Bury	✓	✓	IWIYW	TBC	Internal	Pritesh Patel, IWIYW
9.2 Encourage market development to meet the identified needs of local people across the lifecourse, and all abilities and backgrounds (linked to 9.1 and 3.3)	✓	✓	IWIYW	TBC	Internal	Jackie Veal Pritesh Patel, IWIYW Sport & Physical Activity Service
9.3 Identify where specialist interventions will need to be commissioned to meet the needs of targeted inactive groups	✓		BEATS, BEATS/IWIYW, YOLO, New Sport England disability project	TBC	Internal/external	Public Health Stefan Taylor
10. DEVELOP OUR PHYSICAL ASSETS AND PLACES TO ENSURE THEY ARE ACCESSIBLE, HIGH QUALITY AND REFLECT LOCAL DEMANDS ACROSS THE LIFECOURSE AND ALL ABILITIES AND BACKGROUNDS[44]						
10.1 To develop an indoor leisure facilities strategy which is aligned to the outcomes and priorities of the Physical Activity and Sport Strategy. This strategy should consider the requirement for and/or long term	✓	✓	Leisure Facilities including Parks and open Spaces	TBC	Internal	Neil Long

[44] Note, there is some cross over with the Active Travel objective but this has been highlighted as an explicit objective because of the important opportunity it presents

PRIORITY ACTIONS	CONTRIBUTION TO AIMS		ALIGNMENT OF EXISTING PRODUCTS / SERVICES	TIMESCALES	RESOURCING	PARTNERS (Proposed Lead)[43]
	1. Adopt a targeted approach to support the inactive become active	2. To sustain and increase participation for those already active				
replacement of capital assets, co-location of services, alongside the Council's on-going revenue model						
10.2 To develop an up-to-date Playing Pitch Strategy in line with Sport England Playing Pitch Strategy Guidance		✓	Leisure Facilities	TBC	Internal	(Neil Long)
10.3 Maximise the potential of Bury in Bloom and the borough's open green spaces in supporting people to become active	✓	✓	Parks and Open Green Space	TBC	Internal	(Neil Long)
10.4 Identify opportunities for more innovative approaches to the provision of places to undertake physical activity and sport, e.g. housing and health care settings	✓	✓	Six Town Housing	TBC	TBC	(John Campbell)
10.5 Support the opening of school and college facilities for greater levels of community use.	✓	✓	Education	TBC	TBC	TBC (Children's Services)

Appendix B – strategy outcomes

Outcome	Primary Indicators [45]	Rationale	Where are we now and targets[46]
EVERYBODY MORE ACTIVE	**PHOF[47] 2.13i - Percentage of physically active and inactive adults - active adults (i.e. 150 minutes per week)**	This is the measure where the evidence base is strongest in terms of health improvement Through achieving this strong inference can be made as to the longer term health improvements within Bury.	54.1% active adults in 2013 compared to a national average of 55.6% **TARGET:** **More than 61.5% of adults (16+) in Bury undertaking 150 minutes of moderate intensity physical activity per week, a sustained increase of 1.5% per annum[48]**
	PHOF 2.13ii - Percentage of active and inactive adults - inactive adults	Considered the absolute baseline level – with an aspiration to get everybody (more) active this will highlight positive progression from those currently inactive.	29.5% inactive adults in 2013 compared to a national average of 28.9% **TARGET:** **A reduction of 8,100 adults (16+) who are inactive and not reaching the guidelines of 150 minutes per week, a decrease of 1.5% per annum over the lifetime of the strategy[49]**
	Number of adults playing sport once a week (1x30)[50]	It is evidenced that sport makes a significant contribution towards achieving CMO guidelines on recommended levels of physical activity. Allied to this it is vital to measure this, as it is the primary performance measure used for community sport.	37.2% (as measured through APS8 in October 2014) **TARGET:** **An increase of 14,644 adults (16+) taking part in sport at least once a week**
	Number of adults taking part in sport and active recreation 12 times in the last 30 days (equivalent to 3x30 per week)[51]	Secondary measure to evaluate whether adults are becoming progressively more active through sport and active recreation	25.7% (APS8)
	Number of adults maintaining participation in physical activity and sport	Forming sustained habits is critical to the success of the strategy	Not currently measured
	Satisfaction with physical activity and sport offer	This is an important enabling measure as it strongly supports retention aspirations.	This is measured for sport as part of APS but a more holistic measurement is required

lighted in **bold** are the primary measures of success;
ded for the first three indicators at this stage to set out the ambition against the key bellwethers for the strategy.
nes Framework
justed to 66,528 adults aged 16+, an increase of 8,100 (1,620 pa)
49,572 who are not reaching 150 mins to that level (NB: over 17k of them do something already)
urrently reconcile the primary outcome measures. Sport England's 1x30 measure is at least 1 session of sport a week
moderate intensity – people either meet this (achieve 1x30) or don't. Public Health England's measure is about the
quivalent minutes" (MEMs) of activity done per week and has three categories – active (150 or more MEMs),
- 149 MEMs) and inactive (less than 30 MEMs per week). Within these measures are components of intensity,
activity type.
sports participation indicator includes a narrower range of activities and does not include recreational walking and

	Increased awareness of the benefits of being active	As part of the process of engaging the inactive it is important to ensure that the benefits of being active are clearly communicated and understood.	Not currently measured
IMPROVED HEALTH AND WELLBEING[52]	Reduced need on NHS resources	To be measured through a reduction in Non Elective admissions	
	PHOF 2.12 - Excess weight in adults Reduction in obesity levels (whole population)	Given the well-established link between physical inactivity and obesity this is a primary measure to infer a positive impact made through increased participation levels.	Currently 68.2%, bordering the lowest 25th percentile in the country
	PHOF 2.06i – Excess weight in 4-5 year olds		19.4%, slightly above the national average
	PHOF 2.06II – Excess weight in 10-11 year olds		34%, which worryingly drops below the national average
	PHOF 4.03 – Mortality rate from causes considered preventable	Whilst a long-term indicator, with many other determinants, the evidence highlights that physical inactivity directly contributes to one in six deaths in the UK.[53]	214 per 100,000, in the lowest quartile nationally
ADDED VALUE TO SOCIETY AS A WHOLE WITHIN BURY[54] ***Health & Social Care (linking to Public Sector Reform)***	PHOF 2.24i – Injuries due to falls in people aged 65 and over	Physical activity has been identified as one means of being able to help prevent falls	1,906 per 100,000
	Improved mental wellbeing (self reported)	Being active has been evidenced to be central to good mental health[55]	Not currently measured
The Local Economy	PHOF 1.09ii – The percentage of working days lost due to sickness absence	Related to targeted workplace interventions, based upon the strong evidence showing that businesses with active workforces are more productive, have lower sickness rates and lower staff turnover.	Currently 2.3%, in the bottom 25th percentile in England
	Number of people offered a traineeship and supported into employment	Recognising the opportunities for employment through the sector. Also an important contribution to be made in building confidence / work readiness.	Currently estimated that 1,676 jobs in sport in Bury
	Gross Valued Added from Sports	A healthy position in terms of increased participation levels is also	Currently £45.5m per annum

ty and sport has a positive impact on NHS Resources and Obesity indicators these will also be impacted by other

ery day: An evidence-based approach to physical activity. Public Health England, October 2014

tities existing sources and not place too much emphasis on workload here. Need to recognise that attribution will be difficult in these areas – inferred vs hard impacts.

[55] Everybody active, every day: An evidence-based approach to physical activity. Public Health England, October 2014

	Participation[56]	shown to generate a wider economic benefit for the local economy.	
Social Capital	Increased levels of volunteering and value to the local economy	Participation in physical activity and sport can help to energise the local community	Sports volunteering levels are measured through APS Estimated economic value of £14.4m to Bury
	Multi faith / ethnicity opportunities	Physical activity and sport can help to foster community cohesion and break down barriers to engagement	
Environment	Increased levels of sustainable travel (walking, cycling)		Nationally we know that 64% of trips are made by car

[56] Available from the Economic Value of Sport local model.

Appendix C – Useful resources

- **Chief Medical Officers physical activity guidelines**

Start Active Stay Active: A report on physical activity from the four home countries' Chief Medical Officers, 2011. https://www.gov.uk/government/publications/start-active-stay-active-a-report-on-physical-activity-from-the-four-home-countries-chief-medical-officers

- **Insight into key influences on participation of different groups**

Sport England research to understand factors which influence sporting behaviour, such as age, gender and economic conditions. This includes insights and understanding into what affects and impacts specific population groups.
https://www.sportengland.org/research/encouraging-take-up/key-influences/

- **Existing NICE guidelines regarding physical activity**

  - PH6 2007 Behaviour change: the principles for effective interventions
  - PH8 2008 Physical activity and the environment
  - PH13 2008 Promoting physical activity in the workplace
  - PH17 2009 Promoting physical activity for children and young people
  - PH41 2012 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
  - PH42 2012 Obesity: working with local communities
  - PH44 2013 Physical activity: brief advice for adults in primary care
  - PH49 2014 Behaviour change; individual approaches
  - PH54 2014 Exercise referral schemes to promote physical activity

Please see www.nice.org.uk/guidance for more information.

- **Everybody active, every day: a framework to embed physical activity into daily life, Public Health England, 2014**

https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

Bury Health and Wellbeing Board

Title of the Report	Tobacco Control Annual Report
Date	16th July 2015
Contact Officer	Chloe McCann
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information [x]	Discussion [ ]	Decision [ ]
Why is this report being brought to the Board?  Tobacco Strategy Annual Report 2014.pdf	The Tobacco Annual Report is being brought to the Board for Information only.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The Tobacco Control Annual Report relates to all priorities.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	This report relates to all Joint Strategic Needs Assessment priorities.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The report is for information only and the Board is requested to note its content.		
What requirement is there for internal or external communication around this area?	None.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	None.		

2. Introduction / Background

This annual report reflects the progress made since the first refresh of the Bury Tobacco Control Strategy, and the future plans for tobacco control work in Bury.

The 3 key objectives of the Bury Tobacco Control Strategy that the Bury Tobacco Alliance promotes and supports are:

•Enabling smokers in Bury who want to quit, to be able to quit with the right support.

•Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.

•Protecting children, families and communities from the effects of second hand smoke.

We move into 2015 with these in mind and continue to use local knowledge and intelligence to inform our activities and service provision, and also to use regional and national campaigns to support our work locally.

3. key issues for the Board to Consider

The Board is advised to note the contents of the report.

4. Recommendations for action

The Board needs to consider the context of the report,

5. Financial and legal implications (if any) If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

No equality and diversity implications as it is a report.

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Date: 29/06/2015

Tobacco Control Strategy for Bury

Annual Report 2014

Bury COUNCIL

Message from Councillor Simpson & the Director of Public Health

This annual report reflects the progress made since the first refresh of the Bury Tobacco Control Strategy, and the future plans for tobacco control work in Bury.

During the past few years, we have faced problems associated with economic downturn, including the Council's own budgetary constraints, and also the additional stresses that our residents experience due to increased household expenses and the threat of job losses.

In April 2013, local authorities became responsible for reducing smoking prevalence, as well as a number of other public health outcomes. Bury Council has continued to invest in stop smoking services, recognising that reducing levels of smoking is the surest way to reduce health inequalities.

Whilst we have made good progress against the outcomes associated with tobacco, there still remains a distinctive gap between Bury and the rest of England. It is not acceptable that people in Bury should expect to live shorter lives and experience greater levels of ill health than other people in England, and therefore we will continue to look for ways to stop people from taking up smoking, and to help people who smoke to quit.

Smoking has become less acceptable and the work that we do and campaigns that we support aim to 'de-normalise' smoking. Changes in the law, such as the legal age of sale of tobacco products being increased to 18, have made it more difficult for young people to have access to tobacco. Future legislation of smoking in private vehicles with children present will go one step further to protect our children and young people from the harms of tobacco smoke.

We will continue to offer our residents the support they need to protect themselves, their children and families from these harms.

Lesley Jones
Director of
Public Health

Andrea Simpson
Councillor

Bury COUNCIL

Where we are now

Smoking is still the biggest preventable cause of ill health and premature death. Over the past year we have made progress against our commitment to reduce smoking prevalence and the harms caused by tobacco.

The rate of smoking in Bury for adults over 18 years of age is **18.2%**. This is a reduction of more than 1 ½ percentage points on the previous year. This is a great achievement and a result of collaborative working of members of the Tobacco Alliance.

Whilst a reduction in overall prevalence is good news for Bury residents, we still have a higher rate of smoking amongst those who work in routine and manual jobs. The prevalence amongst this population group in Bury is **31.9%**, an increase of 2 ½ percentage points on the previous year.

Whilst this is described as '*not significantly different to England average'* , it is not acceptable that some of our residents, including children and families, experience poorer health and other related harms such as deprivation and poverty, because the rate of smoking is higher.

Our rate of smoking for pregnant mums, as recorded at the time of delivery is **13.6%** compared to 12% for England. Smoking in pregnancy not only harms the mum and the baby, but also potentially other children in the household, particularly toddlers, and it means that money spent on cigarettes may be stretching household budgets even more. Pregnant women often need extra specialist support to quit during pregnancy because of their increased metabolism and the way that nicotine is processed by their bodies.

Whilst overall the rate of smoking has reduced, the number of smokers coming to stop smoking services for support with quitting has also reduced. In 2013/14 there were **1,433** quitters for every 100,000 people compared to 3,524 in England. This clearly demonstrates an underuse of our support services and in this next year, we need to investigate why people to not come into services for support, and what we can do to make our services more appealing to smokers.

Bury COUNCIL

Overview of the strategy and Tobacco Alliance

The Bury Tobacco Alliance has faced difficulties this year in maintaining its membership, as have other non-statutory groups. Despite budget cuts and reduced levels of staffing across many departments and organisations, members have continued to contribute in whatever way they can to reducing smoking prevalence and tobacco use.

Whilst some meetings in the past year have been poorly attended or cancelled due to numbers of apologies, tobacco control work has continued to be a priority for member organisations, and it is no doubt due to this commitment that we are able to demonstrate a reduction in smoking prevalence on the previous year.

Our stop smoking services continue to provide expert advice and support, as well as medicines for people wishing to quit smoking. The Council's Trading Standards and Environmental Health teams have produced excellent results with the enforcement work that they do around illicit and illegal tobacco sales and smoke free public places enforcement. Other partners such as Bury College, Six Town Housing and Greater Manchester Fire and Rescue Service continue to promote key messages about the harms of smoking and tobacco use to our target groups.

The 3 key objectives of the Bury Tobacco Control Strategy that the Bury Tobacco Alliance promotes and supports are:

•Enabling smokers in Bury who want to quit, to be able to quit with the right support.
•Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.
•Protecting children, families and communities from the effects of second hand smoke.

We move into 2015 with these in mind and continue to use local knowledge and intelligence to inform our activities and service provision, and also to use regional and national campaigns to support our work locally.

Bury COUNCIL

Challenges

Some of the challenges we face have been identified already such as the higher rates of smoking in routine and manual work groups, our numbers of pregnant smokers and the reduced footfall of people wanting to quit into our stop smoking services.

We need to identify better with the target audiences in order to deliver services that appeal to them as well as being effective in supporting smokers to quit.

Reduced footfall through services means that our target audience has different needs to those that were identified when stop smoking services first came into being more than 10 years ago. We have different challenges such as those posed by electronic cigarettes.

Some smokers are choosing to use these devices to help them quit, although our available intelligence about their effectiveness is still emerging. For some, 'e cigs' have provided solace for their addiction, but for others there are concerns about safety, and also about the normalisation of products that essentially aim to mimic smoking.

We have come so far since 2007 in de-normalising cigarette smoking. When the smoke free legislation was introduced, it took a while to accept that people would not be allowed to smoke in public places. Now, seven years later, it is normal and it would be shocking to see somebody lighting up a cigarette in a public place. And yet we see e cigs being marketed towards children and young people.

De-normalising cigarette smoking is only part of the battle that we face in reducing the uptake of smoking by new, young smokers. Making accessibility of tobacco products more difficult for young is another element. Our trading standards team has seized large numbers of illegal and illicit tobacco products in the past year, and Trading Standards North West has produced another bi-annual report of the schools survey it conducts with pupils in the region. This contributes to our intelligence base, and yet we really do not know the full scale of the illicit and illegal tobacco product market in Bury. We are challenged with recruiting partners to contribute 'soft' intelligence that can direct the invaluable work of the Trading Standards team.

Bury COUNCIL

Bury's Stop Smoking Services

Bury has a specialist stop smoking service that is commissioned by Bury Council and provided by Pennine Care Foundation Trust. It has responsibility for providing more specialist support for clients who need it, as well as for training a range of other providers to deliver stop smoking support. Other providers include pharmacies, GP practices and maternity services. It is really important that front line staff who work on a daily basis with clients, customers and patients have the skills to be able to talk to smokers about their addiction, and if necessary are able to direct them to somewhere that can offer help with quitting.

Our specialist stop smoking service has networked and developed partnership arrangements with such organisations as the fire service in order that they can train staff and reciprocate by receiving training from other organisations. Greater Manchester Fire and Rescue Service continues to develop its working relationship with Bury Stop Smoking Service in order to identify early those who are at increased risk and to further develop mutual referral pathways.

Not only do we rely on these partnership arrangements to facilitate training and sharing of knowledge and good practice, but we are also in the fortunate position of receiving support from commercial organisations that provide some of the products we use to help smokers to quit.

As such, this year we have been able to deliver two half day training sessions for stop smoking practitioners using external expert speakers with a wealth of knowledge about stop smoking services and delivery. Topics covered included *Smokers with Chronic Obstructive Pulmonary Disease (COPD), Engagement and retention of smokers in services,* and *Smoking in Pregnancy.*

Our specialist service has targeted staff groups such as midwifery and workplaces with brief intervention training in order to equip them with the skills and knowledge to talk about smoking with smokers, and to refer into services.

All of our stop smoking services have managed the additional demand on services that often arises from regional and national media campaigns such as Stoptober. The staff in these services have also demonstrated commitment to helping people to quit by taking time out of busy and often clinical schedules to attend training.

Bury COUNCIL

Illegal and Illicit Tobacco

Bury Trading Standards has continued to make accessibility and supply of illegal and illicit tobacco products. These products are often linked to organised crime gangs both in the UK and abroad. They often have warnings written on them in a different language and may contain substances that are additional to the harmful products that are in regulated products.

Since changes in legislation, it is now illegal to sell cigarettes or tobacco products to anyone who is under 18 years of age. Trading standards has an essential and invaluable role in enforcing the legislation and therefore preventing the uptake of smoking by children and young people. The North West Trading Standards survey provides us with useful information about where children and young people source their tobacco products, and also about how many of them smoke tobacco.

Bury Trading Standards team does receive intelligence from many sources on the availability of illicit tobacco products. So far during the year they have seized products from commercial and residential properties. Total seizures amount to 9.65 kg of hand rolling tobacco, 37,759 cigarettes and 256 blunts/ cyclones. The estimated street value is in the region of £20,751

As new developments occur, many organisations are beginning to recognise e cigarettes in a similar way to tobacco products when developing their policies and practices. During January 2015, the Government is consulting on proposals to restrict the age at which nicotine inhalers (including e cigarettes) can be purchased. This will bring them in line with tobacco products, but this will also create additional pressures for Trading Standards teams, who are to be tasked with enforcing the new regulations.

Bury COUNCIL

Children and Young People

Bury Public Health Purchased 4 licences for an internet-based educational programme called *Operation Smokestorm* for use in the school year 2013/14. The feedback was positive and the programme was offered more widely to all secondary schools in Bury. 6 schools will be making use of the programme this year. It teaches not only about the health harms of tobacco, but also about the ethical issues such as child labour associated with illicit tobacco, and the way products are marketed by tobacco companies. The programme is interactive and has a secret agent theme running through.

Alongside this programme, the Children's Trust led on a peer support/ education programme which trained year 10 pupils up to deliver tobacco educational messages to year7s, and also become mentors who were able to support children to say no. The training was delivered by Bury College and Bury Stop Smoking Service and culminated in a weekend residential that was led by Bury Youth Services. The feedback from pupils indicated that they had learned a lot and had developed their confidence in speaking to peers and their families about tobacco issues.

The latest CHETS (Childhood Exposure to Environmental Tobacco Smoke) survey 2014 for Wales, indicates that less children are being exposed to smoking in vehicles than stated in the previous survey in 2008.

66% of schools and 86% of pupils took part in the survey and alarmingly, 6% of these pupils said they had tried E cigarettes. This rose to 12% amongst those who had two smoking parents. 15% of those who had used an e cigarette reported that they might or will take up smoking in the next two years.

It is essential that we continue to work collaboratively to reduce both demand for and supply of tobacco products to children and young people if we are to reduce longer term smoking prevalence.

Bury COUNCIL

Campaigns

New Year Health Harms
Public Health England launched a new Smokefree Health Harms campaign on 29 Dec 2013. The campaign focused on the immediate harms that smoking does to the body, and encouraged people who smoke to go online to get free support.
A range of resources was made available to smokers to help them quit, some of which were distribute via the Bury Tobacco Alliance. These included a Smokefree app, Quit Kit, daily email programme or text messages, along with details of local services to get face-to-face support from a specially trained adviser. This campaign will run again in January 2015 and will be supported by Bury Council.

No Smoking Day
The theme for the 2014 No Smoking Day was 'V for Victory'. This coincided with the 100th anniversary of the 1st World War and also events that were organised by the Lancashire Fusiliers. Public Health worked with the Fusiliers in Bury as well as Bury Market and other colleagues from Pennine Care Foundation Trust to promote No Smoking Day.

The theme for 2015 is Proud to be a Quitter.

Stoptober
We supported this campaign locally again and this year we had an estimated 730 sign ups from the Bury area compared to 726. The increase is small but significant. Smoking prevalence has reduced since last year, and the figure this year have only captured local sign up and not electronic. This would suggest an incredibly successful local Stoptober campaign.

Locally, public health tweeted encouragement and re-tweeted Public Health England and Tobacco Free Futures messages. The Bury Stop Smoking Service was able to utilise the giant Stoptober Button, on loan from Public Health England, at two of their high profile events during October.

Bury COUNCIL

What next?

There are plans for 3 national Public Health tobacco control campaigns for 2015. They are:

Health Harms (January)
No Smoking Day (March)
Stoptober (October)

We will promote these locally in order to raise awareness of the harms of tobacco use and the services available, and to continue to reduce smoking prevalence and tobacco use in Bury.

We will continue to monitor new and developing trends, such as e cigarettes, and develop services that are responsive to the needs of the population of Bury in order to further decrease the levels of smoking.

We will look for other ways to gather intelligence that will inform local enforcement activity, to stop the uptake of smoking at a young age, but also to protect our most vulnerable residents from the harms of illicit and illegal tobacco use.

We will support organisations that work with children, young people and families to provide information and education about the harms of second hand smoke, including harms to unborn babies.

We will look at the population groups that are most affected by health inequalities caused by tobacco use in Bury, and we will target services and campaigns particularly towards these groups. We have a duty to reduce smoking prevalence amongst routine and manual work groups and will aim to have a great impact on this group within the coming year.

We will look to working more closely with our colleagues in the Bury Clinical Commissioning Group to ensure that commissioned services address needs of the population served by the CCG and Bury Council.

Bury COUNCIL

Contributors

Frances Carbery (Author)	**Health Improvement Specialist, Bury Council**
Andrew Johnson	**Head of Trading Standards and Licensing, Bury Council**
Rebecca Caygill	**Health and Wellbeing Service Manager, Pennine Care Foundation Trust**
Martin Barber	**Community Safety Manager, GMFRS**
Linda Read	**Oral Health Promoter, Pennine Care Foundation Trust**
Idrees Khan	**Oral Health Promoter, Pennine Care Foundation Trust**
Diane Halton	**Public Health Programme Manager**

Many thanks to Zoe Fogarty, Public Health project administrator, for her invaluable support with this report, the Tobacco Alliance and all aspects of Tobacco Control work within Bury Council.

Bury COUNCIL

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Agenda Item 9

Bury Health and Wellbeing Board

Title of the Report	Letter from Duncan Selbie - Chief Executive, Public Health England
Date	16th July 2015
Contact Officer	Heather Crozier
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information [x]	Discussion [ ]	Decision [ ]
Why is this report being brought to the Board?	This report is being brought to the board for information. It is a detailed letter from Duncan Selbie Chief Executive, Public Health England from his visit to Bury Council on the 08/06/2015.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The letter contributes towards the priorities of the Joint Health and Wellbeing Strategy directly and indirectly. The letter promotes Bury Councils work around Health and Wellbeing.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	The letter contributes towards the priorities of the Joint Strategic Needs Assessment directly and indirectly. The letter promotes the work around Health and Wellbeing and analyses the work Bury Council has achieved leading to healthy lifestyles; healthy lifestyles have a direct positive impact on both physical and mental wellbeing.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	This letter is for information at the Board and for the Board to consider how to promote its content.		
What requirement is there for internal or external communication around this area?	None.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	None.		

2. Introduction / Background

This report is for information only. The Chief Executive for Public Health England, Duncan Selbie visited Bury Council on the 08/06/2015.

He has now produced a letter summarising his feelings from the visit.

Please see below email from Duncan Selbie.

Thank you for such a warm welcome for Mel, Stephen and me on Monday and for an instructive, energising and inspiring morning.

The statutory duty placed on Bury Council by the 2012 Act is to improve the health of the people, the public's health and concurrently your CCG partner was given a legal responsibility to address inequalities. I have been to many places over the past two years but none more motivating nor where this is so obviously understood. It was a pleasure to be with you, to listen and to learn of your priorities and concerns. Your positive outlook was what impressed me the most, that and your determination to make things better for local people and in this you are clearly succeeding.

Life expectancy and life in good health for local

people is varied with areas of deprivation and poor outcomes, and a consequent impact on children living in poverty amongst others. These we know from Marmot and others, and as you so clearly are demonstrating, neither inevitable nor immutable and our discussions centred on both the causes and consequences and how you are addressing them.

Healthcare matters to good health but not nearly so much as having a decent job, a good education, decent housing and companionship. For children what matters most is a good start to life and being ready to learn on starting school. The transfer from the NHS of 0 to 5 commissioning this October is pertinent to this. These are all, of course, interdependent. As you exemplify, economic prosperity absolutely drives improved health, and wellbeing in this context is ensuring that local people share in that prosperity.

Your three top priorities: health and wellbeing, a strong economy and strong and safe communities speaks to this as does your refreshed health and wellbeing strategy with its focus on starting well, living well, living well with a long term condition, ageing well and healthy places. This was also evident from your choice of where we were based for the morning, the Welly Cafe to hear from your teams leading on each of these themes.

The Cafe, as a community asset, is bringing opportunity for work and hope to the most vulnerable and recreation and enjoyment for everyone, no longer at a cost to the Council for maintenance and over the years helping 1000 people into employment. Mike Spurr spoke of future plans to expand its impact; he and everyone involved should be immensely proud of the positive difference they are making.

Amongst a sea of examples, of national note is your Starting Well Partnership and FNP Board focused on 0 to 5s and taking forward the Greater Manchester Early Years New Delivery Model. This is bringing together all your early years assets from those aimed at pre conception to the connections with the Troubled Families Programme, children in care, faith groups and the third sector into a wholly joined up and aspirational programme.

Equally of note is your involvement in the Sport England national pilot 'I will if you will" to engage more girls and women in physical activity, 9,500 so far involved and 10,000 more hoped for, and your refreshed physical activity strategy (for those inactive to become active and for those active to become more so), including active travel, building on the learning from this. We could not though be more impressed by Neil Long's work to being leisure, parks and play to the fore with all 12 parks meeting green flag standards with 64 play areas for children and every junior sports club, each of them self managed, belonging to a network connected to local schools. Having easy and free access to safe, open spaces is fabulous for everyone but especially children.

On ageing well you are bringing together previously disparate services helping people to stay at home and planning major capital investments in state of the art community hubs. I would like to be invited back to see one of these when operational. Your dementia diagnostic rate is second only to Salford in the region.

Again of major significance is your focus throughout on asset based community development and on outcome based accountability across the whole of the business of the Council and promoting evidence based practice. I could easily go on.

We spoke about the demanding financial position. This got more so with the Chancellor's announcement the week before last of a £200m in year cut to the public health grant. There will be consultation by the Department of Health on how this is to be distributed and I know you will reply to this. Nonetheless, we know that putting prevention at the heart of everything is clearly relevant to managing demand and future costs. The public health grant is there to provide essential public health services but also, as you are proving, leverage for creating better value from the whole of your combined Council and CCG budgets. The relationship between you, working together to squeeze the best value out of your combined spending power "the Bury pound" has to be the way forward as is your core involvement in the wider Greater Manchester Devolution

Deal making the sum greater than the individual parts. Certainly we see our role in supporting you in every way we can, including you calling on me personally whenever you think that might be helpful.

I hope this short note accurately reflects our conversation and I look forward to keeping in touch. Please receive and convey my warmest thanks and respects to everyone for all they are doing and for the obvious positive outlook that each is bringing to this most worthwhile public service responsibility. You have much to do but so much to be proud of too.

Best wishes, Duncan

Duncan Selbie

Chief Executive

Public Health England

3. key issues for the Board to Consider

The board is asked to note the content of the Report and discuss further communications and publicity of its contents.

4. Recommendations for action

The board is asked to note the content of the Report.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

No Equality/Diversity Implications.

CONTACT DETAILS:

Contact Officer: Heather Crozier

Telephone number: 0161 253 6684

E-mail address: H.Crozier@bury.gov.uk

Date: 29/06/2015

Agenda Item 10

Bury Health and Wellbeing Board

Title of the Report	Letter from Lyn Romeo - Chief Social Worker for Adults Social Care, Local Government and Care Partnerships
Date	16th July 2015
Contact Officer	Heather Crozier
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information [x]	Discussion [ ]	Decision [ ]
Why is this report being brought to the Board?	This report is being brought to the board for information. It is a letter from Lyn Romeo Chief Social Worker for Adults Social Care, Local Government and Care Partnerships from her visit to Bury Council on the 09/06/2015.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	The letter contributes towards the priorities of the Joint Health and Wellbeing Strategy directly and indirectly. The letter promotes Bury Councils work around Health and Wellbeing.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf	The letter contributes towards the priorities of the Joint Strategic Needs Assessment directly and indirectly.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	This letter is for information at the Board and for the Board to consider how to promote its content.		
What requirement is there for internal or external communication around this area?	None.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG	None.		

Board/other stakeholders....please provide details.	

2. Introduction / Background

This report is for information only. The Chief Social Worker for Adults Social Care, Local Government and Care Partnerships, Lyn Romeo visited Bury Council on the 09th June 2015.

She has produced a letter summarising the visit.
Please see below email from Lyn Romeo.
I am writing to you to thank you for the administration that went into my visit to the council.

It was very informative and worthwhile for me and I hope you and your staff also got what you wanted out of the day.

You did a really superb job organizing the visit, enabling opportunities for networking and I was pleased to have the opportunity to hear and experience different perspectives on social care and social work from practitioners, service users and other colleagues.

Please pass on my thanks to all the social workers and social care managers involved and the people who use services and their carers.

It is always inspiring when social workers come together to share their views and ideas for how we can continuously improve practice to ensure the best outcomes for people who use our services.

Congratulations again for what was really a successful and memorable visit.

Best Regards
Lyn Romeo

3. key issues for the Board to Consider

The board is asked to note the content of the Report and discuss further communications and publicity of its contents.

4. Recommendations for action

The board is asked to note the content of the Report.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

No Equality/Diversity Implications.

CONTACT DETAILS:

Contact Officer: Heather Crozier

Telephone number: 0161 253 6684

E-mail address: H.Crozier@bury.gov.uk

Date: 29/06/2015

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Bury Health and Wellbeing Board

Title of the Report	Public Health Annual Report
Date	16th July 2015
Contact Officer	Chloe McCann
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information [x]	Discussion [x]	Decision [ ]
Why is this report being brought to the Board?	It is a statutory requirement for the Health and Wellbeing Board to include an Annual Director of Public Health Report. This report is being brought to the Board for information and discussion.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The Public Health Annual Report relates to all priorities.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	This report relates to all Joint Strategic Needs Assessment Priorities.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The report is for information and discussion only and the Board is requested to note its content.		
What requirement is there for internal or external communication around this area?	None.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG	None.		

Board/other stakeholders....please provide details.	

2. Introduction / Background

This report is for information and discussion.

The report is based around the nine key areas identified in 'Improving the public's health: A resource for local authorities' published by The King's Fund in 2013, together with a tenth looking at 'Health and Social Care'.

Local authorities are now at the heart of the drive to improve and protect the public's health and reduce health inequalities following the Government's 2012 health and social care reforms.

Bury Council has always strived to play its part in supporting people to have healthier, longer lives. However, the transfer of responsibilities for Public Health from the NHS provides a renewed opportunity for the Council and its partners to harness, shape and enhance their work to address the wider determinants of health. These include employment, education, housing and the environment, delivered through meaningful engagement with local citizens.

3. key issues for the Board to Consider

The Board is advised to note the content of the Report.

4. Recommendations for action

The Board needs to consider the context of the Report.

5. Financial and legal implications (if any) If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

No Equality and Diversity Implications as it is a Report.

CONTACT DETAILS:

Contact Officer: Chloe McCann

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Date: 29/06/2015

Director of Public Health

Annual Report 2013 - 2014

Public Health at the heart of our business

Contents

1. Foreword

I am delighted to present my first annual report as Director of Public Health for Bury.

Local authorities became responsible for public health in April 2013 following the NHS Reforms (2012) and I took permanent responsibility for Public Health within Bury in October 2014. The years 2013 and 2014 have consequently been a period of transition and change in which the Council has begun to learn about and embrace its new responsibilities and where teams have adapted to new ways of working.

It therefore seems timely to consider the role of councils in improving and protecting the public's health, celebrate what has already been achieved locally and reflect on what more can be done to ensure all the people of Bury enjoy healthy and fulfilling lives.

The report is based around the nine key areas identified in 'Improving the public's health: A resource for local authorities' published by The King's Fund in 2013, together with a tenth looking at 'Health and Social Care'. In producing this report, I have drawn on contributions from a wide range of colleagues from across the council and partner agencies. A full list of contributors can be found in appendix two and I would like to extend my sincere gratitude to each and every one.

Bury Council has stated its ambition to become a true 'public health council', working with partners to be the healthiest borough in the North West. There is no lack of passion for this agenda. I hope that the recommendations set out in this report provide some direction to help harness and channel that passion and achieve further real improvements in outcomes.

Lesley Jones
Director of Public Health

It is my pleasure to endorse the Public Health Annual Report 2013-14. It provides a strong foundation for the development of health-related services and programmes which can enhance the quality of life for those people living in the Borough.

The vision and creativity which exist within the Council will help to ensure that we continue to look for innovative ways to deliver and improve services, building on established relationships with partner organisations to use resources as effectively as possible.

I look forward to seeing the health of the people of the Borough improve now and in the future.

Councillor Andrea Simpson
Cabinet Member for Health and Wellbeing

2. Introduction

Local authorities are now at the heart of the drive to improve and protect the public's health and reduce health inequalities following the Government's 2012 health and social care reforms.

Bury Council has always strived to play its part in supporting people to have healthier, longer lives. However, the transfer of responsibilities for public health from the NHS provides a renewed opportunity for the Council and its partners to harness, shape and enhance their work to address the wider determinants of health. These include employment, education, housing and the environment, delivered through meaningful engagement with local citizens.

'Improving the public's health: A resource for local authorities' (*The King's Fund, 2013*) usefully sets out a range of practical evidence-based actions for councils across nine key local authority functions. This Public Health Annual Report takes stock of achievements to date across these nine key areas, plus an additional theme of 'health and social care', and makes recommendations on priorities for the future.

Bury Council and its partners have delivered a wide range of services and programmes which have a direct and indirect impact on improving the health of the Borough's population. The strengthened public health remit, an assets-based approach to community development and excellent partnership relationships present exciting opportunities to further improve the health of residents.

However, there are also significant challenges. Social, economic and environmental factors beyond the direct control of local agencies significantly influence our health throughout our lives. Having a good quality, secure job, a decent place to live and a clean and safe environment are all basic pre-requisites to health and wellbeing. Stark inequalities exist between sections of the population and affect health outcomes. For example, a child born to poorer parents will have worse life chances than a child born in more affluent circumstances. More affluent people not only live longer but also live a greater proportion of their lives in good health.

Financial austerity in recent years has had a major impact. In addition to the direct impact on the local population, for example through reduced income and unemployment, reduced resource availability has affected the ability of local authorities to deliver services. Nonetheless, Bury is ambitious and aspirational and is committed to working with and for local residents to support the best possible health outcomes.

3. Bury Council's Contribution to Public Health

3.1 The Best Start in Life

Why is this important?

A child's experiences in their first four years can have a major impact on their health (for example, obesity, heart disease, mental health) and life chances (for example, educational attainment and economic status), both as a child and as an adult.

Good early years provision is good for all children, but it has a particularly positive impact on the development of disadvantaged children. It is, therefore, essential that efforts are concentrated into improving the quality of health provision available to children of the Borough. Although health is generally good, there are a number of areas where things need to improve.

There are strong links between deprivation, educational attainment and health outcomes in Bury. Areas of higher deprivation also experience poorer educational attainment and poorer health outcomes. As a result, individuals and families living in areas of high deprivation are more likely than the rest of society to depend on public services.

Facts and figures

There are several areas where improvements are required to enable children to have the best start in life such as:

- improving early access to antenatal services – currently only 63.5% of women access maternity services by week 12 of pregnancy (*Bury Joint Strategic Needs Assessment, 2013*);

- reducing smoking in pregnancy - although reducing, in 2012-13, 15.3% of mothers at time of delivery were classed as smokers (*Bury Child Health Profile, Public Health England*);

- increasing breastfeeding rates - 2012-13 breastfeeding rates were 68.9% at initiation and 41% after 6-8 weeks. These were below the England averages (73.9% and 47.2% respectively) but above the North West averages (62.2% initiation rate) (*Bury Child Health Profile, Public Health England*);

- improving oral health - in 2011-12, 33.5% of Bury children aged 5 years had one or more decayed, missing or filled teeth, compared to an England average of 27.9% (*Bury Child Health Profile, Public Health England*);

- reducing childhood obesity - Bury's rate of obesity at Year 6 ranges within wards from 9% to 33% (*Bury Child Health Profile, Public Health England*);

- increasing the proportion of children who achieve at least the expected level in early years learning - in 2014, this was 54%, compared to 55% in the North West and 58% in England (*Department of Education*).

The King's Fund suggests that local authorities:

- target the most disadvantaged children and families with intensive support, supplementing specific interventions with mainstream universal support.

- focus support on vulnerable mothers from pregnancy until the child reaches the age of two.

What's already happening in Bury?

The ten authorities across Greater Manchester have collaborated to develop a new model for the provision of health, social and educational support for children aged 0-5. This model involves eight stages of assessment across the first five years of a child's life, supported by a range of evidence-based interventions to help ensure the best outcomes for all children. The model includes elements of provision that are available for all families and elements which are targeted at families who require more support. This model is being taken forward in Bury. For example:

Health visiting
The Health Visiting team has been successful in gaining UNICEF Baby Friendly Community Accreditation (designed to support breastfeeding and parent-infant relationships by working with public services to improve standards of care) and is taking part in research to assess the effectiveness of 'Baby Express', a newsletter with short, easy-to-read articles containing information on issues relevant to a child's needs at each stage of their early life.

Pre-school education
From September 2014, the number of parents eligible for free childcare for their two-year-olds increased. The Early Years Service is aware of a number of areas in the Borough where there are not enough places available to meet demand under this scheme and is working to increase provision in these areas.

Reform of Children's Centres
Following a three-month consultation, the Council approved a new model for Children's Centres to be fully implemented from September 2015. The new model aims to enhance targeted outreach to families requiring the most support whilst also creating opportunities to develop the provision of nursery places in the Borough.

Family Nurse Partnership
The Family Nurse Partnership (FNP) is a free voluntary programme for women under 20 who are expecting their first baby. The programme

focuses on parents planning their future and empowers parents to make lifestyle choices which will give their child the best possible start in life. Parents are also supported to achieve their aspirations of finding a job or returning to education.

Families with complex needs
The Council and partners work together to implement the National Troubled Families agenda. It has identified families that meet the eligibility criteria for the project and is working to address their complex needs and dependencies. These can include families where there is alcohol, drug or substance misuse, relationship breakdown, domestic violence, involvement in crime, poor physical or mental health and truancy, exclusion or bad behaviour at school.

The Troubled Families One Programme was a success for the Council and its Team Bury Partners. The Council gave a commitment to turn around 385 families, though it identified 435 families and achieved this by March 2015. Work is underway on developing the approach to the expanded programme. In the Early Starter phase of the expanded Programme, the Council identified 1,194 families. The operational team includes Family Co-ordinators, Department for Work and Pensions representatives and police secondees.

Director of Public Health recommendations for the future:

- Maximise the full contribution of Bury's existing resources aligned to the implementation of the Greater Manchester Early Years New Delivery Model.

- Strengthen the relationships and mechanisms between all services involved in early years provision, including General Practitioners (GPs), to ensure all those eligible for services are offered them and receive timely, co-ordinated and effective support.

- Review the scale of provision of the Family Nurse Partnership in relation to local need.

3.2 Healthy Schools and Pupils

Why is this important?

The school years are a crucial period in determining future health outcomes. Well-designed whole-school approaches to promoting health can contribute to increased concentration and confidence, greater participation in physical activity, better nutrition and improved academic attainment. Later in life, this can contribute to better prospects in the labour market, more engagement in society, healthier lifestyle choices and lower need for support from public services.

Facts and figures

The Borough has just over 26,000 school-aged children which equates to around 14% of the total population. While at GCSE level, students have historically performed better than the regional and national benchmarks, there are health inequalities within the Borough which need to be addressed to improve attainment levels for all pupils.

Areas of deprivation closely correlate with poorer education attainment and poorer health outcomes. These include lower attainment at foundation level (age 5) and GCSE, a higher proportion of 16-18 year olds who are not in education, employment or training (NEETs), higher teenage conception rates and increased levels of childhood obesity.

Public Health England's Bury Child Health Profile in March 2014 indicated the following:

- in 2012-13, 7.8% of Reception year children and 19.4% of Year 6 children were classed as obese. The figure for Reception year children is better than the England average but the level for Year 6 children is worse than the England average.

- in 2012-13, the rate of hospital admissions as a result of self-harm among young people aged 10-24 years was 382 per 100,000 compared to an England average of 346 per 100,000.

- during 2010-11 to 2012-13, the rate of alcohol-specific hospital admissions for under 16s was 53 per 100,000 compared to an England average of 43 per 100,000.

- in the same period, among young people aged 15-24, the rate of hospital admissions due to substance misuse was 115 compared to 75 per 100,000 for England as a whole.

The King's Fund suggests that local authorities:

- support schools to develop children's life skills such as problem solving, self-esteem and resilience to negative peer pressure.

- help schools include more opportunities for physical activity and promote healthy eating.

- develop 'whole school' approaches using resources such as the Department for Education's Healthy Schools Toolkit (2013).

What's already happening in Bury?

School nursing service
The Bury School Nursing Team works with other services to ensure that all Bury children have access to the Healthy Child Programme and to address issues such as sexual health, emotional health and wellbeing, obesity, and drug, alcohol and tobacco misuse. The Team works with all State-funded primary and secondary schools in the Borough and has a transition pathway with Health Visitors to ensure a smooth transition from early years provision into education. The programme uses intelligence to identify multiple risk factors and behaviours and develop a comprehensive understanding of what pupils can access within schools, such as Child and Adolescent Mental Health Services (CAMHS). This will ensure that services can be shaped to children's needs.

Healthy eating
Bury is piloting You Only Live Once (YOLO), a ten-week weight management programme aimed at 10-16 year olds, offering healthy eating and physical activity advice and support. By March 2015:

- 150 young people and families had engaged with the programme;
- 73% of young participants had completed YOLO's combined offers;
- in total, across the four main cohorts, 130 kg of weight was lost;
- 90% of YOLO's attendees were aged 10 and 11 years;
- 30% of parents accessed further support either through the Health Trainer Service or Bury Exercise and Therapy Scheme (BEATS).

All four Bury College sites and a number of other catering outlets have achieved the Excellence Award of the Greater Manchester Healthy Catering Awards, which includes a commitment to reducing levels of saturated fat, sugar and salt in the food and drinks sold.

Emotional health and resilience
Developed by Bury's Anti-bullying Co-ordinator, all Bury schools have fully or partly signed up to an anti-bullying training package which includes training on peer mentoring and peer mediation. The package offers schools flexibility to select from a suite of 26 training elements which meet the particular needs of their pupils.

Bury flu pilot
In 2013, Bury was one of seven areas selected by Public Health England to pilot the nasal flu vaccination for primary school children. 10,527 children in primary schools were vaccinated. The UK Joint Committee on Vaccination and Immunisation judged the pilot a success. This led to continuation of the primary school vaccination programme in 2014 and is informing the national roll out.

Director of Public Health recommendations for the future:

- In conjunction with schools and key partners design, develop and embed a local comprehensive healthy schools programme.

- Ensure alignment of the school health service with the new healthy schools programme.

- Introduce a regular school-aged children health survey to enable better identification of health needs and trends and support prioritisation of service delivery.

- Review the provision of advice and support available to help school-aged children make health-related behaviour changes.

3.3 Helping People Find Good Jobs and Stay in Work

Why is this important?

Being in work can have a positive impact on people's health. "For most people, their work is a key determinant of self-worth, family esteem, identity and standing within the community, besides, of course, material progress and a means of social participation and fulfilment" (*Working for a Healthier Tomorrow: Dame Carol Black's review of the health of Britain's working age population, 2008*).

Unemployment can have major impacts on individuals and their families, leading to poor physical and mental health and decreased life expectancy. In addition, there is a correlation between lower parental income and poorer health in children. It is important that workplace health initiatives address both absenteeism and reduced in-work productivity due to sickness. Working days lost to illness impact on the economy and also contribute to the social exclusion of workers affected.

Local authorities have both a direct and indirect impact on employment and training, through direct employment, procurement of other services and supporting employment opportunities more widely.

Facts and figures

- At the end of 2013, there were 400 16-18 year olds classed as not in education, employment or training (NEETs) (*Department for Education*). Young people who are classed as NEETs for a substantial period are less likely to find work later in life and more likely to experience poor long-term health.

- In 2014, 6.4% of Bury's working age population was unemployed compared to 7.1% in the North West. Amongst women, this was 5.8% in compared to 6.5% in the North West (*ONS Annual Population Survey, 2014*).

- People who experience long periods without work are more likely to suffer from poor physical and mental health. At November 2014, there were around 8,000 claimants of Employment Support Allowance (ESA) which represents 7.6% of the working age population. This is lower than the North West rate of 8.1% but higher than the national average of 6.3%. 3,500 of these claimants had been in receipt of ESA for over two years. The two main health conditions experienced by claimants were mental health and musculoskeletal issues (*NOMIS*).

- Residents from higher professional and managerial categories report better health than the rest of the population. 46.1% of Bury's working population are in this category - this is higher than the average for the North West (40.9%) and the national average (44.3%) (*ONS Annual Population Survey, 2014*).

The King's Fund suggests that local authorities:

- use the Social Value Act to maximise equitable employment opportunities, for young people not in employment, education or training and those who are long-term unemployed.

- actively promote the health of their own staff by promoting health-enhancing cultures, delivering health promotion initiatives and effectively supporting those affected by ill health.

- support and challenge local businesses to implement national guidance on healthy workplaces.

- implement lessons learnt from national 'Fit for Work' pilots into local services and commissioning.

What's already happening in Bury?

Council Healthy Workplace Strategy
The Council is fully committed to the health and wellbeing of its employees, and recognises that a healthy workforce is a productive workforce. A Health, Work and Wellbeing Strategy has been developed and implemented which aims to provide a safe and healthy environment for employees. The objectives are to:

- ensure that employees have well-designed, rewarding jobs that make a difference to the community;
- provide employees with access to appropriate development opportunities;
- provide support and opportunities for staff to keep themselves healthy and safe;
- promote healthy living and encourage employees to adopt beneficial lifestyle choices.

The strategy is due to be refreshed in September 2015.

Employment Gateway
Bury Employment Gateway opened in dedicated premises, funded by Bury College, in the Millgate Shopping Centre in May 2014. A steering group is overseeing the project to make sure it serves a 'one-stop' concept and develops efficiencies by minimising duplicated services, in order to support those with the greatest need. In the first three months to the end of July 2014, 84 apprenticeship jobs were secured for young people through the services of the Gateway. By the end of June 2014, the following services were based in the Employment Gateway:

- Bury College Employment Services (four staff) - Apprenticeship Vacancy matching service (Monday to Saturday);
- Job Centre Plus - Job Seeker's Allowance Advisor (Monday to Friday);
- National Careers Service - Mojo Trust and Work Solutions (3 days per week); and
- Manchester Credit Union (2½ days per week).

As the priorities of the Government continue to evolve, the key partners remain committed to the Employment Gateway concept and are adjusting their services to support new agendas and the funding available.

Working Well
The Working Well programme is a scheme which was initially launched in March 2014 to operate for three years. The purpose of the programme is to support Employment and Support Allowance (ESA) claimants in Greater Manchester who have completed the Work Programme without finding employment. The scheme was initially for up to 5,000 participants.

The scheme is built around the offer of intensive and integrated support to help individuals tackle their specific barriers to work. Each participant receives individually-tailored packages of assistance for up to two years, with up to a year of in-work support.

Backing Young Bury
Bury Council set up the 'Backing Young Bury' Campaign in April 2010, to help improve learning and working opportunities for young people in the Borough, whilst simultaneously ensuring that the Council has a skilled future workforce. It is delivered in partnership with local businesses and organisations from both the public and private sector to further increase opportunities for young people, through a range of initiatives. The campaign has already led to a significant increase in the number of young people accessing apprenticeship opportunities and has developed a co-ordinated strategy towards work experience opportunities.

Director of Public Health recommendations for the future:

- Embed commissioning for social value. The Public Services (Social Value) Act 2012 requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts and for connected purposes. Bury Council should publicise how it is applying the Act in its commissioning and encourage other local businesses and organisations to commit to the spirit of the Act. Bury Council should also use the Act to enhance employment opportunities for those classed as NEETs.

- Develop and implement a local workplace health programme to support local employers to implement the Good Work: Good Health Charter. This is the Workplace Wellbeing Charter for Greater Manchester. It is a toolkit and guide to help businesses on the issue of health, work and wellbeing.

- Implement the Greater Manchester 'Work and Health' programme. This programme aims to change the culture among health professionals, employers and individuals to move away from the assumption that sickness means absence from work and to recognise the rehabilitation benefits that remaining in or returning to work can bring.

- Bury Council should commit to becoming an exemplar healthy workplace for the Borough.

- Develop a strategy for economic growth which aims to reduce inequalities within the Borough.

3.4 Active and Safe Travel

Why is this important?

Local authorities are responsible for drawing up and implementing local transport plans. Effective transport planning leads to fewer deaths and injuries, decreases air pollution, reduces social and economic isolation and encourages people to make healthier choices such as cycling and walking. Bury's Local Area Implementation Plan sits within the overall framework of the Third Local Transport Plan for Greater Manchester 2011-12 to 2015-16.

Facts and figures

- In 2012, only 39% of all urban trips under five miles made in England were by walking or cycling, with the average number of walking trips decreasing by 27% between 1995-96 and 2012 (*Department of Transport National Travel Survey, 2012*)

- At the end of 2013 there were 35 million vehicles licensed for use on the road in Great Britain. This was a 1.5% increase on 2012, the biggest annual increase since 2007. In the same year, 64% of all journeys were by car or van, 22% were by walking, 4.6% were by local bus (excluding London) and 1.5% were by bicycle (*National Travel Survey, 2013*).

- Although UK roads are considered to be among the safest in the world, cyclists and pedestrians remain particularly vulnerable road users. Between 2010 and 2012, the rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population was 21.5, compared to an England average of 20.7 (*Bury Child Health Profile, Public Health England*). Between 2011 and 2013, the rate of people killed or seriously injured in road traffic accidents was 26 per 100,000 population for Bury (*Public Health Outcomes Framework*). Although this is much lower than the rate for the North-West region (39 per 100,000) and for England (39 per 100,000), casualties affect individuals and their families and place a burden on local health services and efforts to minimise numbers are vital.

- In 2012 in Bury, about 5% of deaths in people aged 30 and over in were attributed to air pollution (*Public Health Outcomes Framework*). Assessment of the air quality in Bury has shown that it is below the national objective for nitrogen dioxide along primary road networks. The main local pollution source is road transport and the affected area has been designated as an Air Quality Management Area. As much of this is generated by motorway traffic, it is difficult for the Council to take steps to manage pollution levels. However, steps to encourage active travel through walking and cycling and reduced motor travel present potential benefits in terms of air quality, community safety, social inclusion, road safety and physical health.

The King's Fund suggests that local authorities:

- take positive action to promote and enable walking and cycling among their staff and local community.

- create safe, attractive and enjoyable local environments with roads that prioritise 'place' over cars to increase walkability.

- introduce 20mph speed zones where appropriate, prioritising densely populated areas with high accident rates, common urban destination areas and schools.

What's already happening in Bury?

Road safety
From 2013 to 2016, the Council is introducing 20mph limits to the majority of residential streets in Bury. This may involve up to 50 separate schemes with priority given to areas around schools and streets used as 'rat runs'.

Safe cycling
There are now 64 miles of highway cycle lanes in Bury and improved cycle parking facilities at Metrolink stations, schools and colleges.

Director of Public Health recommendations for the future:

- Develop and implement an Active Travel Strategy for Bury.

- Walking and cycling considerations should be embedded and prioritised within transport and landuse decision making. This could be furthered by committing to rejecting proposals whose impact on walking and cycling will not be positive.

3.5 Warmer and Safer Homes

Why is this important?

Having access to safe and warm housing is vital for good health and wellbeing. There are three main areas where the Council and partners can deliver support that contributes to this goal: preventing childhood accidents; warm homes and energy efficiency; and reducing the risk of falls among older people.

Preventing Childhood Accidents
Facts and figures

- Each year, thousands of children are injured or die as a result of accidents in the home. In Bury in 2012-13, the rate of hospital admissions for unintentional and deliberate injuries among 0-14 year olds was 134.9 per 10,000 of population, compared to an average rate of 103.8 per 10,000 for England (*Bury Child Health Profile, Public Health England*).

- The risk of unintentional injuries to children is greatest among those who are living in the most deprived circumstances. Influencing factors include overcrowded conditions, lack of safety equipment, socio-economic group, gender, ethnicity and a household's level of control over its home environment.

The King's Fund suggests that local authorities:

- implement guidance from the National Institute for Health and Care Excellence (*NICE, 2010*) and the 'Safe At Home' programme which includes provision and installation of safety equipment and training for staff.

- prioritise high-risk groups such as those with children under 5, those living in rented or overcrowded conditions and those on low incomes.

What's already happening in Bury?

Home safety
The Health Visiting Service conducts routine assessments and visits under the framework of the Government's Healthy Child Programme for children up to the age of five. The Borough's Children's Centres play a key role in reaching families at greatest risk of home accidents and related injuries.

Greater Manchester Fire and Rescue Service offers free home safety checks, which could include fitting of a free smoke alarm in eligible homes.

Director of Public Health recommendations for the future:

- Develop and implement a childhood accident prevention action plan for Bury.

Warm Homes and Energy Efficiency
Facts and figures

- Living in a cold home increases the risk of cardiovascular disease, respiratory illness and stroke and is a key factor in excess winter deaths. In the period from 2010-13, there were 16% more deaths during the winter months than the average during non-winter months (*Public Health Outcomes Framework*).

- People's ability to keep their homes warm is related to their income. Fuel poverty affects a range of low income groups including older people, lone parents, long-term unemployed, people with disabilities, families where there is chronic illness and minority ethnic communities. In 2012, around 10.3% of Bury households were classified as in fuel poverty (*Public Health Outcomes Framework*).

The King's Fund suggests that local authorities:

- support vulnerable residents to access and benefit from warm home funding and related schemes.

- reduce the number of homes with poor energy efficiency ratings by installing better insulation, focusing on private rented and owner-occupied sectors.

- provide homeowners and landlords with advice on keeping houses warmer.

- help people reduce their energy bills by organising collective switching schemes targeting poorer consumers.

What's already happening in Bury?

The Greater Manchester Toasty Scheme helped over 1,400 residents in Bury to install insulation and 60 residents to install efficient heating measures.

Two collective fuel switching campaigns enabled 364 Bury households to switch energy suppliers, generating an average of £126 a year off their annual energy bills.

The Warm Homes Healthy People Fund enabled Bury Council to deliver two winter warmth schemes. The schemes paid for 285 home visits for the installation of winter warmth measures and provided over 1,000 winter warmth packs (cold alarms, thermal clothing, draught proofing materials and radiator reflector panels) for homes with residents aged over 75 or under five.

The Greater Manchester Little Bill Scheme has enabled the install of 216 energy efficiency measures (such as cavity wall, loft and external wall insulation and central heating) in 2014-15. This will save an estimated

£45,000 annually off residents' energy bills which will help to reduce fuel poverty levels. Urban Renewal's Landlord Accreditation Officer promotes the Little Bill Scheme to registered landlords via newsletters and landlord forums. Urban Renewal Officers also make referrals directly to the Scheme.

Urban Renewal successfully bid to Public Health (£156,000 awarded in December 2014) for an 18-month funding package for targeting of energy efficiency measures. The scheme, which includes a customer contribution, is for residents who are experiencing fuel poverty or have a health condition that is exacerbated by living in cold conditions.

All Council houses have been improved to the Government's Decent Homes Standard by the 31 December 2010 deadline. This standard has been maintained since, with further commitment to enhance the quality of housing to a 'Bury Standard' given by Council in 2014, with over £12 million of additional capital investment committed to improving the housing stock.

Environmental Health Officers (EHOs) visit private-rented properties and houses of multiple occupation to carry out inspections regarding property condition. Category 1 hazards for Excess Cold are identified – the EHO will recommend measures and offer any retrofit grants that are available and may take enforcement action when necessary to bring these properties to a decent standard and lift them out of a Category 1 hazard. Landlords are also required to provide energy performance certificates (EPC) showing the energy efficiency ratings of their properties. This will give an indication of how affordable tenants' energy bills may be. Landlords are advised that their properties must meet the Government's minimum EPC rating of 'E' by April 2018, otherwise it will be illegal to rent their property (unless they have taken advantage of the maximum package of measures available under national grants). Procedures regarding Category 1 hazards including excess cold are to be improved to ensure accurate evaluation in the future.

Director of Public Health recommendations for the future:

- Explore and identify mechanisms for better identifying fuel poor households so schemes can be better targeted and benefits assessed.

Reducing the Risk of Falls among Older People
Facts and figures

- Nationally, more than one in five homes poses a risk to people living in them and the needs of a rapidly ageing population present specific challenges. The risk of falls increases in older age and it is estimated that in 2014, around 8,500 people aged 65 and over in Bury had a fall (*Protecting Older People Population Information*).

- Whilst Council housing is classed as 'decent' and other social housing is also likely to be 'decent', 85% of housing in Bury is either owner occupied or privately rented. In 2013, the BRE Housing Stock

Modelling Service calculated that 21% of private sector housing in Bury had serious hazards and that the estimated cost to the NHS of poor private sector housing in Bury is over £5 million per annum.

- At retirement, older people on low incomes face a likely struggle for 20 years or more to repair and maintain their homes (*Delivering Housing, Health and Social Care Priorities, Helping Vulnerable People and Local Communities, Chartered Institute of Environmental Health, 2011*). Low cost work can make homes safe, secure and convenient to use and help reduce the strain on the NHS. For example, £35,000 can provide help with minor repairs or adaptations for 200 older people. It costs approximately the same amount for one older person to live in a care home for a year.

The King's Fund suggests that local authorities:

- work with NHS, social care, housing departments and other agencies to develop specific programmes to reduce falls.

- undertake targeted risk assessments and work with home improvement agencies to provide support to vulnerable people with aids and adaptations.

- provide handyperson schemes to help people improve the safety of their homes and link to hospital discharge schemes.

What's already happening in Bury?

Considerable work has gone and continues to go into improving the aids and adaptations service, whilst managing challenges around budgets, with strong collaboration and partnership working across multi-agency and multi-disciplinary teams. This includes the provision of adaptations into existing stock but also making the best use of stock for adaptations, through for example appropriate allocation policies and procedures.

Additionally, one of the objectives of the Housing Strategy 2014-2024 and requirements of the Care Act 2014 is to influence the market to recognise and support the specific housing needs of older people, people with disabilities and other groups. As part of this, through a Joint Commissioning Partnership, joint work is undertaken with partner registered providers to help meet these needs, facilitating new specialist housing and where possible incorporating adaptations in new general housing developments.

Director of Public Health recommendations for the future:

- Ensure that the challenges around the Better Care Fund for adaptations and other assistance for safer homes are mitigated and that the opportunities presented by the Fund are realised.

- Significantly strengthen joint working around strategy and programmes relating to the reduction in falls associated with property condition.

- Map out the current services which tackle property condition linked to falls. Consider the development of services or programmes to tackle this issue, including in particular the development of handyperson schemes, and link these with hospital discharge schemes.

- Improve intelligence of specialist housing provision and projection of future needs across the Borough in order to identify and plan for future requirements.

3.6 Access to Green and Open Spaces and the Role of Leisure Services

Why is this important?

Access to green and open spaces and to leisure services has a direct and indirect impact on physical and mental health, including promoting the development of social networks and informal support.

Facts and figures

Between March 2011 and February 2014, the proportion of the population in Bury who use outdoor space for health or exercise increased from 12.3% to 20.2%. The same period saw an increase from 12.0% to 16.7% in the North West and from 14.0% to 17.1% in England as a whole (*Public Health Outcomes Framework*).

The King's Fund suggests that local authorities:

- prioritise access to green space in planning developments.
- ensure parks are well maintained and that anti-social behaviour does not act as a disincentive for people to enjoy the space and derive health benefits from it.
- actively engage community groups and volunteers in the management and maintenance of green spaces.
- proactively plan the use of leisure facilities to maximise local residents' health.
- work with GPs to implement activities such as walking groups in green spaces.

What's already happening in Bury?

Sport and exercise
The GP referral scheme offers subsidised leisure centre membership, together with close monitoring and support to eligible residents.

Over 1,600 residents have an Active Lifestyle Discount Card (available to people in receipt of certain benefits, carers, people with disabilities and people aged 60 and over) which offers up to 50% discount on a range of leisure and sporting activities, library services and Council-owned allotments.

The 'I Will if You Will' project is working to encourage women and girls aged over 14 to participate in sport, including offering a wider range of activities and delivery times.

Targeted leisure activities and equipment are provided to specific groupings including men, women, older people and people with disabilities.

Parks and open spaces
Bury has 12 Green Flag-standard parks. Residents can enjoy facilities and also be involved in the parks' management.

The Borough, local community and businesses have been recognised for their commitment to regenerating the local environment by the planting of trees and shrubs, flowers and landscaping and also by dealing with environmental issues such as litter, graffiti and vandalism. Bury has won the 'Best Large Town' category in the North West in Bloom Awards for 11 years running and the Gold Medal Award for Britain in Bloom in 2013. In 2014, Radcliffe won a Gold Award for North West in Bloom for the fourth consecutive year.

The majority of the Borough's outdoor sports facilities and allotments are self-managed and there are 11 'Friends of' groups and a number of other environmental groups.

In September 2014, the Welly Café opened in Manchester Road Park, Bury. The Café has developed by Bury Employment Support and Training (Bury EST), a supported employment agency run by Bury Council. Bury EST helps people who find it difficult to find work or keep a job because of disability or disadvantage. Service users are from a variety of backgrounds and include people with learning or physical disabilities or autism, and those recovering from drug or alcohol dependencies. More than 35 service users and volunteers were involved in transforming an underused bowling green and pavilion into a community hub, café and training centre. The project now provides support and work experience and has been able to directly employ three service users. In addition to skills, qualifications and on-the-job training, the scheme has promoted improved health, mobility, confidence and self-esteem among service users.

Director of Public Health recommendations for the future:

- Undertake an equity audit to understand leisure centre use among different groups in the Borough.
- Develop a leisure centre 'without walls' approach to future provision.
- Expand the Welly Café concept across the Borough.
- Work with health and social care professionals to embed physical activity as part of prevention, treatment and care plans.
- Establish an annual walking festival in the Borough maximising use of green spaces.

3.7 Strong Communities, Wellbeing and Resilience

Why is this important?

Maintaining health and wellbeing enables individuals to maximise their potential, lead active, fulfilled lives and participate fully in their local community. Social support increases resilience, promotes recovery from illness and improves the chances of avoiding lifestyle risks such as smoking.

People who have poor social networks are less resilient to the health effects of social and economic disadvantage. Lack of social support and chronic loneliness produce long-term damage to physical health through raised stress hormones, lower immune function and poorer cardiovascular health. They also make it harder to build willpower and self-regulate behaviour, leading to engagement in unhealthy behaviours.

Facts and figures

- In 2013-14, 37% of adult social care users in Bury reported that they have as much social contact as they would like. This is lower than the England average of 45% (*Adult Social Care Outcomes Framework*).

- The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. During the period from 2010-12, the average score for the North West region was 36.2, compared to an England average of 37.7 (*Public Health Outcomes Framework*).

The King's Fund suggests that local authorities:

- support volunteering, for example through creating community champions, befriending schemes and social network interventions.

- develop an assets-based community development approach which includes community asset mapping.

What's already happening in Bury?

Bury Council takes an assets-based approach to improving community wellbeing - assets include social and voluntary groups, parks and buildings, community activities and local people.

Volunteering
The Council works with Bury Third Sector Development Agency (B3SDA) to promote volunteering and encourage people to get involved with local opportunities. In 2013-14, B3SDA awarded certificates to over 400 volunteers who had given either 50 or 100 hours in the preceding year. In 2013, B3SDA has calculated that the third sector in Bury had over 800 groups, 1,000 full-time employees and 18,000 volunteers.

Community champions have been recruited to support a range of programmes, such as Changing Lives Project (skills for further education, employment and life), I Will if You Will (getting women involved in physical activity) and Helping Yourself to Health (raising people's awareness of their own health and offering training in self-care techniques). In addition, the Council commissions a range of low-level activities which provide people with the opportunity to connect with their local community and others - these include befriending, lunch clubs and day services.

Asset-based community development (ABCD)

Partners have continued to work together to promote ABCD across the Borough. We are seeing more and more examples of ABCD being put into practice in the Borough.

- The Bury Directory–The directory maps a range of local community assets including local groups, community projects and services. It provides an online, one-stop information point for advice, support, services, events, activities and more, for use by health and social care professionals, customers, patients and the general public. Development of the Bury Directory began in early 2014, with the site due to go live in March 2015.
- Two Bite sized briefings for councillors have taken place to introduce them to the ABCD approach.
- Working with the Greater Manchester Public health Network, the Community Engagement for Health Group participated in a peer review process to help develop our ABCD approaches.
- A Master class in Asset Based Community Development has been held, facilitated by Cormack Russell from Nurture Development. Cormack Russell is a key national and international advocate in the ABCD approach. This was attended by over 40 individuals from a range of agencies including some local councillors.
- Community First Programme – over the past two years (2013 – 2014) work has continued in Bury East, Moorside, Radcliffe West and Radcliffe East. Community representatives have sought to build on their local strengths to support projects that help address local community priorities. Over £33,000 of funding was made available from the Office of Civil Society and the Cabinet Office during the life time of the programme.
- Community Organisers – in October 2013 the Council worked with Bury Third Sector Development agency (B3SDA) to support their successful application to host two Community Organisers as part of the national Community Organisers Programme. The Programme was run by Locality, a leading network for community led organisations. During 2014 the two Community Organisers worked in Radcliffe and Bury East, helping build relationships in communities, encouraging people to get involved and creating opportunities to seek change through collective action.
- Participatory Budgeting – examples of participatory budgeting being used to empower communities to prioritise and allocate community funding. For example, towards the end of 2014 we supported Greater

Manchester Police to deliver a successful participatory budgeting event in Bury East where £15000 was allocated to a range of local community projects.

- Bury East Alcohol Prospectus Scheme – a two year project running until April 2014. The project involved work with the local community using participatory budgeting to allocate £90,000 of funding. A number of projects and initiatives were developed to address alcohol related anti-social behaviour and improve health and wellbeing. An end of project evaluation form submitted to DCLG highlighted a wide range of activities developed as a result of the project including youth outreach and diversionary activities, education and awareness raising projects and work to support vulnerable people. Measurable reductions in alcohol related anti-social behaviour were reported.

- 'Our Place'- is part of the Government's approach to localism, transforming public services by making sure that they are focused on the user and not the organisation. Locally, 'Our Place Radcliffe' was created to improve health and wellbeing through community-led initiatives and projects. The initiative aims to support and enhance the Bury GP Federation's 'A Healthier Radcliffe' which is redesigning and reshaping local health and social care provision, including extended GP opening hours. In June 2014, 'Our Place Radcliffe' was awarded a further £17,000 to fund work in the local community. £7,000 of this was earmarked for local projects which promote health and wellbeing within Radcliffe. This was to be allocated using participatory budgeting, a process which involves local people in making decisions on spending priorities and monitoring activity. The participatory budgeting event was planned for early in 2015.

- Township Plans –Township Forums set and drive local priorities for their area through the creation of a three yearly township plan. These plans are refreshed annually and progress updates are shared at each meeting. Examples of the types of projects which have been co-ordinated and delivered through Township Plans include:

  - Successful bid of £7,800 through Home Office funding for a diversionary project in Bury East working with young people. This project was delivered by Early Break with support from Bury Council.
  - Radcliffe's Township Plan was used to support the successful bid to the national 'Our Place' scheme described above.
  - Whitefield and Unsworth Township Forum have overseen a number of projects aimed at improving health and wellbeing. In particular, they are working with the Alzheimer's' society on a project entitled 'Dementia Friendly Communities' which is being piloted in Whitefield.
  - Prestwich Township Plan identifies town centre regeneration as a priority. The Prestwich Township Forum has a regeneration sub group to oversee and develop this work. This has been supported by Bury Council through the allocation of £500k to help fund work on the A56 corridor. Public consultation will begin this summer (2015).
  - Bury West Township Forum's highways sub group have helped shape and promote a number of initiatives to help improve road safety across

the Township area. These include the Street Safe initiative and Safer School projects

- Ramsbottom, Tottington & North Manor (RTNM) Township Forum have helped facilitate four successful community right to bid nominations for community assets within the RTNM area (under the provisions of the Localism Act 2011).

Tackling social isolation

Bury Council is a core member of the delivery group responsible for securing in excess of £10 million for Greater Manchester to develop a programme around older-age social isolation. The programme is being led by Greater Manchester Centre for Voluntary Organisations. Three wards within the Borough (Moorside, Radcliffe North and St Mary's) will act as pilot areas for the overall programme. The focus in year 1 is upon the pilot wards across Manchester to help provide intelligence on social isolation, the causes and how this can be overcome. In years 2-5, alongside the community engagement, there will be the development of scaled delivery proposals based on learning in Year 1 with design input from local people. It is the intention of the Council to use the intelligence derived from this programme to help inform future strategic direction.

Alongside the Council's involvement with the Greater Manchester Ambition for Ageing programme, Bury has a Dementia-friendly Community programme run by the Alzheimer's Society. This is tackling the barriers that people in a specific ward may face when living with the condition.

Director of Public Health recommendations for the future:

- Adopt participatory budgeting methodology as a mainstream mechanism for allocating funds to local community initiatives and for engaging local people in resource allocation decisions.

- Ensure strong and sustainable support to maximise the role of the community and voluntary sector.

- Develop scaled and coherent mechanisms for community engagement and asset-based community development across all Team Bury partners.

3.8 Public Protection and Regulatory Services

Why is this important?

The local authority has a very important role to play in protecting the public from harm through the powers of inspection, regulation and licensing. These powers are used for example to ensure healthy and safe food provision, improve air quality, ensure safe business practices, prevent the sale of unsafe and illegal goods, including illicit tobacco, and tackle anti-social behaviour.

Facts and figures

There are more than 1,500 registered food businesses in Bury and each is subject to an annual risk-based inspection programme. Bury also supports the National Food Hygiene Rating Scheme which informs the public about hygiene standards in food businesses.

In 2013-14, there were 125 accidental dwelling fires in Bury. By far the most common cause of fire was cooking-related which accounted for 40% of incidents. In 2014-15 there were 112 accidental dwelling fires and cooking-related causes again accounted for 40% of incidents (*Greater Manchester Fire and Rescue Service*).

The King's Fund suggests that local authorities:

- reduce the negative impacts of takeaways and fast foods on health, though education, award schemes and planning restrictions.

- reduce the negative impact of air pollution through, for example, engagement with businesses, setting up car clubs, and promoting fuel-efficient driving, active travel and other carbon reduction measures.

- work with Fire and Rescue Services to reduce accidental dwelling fires.

What's already happening in Bury?

Healthy food
Four Bury premises have achieved the Greater Manchester Health Catering Award. The Award recognises catering businesses which have demonstrated a commitment to reducing the level of saturated fat, sugar and salt in food and drinks.

The Golden Apple Award is delivered jointly by the Council's Environmental Health Service and the Nutrition and Dietetic Service of NHS Pennine Care. During 2013 and 2014, it worked with the Borough's early years services and Children's Centres to promote healthy eating and good oral health care. It has also developed a resource pack for child minders.

Protecting the population
A review of the partnership model to address domestic violence abuse in the Borough was undertaken and the findings were presented to the Community Safety Partnership. A refreshed Domestic Violence Strategy and supporting action plan are to be developed in 2015.

Bury is part of a multi-agency collaboration for Greater Manchester to tackle child sexual exploitation. Project Phoenix aims be a national leader in its approach to protect young people and prosecute offenders. The aims of the project are to raise awareness of child sexual exploitation; help people recognise the signs; encourage people to report it; and provide support to victims and those most at risk.

Through the Retail Violence Initiative, the Council's Environmental Health Officers work with Crime Reduction Specialists from Greater Manchester Police to provide post-robbery advice visits and targeted robbery prevention advice for vulnerable businesses. This is part of an AGMA-wide initiative which aims to reduce crime and disorder, raise safety and security standards in high-risk businesses and reduce fear and perceptions of crime among the public.

Air pollution
The Council's fleet includes 66% Euro 4 and 24% Euro 5 (lower emission levels) vehicles, refuse collection vehicles with systems to reduce fuel consumption and a number of electric-powered vehicles. More than 100 Council drivers have received Eco Driver training as part of the Driver Certificate of Professional Competence (CPC) training requirements for drivers of lorries, buses and coaches.

Greater Manchester's Freight Quality Partnership is working with the freight industry and other stakeholders to reduce freight mileage through improved maps and signage and encouraging use of rail rather than road.

Transport for Greater Manchester has received funding to promote low-carbon commuting and a Greater Manchester car-sharing database has been launched. Electric vehicle charging points were installed in seven Council-owned car parks in 2013.

Bury Council monitors air quality at 11 locations in the Borough. The Council has worked to reduce carbon emissions by installing new boilers in schools and privately-owned houses and by taking steps to reduce carbon emissions from Council activities.

Regulations
Fire safety measures include inspections of electrical goods sold at second-hand and charity shops, a survey of e-cigarettes, investigation of complaints about sub-standard electrical goods and seizure of counterfeit phone chargers.

The Council has led or participated in campaigns and programmes including a joint initiative with Greater Manchester Police to protect businesses from violence; advice and training on workplace health and

safety; tobacco control and smoking cessation activities; and information, advice and monitoring about money lending, credit advertising and doorstep crime.

Director of Public Health recommendations for the future:

- Introduce restrictions to limit the provision and concentration of takeaways, particularly near schools.

- Bury's Air Quality Action Plan (2002) needs to be updated and linked to an Active Travel Strategy.

- Work with partners, businesses and communities to develop and implement a strategy to limit and mitigate the effects of climate change.

- Develop a multi-agency sustainable development strategy for the Borough

3.9 Health and Spatial Planning

Why is this important?

The National Planning Policy Framework (NPPF) states that the planning system plays an important role in facilitating social interaction and creating healthy, inclusive communities. In addition, it indicates that planning should take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.

In support of the NPPF, the Government's Planning Practice Guidance (PPG) outlines that local planning authorities should ensure that health and wellbeing and health infrastructure are considered in local and neighbourhood plans and in planning decision making. Public health organisations are advised to use the PPG in helping them work effectively with local planning authorities to help promote healthy communities and support appropriate health infrastructure.

The way in which places are planned affects many aspects of health. The King's Fund guide cites evidence from a range of sources. For example, a higher density of shops and schools in a neighbourhood can promote active travel and therefore better physical and mental health. Well-planned green space has many positive effects, including increasing physical activity levels; lowering flood risk and associated psychological distress; and reducing noise and air pollution.

Facts and figures

Evidence in the Council's Community Facilities Topic Paper 2013 demonstrates that the Borough has a sufficient level and distribution of community facilities which support the existing settlement pattern and growth aspirations for focusing new development in Bury and Radcliffe. Demand for these facilities may increase as a consequence of housing growth and it will be important to monitor this and phase necessary improvements correctly.

In the case of open space, sport and recreation facilities, the Greenspace Audit and Strategy 2015 records major deficiencies in particular types of open space in a number of areas across the Borough, such as for natural greenspace and allotments. Quality of facilities is also below the required standard across much of the Borough and consequently the enhancement of open spaces represents the key focus for the spending of Section 106 monies as part of new housing developments.

Bury's JSNA recognises that the planning system can contribute to health and wellbeing by addressing areas of deprivation and by encouraging and enabling people to take responsibility for their own health and wellbeing.

The King's Fund suggests that local authorities:

- use the Spatial Planning and Health Group checklist (*SPAHG, 2011*) when scrutinising planning strategies, plans and proposals.

- employ accessibility criteria in planning policy, for example new homes are walkable distances from local shops.

- carry out robust health impact assessments.

What's already happening in Bury?

Bury Council's spatial planning approach is set out in its Unitary Development Plan (UDP), which was adopted in 1997 and remains the Borough's statutory development plan, together with a range of Supplementary Planning Documents (SPDs) which provide supporting advice. These documents include social, economic and environmental policies which have a direct and indirect influence on health; for example SPD1 relates to Open Space, Sport and Recreation Provision in New Housing Development.

Bury Council submitted its Core Strategy to the Secretary of State for examination in December 2013. The Core Strategy was withdrawn in March 2015 following the suspension of the Examination in Public in June 2014, when AGMA announced that its Greater Manchester Spatial Framework (GMSF) would be upgraded from an informal, evidence-based document to a statutory development plan for the Greater Manchester area. AGMA Councils' individual strategies will need to take account of the Framework. The Council's UDP continues to be the Borough's statutory plan and the intention is to prepare a new Local Plan which will run alongside the development of the GMSF.

Director of Public Health recommendations for the future:

- Adopt the Spatial Planning and Health Group Checklist.

- Embed Health Impact Assessment within the planning process.

3.10 Health and Social Care

Why is this important?

An ageing population, more people with multiple long-term conditions and clinical and technological advances are combining to put increasing pressure on the health and social care system, exacerbated by an era of financial austerity.

This has stimulated a need to better integrate services across the health and social care system and to place greater emphasis on the prevention of ill health and promotion of independence.

Facts and figures

Bury's JSNA states that the Borough has 31,000 residents aged 65 and over (17% of total population). Of these, 3,700 are aged 85 and over (2% of the total population). The numbers of older people and the proportion of the total population aged 65 and over are expected to increase over the coming years. It is expected that Bury's older population will increase to nearly 47,000 people by 2035. This will represent 21% of the projected total population in 2035. People aged 85 and over will more than double over the same period (from 3,900 to 8,900).

The difference in life expectancy between the most and least deprived areas is almost 6 years. Premature mortality is higher than would be expected, given the levels of deprivation in Bury. This suggests that the health and social care system, particularly primary care, could have a significant impact on improving health

The JSNA also highlights that the likelihood of disease and disability increases with age. Disability prevalence increases from 6% in children to 16% in the working population and 45% in those of retirement age. It is estimated that there are 2,000 people aged over 65 living with dementia - this will rise as with the projected increase in population aged 65 and over. Fulfilling a caring role has a higher impact on older residents with the majority of carers in Bury aged 55 and over.

Social isolation is known to be a significant risk to health. Older people are particularly vulnerable to isolation. 61% of over 65s in Bury live alone.

King's Fund suggestions:

The King's Fund produced an evidence summary 'Making best use of the Better Care Fund' in January 2014. It outlines the key interventions necessary to create a financially sustainable system which delivers better outcomes for the population, namely:

- a focus on primary prevention;
- promotion of self care;

- active management of long-term conditions in primary care;
- risk stratification and predictive modelling;
- falls prevention;
- care co-ordination and case management;
- provision of intermediate care, reablement and rehabilitation;
- hospital discharge planning and post-discharge support;
- medicines management;
- integration of services for those with mental and physical health needs; and
- improved management of end-of-life care.

What's already happening in Bury?

The Better Care Fund was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund pools a number of separate budgets previously held by the CCG, NHS and local authorities for a range of health and social care provisions including reablement, carers' breaks and disabled facilities grants. Each local authority's health and wellbeing board was required to produce a local plan which sets out its vision and plans for the Fund. Bury's plan set out its ambitions to further promote self-care and personal accountability of people for their own health needs. This will support people appropriately and enable them to live in their own homes and communities. Bury's vision is that:

- people will live well, stay well, remain active and have better outcomes and experiences;

- there will be a focus on citizenship, prevention, self-care and independence with the aim of reducing the demand for services and making efficient and effective use of both health and social care resources;

- Better Care Fund Schemes will focus on integrated care delivery for the frail elderly and children with complex needs;

- Bury will provide better support for people at home with the provision of co-ordinated services in their own communities to prevent people needing emergency care in hospital or being inappropriately admitted to care homes;

- in order to achieve the cultural shift that will be necessary, Bury service providers will have to utilise their workforce more effectively, considering skill mix, reorientation and training opportunities for staff.

A Healthier Radcliffe

The township of Radcliffe is providing a test-bed for new ways of working. Having successfully secured funding to extend GP opening hours, the six GP practices in Radcliffe have collaborated to extend their opening hours

up to 8pm on weekdays and 8am to 6pm on Saturday and Sundays. To enable this, they have worked to create a shared patient record system.

In addition, health and social care community-based services have started to work more closely together and are piloting a range of schemes aimed at keeping people well and supporting people to remain in their own homes. Evaluation of this work will inform developments across the rest of Bury.

Director of Public Health recommendations for the future:

- Review and redesign existing health improvement services to create a single, holistic, healthy lifestyle service.

- Develop and implement a system-wide cohesive digital self-care offer which supports individuals to adopt healthier lifestyles, self-treat minor ailments and self-manage long-term conditions.

- Embed systematic, scaled primary and secondary prevention within primary care.

- Further develop the Healthy Living Pharmacy scheme.

- Review intermediate care and reablement services to create a greater focus on promotion of independence and rehabilitation.

- Develop a place-based approach to provision of health and social care, linking to wider services and enabling closer engagement of communities.

4. Conclusion

This report highlights the significant contribution that Bury Council, working with partners and local communities, is making to improve the health of the people of Bury. However there are still some aspects where health outcomes continue to fall short compared to the England average. These include healthy life expectancy especially for females; infant mortality; hospital admissions caused by unintentional and deliberate injuries to children; and premature mortality due to cardiovascular diseases, respiratory conditions and cancers. Furthermore these poor outcomes are not felt uniformly across the Borough. In a borough of 9,948 hectares and 185,060 population, there is a 6.7 year gap in life expectancy for men and an 11.3 year gap in life expectancy for women between those living in the more deprived areas and those living in more affluent areas.

There is need for a transformational scaling up of action on prevention if we are to achieve the step change in health improvements that we all desire. Action on prevention needs to be both universal (for example engaging and working with ***all*** schools, workplaces, GP practices, pharmacists and neighbourhoods) and targeted with interventions tailored to meet the specific needs of defined cohorts of the population who require more than the universal offer.

Passion and ambition for this challenge exist and are vital to deliver this agenda but there is a need to bring precision to that passion. We need to develop a much more detailed and rich understanding of the local population, based not only on statistics but also on people's stories so that we can target scarce resources most effectively; we need to understand and apply what is known to work but also be brave enough to innovate and evaluate; we need to ensure that everything we do is purposefully designed to maximise the positive impact on health and minimise the negative; and finally we need to create the conditions which enable people to play a full and effective role in improving their own, their families' and their communities' health.

Such transformational change cannot be achieved overnight but the journey in Bury has begun ...

Appendix 1
Update on Recommendations from 2012 Annual Report

The 2012 Public Health Annual Report focused on three key public health areas - smoking, weight and alcohol. It set out a number of recommendations and progress against each is set out below.

Smoking

Recommendation: Encourage Government to introduce further measures to protect the public from second-hand smoke such as banning smoking in cars when children are present.

Update: Parliament has passed regulations to end smoking in cars carrying children in England and these come into effect on 1st October 2015. The regulations make it an offence to smoke in a private vehicle with someone under 18 years old present, and for a driver to fail to prevent smoking in a private vehicle with someone under 18 years old present. People who fail to comply could be issued with a £50 fixed penalty notice.

Recommendation: Greater Manchester Pension Fund should disinvest in the tobacco industry.

Update: Greater Manchester Pension Fund currently has no direct holdings in tobacco companies.

Recommendation: Give financial incentives for schools to achieve a target prevalence of smoking.

Update: Financial incentives have not been offered. However, the Council funded an internet-based educational programme called Operation Smokestorm for use in the school year 2013-14. The programme highlights health harms associated with tobacco, ethical issues around illicit tobacco production and how tobacco companies market their products. After positive feedback from pilot schools, a further six schools accessed the programme in the 2014-15 academic year. The Council is now developing a broader 'Healthy Schools' programme to help improve the health of school-aged children.

Recommendation: Offer rewards for information leading to the discovery of the sale of illicit tobacco.

Update: This has not been necessary. Bury Trading Standards receives intelligence from various sources around illicit tobacco. Supported by Public Health, Trading Standards seizures from commercial and residential properties amounted to:

- 2013/2014 - cigarettes £9,224, tobacco £5,502, blunts and cyclones £636 - total £15,362.
- 2014/2015 - cigarettes - £22,088, tobacco £5,726, blunts and cyclones £510 - total £28,324.

This is based on values of £8 for a packet of cigarettes, £14

	for a pouch of tobacco and £2 for a blunt or cyclone. Year on year, this is a 235% increase in seizures of cigarettes. The cigarettes and hand-rolling tobacco are a mixture of counterfeit and 'none duty'.
Recommendation:	Offer nicotine patches to offenders who are detained for any length of time in police custody.
Update:	NHS England commissions comprehensive public health services for offenders including support to stop smoking.
Recommendation:	Re-establish the pregnancy reward scheme.
Update:	A review is underway to look at how smoking in pregnancy can be further reduced and a reward scheme will be considered within that review.
Recommendation:	Commission a stop-smoking service that allows people to make contact at any time to arrange an appointment.
Update:	Bury Stop Smoking Services are currently being redesigned and improving access to cessation support will be key to this.
Recommendation:	The clinician and patient should be able choose the stop smoking medication, if the evidence has shown its effectiveness, that they feel is most likely to succeed.
Update:	Choice of medication is governed by locally relevant policies, informed by NICE guidance.
Recommendation:	Introduce a text messaging service to support quitters.
Update:	A text messaging service has been piloted within alcohol and drug services. The learning from this will be used to support other aspects of health-related behaviour change including quitting smoking.
Recommendation:	Work with vets and pet shop owners to make pet owners more aware of the dangers of second-hand smoking to their pets.
Update:	This has not been progressed.
Recommendation:	Encourage primary care to make wider use of leaflets, aimed at parents, which explain the dangers of second-hand smoking when their children have glue ear, tonsillitis or asthma.
Update:	Health visitors proactively provide information and education to parents about the dangers of second-hand smoking.
Recommendation:	Recommission the Greater Manchester Health Bus.
Update:	The health bus was a vehicle for community awareness raising. Bury Council now has local capacity to undertake much more effective and targeted awareness raising and engagement with the public so the health bus is no longer required.

Weight

Recommendation:	Encourage Government to introduce a 'fat tax' and other measures to reduce the obesogenic environment.
Update:	Directors of Public Health across the North West published a Manifesto for the Public's Health in July 2014. It called for a range of measures to help reduce obesity, including a tax on sugar-sweetened beverages. They also commission 'Food Active' to focus on population-level interventions to address social, environmental, economic and legislative factors which influence people's ability to make behaviour change.
Recommendation:	The Local Authority should stop selling sugar-sweetened drinks on its premises and stop providing biscuits at its meetings.
Update:	Although the Council still sells snacks and sugared drinks in its vending machines, it also sells a range of options such as water and non-sugared drinks. Vending will continue to be reviewed.
Recommendation:	Fully implement the Breastfeeding Strategy for Bury.
Update:	Bury Breastfeeding Strategy Group is overseeing and actively implementing the Breastfeeding Strategy.
Recommendation:	Further promote healthy school meals.
Update:	Bury has adopted a healthy schools meals policy. A number of schools and the sites of Bury College have achieved the Greater Manchester Healthy Catering Standard.
Recommendation:	Build on present initiatives to increase physical activity amongst schoolchildren.
Update:	The North West Directors of Public Health Manifesto, 'Top Ten for Number Ten', called for Government to require all schools to provide a minimum of one hour of physical activity to all pupils every day in line with UK physical activity guidelines for 5-18 year olds. In February 2014, the previous Coalition Government announced additional funding for PE and sport in primary schools. Bury Council's 'I Will if You Will Programme' has been successful in getting more women aged 14 and over to be physically active. Sport England has awarded a further grant of £2m for the project to be extended in 2015 and 2016. Phase 2 will focus on sustaining physical activity levels in local communities. Bury Leisure aims to maximise the benefit of outdoor spaces for physical activities by increasing opportunities for sport and leisure in parks and countryside areas.
Recommendation:	Recognise GPs' central role in encouraging overweight and

	obese patients to tackle their weight and promote motivational interviewing.
Update:	A risk assessment around weight is included in the NHS Health Checks programme aimed at those aged 45-74. Uptake of NHS Health Checks in the eligible population was 76.5%.
Recommendation:	Weight management before bariatric surgery should primarily be seen as a way of reducing operative risk.
Update:	NHS England is now responsible for commissioning this service (Level 4). There is a need to further review weight management pathways in light of the new commissioning arrangements.
Recommendation:	Specialised weight management should be offered to those whose weight is an immediate risk to their health.
Update:	Specialist Weight Management Services (Level 3) are now commissioned by Bury CCG. There is a need to further review weight management pathways in light of the new commissioning arrangements.

Alcohol

Recommendation:	Support the introduction of a minimum price for alcohol of at least 50p to be uplifted for inflation and increase in income, whichever is higher.
Update:	The North West Directors of Public Health Manifesto, 'Top Ten for Number Ten', called for Government to introduce minimum pricing to tackle alcohol-related harm and improve health and social outcomes.
Recommendation:	Use the licensing regulations to protect public health.
Update:	Under legislative changes and following NHS reforms, Public Health has increased its engagement and participation in the licensing process, lodging objections to a number of full licence applications or variations to the conditions of an existing licence.
Recommendation:	Build on work that has reduced alcohol consumption amongst children.
Update:	The recent North West Trading Standards survey shows consumption of alcohol and tobacco are falling among school-aged children. A holistic healthy schools programme is being developed which will focus on reducing alcohol consumption alongside other health issues.
Recommendation:	Promote the use of screening and brief intervention in General Practice.
Update:	NHS England commissions an alcohol-related risk reduction scheme (DES) from GP practices. A risk assessment around alcohol use is included in the NHS Health Checks programme aimed at those aged 45-74. Uptake of NHS Health Checks in the eligible population was 76.5%.

Recommendation:	Introduce routine screening for problem drinking in police custody.
Update:	There is a drug and alcohol worker based within the custody suite. As well as carrying out mandatory assessments to individuals testing positive for Class A drug use, workers also carry out 'cell sweeps' to identify people where alcohol may or may not have been a contributing factor and offer assessment, support and signposting.
Recommendation:	Increase secondary care work on alcohol, building on the service that is now in the Accident and Emergency Department.
Update:	Bury CCG reviewed the Accident and Emergency Alcohol Liaison Service, which identified and supported those needing help with alcohol misuse, along with the Rapid Assessment Interface and Discharge (RAID) Service. The CCG has now commissioned Accident and Emergency provision which incorporates elements of both services.
Recommendation:	Encourage the development of policies elsewhere to tackle alcohol problems, for example with the Fire and Rescue Service, Six Town Housing and employers.
Update:	Fire and Rescue Service delivers Alcohol Brief Interventions.

Appendix 2
List of Contributors

Ian Bailey	Group Manager (Oldham, Rochdale and Bury), Greater Manchester Fire and Rescue Service
Anna Barclay	Public Health Analyst, Department for Communities and Wellbeing, Bury Council
Lee Buggie	Principal Physical Activity Development Officer, Department for Communities and Wellbeing, Bury Council
Derek Burke	Chief Officer, Bury Third Sector Development Agency (B3SDA)
John Campbell	Strategic Planning and Development Manager, Department for Communities and Wellbeing, Bury Council
Marcus Connor	Corporate Policy Manager, Department for Communities and Wellbeing, Bury Council
Heather Crozier	Social Development Manager, Department for Communities and Wellbeing, Bury Council
Lesley Davidson	Anti-bullying Co-ordinator, Department for Children, Young People and Culture, Bury Council
Sue Dickinson	Lead Officer (Sufficiency and Information), Department for Children, Young People and Culture, Bury Council
Maureen Foden	Business Support and PA (Public Health), Department for Communities and Wellbeing, Bury Council
David Fowler	Assistant Director (Localities), Department for Resources and Regulation, Bury Council
Andrea Gorton	Principal Advisor (Occupational Health & Wellbeing), Department for Resources and Regulation, Bury Council
Diane Halton	Service Manager for Public Health, Department for Communities and Wellbeing, Bury Council
Sharon Hanbury	Head of Urban Renewal, Department for Communities and Wellbeing, Bury Council
Steve Hoyle	Principal Environmental Health Manager, Department for Communities and Wellbeing, Bury Council
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Crispian Logue	Principal Planning Officer, Department for Resources and Regulation, Bury Council
Neil Long	Assistant Director (Operations), Department for Communities and Wellbeing, Bury Council
Cindy Lowthian	Communities Manager, Department for Communities and Wellbeing, Bury Council
Christine Maksymowski	Township Co-ordinator, Department for Communities and Wellbeing, Bury Council

Sarah Marshall	Performance Officer (Performance and Intelligence), Department for Communities and Wellbeing, Bury Council
Chloe McCann	Assistant Improvement Advisor (Corporate Policy), Department for Communities and Wellbeing, Bury Council
Gráinne McClean	Improvement Advisor (Corporate Policy), Department for Communities and Wellbeing, Bury Council
Steph Mitchell	Health Improvement Specialist (Women's and Children's), Department for Communities and Wellbeing, Bury Council
Ann Norleigh Noi	Senior Partnership Implementation Officer, Department for Communities and Wellbeing, Bury Council
Susan Reynolds	Head of Early Years and Early Help, Department for Children, Young People and Culture, Bury Council
Sarah-Jayne Rushton	Customer Engagement Co-ordinator, Department for Communities and Wellbeing, Bury Council
Helen Smith	Public Health and Social Care Intelligence Manager, Department for Communities and Wellbeing, Bury Council
Michelle Stott	Housing Development and Policy Officer (Urban Renewal), Department for Communities and Wellbeing, Bury Council
Liz Trayford	Planning and Research Officer, Department for Children, Young People and Culture, Bury Council
Karen Whitehead	Strategic Lead (Health and Families), Department for Children, Young People and Culture, Bury Council
Michael Whitehead	Senior Planning Officer, Department for Resources and Regulation, Bury Council
Karen Young	Head of Inclusion, Department for Communities and Wellbeing, Bury Council

Bury Health and Wellbeing Board

Title of the Report	The Health and Wellbeing Board Web Page
Date	16th July 2015
Contact Officer	Chloe McCann
HWB Lead in this area	Councillor Andrea Simpson (Chair)

1. Executive Summary

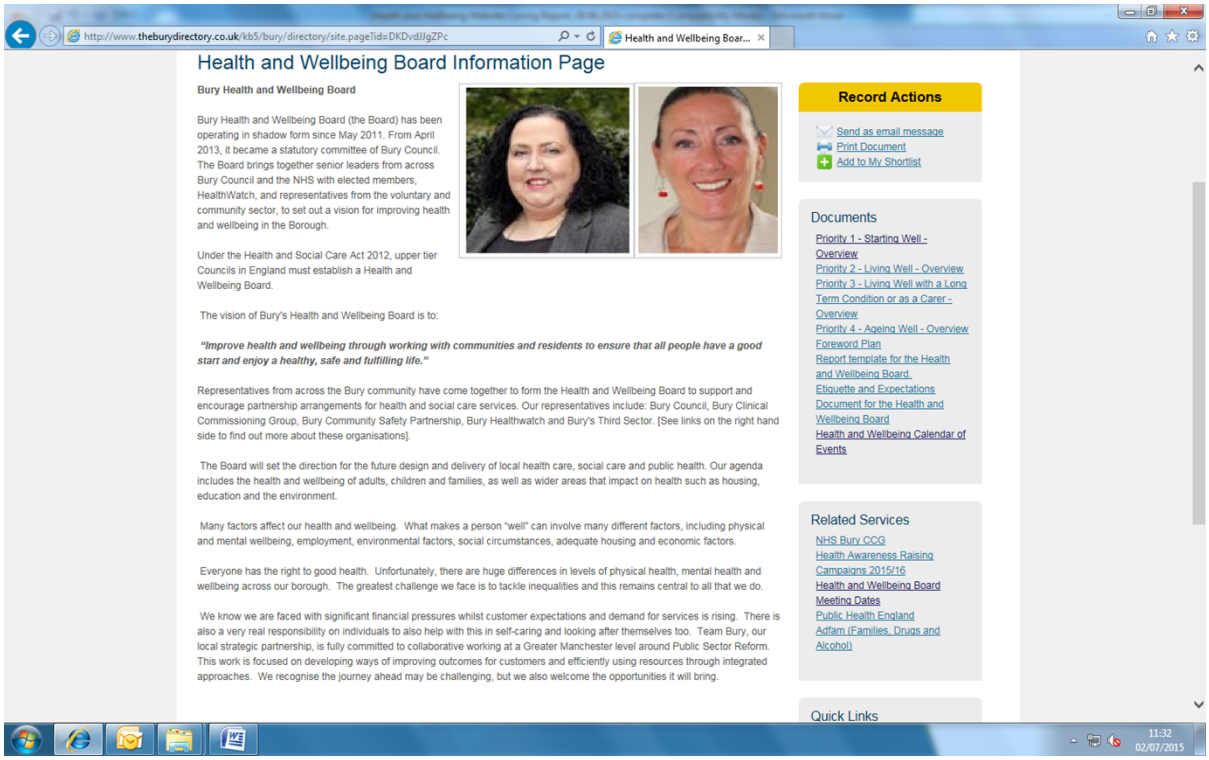
Is this report for?	Information ☐	Discussion X	Decision ☐
Why is this report being brought to the Board?	This report is being to the board for discussion as a page has now been created on the Bury Directory for the Health and Wellbeing Board.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The website relates to all priorities as it is to provide information all about the Health and Wellbeing Board and the Priorities. The Webpage will provide links to the refreshed strategy and include all progress reports to the board.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	This report relates to all Joint Strategic Needs Assessment Priorities as the website will provide internal and external links that coincide with all JSNA priorities. The webpage will provide links to the Joint Strategic Needs Assessment.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	In line with the start of the new municipal year, new Chair and Refreshed Membership the Health and Wellbeing Board webpage has been refreshed and uploaded to The Bury Directory. The Bury Council Website is focusing		

	on transactional services only therefore Health and Wellbeing pages have been uploaded to The Bury Directory.
What requirement is there for internal or external communication around this area?	We ask that the Board engages and promotes the new refreshed web page on the Bury Directory
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	N/A

2. Introduction / Background

A refreshed Health and Wellbeing Board page has been created on The Bury Directory. The Board are requested to approve the contents of the page and work with the Assistant Improvement Advisor; Chloe McCann to develop the page to ensure the work of the Health and Wellbeing Board is available in an easy access and use format.

Please see below screen shot:-



3. key issues for the Board to Consider

The members of the board are requested to approve the content of the pages and should provide any should provide any information they feel may be suitable for the site.

The website will have a shortened URL which will be www.theburydirectory.co.uk/healthandwellbeingboard

Members of the board are also requested to promote the link and work with the Assistant Improvement Advisor to ensure only relevant information is uploaded to the page in a timely manner.

All members are also requested to review their profile, update or amend as required and sign off before it is uploaded to the page.

4. Recommendations for action

The Board needs to discuss their thoughts on the new webpage and any concerns and questions they have and also the Board needs to advise if they are happy for the Website to go live.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

This strategy was subject to an Equality Assessment (EA) to ensure compliance with the Equality Act 2010 and consideration of its impact on protected groups. As this strategy is concerned with reducing health inequalities and based upon the needs of specific equalities groups where known, the EA found that overall it will have a positive effect on equalities.

An Equality Analysis form has been completed and is attached.

CONTACT DETAILS:

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Date: 29/06/2015

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Pride in Pennine | Quality-Driven Responsible Compassionate

The Pennine Acute Hospitals NHS Trust

Maternity Services – Briefing for Local Authorities & HOSCs

1. Background

The Pennine Acute Hospitals NHS Trust provides inpatient maternity services from North Manchester General Hospital and The Royal Oldham Hospital. Approximately 10,000 babies are delivered per year across these two dedicated multi-million pound purpose-built women and children's units.

Following the appointment of the Trust's new Chief Executive in April 2014, and prior to a full review of the Trust's serious incident policy and processes, a system was introduced whereby all SUIs (serious untoward incidents) were notified to the Chief Executive and Executive Directors within 24 hours and discussed at the Senior Management Team (SMT) on a weekly basis. This ensured the Trust could take any immediate corrective action required and reduce risk. This process highlighted several incidents within maternity services. The incidents reported were reviewed through the Trust's own root cause analysis and serious incident processes and any immediate improvements or actions required were implemented. However, to ensure that we left no stone unturned we commissioned an external review of nine incidents which had occurred within maternity services (6 neonatal and 3 maternal deaths). These should be seen in the context of approximately 10,000 births in a year between The Royal Oldham Hospital and North Manchester General Hospital (including home births).

The terms of reference for the review were agreed by the SMT and the Trust Board of Directors.

2. Review Findings

In summary, the findings of the external review were:

- The population of women cared for at Pennine Acute Trust is diverse and challenging and includes a significant number of high risk and vulnerable women.
- There are clearly areas of good practice which are appropriately noted and acknowledged and which should be widely shared.
- The three maternal deaths did not appear to be the result of deficiencies in care.
- The serious incidents were thoroughly and comprehensively reviewed by the Trust and there was a clear, honest and open approach to identifying failings.

3. Recommendations

There were twelve recommendations made within the review, which are outlined below:

1. Staffing issues where safety is compromised must be appropriately escalated, and must include involvement of the duty Supervisor of Midwives.

2. Managers must ensure that the process for escalating concerns is clear.

3. The process for employing and managing locum doctors should be reviewed.

4. The directorate should review its management of obesity in pregnancy, labour and the postnatal period, and that guidelines are appropriately implemented.

5. All serious incident reports should be 'quality checked' before submission, to ensure that the root cause clearly established.

6. Recommendations made by the serious incident review panel must be clear and unambiguous.

7. Where individual failings have been identified, the reports must demonstrate that training / educational needs have been considered.

8. Senior managers must ensure that training / educational needs are addressed where leadership has failed.

9. Serious incident reviews must be signed off by a nominated senior manager from the appropriate specialty.

10. The directorate should ensure that all mandatory training is up to date for all disciplines of staff, including record keeping and interpretation of CTG.

11. All available methods should be used to ensure that standards of documentation are improved where necessary.

12. The Trust must be assured that a robust system is in place to ensure the regular and timely review, implementation and audit of guidelines in accordance with Trust policy.

Whilst many areas identified for improvement by the external reviewers had already been addressed, further scrutiny and improvement is required around some areas of clinical risk management, clinical leadership, obesity management and serious incident investigations. It is important to note that the Trust did not wait for the external review before taking action to reduce risk and improve services. In addition, the Trust also commissioned a review of staffing levels.

4. Improvement Plan

A comprehensive improvement plan was developed to address the issues identified in the external review. The implementation of the improvement plan for our maternity services is being led by our Chief Nurse and Acting Medical Director and individual actions are being put in place by a whole team of doctors, midwives staff and managers. Implementation is being overseen by the maternity incident management group.

5. Communication and Engagement

The Trust was very conscious of the need to ensure that the families of the cases reviewed were informed first and that discussions were held in a sensitive and supportive manner. Plans were being developed so that these discussions could be held with the families. However, the content of the external review was disclosed, by an unknown source, to the media before the plans to meet with the families could be put into place. The press (Manchester Evening News) only gave the Trust 24 hours to make contact with the families before they published the story. This was an inadequate period of time for meaningful communication. We were only able to make telephone contact with the families and alert them to the fact that there had been a review undertaken and offer them the opportunity to meet with us.

Since publication of the review we have now put in place a full communication and disclosure plan and have maintained contact with those families who have indicated a desire for contact. We have shared the relevant section of the external review report which concerns their loved one with those families who have requested to receive it. The Trust is also supporting staff to ensure they are kept informed and updated about the review and outcomes. We have also communicated with the relevant health bodies including our four local Clinical Commissioning Groups, NHS England, the Trust Development Authority and the Care Quality Commission.

6. Media Interest

Following disclosure, by an unknown source, of the content of the external review to the media, the Manchester Evening News (MEN) carried the story over the Easter weekend (3 April 2015). The story was subsequently reported in a number of national newspapers and on the BBC and ITV regional news bulletins. A follow-up piece was covered in the MEN on 18 April 2015 covering an apology by the Trust to those families involved in the review where mistakes and the standards of care fell short of what is expected.

Below is a copy of the statement which the Trust has provided to the media. This is also available on the Trust website at www.pat.nhs.uk

Trust press statement

Gill Harris, Chief Nurse at The Pennine Acute Hospitals NHS Trust, said:
"Childbirth is a life changing event for any women and their family. Obstetric care is considered high risk, particularly for some women, and by its nature unpredictable. However, as midwives, doctors and healthcare professionals it is our job to ensure we minimise the chance of avoidable harm to provide the safest care for women and their babies and an experience that meets their expectations.

"For this reason, we believe that it was right and responsible for the Trust to commission an external review, in addition to our own internal reviews, to look at the details and circumstances surrounding a small number of maternity cases at our hospitals, to leave no stone unturned and to learn any lessons as well as ensure any mistakes are not repeated. We did not wait for the external review to make improvements to our care as we aim to be an organisation that continually learns and improves.

“We are always keen to learn from others to improve the care our staff provides and so we are also working with another large hospital trust outside of Greater Manchester to share learning across our two organisations. We know we can learn from other hospitals as we develop our services and equally other Trusts can learn from us.

“Where the Trust has made mistakes and the standards of care have fallen short of what both our staff and patients expect, we are deeply sorry and are committed to learning and improving all aspects of care we provide. We will work closely with individual families concerned to ensure we learn from their experiences and are also working closely and collaboratively with our local commissioners and partners in acting on the outcomes of both our internal and external reviews. We are committed to being open and transparent to patients, the public and with our staff. We are committed to using this feedback to help us achieve the highest standards of maternity care.

"We deliver around 10,000 babies each year at our maternity units at The Royal Oldham Hospital and North Manchester General Hospital and I would like to reassure the public that our maternity services at our hospitals are safe. If any expectant mother has a concern then they should contact and speak in confidence with their designated midwife.”

7. Scrutiny and Assurance

As a result of the media interest NHS England held a Quality Scrutiny Group on 16 April 2015. This meeting comprised senior representatives from NHS England, the four local Clinical Commissioning Groups, the Trust Development Authority and the Care Quality Commission. As a result of that meeting NHS England confirmed that they were assured that the Trust's maternity services are safe. Specifically NHS England wrote to the Trust on 24 April 2015 stating that the clear process of managing the matters arising from the external review report will be through the Trust's maternity incident management group and that the group will be co-chaired by the Trust's Chief Nurse and by a CCG Chief Officer. The letter went on to state that this would be the process for assuring the quality and safety of maternity services in the Trust.

The Trust's maternity incident management group meets every fortnight. As stated above, it is co-chaired by Gill Harris, Chief Nurse and Stuart North, Chief Officer of Bury CCG. A number of senior Trust staff and representatives of our four local CCGs, the TDA and NHS England are members of the group. The external representatives provide a high level of scrutiny of the actions being undertaken by the Trust and the CCG representatives report back to their own governing bodies.

One of the major actions in the Trust's Improvement Plan has been to agree partnership working with staff from The Newcastle upon Tyne Hospitals NHS Foundation Trust (which has a highly respected maternity service) who have agreed to take part in a shared learning arrangement ("twinning") across the two organisations. This programme will be led by the Trust's Chief Nurse. This is a really important and positive partnership that sits very well within the context of the national maternity review announced by NHS England last month.

The Care Quality Commission produces data on perinatal mortality ratios. The CQC's latest analysis shows the Trust is not an outlier for perinatal mortality rates and that perinatal mortality ratios at the Trust are similar to expected.

8. Advice for patients/public

The Trust delivers 10,000 babies each year at its purpose-built maternity units at North Manchester General Hospital and The Royal Oldham Hospital, including our specialist Level 2 (high dependency special care baby unit) and Level 3 (neonatal intensive care unit).

The Trust is keen to reassure existing patients (pregnant women), their families, and the general public that the Trust's maternity services are safe.

If any expectant mother, partner or family member has a concern or any questions, they should contact their designated midwife in confidence to discuss further.

The Trust is planning to publish the final improvement plan in the coming weeks after input from the families involved, Trust medical and midwifery staff and partner agencies.

Information about this review and maternity services in general is available for patients and the general public on the Trust website at www.pat.nhs.uk .

Andrew Lynn
Head of Communication
22 May 2015

Bury Health and Wellbeing Board

Title of the Report	Refreshed Joint Health and Wellbeing Strategy
Date	16th July 2015
Contact Officer	Heather Crozier
HWB Lead in this area	**Priority 1- Starting Well** - Lead- Mark Carriline **Priority 2- Living Well**- Lead- Lesley Jones **Priority 3- Living Well with a Long Term Condition or as a Carer**- Lead- Pat Jones-Greenhalgh **Priority 4- Ageing Well**- Lead- Pat Jones-Greenhalgh **Priority 5- Healthy Places** - Lead- Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information	Discussion	Decision
	☐	☐	X

Why is this report being brought to the Board? Refreshed Bury Joint Health and Wellbeing	This report is being brought to the board as the Joint Health and Wellbeing Strategy has been refreshed to reflect the updated Priorities that have already been signed off by the board.
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	This will be the Refreshed Joint Health and Wellbeing Strategy therefore it relates to all Priorities. • Priority 1- Ensuring a positive start to life for children, young people and families has now been refreshed to Priority 1 – Starting Well- which covers the same topics • Priority 2 – Encouraging healthy lifestyle and behaviours in all actions and activities. Priority 2 has now been refreshed to Living Well – which covers similar topics. • Priority 3 - Helping to build strong communities, wellbeing and mental health. Priority 3 has now been refreshed to Living Well with a Long Term Condition

	or as a Carer – this refreshed priority now covers a lot of topics previously in Priority 4. It focuses on individuals with a LTC or Carers. • Priority 4 – Promoting independence of people living with long term conditions and their carers. Priority 4 has now been refreshed and is called Ageing Well (Previously covered in Priority 5) which now covers the ageing population. • Priority 5 – Supporting older people to be safe, independent and well. Priority 5 has now been refreshed to Healthy Places which covers:- Creating a clean and sustainable environment and ensuring suitable and quality homes.
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	The priorities identified in this strategy have been informed by our Joint Strategic Needs Assessment (JSNA). This strategy is the Board's overarching plan to respond to those needs identified in the JSNA, from other data sources and from those who live and work in the borough. It sets out the Board's vision for the health and wellbeing of people in Bury and identifies key priorities for action.
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The Health and Wellbeing Board are requested to sign off the refreshed strategy and approve the formatting of the document to be refreshed.
What requirement is there for internal or external communication around this area?	This is to be discussed at the board.
Assurance and tracking process – Has the report been considered at any other committee meeting of the	It will be considered at the July scrutiny meeting.

Council/meeting of the CCG Board/other stakeholders....please provide details.	

2. Introduction / Background

This refreshed strategy sets out Bury Health and Wellbeing Board's bold five-year vision for improving health and wellbeing in the borough. It makes three underpinning principles and identifies five cross-cutting priorities, to help achieve this.

This report is for decision. It is the refreshed Joint Health and Wellbeing Strategy to reflect the refreshed priorities which have already need agreed by the board.

These refreshed priorities are:-

Priority 1 – **Starting Well**

Priority 2 – **Living Well**

Priority 3 - **Living Well with a Long Term Condition or as a Carer**

Priority 4 – **Ageing Well**

Priority 5 – **Healthy Places**

3. key issues for the Board to Consider

The Board has already approved all the above priorities and governance arrangements and these have been updated in the strategy.

4. Recommendations for action

The Board are requested to sign off the refreshed strategy and governance.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

This strategy was subject to an Equality Assessment (EA) to ensure compliance with the Equality Act 2010 and consideration of its impact on protected groups. As this strategy is concerned with reducing health inequalities and based upon the needs of specific equalities groups where known, the EA found that overall it will have a positive effect on equalities.

An Equality Analysis form has been completed and is attached.

CONTACT DETAILS:

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Date: 29/06/2015

LIVING WELL IN BURY:

MAKING IT HAPPEN TOGETHER





Refreshed Bury Joint Health and Wellbeing Strategy 2015-2018

Bury Clinical Commissioning Group NHS

Bury COUNCIL

Contents

Foreword

We are delighted to introduce the refreshed Bury Joint Health and Wellbeing Strategy. This refreshed strategy sets out Bury Health and Wellbeing Board's bold five-year vision for improving health and wellbeing in the borough. It makes three underpinning principles and identifies five cross-cutting priorities, to help achieve this.

Many factors affect our health and wellbeing. What makes a person "well" can involve many different factors, including physical and mental wellbeing, employment, environmental factors, social circumstances, adequate housing and economic factors.

Everyone has the right to good health. Unfortunately, there are huge differences in levels of physical health, mental health and wellbeing across our borough. The greatest challenge we face is to tackle inequalities and this remains central to all that we do.

The priorities identified in this strategy have been informed by our Joint Strategic Needs Assessment (JSNA), other formal data sources, such as, the Census 2011, and by listening to the views of those living and working in the borough. They reflect our most pressing health and wellbeing issues right across the life course from birth to end of life. This will ensure we are well placed to continually build, protect and promote resilience for good health and wellbeing at all stages throughout life.

Whilst the principal responsibility for developing and delivering this strategy sits with Bury's Health and Wellbeing Board, all of us living and working in Bury have a role to play in its delivery. In Bury, we are fortunate to have a strong history and culture of working together with demonstrable success. Enhanced by a new legal framework, this strategy builds on that solid foundation, generating a renewed commitment and focus to making real differences to the lives of local people.

We know we are faced with significant financial pressures whilst customer expectations and demand for services is rising. There is also a very real responsibility on individuals to also help with this in self-caring and looking after themselves too. Team Bury, our local strategic partnership, is fully committed to collaborative working at a Greater Manchester level around Public Sector Reform. This work is focused on developing ways of improving outcomes for customers and efficiently using resources through integrated approaches. We recognise the journey ahead may be challenging, but we also welcome the opportunities it will bring.

Chair of the Health and Wellbeing Board

Cabinet Member for Health and Wellbeing.

Andrea Simpson

Deputy Chair of the Health and Wellbeing Board

Executive Director for the Department of Communities and Wellbeing

Pat Jones-Greenhalgh

Introduction

Under the Health and Social Care Act 2012, upper tier Councils in England must establish a Health and Wellbeing Board.

The vision of Bury's Health and Wellbeing Board is to:

"Improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life."

Bury Health and Wellbeing Board

Bury Health and Wellbeing Board (the Board) has been operating in shadow form since May 2011. From April 2013, it became a statutory committee of Bury Council. The Board brings together senior leaders from across Bury Council and the NHS with elected members, HealthWatch, and representatives from the voluntary and community sector, to set out a vision for improving health and wellbeing in the Borough.

The Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, Social Care, Public Health and other services.

The Board will determine, shape and implement key priorities and integrated strategies to deliver improved health and wellbeing outcomes, for the whole of the population of Bury.

The Board will set out the most pressing health and wellbeing priorities for the Borough and what it will do about them in this Joint Health and Wellbeing Strategy. This strategy is also intended to influence the direction of other relevant strategies and plans.

There is a long and rich history in Bury of partners working together to promote, improve and protect health and wellbeing. The Board will build upon this legacy with the strength of a new statutory framework. It will bring a sharper focus to shared priorities, provide strong leadership to drive forward progress on these and strengthen existing programmes of work to increase their impact.

Further information about the Board, its membership and meetings is available at: www.theburydirectory.co.uk/healthandwellbeingboard

The Joint Health & Wellbeing Strategy

This strategy is the Board's overarching plan to respond to those needs identified in the JSNA, from other data sources and from those who live and work in the borough. It sets out the Board's vision for the health and wellbeing of people in Bury and identifies key priorities for action.

This strategy does not set out all that we need to do around health, wellbeing and social care. There are already a range of strategies, set out at Appendix 2, that focus on specific issues and will complement and support this strategy. Rather, this is meant to focus on the most important and pressing challenges we face in the borough that cannot be addressed by a single agency alone. The five priorities identified in Section 4 cut across all organisations and it is joint action that can make the biggest difference. The strategy emphasises the importance of integration, prevention and early intervention, and targeting resources at those most in need.

This strategy will also inform the plans of Bury Clinical Commissioning Group (CCG), Bury Council and NHS England as to the services they intend to put in place. This will ensure we are maximising efforts to close the gap in healthy life expectancy both within the borough and in comparison with the rest of the country.

The Board will monitor the delivery of this strategy every twelve months based on the measures of success set out under each priority. It will also refresh this five year strategy on an annual basis.

Development of this Strategy

This Strategy has recently been refreshed. The needs and priorities highlighted within this refreshed strategy have been agreed by the Board and wider stakeholders, including members of the community. They are based on a range of information about health and wellbeing from a wide variety of sources, including:

- The JSNA, as a one-stop source of reliable information about, and analysis of, the health and care needs of our population and its communities to identify priority areas of need. The current JSNA is available at www.bury.gov.uk/jsna
- It is acknowledged that some of the data in the JSNA is now out of date. Therefore, more up-to-date data sources have been used where available. These include the Census 2011, the Bury Health Profile, baseline data in various outcomes frameworks and Bury's Public Health Annual Report 2012. All data sources used within this refreshed strategy are referenced throughout the document.
- Existing local strategies and plans that influence health and wellbeing
- Knowledge and experience of those living and working in the borough

The priorities within this strategy have also been informed by listening to what local people have told us. An extensive consultation has taken place on the earlier draft version of this strategy. This showed overall support for the priorities and a resounding consensus that giving children the best start in life was the most important priority. The consultation also emphasised the importance of mental health and wellbeing, work and employment. The strategy has been strengthened to reflect these issues. The consultation also provided valuable insights into perceived barriers and opportunities in implementing the actions under each priority. These will be crucial in informing the implementation of this strategy, ensuring we are building on our assets to drive it forward. The consultation has also helped shape our four principles which we believe will deliver the change and improvement required to achieve our desired health and wellbeing outcomes. Further details of the consultation exercise are available at http://www.bury.gov.uk/index.aspx?articleid=7415.

This strategy was subject to an Equality Assessment (EA) to ensure compliance with the Equality Act 2010 and consideration of its impact on protected groups. As this strategy is concerned with reducing health inequalities and based upon the needs of specific equalities groups where known, the EA found that overall it will have a positive effect on equalities. The JSNA provides data in relation to specific equalities groups, and this has been key in informing the development of this strategy. However, it is recognised that there are gaps in the data in relation to some equalities groups. The forthcoming refresh of the JSNA will seek to address these gaps where data exists. The consultation process around the draft version of this strategy provided valuable feedback from some specific equalities groups and those working with them. Tackling inequalities and ensuring we meet the needs of specific groups, will further inform this Strategy's implementation. The full EA provides further information about how we have

paid due regard to our public sector equality duty. The Equality Assessment for the refreshed Strategy has been updated.

Section 1: Our Principles

The following principles will guide the work of Bury Health and Wellbeing Board and be at the core of all we do:

We will promote and develop prevention, early intervention and self-care

Many illnesses can be prevented and intervening early can limit their extent. Taking care of ourselves is crucial in keeping well. We will enable and support people and communities to take responsibility for their own health and wellbeing, working with them to develop the knowledge, skills and confidence required to do so.

We will reduce inequalities in health and wellbeing

We know that there are social and economic reasons that have a negative impact on people's health and wellbeing. We will work with and influence partners to address these issues and the impact they have on our health and wellbeing. We will ensure that resources are proportionately targeted to those most in need in order to close the gaps in health experience within the borough and beyond.

We will develop person centred services

We will simplify how health and social care is created and delivered in Bury. We will make sure that people can access services, in a timely way, and see that they are fair. We will ensure that local people have the opportunity to shape and influence services, so that they meet their needs and keep them safe. We will provide the appropriate information to support and enable them to make the right choices for themselves.

We will plan for future demands

We recognise that the population is ageing and more care is needed. We also know that customer expectations are changing. We will use all our information and intelligence sources to enable effective planning and use our resources wisely to ensure the right services are available. We will also ensure that quality is at the heart of all advice, support and care services to ensure the effective use of those resources and maximise outcomes. Crucial to this is working with, and listening to, local people.

Section 2: Our approach to improving health and wellbeing

The Board has adopted an all encompassing approach to health and wellbeing, using the World Health Organisation's definition of health as 'as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' in producing this strategy. Maintaining health and wellbeing is important for individuals to maximize their potential, enable them to lead active, fulfilled lives and participate fully in their local community. Figure 1 shows the wide range of factors that affect our health and wellbeing.

Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE)

Figure 1:

The Board has placed a strong emphasis on 'wellbeing' through this strategy. Wellbeing is people's sense and experience of mental, social, physical and spiritual health. It includes people's sense of control over their lives, connectedness to others through their community and social networks, purpose, fulfilment, enjoyment and belonging. The Board strongly supports 'The Five Ways to Wellbeing' which are a set of evidence based public mental health messages. They Five Ways to Wellbeing are:

1. Connect (with others).
2. Be Active

3. Give
4. Take Notice
5. Learn

There are known differences in health experience and outcomes between different social groups. These are called health inequalities and can be on the basis of where people live or other features, such as, social class, ethnicity or age. The interaction between some of these can magnify health inequalities further. Action around all the wider determinants shown in the above diagram is crucial, therefore, in both increasing life expectancy and narrowing the gaps in health outcomes between groups. Targeting resources according to greatest need is also critical in closing inequalities gaps.

There are strong links between socio-economic deprivation and health inequalities. The Index of Multiple Deprivation (IMD) 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Figure 2 below shows the varying levels of multiple deprivations across Bury.

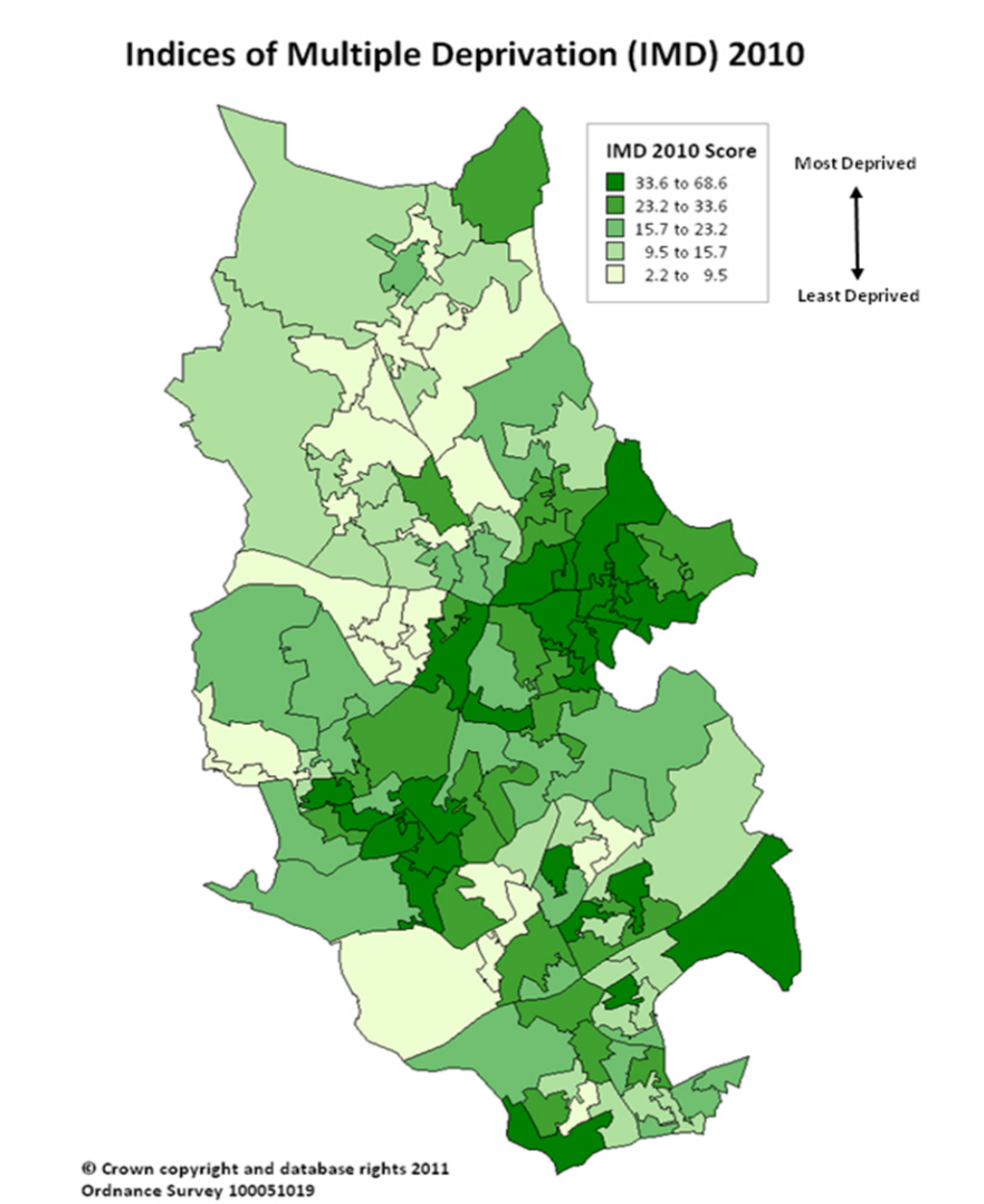


Figure 2: Indices of Multiple Deprivation (IMD) 2010

Our approach to improving health and wellbeing recognises that we have many assets within our communities that can be used to address the health and wellbeing needs in the borough. Our assets range from community and voluntary groups, parks and buildings, community activities and, crucially, local people. We are committed to listening to and working with local communities to understand their needs and work directly with them to develop local services that are important to them. This is known as a community assets-based approach to generate participation, sustainability, and ownership of local initiatives.

The strategy is also informed by the findings of the Marmot Review "Fair Society Healthy Lives" published in 2010. This review was requested by the then Secretary of State for Health and conducted by Prof. Michael Marmot. It looked at what were the most effective strategies and actions to reduce health

inequalities across England. The review showed clear links between social and economic circumstances and health. It also highlighted that we accumulate positive and negative effects on health and wellbeing across the lifecourse. So, what we do earlier in life can strongly influence our health outcomes in later life. The review recommended that action was needed on the following six key policy objectives to effectively reduce health inequalities across England:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

In producing this strategy, we have strived to reflect local action on all these policy objectives and across the life course to ensure we are focused on the root causes of ill-health and tackling health inequalities.

Section 3: Health and Wellbeing in Bury

Bury's population was estimated to be 186,500 in 2013[1]. This is expected to rise to 198,800 by 2025[1a]. Around 10.9% of Bury's population are from Black and minority ethnic (BME) Communities. Figure 3 shows the ethnic profile of Bury's population based on the 2011 Census.

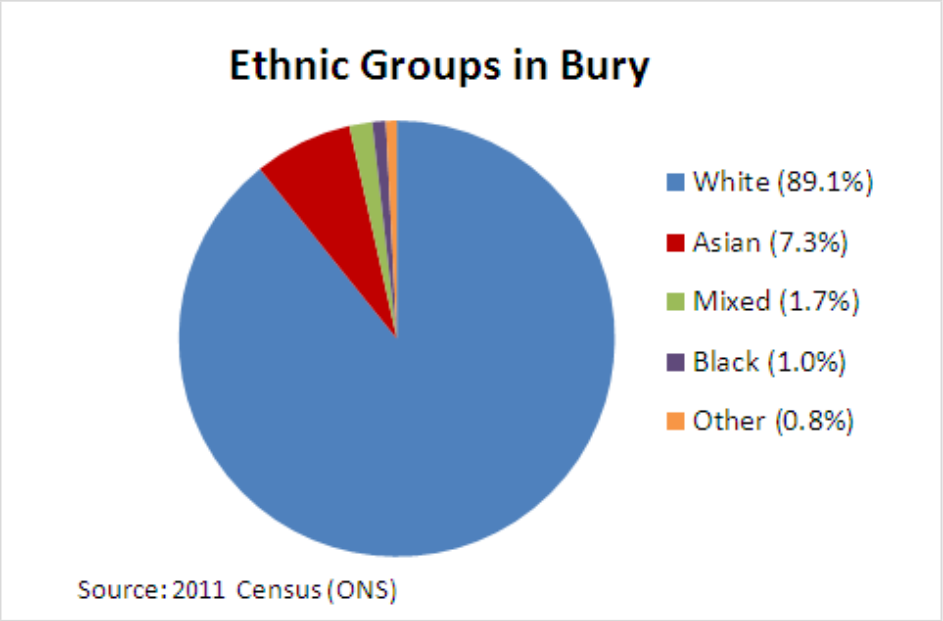
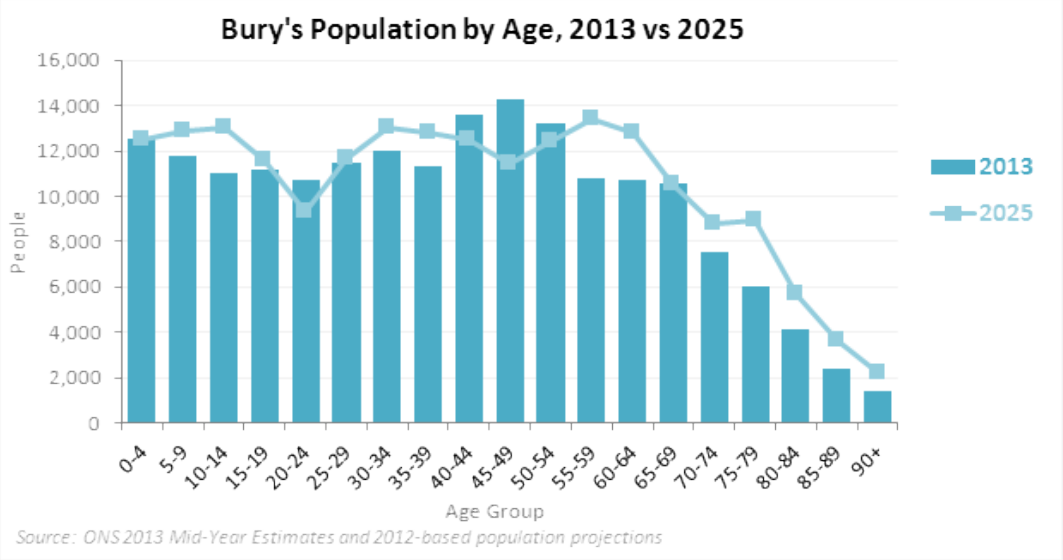


Figure 3: Ethnic Groups in Bury

By 2025, there are a range of changes expected in Bury's population as shown in Figure 4. While most age groups are expected to grow in size, the proportion of the population that are under 20 is expected to stay the same (at 25% of the total population), while the older is expected to increase - the proportion of the total population aged 65 and over is expected to rise from 17% in 2013 to 20% in 2025. The 80 and over population is also expected to increase from 4% to 6%. This means there will be 11,500 people aged 80 and over living in the borough in 2025, an increase of 46% on the 2013 figure (7,900). [i,1a]



2013 Population by Age Group Compared to 2025 Population Projections for Bury

The ageing population will mean an increasing burden of poor health in later years and a significant increase in demand for health and social care. For example, as the population ages, the number of people living with dementia (and who are aged 65 and over) will increase by 34% over the next 10 years, which will result in a higher dependency on hospitals, carers and specialist care services.[99] Services will need to be shaped according to these changes. We need to support people to remain safe and independent for as long as possible.

In Bury, we have seen steady and lasting improvements in how long people can expect to live, partly due to a significant reduction in cardiovascular deaths. However, life expectancy in the borough is still below the England average and this gap is widening. Life expectancy for males is 78.2 years, just over 1 year less than the England average at 79.4 years. For women life expectancy in Bury is 81.2 years, which is 1.9 years less than the England average of 83.1 years. Across the borough there are big differences in life expectancy. For men there is a gap of 10.7 years and 7.4 years for women, between the most and least deprived areas across the borough.[ii] Bury has just under 1,800 deaths a year with the main causes being cancer and circulatory disease, with respiratory disease also a main contributor. Early death rates from cardiovascular disease and cancer have fallen but are still worse than the England average.[iii]

Many of the leading causes of death and ill health are preventable. A focus on healthy lifestyles is critical in increasing life expectancy and narrowing the inequalities gap both locally and nationally. Smoking related deaths in Bury are significantly higher than the England average.[iv] Smoking levels are 18% in adults, which is slightly lower than the England average.[5] In Bury, over two-thirds of the adult population is overweight or obese, and the National Child Measurement Programme suggests that nearly 1 in 5 five year olds and 1 in 3 10 year olds are overweight or obese.[v] Unhealthy lifestyles are risk factors in the development of long term conditions and the burden of ill-health associated with them. Ensuring we have joined-up services, focused on addressing the needs of the customer, and the promotion of self care will be critical.

In the early years, despite falling rates of teenage pregnancy, levels in Bury are still worse than the England average. Breastfeeding rates are below the national average, and there is significant drop off between initiation and 6-8 weeks.[vi]

Smoking in pregnancy is a key factor in low birth weight and infant mortality. Local levels of smoking in pregnancy are high at 14% compared to the England average of 12%. [vii] Giving children the best start in life is essential to their future social, health and economic outcomes right across life.

Bury's educational results remain significantly higher than the England average. [viii] However there are educational attainment gaps between ethnicities. Those on free school meals and looked after children also experience lower attainment levels than the wider population. Education has an impact on employment and wider wellbeing issues throughout life. Bury has an unemployment rate consistently below the regional average, but there are small areas that fall into the most deprived for employment nationally, particularly Chesham Fold and Coronation Road. Disadvantaged groups are likely to require greater support to help them into work.

The JSNA has areas of possible inequalities which are not currently considered, such as, sexual orientation and religion. These areas will be included in the next iteration of the JSNA process where relevant data is available.

Public Health England, Public Health Outcomes Framework Indicators 0.1ii, 0.2iii and 0.2iv (as at April 2015)

99 Projecting Older People Population Information System, www.poppi.org.uk, (as at April 2015)

Public Health England, Public Health Outcomes Framework Indicators 4.04i and 4.05i (as at April 2015)

Public Health England, Local Tobacco Control Profile (as at April 2015)

Public Health England, Public Health Outcomes Framework Indicators 2.12, 2.06i and 2.06ii (as at April 2015)

Public Health England, Public Health Outcomes Framework Indicators 2.02i and 2.02ii (as at April 2015)

Public Health England, Public Health Outcomes Framework Indicator 2.03 (as at April 2015)

Public Health England, 2012, Bury Health Profile

Four consistent themes are shown throughout the JSNA which still hold true in light of more up to date information:

- The consequences of the growth and profile of our population will increase demand for services particularly from older people.
- The effect of social deprivation on poorer health outcomes for some of our population compared to others.
- Social exclusion is both a cause and consequence of poor health outcomes and often results from limited rights, resources and opportunities.
- The impact of lifestyle choices which are increasing the demand on services, increasing inequalities and will result in higher levels of ill-health and lower levels of wellbeing.

The Board has a statutory duty to tackle health inequalities. Its second principle is around tackling inequalities in health and wellbeing which, in turn, has informed the priorities set out below.

Section 4: Our Priorites

Priority 1 – Starting Well

Why this is important

Focusing on pregnancy and the first few years of a child's life ensures that children can be given the best possible start for their physical, educational and emotional development which will help them realise their potential and flourish throughout their lives. Prevention, intervening early and supporting parents in the first phase of a child's life represents a key opportunity to break the cycle of deprivation, disadvantage and poor outcomes across the life course.

Strengthening the relationship between infants and parents/guardians has a strong impact on both physical and mental health. Parenting is the single largest factor implicated in a range of health and social outcomes for children, notably accident rates, substance misuse, teenage pregnancy, truancy, school exclusion and underachievement, child abuse, employability, juvenile crime and mental illness.[ix]

Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life was the most important of all the policy recommendations for reducing health inequalities in The Marmot Review. It was also identified as the highest priority locally from the consultation on this strategy.

Bury is better than Statistical Neighbour average

- Almost 14% of women in Bury who give birth are smoking at the time of their delivery. This has improved from last year and is the second best rate in the statistical neighbour group, where the average is 17%

- Initiation of breastfeeding after birth has improved in Bury for the last three years to 70% of new mothers in 2013/14. This puts Bury as third highest in the statistical neighbour group (where the average 66%)

- Five year olds in Bury have an average of 1.3 decayed, missing or filled (dmf) teeth, which is the same as the average of our statistical neighbours

- 15% of children who left care in 2013/14 were subjects of Special Guardianship Orders, which is better than the statistical neighbour average of 12%

Bury is worse than Statistical Neighbour average

- The infant mortality rate in Bury has been on a worsening trend in recent years, and is currently 5.2 per 1000 live births. This is the third highest rate in the statistical neighbour group

- The percentage of children achieving a good level of development at the end of reception has improved from the previous year, but Bury is still slightly below the statistical neighbour average, at 56%

- The same is true for reception pupils who receive free school meals – in Bury, 39% achieve a good level of development, compared to the statistical neighbour average of 41%
- In Year 1, the percentage of pupils achieving the expected level in phonics screening check is the lowest in the statistical neighbour group, both overall and for pupils who receive free school meals

- Bury has a higher percentage of child protection plans that are repeats, compared to the average of our statistical neighbours – 20% (avg 17%)

- Fewer children leaving care in Bury are adopted – 17%, versus 19 Statistical Neighbour average

- Fewer children in care have long term placement stability in Bury (55%) than the average of our statistical neighbours (69%). Bury has the second lowest rate in the Statistical Neighbour group

Our Actions

We will:

1. Improve health and developmental outcomes for Under 5s.

2. Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs.

3. Support positive and resilient parenting, especially for families in challenging circumstances

4. Narrow the attainment gap amongst the vulnerable groups.

Measures of Success

If we are making a difference, we will have:

1 a) Improved health outcomes for under 5s
b) A higher proportion of children will be school ready

2. Implemented the SEND reforms

3. a) Fewer children making repeat entry into the social care system
b) Children move from care into high quality permanence
c) Children in care in stable placements

4. Improvements in the differences in levels of educational attainment across the borough and between groups

Indicators

1. a) Improved health outcomes for under 5s

    - Number of mothers who smoking during pregnancy

- Breastfeeding initiation and maintenance at 6-8 weeks after birth
- Infant mortality
- Tooth decay in children aged 5
- Childhood obesity

b) A higher proportion of children will be school ready

- Children achieve a good level of development by the end of Reception
- Children with free school meal status achieve a good level of development at the end of reception
- Year 1 pupils will achieve the expected level in the phonics screening check
- Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check

2. Implemented the SEND reforms
   - Number of Education, Health and Care Plans (EHC)
   - Number of families accessing personal budgets

3. a) Fewer children making repeat entry into the social care system
   - A reduction in the number of repeat child protection plans

   b) Children move from care into high quality permanence
   - Number of children moving out of care into permanence through adoption or Special Guardianship Orders

   c) Children in care in stable placements
   - Long term placement stability for Children and Young People in Care

4. Improvements in the differences in levels of educational attainment across the borough and between groups
   - Narrowing the gap indicators

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Improve health and developmental outcomes for Under 5s.	Improved health outcomes for under 5s	Number of mothers who smoking during pregnancy	Children's Trust Board
		Breastfeeding initiation and maintenance at 6-8 weeks after birth	
		Infant mortality	
		Tooth decay in children aged 5	
		Childhood obesity	

	A higher proportion of children will be school ready	Children achieve a good level of development by the end of Reception	
		Children with free school meal status achieve a good level of development at the end of reception	
		Year 1 pupils will achieve the expected level in the phonics screening check	
		Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check.	
Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs	Implementation of SEND reforms	Number of EHC plans in place	Children's Trust Board
		Number of families accessing personal budgets	
Support positive and resilient parenting, especially for families in challenging circumstances	Fewer children making repeat entry to social care system	A reduction in the number of repeat child protection plans	Bury Safeguarding Children's Board
	Children move from care into high quality permanence	Number of children moving out of care into permanence through adoption or Special Guardianship Orders	
	Children in care in stable placements	Long term placement stability for CYPIC	
Narrow the attainment gap amongst the vulnerable groups.	vements in the differences in levels of educational attainment across the borough and between groups	Narrowing the gap indicators	Children's Trust Board

Priority 2 – Living Well

Why this is important

Maintaining a healthy lifestyle is essential for good health and wellbeing. Smoking, poor diet, physical inactivity, alcohol and drug misuse are risk factors for a range of long-term health conditions, such as, cardiovascular disease, diabetes, some cancers and dementia.

Unhealthy lifestyles contribute to the major causes of deaths in Bury of cardiovascular disease, cancer and respiratory diseases and to early deaths. Smoking-related illnesses are the main preventable cause of early death in Bury. The rate of smoking related deaths in Bury is worse than the average for England, representing around 334 deaths per year. (Bury Health Profile 2014).
In Bury, life expectancy is lower than in England. Lifestyle factors are key drivers behind health inequalities.

There are links between unhealthy lifestyles and poor mental health with obesity, alcohol misuse and higher levels of smoking all linked to mental ill-health. Leading a healthy lifestyle can have positive impacts on all aspects of health and wellbeing - physical, mental and emotional – and can offer resilience to stressors in life. Physical activity is a good example of this and it can significantly improve confidence and self-esteem.

It is recognized, however, that it is not always easy to adopt a healthy lifestyle and there are many factors affecting that. These could range from lack of information to support individual choices to wider environmental factors, such as the availability and price of alcohol, unhealthy food and tobacco products. It is vital, therefore, that we maximise all opportunities at policy, service and individual levels to facilitate well-informed and supported individuals, able to influence and sustain their own health and wellbeing within healthy environments. We also know that many behaviours are set in childhood and it is important to target action that supports children and their families to start and sustain healthy lifestyles.

Bury is better than Statistical Neighbour average

- People in Bury have higher rates of self-reported wellbeing than for the average of our statistical neighbour group, and scores have improved on the previous year
- Fewer children are classed as having excess weight – 19% of reception pupils (vs 23% Statistical Neighbour average) and 34% of children in Year 6 (vs 35%), although rates have increased for Year 6 pupils for the last two time periods
- Bury has more physically active adults than the statistical neighbour average (55% vs 51%), and has improved on the previous time point

- Smoking rates have decreased in recent years to 18% of adults – this is the second lowest rate in the Statistical Neighbour group

Bury is worse than Statistical Neighbour average

- Bury has more adults who are overweight than the Statistical Neighbour average (68% vs 66%)

- Bury has more adults who binge drink (25% vs 23%)

Our Actions

We will:

1. Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle

2. Establish a healthy schools and work and health programme

3. Adopt a 'health in all policies' approach to policy and strategy development

Measures of Success

If we are making a difference:

1. People will adopt and maintain a healthy lifestyle and be physically active

2. All schools and workplaces in Bury will be 'health promoting' organizations

3. All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury

Indicators

For all actions and measures of success will be:

- More people reporting positive mental wellbeing
- Increase in proportion of people who maintain a healthy weight
- Increase in proportion of people who are physically active
- Reduction in proportion of people who smoke
- More people drinking alcohol within the recommended safe levels

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle	People will adopt and maintain a healthy lifestyle and be physically active	• More people reporting positive mental wellbeing • Increase in proportion of people who maintain a healthy weight • Increase in proportion of people who are physically active • Reduction in proportion of people who smoke • More people drinking alcohol within the recommended safe levels	Health & Social Care Integration Partnership Board
Establish a healthy schools and work and health programme	All schools and workplaces in Bury will be 'health promoting' organisations		Health & Social Care Integration Partnership Board
	All workplaces in Bury will be 'health promoting' organisations		
Adopt a 'health in all policies' approach to policy and strategy development	All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury		Health & Social Care Integration Partnership Board

Priority 3 – Supporting people to live well with a long term condition or as a carer

Why this is important

It is estimated that 45,000 adults in Bury have at least one long term condition. Long term conditions are those that cannot currently be cured but can be managed variously with medication, support services and therapies, and self care strategies, such as maintaining a healthy lifestyle. They include diabetes, heart disease, dementia, mental health conditions, chronic obstructive pulmonary disease (COPD) and some neurological conditions.

People living in more deprived communities are at greater risk of developing a number of conditions but are less likely to be diagnosed early thus having poorer health outcomes. Long term conditions are more likely in older age and some, such as diabetes, are more prevalent in ethnic minority communities. The number of people living with more than one condition also increases with age. Those with long term conditions are two to three times more likely to experience mental health problems than the general population.[x]

The consequences of long term conditions can be life-changing and even devastating for some people and their families without the right support in place. Some people may struggle to seek or remain in work and they may become dependent on benefits. Roles they undertook within their family life and social activities may cease. Having the right support, retaining choice and control, confidence and self-esteem are all vital in self management of a condition, maintaining independence and coping with everyday life. Adopting self care approaches, such as maintaining a healthy lifestyle, utilising available technologies and meeting one's wellbeing needs are also important.

Carers are vital in providing physical, practical and emotional support. However, carers providing support for 50 hours a week or more are twice as likely to be in poor health as those not caring.

The Carers Trust defines a carer as 'someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'[xi]. Data from the 2011 census tells us that, in Bury, there are 19,954 people providing some form of unpaid care. This is 11% of the population and is an increase of 723 individuals in the last 10 years.

To support unpaid carers within our borough, the Carers Strategy Group developed the Adult Carers Strategy for Bury 2013-2018. The four main aims of this strategy are to strengthen:

1. Identification and recognition;
2. Realising and releasing potential (continuing with career and/or educational attainment;
3. A life outside of caring;
4. Supporting carers to stay healthy.

For more detailed information, go to http://www.bury.gov.uk/index.aspx?articleid=4903

NHS Inform, Long Term Health Conditions and Mental Health available at: http://www.nhsinform.co.uk/MentalHealth/Wellbeing/Long-Term-Health-Conditions www.carers.org.

Bury is better than Statistical Neighbour average

- Carers and people with long term conditions in Bury report a better health-related quality of life than the statistical neighbour average
- More adults with learning disabilities live in stable and appropriate accommodation in Bury than for the average of our statistical neighbours (86% vs 83%)
- In Bury, there are fewer unplanned admissions for chronic ambulatory care sensitive conditions than for the average of our statistical neighbours (1017 per 100,000 population vs 1057), although the trend has been worsening over the last three data points
- More adult carers have as much social contact as they would like (i.e. fewer are socially isolated) than the average of our statistical neighbours (47% vs 45%)
- The employment gap between the general population and people with a learning disability is about the same as the average of our statistical neighbours (64 percentage points), although this has worsened since the previous data point

Bury is worse than Statistical Neighbour average

- Bury has the largest gap in the employment gap between the general population and adults who are in contact with secondary mental health services in the statistical neighbour group (71 percentage points v 64 on average)
- Fewer adults who are in contact with secondary mental health services live in stable and appropriate accommodation than the average of our statistical neighbours (36% vs 59%). Bury has the second lowest rate in the statistical neighbour group.
- The employment gap between the general population and people with long-term conditions is slightly wider than for the average of our statistical neighbours (11.0 percentage points vs 10.7)

Our Actions

We will:

1. Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.

2. Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.

3. Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.

Measures of Success

If we are making a difference, we will have:

1. a) An improved quality of life for people living with long term conditions

   b) A reduction in hospital admissions for people with long term conditions

2. Improved health and wellbeing of careers

3. Increased number of people with long term conditions in sustainable employment.

Indicators

1. a) An improved quality of life for people living with long term conditions

   - Health related quality of life for people with long term conditions
   - Percentage of adults with a learning disability living in stable and appropriate accommodation
   - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation

   b) A reduction in hospital admissions for people with long term conditions

   - Unplanned hospitalisation for chronic ambulatory care sensitive conditions

2. Improved health and wellbeing of careers

   - Percentage of adult carers who have as much social contact as they would like
   - Health related quality of life for carers

3. Increased number of people with long term conditions in sustainable employment.

- Gap in the employment rate between those with a long term health condition and the overall employment rate

- Gap in the employment rate between those with a learning disability and the overall employment rate

- Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.	An improved quality of life for people living with long term conditions	Health related quality of life for people with long term conditions	Bury Integrated Health & Social Care Partnership Board
		Percentage of adults with a learning disability living in stable and appropriate accommodation	
		Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation	
	A reduction in hospital admissions for people with long term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	
Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.	Improved health and wellbeing of carers	Percentage of adult carers who have as much social contact as they would like	Bury Integrated Health & Social Care Partnership Board
		Health related quality of life for carers	
Support people with long term conditions (including mental health) to achieve and maintain	Increased number of people with long term conditions in sustainable employment.	Employment of people with long term conditions	Economic Partnership Board
		Gap in the employment rate between those with a long term health condition and the overall employment rate	

sustainable employment.		Gap in the employment rate between those with a learning disability and the overall employment rate	
		Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate	

Priority 4 – Ageing Well

Why this is important

We live in an ageing society where the number of older people is set to increase. Many older people live independent and fulfilling lives, feel they are in good health and, on the whole, experience a good quality of life. For some, however, ageing will lead to an increased risk of multiple health problems, feeling lonely and isolated, and increased health and social care needs.

For some older people ensuring they are able to play an active role within their community, whilst tacking the impact of social isolation, will be all the support they need to lead an independent life. Where older people do have care and support needs, it is important that the impact of this is reduced and that they are supported to reduce the likelihood of this happening again. Without health and social care intervention, conditions and injuries such as stroke, falls and dementia can undermine a person's wish to remain in their own home and return to independent living. Effective prevention, reablement and support which promote independence are critical and reduce the need for hospital admission or long term care and support.

In addition to this, strong links with safeguarding services will ensure we protect the most vulnerable from being subject to anti-social behaviour, crime and abuse.

Having secure, appropriate and settled accommodation, with the right kind of support, plays a vital role in health, wellbeing and feeling safe and secure. It is important to have the right kind of housing that is accessible, can accommodate any necessary aids and adaptations, and is warm and energy efficient.

With an ageing population, the number of carers is likely to increase and there are likely to be more older carers. Carers often experience poor health outcomes as they focus on the needs of those they are caring for at the expense of their own health and wellbeing. We need to ensure their needs are met.

When people reach the end of their life, we need to ensure that people are treated with dignity and respect and that they are supported to die at a place of their choosing. Supporting people to plan for the end of their life will ensure that they, and their careers, are involved with this as much as possible.

Older people are at particular risk of falls which is one of the main reasons for hospital admissions and the need for social care support. Around 35% of people aged 65 and over living in the community fall each year and this increases with age. Hip fractures are the most serious consequences of a fall in the over 65s; around 20% of those who have a hip fracture (often due to a fall) will die within four months.

A stroke is the third most common cause of death in the UK and around 50% of strokes occur in people aged over 75. After a stroke, around 30% will die within a year. For those surviving a stroke, many are left with longer-term problems or permanent disability. Around 1 in 12 people over 65 in the UK have dementia and the chances of developing dementia increase with age. Those who have had a healthy lifestyle earlier in their life, reduce their risk of dementia.

Bury is better than Statistical Neighbour average

- Fewer people aged 65 and over are permanently admitted to care homes (702 per 100,000 people aged 65 and over, vs 723)
- Slightly more older people who have been discharged from hospital into reablement services are still at home 91 days later (81.4%) than for the average of our statistical neighbours (81.2%)
- More people die in their usual place of residence in Bury (22.4%) than for the average of our statistical neighbours (21.7%) – Bury has the third highest rate in the statistical neighbour group

Bury is worse than Statistical Neighbour average

- Out of the monitored indicators we are achieving better than our statistical neighbour average in them all

Our Actions

We will:

1. Ensure older people play an active role within their community, tackling the impact of social isolation
2. Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this
3. Ensure people at the end of life are treated with dignity and respect

Measures of Success

If we are making a difference, we will have:

4. a) No older people will feel socially isolated
5. a) A reduction in non elective admissions in older people
   b) A reduction in permanent admissions to residential and nursing homes
   c) An increase in the number of over 65's who remain at home following re-ablement services
6. a) People will have choice and control over where they die
   b) People will die with an end of life plan

Indicators

1. a) No older people will feel socially isolated

- People aged 65 plus who have as much social contact as they would like

2. a) A reduction in non elective admissions in older people
   - Non elective admissions for people aged 65 plus

   b) A reduction in permanent admissions to residential and nursing homes
   - Permanent admissions to care homes people aged 65 and over

   c) An increase in the number of over 65's who remain at home following re-ablement services
   - Older people at home 91 days after leaving hospital into reablement

3. a) People will have choice and control over where they die

   b) People will die with an end of life plan
   - Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure older people play an active role within their community, tackling the impact of social isolation	No older people will feel socially isolated	People aged 65 plus who have as much social contact as they would like (Adult User Experience Survey)	Bury Integrated Health & Social Care Partnership Board
Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this	A reduction in non elective admissions in older people to A&E	Non elective admissions for people aged 65 plus (AQA)	Bury Integrated Health & Social Care Partnership Board
	A reduction in permanent admissions to residential and nursing homes	Permanent admissions to care homes people aged 65 and over (ASCOF indicator 2A,(2))	
	An increase in the number of over 65's who remain at home following re-ablement services	Older people at home 91 days after leaving hospital into reablement (ASCOF Indicator 2B(1))	

Ensure people at the end of life are treated with dignity and respect	People will have choice and control over where they die	Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)	Bury Integrated Health & Social Care Partnership Board
	People will die with an end of life plan		

Priority 5 – Healthy Places

Why this is important

Most people intuitively understand that where they live and the quality of their local environment has an impact on their health and well-being but there is also robust evidence from a wide range of sources which tells us about the direct effects of the environment on our health status and life-expectancy.

The layout of our built environment can help or hinder social connectivity, active travel, our safety and access to essential amenities. Having access to green space is essential for well-being, good quality housing helps prevent accidents and provides security and warmth.

Carbon reduction and recycling strategies also make an important positive contribution to the public's health. Carbon reduction and recycling of waste are important measures for conserving the natural resources and energy, reducing the amount of waste going to landfill and reducing greenhouse gases that contribute towards climate change.

The long term health of our population is dependent on the continued stability and effective functioning of our global environment. Continued pressure on the earths resources through human activity is contributing to climate change which brings with it new risks and hazards to our health such as flooding and new infectious disease.

In short, what is good for the environment is good for our health

Bury is better than Statistical Neighbour average

- Bury recycles more of its household waste (43%) than our statistical neighbours, on average (41%)
- Slightly fewer households are in fuel poverty (10.3% vs 10.4% Statistical Neighbour average)
- In the statistical neighbour group, Bury has the third lowest rate of households that live in temporary accommodation at 0.2 per 1000 households (Statistical Neighbour average is 0.4)

Bury is worse than Statistical Neighbour average

- Bury has a slightly worse rate of mortality due to air pollution (4.8% of deaths in people aged 30 and over, vs Statistical Neighbour average of 4.7%)
- In the statistical neighbour group, Bury has the third highest rate of homeless acceptances – 2.5 per 1,000 households (Statistical Neighbour average is 1.8)
  -

Our Actions

We will:

1. Create a clean and sustainable environment
2. Ensure suitable and quality homes

Measures of Success

If we are making a difference, we will have:

1. a) Improved air quality
   b) Reduced carbon emissions
   c) Green spaces that are welcoming, safe and well maintained
   d) High levels of recycling

2. a) Access to affordable and appropriate tenure housing
   b) Access to quality homes that meet people needs and secure their health and wellbeing
   c) Reduced homelessness

Indicators

1. a) Improved air quality
   - Fraction of mortality attributable to particulate air pollution
   - Adapting to Climate Change (Local PI on PIMS)
   - Annual Greenhouse Gas Report (% change in Bury Council's Carbon emissions)

   b) Reduced carbon emissions
   - Suite of Planning indicators proposed in Bury's core strategy (zero carbon, mitigating measures in new developments which have a negative effect on air quality)

   c) Green spaces that are welcoming, safe and well maintained
   - 'Green flag' standard parks in the borough
   - Street cleanliness levels

   d) High levels of recycling
   - Percentage of households recycling

2. Ensure people have suitable and quality homes
   - Statutory homelessness - homelessness acceptances
   - Statutory homelessness - households in temporary accommodation
   - Percentage of households in fuel Poverty

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Create a clean and sustainable environment	Improved air quality	Fraction of mortality attributable to particulate air pollution	Carbon Reduction Board
	Reduced carbon emissions	Percentage change in Carbon emissions	
	Green spaces that are welcoming, safe and well maintained	'Green flag' standard parks in the borough	Carbon Reduction Board
		Street cleanliness levels	
	High levels of recycling	Percentage of households recycling	
Ensure suitable and quality homes	Access to affordable and appropriate tenure housing	• Percentage of households in fuel Poverty • Statutory homelessness - homelessness acceptances • Statutory homelessness - households in temporary accommodation	Housing Strategy Programme Board (HSPB)
	Access to quality homes that meet people needs and secure their health and wellbeing		
	Reduced homelessness		

Section 5: Next Steps

To translate this strategy into action, detailed implementation plans will be developed as part of an annual programme of work. The implementation plans will reflect some of the useful insights provided through the consultation process around barriers and opportunities for delivery.

The Health and Wellbeing Board is the principal body for making sure that the actions and outcomes set out in this strategy are delivered and that there is a whole system contribution to achieving its vision. This strategy enables the Board to assess the plans and strategies of its partner organisations to ensure there is alignment with the Health and Wellbeing Strategy.
The Board will also hold other organisations to account for delivery of the actions within this Strategy.

A newly created virtual Hub will act as a conduit for the Board to influence and direct those strategic groups which will support the delivery of this strategy. The Hub will have a clear understanding of existing partnership structures and will play a key role in building strong collaborative relationships and facilitating integrated working amongst stakeholders. The Hub will also increase community engagement by involving service users, their organisations and the public in working groups or task groups and in the prioritisation and delivery of the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy will be monitored and reviewed on a regular basis and revised annually. Bury Council's Health Scrutiny Committee will provide governance and it will receive regular progress reports from the Health and Wellbeing Board. The Board will also produce an annual report for the wider public.

Conclusion

This strategy has described our joint vision, the major challenges and our priorities for Bury over the next five years.

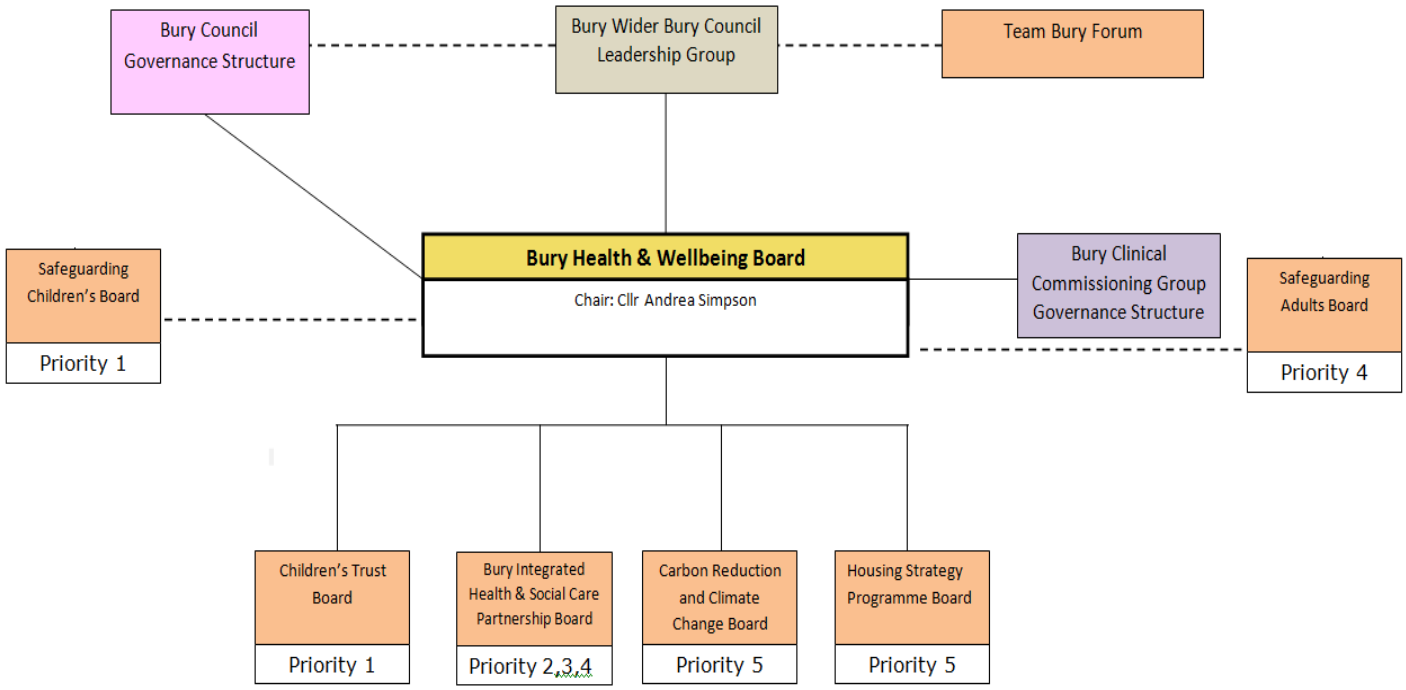
To ensure leadership, action and delivery of these priorities, as a Board we will:

- Listen to our communities.
- As a priority, focus resources to improve health and wellbeing and reduce inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Actively use the powers of health scrutiny to ensure commitments are delivered and monitored.
- Embed and consider the impact on health and wellbeing when making policy, planning decisions and service developments.

These are our commitments that will enable us to improve the health and wellbeing of all in Bury.

Appendix 1

Overarching Governance for HWB Strategy



Details

Self-reported wellbeing

Source: Public Health Outcomes Framework
Link to definition: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/22301/age/164/sex/4

This data comes from four questions in the Annual Population Survey, published by the Office for National Statistics (ONS).

The data shows the percentage of respondents who answered 0-4 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23i "Overall, how satisfied are you with your life nowadays?"
2.23 ii "Overall, to what extent do you feel the things you do in your life are worthwhile?"
2.23 iii "Overall, how happy did you feel yesterday?"

For the fourth indicator (2.23iv – people with a high anxiety score), the data shows the percentage of respondents from Annual Population Survey who answered 6-10 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23iv "Overall, how anxious did you feel yesterday?"

Health-related quality of life

Source: NHS Indicators
Link to definition:
https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf

Health-related quality of life refers to the extent to which people:
1. have problems walking about;
2. have problems performing self-care activities (washing or dressing themselves);
3. have problems performing their usual activities (work, study etc.);
4. have pain or discomfort;
5. feel anxious or depressed.

The indicator is based on the GP Patient Survey - a very large survey of adults registered with a GP Practice in England.

Chronic ambulatory care sensitive conditions

Source: NHS Indicators
Link to definition:
https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_I00757_S_V7.pdf

This measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

Fuel poverty

Source: Public Health Outcomes Framework
Link to definition: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/90356/age/1/sex/4

Under the "Low Income, High Cost" measure, households are considered to be fuel poor where:
1.They have required fuel costs that are above average (the national median level)
2.Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

The key elements in determining whether a household is fuel poor or not are:
•Income
•Fuel prices
•Fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)

Homeless acceptances

Source: Public Health Outcomes Framework
Link to definition:
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/11501/age/-1/sex/-1

Count of households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation.

References

- Public Health Outcomes Framework (PHOF): www.phoutcomes.info
- Local Authority Interactive Tool (LAIT): https://www.gov.uk/government/publications/local-authority-interactive-tool-lait
- Local Alcohol Profiles for England (LAPE): http://www.lape.org.uk/
- NHS Outcomes Framework (NHSOF): www.indicators.ic.nhs.uk
- Adult Social Care Outcomes Framework (ASCOF): http://ascof.hscic.gov.uk/
- End of Life Care Intelligence Network (EoLCIN): http://www.endoflifecare-intelligence.org.uk/data_sources/
- Department for Environment, Food & Rural Affairs (DEFRA): https://www.gov.uk/government/statistical-data-sets/env18-local-authority-collected-waste-annual-results-tables

Priority 1

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Local Authority Interactive Tool
5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework
9	Local Authority Interactive Tool
10	Local Authority Interactive Tool
11	Local Authority Interactive Tool

Priority 2

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Local Alcohol Profiles for England

Priority 3

Bullet	Data Source
1	NHS Outcomes Framework
2	Public Health Outcomes Framework
3	NHS Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework

Priority 4

Bullet	Data Source
1	Adult Social Care Outcomes Framework
2	Adult Social Care Outcomes Framework
3	End of Life Care Intelligence Network

Priority 5

Bullet	Data Source
1	Department for Environment, Food & Rural Affairs
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework

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Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

1. RESPONSIBILITY

Department	Corporate Policy	
Service	Communities and Wellbeing	
Proposed policy	Refreshed Joint Health and Wellbeing Strategy	
Date	June 2015	
Officer responsible for the 'policy' and for completing the equality analysis	**Name**	Chloe McCann
	Post Title	Assistant improvement Advisor
	Contact Number	5609
	Signature	C.McCann
	Date	24/06/2015
Equality officer consulted	**Name**	Helen Smith
	Post Title	Public Health and Social Care Intelligence Manager
	Contact Number	6338
	Signature	 51/2015
	Date	02.07.2015

2. AIMS

What is the purpose of the policy/service and what is it intended to achieve?	The Refreshed Joint Health & Wellbeing Strategy sets out the vision of Bury's Health and Wellbeing Board for improving health and wellbeing in the Borough. This strategy emphasises the plan to respond to those needs identified in the Joint Strategic Needs Assessment (JSNA), from other data sources and from those who live and work in the Borough. It will ensure we are maximising effort to close the gap in healthy life expectancy and health inequalities and stresses the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the principles of prevention and early intervention, thinking about the whole family where they live, work and play ensuring choice, control and empowerment of our residents and reducing local health inequalities.

	This strategy builds on work that has been undertaken in Bury over the last five years, links to existing local strategies and plans and will also inform the plans for the Clinical Commissioning Group (CCG), Bury Council and NHS England. It provides a focus on four overarching pledges and 5 priorities that we believe will deliver change and improvement required to achieve the health and wellbeing outcomes we aspire to for our population. It will identify the most significant health and wellbeing inequalities now and in the future, who is affected and what is changeable. It demonstrates a clear rationale for agreeing key local health and wellbeing issues. In summary we will: • Promote and develop prevention, early intervention and self-care. Prevent ill health and work together to encourage independence and personal control. • Engage and empower communities and individuals living and working in Bury to take responsibility for their own health. • Develop person centred services and work with individuals, families and communities to create the environment to enable them to make health choices. • Reduce health inequalities by focusing on the needs of the most vulnerable, socially excluded and the most deprived neighbourhoods • Plan for future demands and achieve change through social capacity and local capability by understanding strengthening and utilising local assets/resources. • Have due regard to promote the Public Sector Duty and reduce health inequalities to deliver better outcomes for people with protected characteristics.
Who are the main stakeholders?	Our stakeholders include: Service Users (i.e. population base in Bury, patients and carers); Bury Council i.e. Chief Executives, Adults, Children's and Communities and Neighbourhoods Departments, Greater Manchester Police and Greater Manchester Community Partnership, Fire Service Team Bury, Children's Trust, Bury Employment and Skills group, Welfare Reform Board, Community Safety Partnership, Housing Partnership, Cultural Economy Group, Community learning Partnership, The Six Township Partnerships, NHS Bury, Bury NHS Clinical Commissioning Group (CCG), Bury Third Sector Development Agency, Six Town Housing (STH), Housing Associations, Schools and Colleges,

	HealthWatch, Voluntary and Community Sector, Communities of Interest, Social and Community Groups, GP's, Pharmacies, local businesses, GM Health and Wellbeing Board, Children's Centres, Partnership groups (Mental Health Group, Learning Disabilities Partnership, etc) Forums (including Older Peoples, Children's, LGBT, Patient Forums etc)

3. ESTABLISHING RELEVANCE TO EQUALITY

3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics.
If you answer yes to any question, please also explain why and how that group of people will be affected.

Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	Yes	No	The strategy aims to have a positive effect on racial groups. It recognises areas of possible inequalities within the JSNA and that more explicit data and information and further work is required to strengthen equality for all racial groups. It also acknowledges Black and Minority Ethnic communities in the various priority areas, such as- Priority 1 - gaps in educational attainment and good level of development at age 5 between ethnicities Priority 2 - which is about encouraging healthy lifestyle and behaviours in all actions and activities. The CAPED Project of cancer across Bury and in those groups with the lowest screening attendance and highest cancer mortality. The project continues to work in engaging communities across Bury through work with local employers, the police, carers groups, library servies, Bury FC, Bury FM and Asian Women's group to name but a few. The underpinning action states: - support and facilitate an integrated healthy lifestyle and wellbeing service model around single issues that affect them. This will involve developing healthier lifestyle initiatives specifically designed to suit the needs of particular groups such as older people, Black and Minority Ethnic, people with mental health problems, learning disablities and challenging families.

			Priority 3 - recognises that promoting Long Term Condition's awareness and Carers responsibilities raising/training across all partners in order to promote access to services and reduce stigma, misconceptions and discrimination. This training should reflect the particular needs of specific groups such as people with learning disabilities, speech, language etc
Disability	Yes	No	There is extensive coverage throughout the strategy in promoting a positive effect to disabled groups of people examples of these include: Priority 1 - identifying and addressing emotional disorders in children to prevent issues in later life. Addressing levels of educational attainment, going forward focussing on the issues surrounding this that could be related to disability Proirty 2 - engaging with individuals and communities to promote taking responsibility for their health and wellbeing. The Community Asset approach will look to support and identify existing support groups to enable this, particularly where there are underlying disabilities and LTCs. Priority 3 - screening and identification of people with Long Term Conditions, mental health/wellbeing needs; there are a number of support groups, Including Bury Involvement Group (BIG). We aim to work through and with these groups to engage more effectively. ensuring that people with long term conditions receive appropriate healthy lifestyle support services and improve self care. Priority 4 - Improving the ability to self care and suppport people to live independently where at all possible. Work with them across services to help you maintain the best life possible, reduce necessary hospital or care home admissions by falls prevention, improved mental wellbeing, stroke and

			cardiac rehabilitation.
Gender	Yes	No	There is recognition to promote a positive effect to gender towards reducing abuse and neglect - particulary domestic abuse. Priority 1 - women smokers during pregnancy and increase in breastfeeding Priority 2 - smoking cessation/physical activity/binge drinking. Going forward, focussing on which sections of the community are to be targeted for support. Promotion of sexual health that is gender specific. Domestic violence commonly results in self-harm and attempted suicide; one-third of women attending emergency departments or self-harm were domestic violence survivors; abused women are five times more likely to attempt suicide; and one third of all female suicide attempts can be attributed to current or past experience of domestic violence.
Gender reassignment	Yes	No	Not explicit, however does recognise that within Priority 2 - training should reflect particular needs of people with gender reassignment.
Age	Yes	No	There is extensive coverage throughout the whole of the document of an ageing population. For example. Priority 1 - supporting positive and resilient parenting particularly for families in challenging situations, to develop emotional and social skills for children. Creating positive opportunities for young people to contribute to the local economy and community. Priority 2 - Promoting sexual health, reducing teenage pregnancy and improving outcomes for teenage parents and their children. Focus on under 18's conception. Increase life expectancy at age 75. Tackling obesity particularly at

			Reception and year 6 Priority 4 - Recogning we live in an ageing society where people are living longer and for the first time, there are more people aged over 60 than children under 16 in the UK. Older peole can now look forward to many more years of healthy life after retirement than ever before. The population of Bury is increasing.
Sexual orientation	Yes	No	The strategy acknowledges that the Joint Strategic Needs Assessment (JSNA) 2010 has areas of possible inequalities which are not currently considered, including issues such as sexuality and religion or belief and these areas will be included in the next iteration of the JSNA process. However, at Priority 3 - one of its underpinning actions states that it will promote mental health awareness raising/training across all partners in order to promote access to services and reduce stigma and discrimination. This training should reflect the needs of specific groups such as people with learning disabilities, speech, languageand communications needs, people with dementia, Black and Minority Ethnic groups, lesbian, gay, bisexual and transgender (LGBT) groups, offenders. The consultation exercise highlighted that there is a gap in the data in relation to this equalities group and in our understanding. The refresh of the JSNA will look to address this and there will be a focus on improving this whilst operationalising the priorities.
Religion or belief	No	No	
Caring responsibilities	Yes	No	The strategy recongises the needs of caring responbilities promoting a positive effective such as Priority 3 - Living Well with a Long Term Condition or as a Carer - Priority actions are to increase support for carers. There are an estimated 25,000 unpaid carers living in Bury (about 15% of the population). Caring for 50

			hours a week or more means that a person is twice likely to be in poor health as those not caring (21% against 11%). The strategy aims to increase the number of carers who are identified and offered a carers assessment to identify the support they need, Also to ensure they have have increased access to information and support for their own health and wellbeing
Pregnancy or maternity	No	No	The strategy recongises the needs of pregnancy or maternity and there is a fopcus on the this and the first few years of life. For example Bury has the highest rate of repeat abortions in the North West. In 2010, 18% of under 19's had a repeat abortion compared to 10% in the North West and 11% for England (DH, 2012). In 2010/11 16.7% of pregnant women in Bury were still smoking at delivery compared to 13.7% nationally. On average approximately 28 under 16's get pregnant in Bury per year with 18 ending in terminations. Priority 1 - Starting Well - ensuring a positive start to life for children, young people and families with indicators of increases in breastfeeding initiation and maintenance at 6-8 weeks; a reduction in the number of mothers who smoke during pregnancy 2 - Living Well- Actions include promoting sexual health, reducing teenage pregnancy and under 18's conception and improving outcomes for teenage parents and their children.
Marriage or civil partnership	No	No	

3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty.
If you answer yes to any question, please explain why.

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Yes	This will be strengthened on the basis of our engagement, consultation and further evidence through the needs assessment processes. Reductions in abuse and neglect, particularly domestic violence will be focussed on and the HWB will work with the Community Safety Partnership to address this. The Childrens and Adults Safeguarding Boards will also be engaged with as part of the Virtual Hub with shared agendas around identified priorities and issues. A focus will be on the prevention of incidents. Hate crime and the reporting of incidents will also be a focus and again, work will take place with the Community Safety partnership and GMP to address this The HWB and virtual Hub will adopt and embed the Community Chesion agenda and Action Plan of the Communities Group and into its work and actions
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	This is strongly emphasised throughout the strategy and the HWB aims to reduce health inequalities within these groups. The consultation process also highlighted this as a priority but the outcomes and response demography of the consultation emphasised that there are still issues in being able to identify and engage with some equality groups. Going forward, there is a commitment to address this and it will be driven through the operationalisation of the Strategy. The Community Asset Approach approved by the HWB and embedded in this Strategy will look to capture, analyse and understand intelligence in a better way around equalities groups and look to embed a person centred approach in its planning, realigning and

		commissioning of services and support. It will also look to grow existing support and activity that supports this.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	Yes	Hhub will look to strengthen relationships with stakeholders, partners, communities, etc. Work is already underway to establish and improve communication and engagement mechanisms between existing groups and forums - both formal and informal and the community asset mapping process is helping this. The communication and engagement principles of the Communities Group of Team Bury have also been adopted by the HWB so that again, the use of existing channels of engagement through this, the Communities Team of the Council and B3SDA are used fully.

If you answered 'YES' to any of the questions in 3a and 3b

Go straight to Question 4

If you answered 'NO' to all of the questions in 3a and 3b

Go to Question 3c and <u>do not</u> answer questions 4-6

3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.

4. EQUALITY INFORMATION AND ENGAGEMENT

4a. For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	Internet link if published	Date last updated

4b. Are there any information gaps, and if so how do you plan to tackle them?

The consultation highlighted the limited amount of information available around specific equality groups and certain characteristic groups like: Gender reassignment; LGBT; race; religion and sexual orientation. These have been brought to the attention of the JSNA (Community Health & Wellbeing Assessment) Group to bring the data intelligence up to date. An updated JSNA is expected in July 2013 that will take account of the Census 2011 data that is becoming available and this may help improve the issue. However, the priority going forward is to work with partners to understand collectively our communities, particularly characteristic groups, so that we can better target services and resources.
The Community asset approach and mapping and in depth needs assessment process will fully support and enable this to be done and working more closely and engaging more effectively with service providers, other stakeholders and communities will hopefully support this.

5. CONCLUSIONS OF THE EQUALITY ANALYSIS

What will the likely overall effect of your policy/service plan be on equality?	Positive impact as the strategy aims to address the health and wellbeing needs of all equality groups and reduce health inequalities. The Strategy will aim to understand in more detail, the individual needs of our communities and will look specifically at equality groups in doing this. The community asset approach and in depth needs assessment process will also challenge our current understanding of issues and service provision – who they affect, where, how and why – and look to re-commission, redesign or commission alternative support that mitigates identified negative impacts. The Virtual Hub will also ensure it challenges and is challenged by stakeholders and equality officer/groups/forums will be included in the process wherever relevant and required.
If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?	
Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.	Address the needs of gender reassignment. Work more closely with Third Sector organisations and communities to understand the specific issues and needs of our communities, using existing, relevant and effective mechanisms. Use the community asset approach to consult and engage with communities and with regards to addressing issues.
What steps do you intend to take now in respect of the implementation of your policy/service plan?	The Virtual Hub will be responsible for the operationalisation of the Strategy with the overarching responsibility for delivery being with the HWB. We will communicate broadly our intentions and priorities, engage with our stakeholders and communities, inform stakeholders and communities what and how we intend to deliver and work collaboratively wherever possible to deliver. The HWB will adopt the Communities Group of Team Bury's communication and engagement strategy and will enhance this to incorporate the specific requirements of the HWB. The Virtual Hub will help understand with who, what, where and how we can deliver key priorities and ensure effective communication channels are in place, with actions being measurable and the HWB being accountable. Appropriate and effective media will be used to do this that is relevant to the audience being

	communicated or engaged with. Healthwatch, Council overview and Scrutiny, equalities groups and the safeguarding Boards for children and adults, will have an oversight of actions and be able to critically challenge or support the work of the HWB.

6. MONITORING AND REVIEW

If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.

This will form part of the governance arrangements in the performance and monitoring of the overall work of the health and wellbeing agenda for Bury to publish one year on document and show changes and better outcomes. Monitoring of the Outcomes frameworks from Adult Care Services, Public Health, NHS and Childrens Trust, will be an integral part of the monitoring and reviewing process and measures of success have been included in the strategy which will all take account of the equalities agenda. The strategy will be reviewed on an annual basis and the EA will be integral part of this and any ongoing work undertaken by the HWB and Virtual Hub.

COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX (equality@bury.gov.uk) FOR PUBLICATION.

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Bury Health and Wellbeing Board

Title of the Report	Health and Wellbeing Annual Report
Date	16th July 2015
Contact Officer	Heather Crozier
HWB Lead in this area	Councillor Andrea Simpson (Chair)

1. Executive Summary

Is this report for?	Information ☐	Discussion ☐	Decision [x]
Why is this report being brought to the Board?	The Health and Wellbeing Annual Report is being brought to the Board for decision. The report covers Bury's Health and Wellbeing Board for the period from April 2014 to March 2015.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_ Making_it_happen_to	The Health and Wellbeing Annual Report relates to all priorities.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	This report relates to all Joint Strategic Needs Assessment priorities.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The report is for decision therefore the Board is requested to note its content and agree that it is a true record of Bury's Health and Wellbeing Board for the period from April 2014 to March 2015.		
What requirement is there for internal or external communication around this area?	None.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	None.		

2. Introduction / Background

The Health and Wellbeing Annual Report is an overview of the Health and wellbeing Board from the period April 2014 – March 2015.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013.

The Health and Wellbeing Board are requested to approve the annual report.

3. Key issues for the Board to consider

The Board is asked to consider if the report accurately reflects its key achievements, challenges and activities from April 2014 – March 2015.

4. Recommendations for action

The Board needs to consider the content of the report and agree it as a true reflection of the Health and Wellbeing Board from the period April 2014 – March 2015.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None

6. Equality/Diversity Implications

No equality and diversity implications

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Date: 29/06/2015

Bury Health and Wellbeing Board

Annual Report for 2014-15

Bury Health and Wellbeing Board
Annual Report for 2014-15

Contents

1. Introduction

It gives me great pleasure to introduce the annual report of Bury's Health and Wellbeing Board for the period from April 2014 to March 2015.

I have recently taken on the role of Chair of the Health and Wellbeing Board. On behalf of everyone involved with the Board, I would like to thank the previous Chair, Councillor Rishi Shori, for his guidance and commitment in helping the Board develop and grow.

It has been an extremely busy year for the Board. We started the year with a vision of what we wanted to achieve, but a number of challenges emerged that we had not anticipated. However, we learned a lot from the experience and have ended the year in a much stronger position. The wider health and social care agenda is seeing a period of rapid change, with increasing expectations from service users and unprecedented pressure on funds. Nonetheless, we are firmly committed to ensuring that health and social care provision is planned and delivered to best meet the needs of all the residents of the Borough.

We are looking forward to the challenges and achievements that we will see in the year ahead.

Councillor Andrea Simpson
Chair of Health and Wellbeing Board

2. Background to the Health and Wellbeing Board

The Health and Social Care Act 2012 required local authorities to create Health and Wellbeing Boards as a forum where leaders from across the health and social care system work together to improve the health and wellbeing of local residents and reduce health inequalities. This was part of wider plans to modernise the NHS. The Boards are intended to help communities understand and have a greater say in how health and social care services meet their needs.

Health and Wellbeing Boards have a number of core responsibilities in relation to health, public health and social care. These include:

- strategic influence over commissioning decisions;
- bring together clinical commissioning groups (CCGs) and councils to developed a shared understanding of communities' health and wellbeing needs;
- lead the preparation of a Joint Strategic Needs Assessment (JSNA)
- develop a health and wellbeing strategy to address needs identified in the JSNA, including recommendations for joint commissioning;
- drive local commissioning of health care, social care and public health;
- consider and contribute to debate about issues which affect health and wellbeing, such as housing and education services.

Throughout the year, these responsibilities increased to include:

- overseeing the production of Pharmaceutical Needs Assessment;
- contributing to and approving the Better Care Fund.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013. Between 1 April 2014 and 31 March 2015, Bury's Health and Wellbeing Board had the following members:

Bury Council	Councillor Rishi Shori (Chair), Cabinet Member for Health and Wellbeing
	Councillor Andrea Simpson, Deputy Cabinet Member for Healthier Living
	Mark Carriline, Executive Director, Children, Young People and Culture
	Pat Jones-Greenhalgh (Vice-Chair), Executive Director, Communities and Wellbeing
	Lesley Jones, Director of Public Health
Bury Third Sector Development Agency (B3SDA) representative	David Bevitt
CCG	Dr Kiran Patel, Chair
	Stuart North, Chief Operating Officer
Community Safety Partnership	Amber Waywell (until October 2014)
	Lee Parker (from October 2014 until January 2015)
	Jo Marshall (from January 2015)

Healthwatch	Carol Twist, Chair (from April to October 2014)
	Barbara Barlow, Chair (from October 2014)
NHS England	Rob Bellingham

The Board was supported by two Bury Council staff members - Julie Gallagher, Democratic Services Officer and Heather Crozier, Health and Wellbeing Board Policy Lead and Social Development Manager.

The health and wellbeing challenges that face the Borough are diverse. A full overview is set out in the Health and Wellbeing Strategy 2013-2108. Some key issues are:

- around one fifth of children in Bury live in poverty;
- the number of children in care in Bury is higher than the England average and the proportion of children who are considered school ready at the age of 5 is below the England average;
- around half of adults in Bury are overweight and only 11.6% of adults were undertaking recommended levels of physical activity, with correlation between areas of high deprivation and low levels of participation;
- Bury has a high cancer incidence rate and the early death rate from cancer is higher than the average for England;
- it was estimated that 18,300 adults aged 18-64 have a mental health problem;
- one in five of Bury's adult population is living with a long-term health condition;
- it was estimated that around 2,000 people in the Borough were living with dementia in 2012 and this figure is expected to increase to 3,400 by 2030;
- the 2011 Census indicated that where are about 20,000 adult carers living in Bury, but only 3,320 of these are known to the Council's Carer Service Team or the Carers' Centre;
- about 16% of Bury's population is aged over 65 and this is expected to rise above 18% by 2021.

3. Activities and Achievements

While Bury has a track record of successful partnership working in health and wellbeing, the statutory nature and responsibilities of the Health and Wellbeing Board involve new ways of working and new learning. The Board's role in prioritising health and social care needs and commissioning services based on these needs is significant and has to be underpinned by a high degree of commitment from all involved.

Governance and accountability structures - the Health and Wellbeing Board is a committee of the Council and is subject to the same requirements of openness and transparency as other Council committees. The Board took time during the year to understand the structures within which it operates and to ensure that it was fully aware of the extent and limitations of its powers and duties. In addition to training from the Council's legal and democratic services section, members received briefings on each other's organisations and their contributions to the health and wellbeing agenda.

In early 2014, the Team Bury Forum (made up of representatives of key stakeholder organisations across the breadth of services) agreed three priorities for the Borough - stronger economy; stronger, safer community; and health and wellbeing. Following this decision, the Forum decided that its structure would be revised around these key priorities. Bury Wider Leadership Group (BWLG) is accountable to the Forum and oversees three partnership groups, each with responsibility for determining and driving the actions necessary to achieve one of the three priorities. A Council policy lead was allocated to support each partnership group. Linked to this, Team Bury partners used Outcomes Based Accountability methodology to develop draft indicators for the priorities.

The restructuring involved merging and disbanding some groups and strengthening others. It promotes information sharing and joint working to reduce duplication and ensure that policies and strategies fit together. The Health and Wellbeing Board was nominated to drive the health and wellbeing theme and Heather Crozier was named as the policy lead. The Board reports regularly to BWLG to update on progress and achievements and provide assurance of robust governance arrangements.

Member and Board development - the Board agreed at an early stage that its success would depend on a high level of understanding, trust and collaboration. It wants to be agile enough to respond to challenges but also have clarity and robust protocols for conducting its business. Members committed to making time for individual and shared development so that the Board had strong foundations for the future. This included a member development day in September 2014, themed member development sessions prior to Board meetings, three Chair development sessions and agreement of an 'etiquette and expectations' guide.

In addition, the policy lead reviewed planning and reporting arrangements and introduced a number of improvements:

- the template for reports was refreshed to provide a summary, address key questions and inform the Board if noting, discussion or decision was required;
- a meeting scheduler was created to provide a consistent process for report submission;
- a forward plan was created;

- meetings were split to have member development, then focused, interactive discussion, then items for information, decision and discussion.

Review of Health and Wellbeing Strategy - one of the key tasks assigned to each health and wellbeing board is to produce and regularly review a health and wellbeing strategy which sets out challenges, priorities and actions to frame the board's work. Bury Health and Wellbeing Board produced its first Health and Wellbeing Strategy in July 2013. The Strategy took account of findings of an extensive consultation exercise with people who live and work in the Borough, analysis of data from a range of sources and input from Board members and their respective organisations.

Following the review of the Health and Wellbeing Board and increasing strategic functions, it became clear that the Strategy would benefit from an update. The review was paced to allow for thorough and meaningful debate between members of the Board and wider conversations with service providers. From October 2014, each meeting of the Board examined one of the five priorities contained in the original strategy and five revised or new priorities were identified:

- **Priority 1** - **Starting Well**;
- **Priority 2** - **Living Well**;
- **Priority 3** - **Living Well with a Long-term Condition or as a Carer**;
- **Priority 4** - **Ageing well**;
- **Priority 5** - **Healthy Places**.

It was agreed that the best way of ensuring success against these priorities was to have a clear connections between priorities, actions, performance indicators and measures of success. Work to strengthen governance mechanisms for the five priority areas was well underway at the end of the year and continued into 2015-16. As each priority was refreshed, governance was agreed to ensure successful delivery of associated actions and individual Board members were nominated to lead on priorities.

Influencing policy and strategy - issues brought to and considered by the Board during the year included:

- development of The Bury Directory and its role in signposting people with care needs towards relevant information and services;
- plans for updating the Bury JSNA;
- the Pharmaceutical Needs Assessment (see below);
- safeguarding children and vulnerable adults;
- supporting working carers;
- disability strategy for Bury;
- the Better Care Fund (see below);
- primary care commissioning; and
- Bury's Children and Young People's Plan 2015-18.

As well as the planned work programme of the Board, there were two unanticipated major tasks assigned to all health and wellbeing boards during the year.

The ***Better Care Fund*** was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund pools a number of separate budgets previously held by the CCG, NHS and local authorities for a range of health and social care provisions including reablement, carers' breaks and disabled facilities grants. When the Fund was announced, each health and wellbeing board was asked to produce a local plan by April 2014 (for rollout from April 2015) to demonstrate how health and social care partners would deliver personalised care. In July 2014, NHS England wrote to boards with revised planning guidance and a deadline of mid-September 2014 for submission of updated plans. The Fund provides for £3.8 billion of funding in 2015-16 for local spending on health and social care.

The Health and Social Care Act 2012 Act transferred responsibility for preparation of a ***Pharmaceutical Needs Assessment*** (PNA) to Health and Wellbeing Boards. The purpose of the PNA is to look at current demographics and future trends which may impact on the health of the local population, identify where pharmaceutical services are used to address needs and where gaps exist; and inform commissioners of current provision and possible improvements. During the year, Bury Health and Wellbeing Board's first PNA was prepared by Bury Council in conjunction with North West Commissioning Support Unit, the NHS England Greater Manchester Area Team, Bury CCG and the Local Pharmaceutical Committee. The PNA was completed in June 2014 and published in March 2015.

The PNA suggests that there is satisfactory access to NHS Pharmaceutical Services in most of Bury's wards but recommended that an additional pharmaceutical provider is established within the Hillock Estate area. In addition to NHS contracts, Bury's pharmacy services support the Health and Wellbeing Board in achieving the health priorities and outcomes outlined in its strategy. Their contributions include signposting, screening, awareness raising, management of medicines and support with monitoring and self-care. In the future, community pharmacists could become involved in more targeted care, working closely with other health and social care providers.

While these were very challenging for Bury's Health and Wellbeing Board at such an early stage in its development, the time that the Board had dedicated to learning and development enabled it to manage these issues on top of its existing workload and to create high-quality, coherent proposals.

The Board is very proud of the approach that it has taken. During the year, there was considerable investment of energy and time into building the Board and this has reinforced members' commitment and a culture of challenge and growth. Through careful planning and robust debate, the Board has a clear vision of how it wants to lead improvements in the health and wellbeing of Bury's residents.

4. Future Plans and Activities

In 2015-16, the Board will continue with its strategic role of influencing and leading delivery of health and social care in Bury. It will:

- finalise the governance arrangements for the Health and Wellbeing Strategy to ensure that its priorities are embedded within the work of all Team Bury partners; and monitor delivery and impact.
- lead and oversee implementation of the Better Care Fund.
- increase Councillor representation on the Board;
- maintain and strengthen operational- and strategic-level connections with other local authorities and networks to prepare for devolution of powers to Greater Manchester;
- continue its commitment to member and Board development through ongoing learning and reflection;
- revise the JSNA to ensure that it had up-to-date intelligence about health and social care needs in the Borough;
- create a webpage which informs residents about the work of the Board and enables them to influence and make choices about their health and social care services;
- promote an ethos of self-care and personalised care planning among residents;
- plan and monitor implementation of seven-day working patterns for GP surgeries and social care services;
- demonstrate and share its successes with other local authorities as part of the Devolution Greater Manchester process;
- drive for incorporation of Bury's models of delivery into the agenda for health and social care across Greater Manchester.

Bury Children's Trust

Minutes of the Trust Board meeting held on 14 May 2015

Attendance:

Mark Carriline	Executive Director Children, Young People & Culture (Chair)
Charlie Deane	Principal Bury College (Deputy Chair)
Mick Fitzgerald	Headteacher Parrenthorn Specialist Technology College and Chair of Bury Assoc'n Secondary Heads (BASH)
Maxine Lomax	Designated Nurse for Safeguarding (C&A), Bury CCG
Sara Barnes	CAMHS Directorate Manager, Pennine Care NHS Foundation Trust
Gaynor Hodson	CAMHS Operational Manager, Pennine Care NHS Foundation Trust
CI Joanne Marshall	GM Police, Bury Division (Criminal Justice & Partnerships)
Wendy Thompson	Pennine Care NHS Foundation Trust Community Services (on behalf of L Ganley)
Maria Worthington	Business Manager, Neighbourhoods, Six Town Housing
Kate Allam	IYSS Operational Manager, Bury Council CYP & Culture
Karen Whitehead	Strategic Lead Health/Families, Council CYP & Culture
Ann Noi	Bury Council, Communities & Wellbeing (on behalf of T Minshull)
Derek Burke	Chief Officer, B3SDA, representing Bury CYP Forum
Paul Cooke	Strategic Lead, Schools, Academies & Colleges, CYP & Culture (for item 5)
Carol Grunbaum	SEN Manager, CYP & Culture (for item 5)
Lindsay Dennis	Children's Trust Development Officer, Council CYP & Culture

1. Introductions and Apologies (M Carriline)

MC welcomed everyone to the meeting. Apologies were received from Pat Whitehead (JobCentre Plus), Cathy Trinick (Pennine Acute), Lesley Jones (Public Health), Jackie Gower (CYP&Culture) and Helen Chadwick (BAPH); and representatives attended as listed above.

2. March Minutes and Actions

March Minutes were approved.

In addition to information provided in the Summary of Actions, the following points were raised:

2.1 **Item 1**: School-based officers (JM). Nothing to report at present, awaiting update from Police & Crime Commissioner.

2.2 **Item 4:** Feedback from CYP Forum – funding risks to B3SDA – DB confirmed the difficulties in sourcing funding for an infrastructure organisation, and the loss of such organisations in other areas. MC once again stated his concern about the importance of an infrastructure organisation to a thriving Bury 3rd sector,

and the difficulty (for example) of coordinating volunteers in Bury without B3SDA. DB said that B3SDA are trying to align more closely with Health for future developments (eg social prescription) and funding potential.

2.3 **Item 6:** Ofsted Report – Early Help: whose responsibility; MC reported that the Working Together Guidance has been published but included very little on Early Help. Our focus remains on working together towards the Early Help Strategy.

2.4 **Item 7**: NHS Budget Devolution: it was noted that this is progressing at some speed and that Mike Owen will be lead Chief Executive for Finance. This will be kept on agenda for updates.

2.3 **Item 8:** Healthy Schools: e-mail update from Lesley Jones:
"Due to EU Procurement rules the council needs to go out to tender for both the Integrated Sexual Health Service, currently provided by Pennine Acute and Pennine Care and School Nursing currently provided by Pennine care. Formal notice has now been given to the providers with a termination date of end Feb 2016 for sexual health and end March 2016 for school health.

We have entered into a collaborative commissioning arrangement for sexual health services with Rochdale and Oldham Councils with a single core specification plus elements tailored to each borough. The specification includes a specific offer for young people.

The School health specification is based largely on a GM specification which in turn is drawn from national guidance. The specification will also be aligned to our ambitions for a 'Healthy Schools' program."

2.4 **Transition Report** Update report provided by Sarah Thomason. With regard to final paragraph, p1, it was questioned whether the limited knowledge of finances, health services and accommodation amongst young people in settled foster care placements implies a training need for foster carers and what action will be taken.

Action: LD to raise with ST

3. **Items from Young People** (K Allam)
Primary Circles will be taking place on 7 July at the New Kershaw Centre, with a focus on transition for Year 6 pupils.

Secondary Circles will take place on 22 June at the Elizabethan Suite. 4 young people from Yr 9 in each school will ask decision makers questions about issues that are of concern to them (the topics are still being decided).

KA noted that Youth Cabinet has a new, enthusiastic leadership group, who are fairly young and will need Youth Service support to get established. They have been on a residential to learn about their roles and look at possible campaigns.

Youth Cabinet are involved in the 'Young Roots' project about the history of mental health treatment for young people and working towards an exhibition.

KA was pleased to tell Board members that Jamie Walker has been appointed as the youngest Bury Councillor, for Radcliffe North. JW is a passionate advocate for the Youth Service of which he has very positive experience and through which he became involved in Youth Cabinet and was elected to UK Youth Parliament . MF said that when JW came into Parrenthorn he was able to relate very well with the pupils and is a very good role model for Youth Cabinet.

With regard to the Participation Strategy, progress will be monitored via the What's Changed participation outcomes tool for which training will be included in the lunchtime training sessions being developed via the CT Ops Group. This aims to strengthen participative working as opposed to holding big consultation activities. 6-monthly progress report will be provided to the Board.

On 2 and 3 July, LILAC* Assessors will visit Bury look at how the voice of looked after children and young people is sought and acted upon. In preparation, Social Care Teams have self-assessed, and young people trained to assess will be visiting the teams prior to July. **LILAC – Leading Improvement for Looked After Children*

4. **Children & Young People's Plan 2015-18 - meeting the Priorities**

4.1 **Future in Mind: Local Transformation Plan** (Sara Barnes)
SB gave a detailed presentation about the main implications of Future in Mind: the national driver for transforming mental health services over the next 5 years. *See attached presentation and executive summary.*

There is a strong move away from the Stepped Care Framework (an escalator model focusing on services within each tier) towards a Thrive model focusing on supporting young people and their families by preventative and promotion initiatives within the community, working with partner agencies and providing improved access to evidence-based programmes of support for those who have more complex difficulties when and where they need it. This is very much in-keeping with local CAMHS developments in Bury over the last 12 months towards a joined up approach to emotional and mental health and wellbeing.

There is a requirement to develop Local Transformation Plans, led by CCG's and working with local partners; and significant funding for the next 5 years, drawn down via the Local Transformation Plans.

MC noted that this is a huge opportunity and will be a major focus for the Children & Young People's Plan over the next 3 years. He noted the local experience that we can draw upon, eg the TAMHS project, and asked about the process for developing the Local Transformation Plan. SB advised that this will be led through the CCG (Dr Shryer) and that the mechanics are yet to be confirmed.

MC drew to the attention of the Board an e-mail that he has received from John Rowse (Dept of Health) recommending that in GM this be included in Devomanc, ie, pool the funding for GM Authorities and draw up a plan for Greater Manchester. It was agreed that this could be positive for Bury which has been underfunded compared to other areas; as long as we are able to ensure that local needs are met.

Action: ML to forward e-mail to Margaret O'Dwyer, cc Stuart North

There was discussion about whether a new Strategic Group be set up to drive this, or whether to 'piggy back' onto an existing group. MC recommended that the Children's Trust Operational Group which has already started on work to meet Priority 2 of the Children & Young People's Plan should drive this work and SB said she would try to arrange for a representative from the CCG to attend the next CT Operational Group.

Action: SB

4.2 **Network Event Key Findings** (L Dennis)
Report provided

LD drew attention to the main recommended actions from the network event. Actions in relation to improving information and awareness of services to families, and improving professionals' knowledge and awareness of services are being included within the action planning by the Children's Trust Operational Group.

In addition, LD drew attention to the issue highlighted around 'fear of services' and a belief among some families and communities that when services get involved this means that their children may be taken into care. Linked to this, the event flagged up real concern about the 'branding' of early help which participants said has become seen as the last step before statutory social care intervention as opposed to universal support when and where it is needed (as per the Early Help strategy). Participants said that this was a barrier to families accepting early help and confusing for professionals.

It was agreed by the Board that this is a significant barrier to meeting the Priorities in the Children & Young People's Plan and should be the main agenda item for the next CT Board meeting, in order for the Board to look at how best to address this.

Action: LD – main agenda item for July meeting

4.3 **Commissioning Principles**
Draft Principles provided

It was noted that further to the discussions at the last meeting, LD had drafted Commissioning Principles based on the Government's 8 Principles of Commissioning and including additional good practice to strengthen participation, early help, transition and a thriving third sector. Comments from Board members had been incorporated into the Principles.

Due to time constrictions, it was agreed to defer discussion about next steps to the July meeting. Board members were asked to send any comments about the draft Principles to LD.

Action: LD – agenda item for July meeting

4.4 **Key Strategic Action**
Paper provided

It was noted that the development of the Children's Trust Operational Group means that much of the action planning to the meet the Priorities in the CYPP is led through that group, with oversight via the Board. However, in order to meet the

Priorities, some underpinning strategic developments need to be led by the Board and it was agreed that over the next 12 months the focus should be on the Commissioning Principles; the Local Transformation Plan; the Early Help Offer and addressing the confusion around Early Help; and strengthening multi-agency (joint) working to provide early help (ie, as set out in paper provided to the Board).

There was some discussion about the Board's role in influencing and supporting development and delivery of the Joint Alcohol & Substance Strategy, in relation to the needs of children and young people.

In response to an enquiry from MC, Ann Noi advised that a final draft of the Strategy is due to the go to the Task & Finish Group responsible for its development; and that this is being driven by Team Bury with governance to the Health & Wellbeing Board. The Strategy has been developed over the last 2 years with extensive consultation and involvement from partners and public (including approx 500 responses from young people).

Ann Noi recommended that the Children's Trust Operational Sub Group would be the more appropriate group (than the Board) to be involved in developing and delivering the Strategy Action Plan as it has appropriate membership (some of whom have been involved in the development of the Strategy) and this will form part of the action planning to meet Priority 3 (alcohol & substance misuse). This was agreed.

5. SEND Progress Report (Paul Cooke and Carol Grunbaum)

Detailed progress report provided. There were a number of questions and discussion as follows;

MC asked how the Local Offer is progressing, and the main differences between the new EHC process (Education Health & Social Care) and the outgoing Statement process (p6 of the report) and where enquiries are coming from.

With regard to the Local Offer, PC explained that this has been developed working with adults aligned to the Bury Directory. This IT portal providing information, advice and guidance went on line for children on 1 September and Adults on 1 April. The portal can be analysed to better understand what help is required and to inform service developments. Based on the findings over the last 6 months, the first major upgrade it being commissioned. There some challenges around governance, for example although this is a **local** offer, nationally there are directives about what should be on it.

LD noted that the network event highlighted that the internet is not accessible to all families and asked if this is being addressed. PC advised that the Government thrust has been to develop an IT portal, but that locally they are looking at how to ensure that the information is accessible to all – what the barriers are and how to improve it. There is a focus on professionals using the portal as a way to support their clients. It was noted that there is a lunchtime briefing about this on 3 June.

With regard to EHC Plans as opposed to Statements, CG explained that EHC Plans are much more inclusive of the family and child. In line with national trends, Bury

are seeing more parental enquiries, but have had fewer requests for EHC Plans than for Statements in the same timeframe last year. It is likely that this is for a number of reasons: the high number of statements requested by schools prior to the introduction of EHC Plans; earlier support being provided and the effect of funding changes.

In response to an enquiry from WT, CG confirmed that 247 pupils should be transferred from a statement to an EHC Plan or support plan by the end of this academic year Sept 2014/July 2015. It was noted that this is huge undertaking.

ML asked if all children being transferred to the EHC Plan will need new information from Health and CG responded that the information provided in the annual review will be used and therefore it won't be necessary to provide new Health information for each Plan.

MC thanked PC and CG for the update on progress.

6. Open Forum

6.1 **General Election results** (MC) With regard to the results of the General Election, MC noted that there was not a lot in the Conservative manifesto about children and young people, other than in relation to Academies and education, so at this stage there was nothing to report.

6.2 **Regularity of Board meetings** (MC/LD) – paper provided. As the Board now has the Children's Trust Operational Group, chaired by MC and taking responsibility for the Action Planning to meet the Priorities; it was suggested that the Board reduce regularity of meeting to three times per annum, with a focus on strategic issues (see 4.4). This will also allow more time for the CT Ops Group to progress the Action Plan between Board meetings. This was agreed. The next meeting will be in July and then every other meeting for 2015/16 will be cancelled, so that meetings will be held in November and March. LD will send out a new meeting schedule.

Action: LD to send out new Schedule of Meetings

7. Items for next meeting

The main item for the next meeting will be about the 'rebranding' of Early Help. The next meeting will take place at 3pm on 2 July, in the ground floor conference room, 3 Knowsley Place.

Bury Clinical Commissioning Group

Bury COUNCIL

BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD
30th June 2015 9:30am – 11:30am
Board Room, Bury CCG, Silver Street, Bury

Present:	Julie Gonda – Chair (JG), Nadine Armitage (NA), Judith Crosby (JC), Linda Jackson (LJa), Lesley Jones (LJo), Lorraine Tatlock (LT), Margaret O'Dwyer (MO), Mike Woodhead (MW)
Minutes:	Gillian Cohen (GC)
Apologies:	Sandra Good (Nadine Armitage attended on her behalf), Jayne Hammond, Pat Jones-Greenhalgh, Fiona Moore, Stuart North, Mike Owen, Keith Walker, Claire Wilson, Karen Whitehead.

Item	Agenda Item	Discussion	Action Agreed By Whom	By When
1	**Welcome & Apologies**	Apologies as above were noted. The Board introduced themselves and welcomed Providers to the group. JG explained that she would be chairing the meeting in the absence of PJG and SN		
2	**Minutes and Matters Arising from previous meeting held on 4th June 2015** AI 2 8 Improving access and simplying	The minutes of the meeting held on the 4th June 2015 were approved as an accurate record. 'Improving access and simplifying measurement' letter from Simon Stevens, CEO NHS England re A&E and ambulance targets was discussed and is attached for reference.		

		MO queries the work plan for the group and this was explained. **ACTION:** LT to forward the terms of reference to MO	**LT**	**1.7.15**
3	**Action Log**  20150406-Action Log - updated 30th June.	The action log was discussed and all items have been updated; attached for reference.		
4	**DEVOLUTION**			
4.1	**Devolution Update**  150622 Outline PBA 10.doc	➢ Memorandum of Understanding between Public Health England, NHS England and supported by GM on the Placed Based Agreement (PBA). The main aim will be to create a single leadership system within GM, setting out a series of transformation programmes around prevention and early interventions. PBA attached for reference. ➢ It is anticipated that the PBA will get signed off at the first meeting of the Prevention and Early Intervention Board on the 10th July 2015. Wendy Meredith will represent all GM DPH's. **ACTION:** LJo will find out the full membership of the meeting and advise the group. ➢ Section 7a services currently commissioned by NHS England and agreed that everything should be devolved: • Offender Health • Early Years • Screening and Immunisation ➢ The Starting Well Partnership Board is currently driving improvements and outcomes around Health Visitors and the Early Years New Delivery	**LJo**	**27.7.15**

		Model; services that are due to be devolved in October 2015. This Board reports to the Children's Trust Board, which then reports to the Health & Wellbeing Board. It is also fed into the Joint Commissioning Group. ➢ Through the Primary Care network, funding has been sourced to look at how we can kick start some work to engage around radical transformation of Primary Care. Proposal is for community orientated primary care. Looking to get this on the GM Steering Group on the 7th July; LJo will have a discussion with Rob Bellingham (Director of Commissioning, Greater Manchester) prior to the meeting. ➢ GM ADASS group have reshaped the GM Discharge Group to look at the seven day discharge proposal. Terry Dafter form Stockport will be leading this group with support from PJG. ➢ A communications group has been set up. Carolyn Wilkins from Oldham is the chair. Heather Crozier from Bury Council is the Bury rep on the group. **ACTION:** LJa will circulate the document around the seven day discharge proposal once it is ready	**LJa**	**tbc**
4.2	**Locality Plan**	JG advised that she is the Senior Responsible Officer (SRO) to drive the Locality Plan and feed in at GM level. A first draft of the plan will be submitted by close of play today (30th June), followed very closely by a second draft, as this is evolving constantly. Providers asked if they could be included in the planning and receive a copy of the plan. JG explained that it is a commissioning plan at this stage. The plan needs to clearly set out our vision and how we are going to achieve this. The need for equity of access to funding was discussed. **ACTION:** To share the Locality plan with providers **ACTION:** Locality plan to be tabled at the next meeting in July.	**JG** **JG**	**Tbc** **28.7.15**

		Discussion took place around the Care Act responsibilities **ACTION:** The Care Act to be a standing item on the Board agenda	**JG**	**28.7.15**
5	**INTEGRATION**			
5.1	**Integration Programme Mapping**	Item deferred due to capacity issues. **ACTION:** JG will update the integration programme mapping document and report back at the next meeting.	**JG**	**28.7.15**
5.2	**Report – Joint Commissioning Group (17th June '15)**	JG apologised that a written update had not been possible due to leave. Due to the number of apologies, the JCG was not quorate and therefore it was not a full meeting. The TOR was reviewed and the Section 75 was discussed. All other items on the agenda which were not discussed have been brought forward to the next meeting of the Joint Commissioning Group.		
5.3	**Report GM Integration Group (15th June '15)**	JG apologised that a written update had not been possible due to leave. This group has been running for quite some time now. A forum for sharing good practice; however it is not a decision making group. Developed the GM Metrics. The focus on the next meeting will be on data sharing and Multi Disciplinary teams.		
5.4	**GM Metrics**	JG explained the approach to this. Document covers a number of metrics relating to care plans, percentage of population accessing Multi-Disciplinary teams, the size of the pooled budget within the Better Care funding. **ACTION:** To circulate the GM Metrics report. MO raised the Better Care good practice guides and the developments in other areas that could be accessed. It was confirmed that his information is regularly	**JG**	**1.7.15**

		circulated to all members of the group. JG explained that a job description for an Integration Programme Manager is in the process of being developed. The Local Authority will be the employers, however the post holder will work across the LA, CCG and partners.		
6	**FINANCE / BUDGETS**			
6.1	**BCF Pooled Budget / Section 75**	The Section 75 document has been drafted. It is anticipated that the final version will be ready for signoff through this Board, at the next meeting on the 28th July 2015. LT will advise the area team of the delay due to capacity issues. **ACTION:** To share Section 75 draft agreement and discuss at the next meeting **ACTION**: LT to inform the LAT re the revised timescales for completing the section 75	**JG & CW** **LT**	**28.7.15** **1.7.15**
7	**PROVIDER ITEMS**			
7.1	**Provider Items**	Providers have the opportunity to highlight any matters they would like to discuss with the group. This week the following was discussed: NA reported on the 'Perfect Week' initiative, which monitors patient flow within the acute settings. In a 'perfect week', patients experienced an ideal world for one week to ensure a smooth patient pathway through to discharge home or transfer out into the community, with no delays. Every ward in the hospital was given extra help to support busy staff to identify and overcome problems and to see what support was required. Oldham reported positive engagement with partners and staff, with A&E performance up to 99.3%. Hoping that this now continues to help reach the 95% A&E target going forward. Fairfield General Hospital currently in their 'perfect week', with North Manchester General Hospital scheduled for the 2nd week in July. Good staff morale has been noted though this exercise. The Discharge Planning Group is a good forum to look at any issues from the Perfect Week. A		

		paper has been produced around discharge, which should go to the Task & Finish Group. Over 400 issues have been logged for Oldham and around 200 currently logged for Fairfield. At the end of the initiative, all issues and actions will be logged from all three sites onto a full report, which is anticipated to be discussed at a feed back session scheduled for August 2015. This information will feed into the system resilience plan .LJA referred to the need for improved communications as this was evident during the exrercise.it was noted that there had been excellent engagement from all partners. In response to a query - LJa advised that we do participate in the National Audit of Intermediate Care NA further advised that they are holding a workshop around the Community Engagement Strategy, which discusses how Providers can improve and engage with Local Authorities. LJo will discuss with NA to share what has been happening locally in Bury through the Community Engagement for Health group. An update will be presented at the next Partnership Board meeting at the end of July. **ACTION:** Add Community Engagement for Health for discussion at the July meeting and LJo to report back JC advised that Katy Calvin-Thomas, Director of Planning, Performance and Information, Pennine Care NHS Foundation Trust has been seconded to Devo Manc 3 days per week. LJa spoke about the NE Sector Group who are developing a single site discharge model. Any updates will be brought back to this group. LJa informed the group that we are the lead Local Authority in the North West on	**LJo**	**28.7.15**

		the AQuA score card. The challenge now is keep up this standard with no extra resources and how we can become the best in England. Sandy Firth will look at comparative data to assist in this process. **ACTION**: JG to ask Sandy Firth to look at comparative data re the rest of England LJa was pleased to report a good news story; a paper is going to the LA Cabinet for a £2M, 18 month refurbishment project for Killelea Care Home in Bury. In response to a query – JG explaned that a summary report of the Intermediate Care review is being produced. **ACTION:** If Providers have any items they wish to highlight at the next meeting on the 28th July, please can they email a report using the embedded template to g.cohen@bury.gov.uk prior to the meeting.	**JG**	**27.7.15**
		 Report Template.doc		
8	**Date & Time of Next Meeting**	28th July 9:00am – 11am, Town Hall, Room A.		
13	**Future Meeting Dates**	25th August 9:00am – 11am 29th September 11:00am – 1pm 27th October 9:30am – 11.30am 24th November 9:30am – 11.30am 17th December 9:00am – 11am 12th January 2016, 9:00am – 10.30am (*unchanged due to BWLG meeting following this Board meeting*) 16th February 2016, 9:30am – 11.30am 15th March 2016, 9:30am – 11.30am		

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CARBON REDUCTION/CLIMATE CHANGE BOARD
WEDNESDAY 22 APRIL 2015

ACTION NOTES

PRESENT: Neil Long (in the Chair), Sharon Hanbury, Clinton Judge, Mike Moore, Dominic Pooler, Martin Stott (for Keith Watson), Lorraine Chamberlin, Paul Webb

APOLOGIES: Pat Jones-Greenhalgh, Lesley Jones, Chris Horth, Paul Cooke, Keith Watson, Alex Holland

Item No	Discussion	Action Agreed	By Whom
1	**Notes of Last Meeting – 4th March 2015** <u>Update on AGMA's Non Domestic Energy Efficiency Scheme</u> AH action point – energy efficiency issues have been relaxed by Building Control for a 2 year period. <u>NEDO</u> Due to go to Housing Strategy Board for decision making issues as it is a housing project. Sharon and Paul Webb currently working through the detail and will bring back to a future meeting. <u>CRC Risk Register</u> The CRC Working Group has now been formed and their first purchase has to be completed by the end of the month – Forecast Purchases for 2015-16. An Operational Decision should be signed off this week in this respect. Compliance purchases for this year's CRC will be made in July. The CRC Risk Register is to be a recurring item on the agenda until further notice. <u>Wind Turbines</u> Next stage is to put before the Labour Group after the elections. Neil is looking for this to be signed off by members and a presentation has been prepared.	Glenn to note	

Item No	Discussion	Action Agreed	By Whom
	Costs for feasibility studies are around £12k. Neil and Chris Wilkinson are taking this piece of work forward and Cllr Isherwood is keen to progress as quickly as possible due to the potential savings which may come from it. Dominic asked if any particular buildings had been identified. Neil said there hadn't been any buildings identified. <u>Surface Water Drainage</u> Neil had met with Steve Kenyon, Clinton and Tom Buggie. Steve Kenyon is considering where the corporate responsibility lies for surface water drainage. Tom is looking at the risk element for the Council. Consideration being given to see if there is an "invest to save" going forward and also give consideration as to whether we need to take on a Consultant to do the work or look to someone in-house. Lorraine advised that someone with Project Management skills could pull this piece of work together. Clinton advised that it may require a Business Case being developed. Lorraine advised that we need to consider setting up a small working group as this affect the Council across the board. Neil to go back to Steve Kenyon to get a view on where this should sit. The notes were agreed as a correct record.	Neil to progress	
2	**Salix in Schools** Paul Cooke asked for this item to be deferred as he could not attend the meeting. Lorraine advised that an Operational Decision had been signed off and it now needed further liaison with schools. Chris Horth to bring to the next meeting. Lorraine informed the meeting that she had been contacted by Sean Owen in Manchester who advised that there is a Greater Manchester opportunity for putting solar panels on public buildings including schools. Lorraine to seek more information and to share with the group. Lorraine to circulate any further details. *No additional information at the moment (post meeting comment).*	Chris Horth Lorraine to progress and circulate	

Item No	Discussion	Action Agreed	By Whom
3	**AGMA Non Domestic Energy Scheme Business Case** Chris has produced a Business Case. Looking at energy efficiency on a large scale/whole building approach. An Operational Decision needs to be developed so that we can go ahead with the investment grade audits in the five buildings identified to understand the level of work involved and costs. Cost of the audit will be in the region of £25k and Greater Manchester will assist with the tendering of the audit. It was noted that it would be good practice to carry out the audits whether we go ahead with the work or not. If we go ahead with the works it will cost just under £1million with a potential payback in 7 to 8 years. It has not yet been determined where the money for the cost of the audit will come from which will be required to develop the Operational Decision. A discussion needs to take place with Finance on this aspect (£25k for the audit). The Business Case needs to go to the Operational Group to ensure that they are happy with the content. Neil to discuss this in more detail with Pat. Also need to consider a new Finance representative on the Board. Lorraine will check if Textile Hall is included with the Library building. It was noted that Greater Manchester is awaiting our decision so that they can progress on the tendering aspect.	Neil/Pat to take forward Neil/Pat to discuss Neil/Pat to discuss Lorraine to keep informed	
4	**Heat Network Feasibility** Chris was due to meet with John Saunders at DECC who is the new project lead for the network development unit and the Bury scheme. Looking at invitation to tender for companies that can carry out these heat network feasibility studies. A full update to be provided at the next meeting. ***Post meeting comment*** *Scope of works/service specification nearing completion. Next step will be invitation to tender for the feasibility study. Funding to support the DECC's Heat Network Development Unit Grant will be secured from S106 monies related to the planning application to extend the Viridor landfill site.*	Chris Horth	
5	**Salix Bid for Street Lighting** Currently awaiting a response from Phil Hewitt. Neil to speak to Phil to see if there is anything outstanding. Deferred to next meeting. Lorraine to follow up	Neil to take forward	

Item No	Discussion	Action Agreed	By Whom
	with Chris and Phil and to send out an update report before the next meeting. Lorraine advised that we need to get the right member of staff to progress these issues in order that Chris is not taking all issues forward. ***Post meeting comment*** *We are applying for £248,000 in 2015/16, £248,000 in 2016/17 and £235,000 in 2017/18. Lorraine is currently unable to update on the status of the bid but this will be reported at the next Board meeting.*	Lorraine to progress	
6	**One Public Estate and Bury Strategic Estates Group** **How the group started** – developed through a memorandum of understanding between the Local Government Association and Manchester City Council on behalf of Greater Manchester Combined Authority. **What is One Public Estate** – it is a Cabinet Office initiative to facilitate and enable local authorities to work successfully with Central Government and local agencies on property and land issues through sharing and collaboration. **What does it mean for Bury** – provided a stimulus to reform a Bury Strategic Estates Group to better understand property management and planning. **What has been achieved** - Recall of Bury Strategic Estates Group - representation by: • Local Government Association • CCG • NHS Property Services • Community Health partnership • Bury and Tameside LIFT • Pennine Acute Hospitals • Holy Cross College • Bury College • GM Fire and Rescue Service • GM Police Some Estates mapping has been carried out using Cabinet Office e-Pimms. **What could be achieved** – could develop specific projects such as collaborative planning of property resources and rationalisation, make use of		

Item No	Discussion	Action Agreed	By Whom
	available resources, help with communicating and sharing information, opportunity to share our knowledge and resources. **Impact on the Board** – will continue to reduce carbon emissions from buildings used to provide public services, making retained property 'fit' by focussing investment which will make them more carbon efficient, work together and share knowledge, shared generation of power would be more possible, public leadership possibilities. **The future** – Greater Manchester Devolution is expected to force the pace. Looking at strategic planning and funding of health and social care which has been devolved to Greater Manchester. More likelihood of working together with involved agencies which seems sensible land logical. Lorraine asked if any Sustainability Managers attended – Clinton advised not. Neil enquired if there are other localities where there are examples of good practice, when an area had got together all of its services to create one structure or one common asset to share heat or co-location. Clinton advised that there were some pilot projects prior to the launch of OPE and Clinton agreed to circulate a publication. Prestwich was discussed as an example of collaborative working and an area which could be developed. Neil advised that there are funds available at a Greater Manchester level. Clinton to bring something back to the next meeting.	Clinton to action Clinton to progress	
7	**Sustainability Criteria for New Build** Sharon Hanbury advised that the criteria is about what standards we are going to use for new build housing and what sustainability standards should we apply beyond building regulations. There are lots of new developments and we now have a broader influence. The Homes and Community Agency (HCA) no longer require standards anymore which are in line with national and government drive to ensure that housing happens and there are no barriers to housing. There is a consequence in that it can affect viability. Sharon held a meeting with Rob Thorpe and Phillipa from Planning to better understand the current build regulations and planning policies. Building regulations were previously seen as low standards but are now high because they are looking at low carbon energy		

Item No	Discussion	Action Agreed	By Whom
	elements. There is an extra care scheme, similar to Redbank, with a suggestion of BRIEM very good standard which is challenging but achievable. It would be a big step going from very good to excellent. Redbank previously achieved very good. The new development has not yet been costed as they are not at the detailed design stage but Sharon is looking for a steer from the Board as to what level we want to achieve. HCA have not made any suggestions and are not particular about what level we aim for. It was unknown what the cost difference would be from very good to excellent. Sharon asked if the Board wanted to understand costs before taking a view. Whilst there was an aspiration to go for excellent this would depend on costs. Sharon also sought a steer from the group around whether they would want to apply for the appropriate certification, which would cost £10k. It was generally felt that if the certifications was not needed then why pay for it; the standard is the most important feature. Lorraine advised that it would only be necessary to apply for a certification if there was an intention to sell the building. Sharon asked if a small task and finish group needed to be pulled together to thrash out issues such as standards. It was agreed that there should and that the following people be invited to sit on the group – Chris Horth, Phillipa from planning, Crispian Logue, Rob Thorpe, Sharon Hanbury, Clinton Judge or Alex Holland. This pice of work needs to be taken forward after the elections as things could change. It was also agreed that the task and finish group report back in to the Carbon Reduction/Climate Change Board with any recommendations.	Sharon to bring information to next meeting Clinton to advise on who	
8	**Domestic Energy Efficiency Activity** Paul Webb advised that social housing had received an offer for a solar PV scheme. This is a scheme where energy is fed back to the installer but not the property. This item needs more work and is to be brought back to a future agenda. ***Post meeting*** *– Lorraine Chamberlin forwarded more details around the scheme via email.*		
9	**Radcliffe Riverside Update** Neil advised that the boiler issue had now been resolved and the appropriate building regulations had been passed. Everything is on schedule to be completed by mid-May. Neil had taken Pat on a walkabout and she was		

Item No	Discussion	Action Agreed	By Whom
	surprised how big the building and pool were. The building will be opened in stages with the gym opening on the 16th or 17th May 2015.		
10	**Date and Time of Next Meeting** Wednesday 3rd June 2015 at 10.30am in the Lancaster Room, Elizabethan Suite, Town Hall.		

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DEPARTMENT FOR COMMUNITIES & WELLBEING

Bury COUNCIL

MINUTES OF HOUSING STRATEGY PROGRAMME BOARD HELD ON WEDNESDAY 29th APRIL 2015

Present: Pat Jones Greenhalgh - Executive Director of Communities and Wellbeing (Chair) **PJG**
Harry Downie - Assistant Director of Business Re-Design & Development, Department of Communities and Wellbeing **HD**
John Merrick - Director of Neighbourhoods, Six Town Housing **JM**
Marcus Connor - Corporate Policy Manager, Department of Communities and Wellbeing **MCC**
Sharon Hanbury - Head of Urban Renewal, Department of Communities and Wellbeing **SH**
Tracey Hunt - Financial Services Business Manager, Six Town Housing **TH**
Emma Richman - Director of Assets, Six Town Housing **ER**
Steve Kenyon – Interim Director of Resources and Regulation / Six Town Housing **SK**
Chloe McCann – Assistant Improvement Advisor – Department of Communities and Wellbeing (Minutes) **CNM**

Apologies: Mike Owen – Interim Chief Executive, Bury Council **MO**
Sharon McCambridge - Chief Executive of Six Town Housing **SMC**
Karen Young - Head of Inclusion, Department of Communities and Wellbeing **KY**

		ACTION
1.0	**INTRODUCTIONS & APOLOGIES FOR ABSENCE**	
1.1	Apologies were made as above.	
2.0	**MINUTES OF THE LAST MEETING**	
2.1	The minutes of the meeting held on Wednesday 8th April 2015 were accepted as a correct record.	
3.0	**MATTERS ARISING:**	
3.1	**Item 1.1:** William Kemp Heaton site, scheme design – a number of issues were raised. ER confirmed that Catherine Pessagno (CP) had incorporated these into the scheme design. ER also confirmed that she had discussed with SH who would attend the different meetings, frequency of meetings and reporting to HOB / HSPB. CP to report to a later HSPB meeting. PJG asked that this be by exception. Operational activity reports to go to HOB.	

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3.2	**Item 5.0,b,i:** PJG confirmed that she had spoken to Councillor Shori and no further work must be done on the proposed Tenants' Reward Scheme until after the elections. The proposal can be reconsidered in three months, although PJG pointed out that Councillor Shori was not keen on the idea.	
3.3	**Item 6.0,a,i:** ER provided update on NEDO Project and the scheme will start on site from June 2015. Pat clarified that operational matters connected with NEDO will be dealt with by HOB and only exceptions and key strategic decisions brought to HSPB.	
3.4	ER advised the finance plan got the NEDO project will be brought to June's HSPB meeting	
3.5	**Item 6.0,a,i:** ER advised that the variation tenancy agreement associated with NEDO has been resolved.	
3.6	**Item 6.0,b,ii**: STH 10th Anniversary events – PJG and JM are to meet to discuss how the celebrations are arranged jointly. PJG also stated that the Leader will need to be involved.	
3.7	**Item 6.0,b,iii:** QL project concerns that KY had raised previously at HSPB are now resolved and the project is signed off.	
4.0	**Items for Decision:**	
4.1	a) New Items	
4.1.1	*i) Adaptations Review - **SH***	
4.1.1.1	SH provided an update from the interim report was submitted to HSPB in December 2014.	
4.1.1.2	The budget position is much improved, with more understanding of value for money, staffing resources / role of the Housing OT, and stock intelligence to ensure the best use of existing adapted stock.	
4.1.1.3	PJG thanked SH for a really good piece of work which achieved a significant reduction on spending and demonstrated a more positive position.	
4.1.1.4	MCC also pointed out a recent article in Inside Housing about a number of authorities apparently taking too long to carry out adaptation works. SH to look at how our successes could be made into a positive news story.	**SH**
4.1.2	*ii) Sustainability Standard- **SH***	
4.1.2.1	It is proposed that as per the Redbank Scheme the new extra care scheme at William Kemp Heaton is built to the BREEAM 'very good' standard. Whilst this is a challenging standard it is likely to be achievable on this development without a disproportionate cost.	
4.1.2.2	The Low Carbon Board are satisfied with the standard 'very good'.	

		ACTION
4.1.2.3	SK also observed that the costs of achieving 'excellent' were disproportionate to the savings / benefits they provided.	
4.1.2.4	HSPB agreed the proposed standard.	
4.2	b) Existing Items	
4.2.1	*i) Empty Properties* - ***SH***	
4.2.1.1	SH submitted a report outlining the current position on bringing empty properties back into use.	
4.2.1.2	Figures were provided which indicated that the Radcliffe pilot had been a success and this track record had resulted further grant money from the HCA. As a result, the Council had not needed to use all of the s106 money originally allocated to this work. SH to check the last Cabinet report to ensure sufficient approvals are in place to apply the s106 monies to empty properties in other parts of the Borough.	**SH**
4.2.1.3	HD requested a map showing empty property clusters within particular cluster areas to be brought to HSPB on 24th June to inform discussions on extending the scheme.	**SH**
4.2.1.4	PJG asked for a timeline of events to be brought to a future HSPB.	**SH**
4.2.1.5	SK advised that the Strategic Sites Group is also looking at use of all s106 monies. SK is involved from a finance point of view. PJG asked who the housing link was. MCC to find out.	**MCC**
5.0	**Information Briefs:**	
5.1	a) New Items	
5.1.1	*i) HECA Report* - ***SH***	
5.1.1.1	SH provided an update for information. The HECA report was submitted to Government by the deadline of 31 March 2015.	
5.2	b) Existing Items	
5.2.1	*i) HOB Chair's Update* - ***SH***	
5.2.1.1	A workshop was held to determine the future role of HOB. This will see HOB being more proactive at progressing items before they are brought to HSPB for final sign off approval. HSPB to approve final reports or deal with any exception reporting.	
5.2.1.2	The Council had been successful in obtaining Right to Buy Social Mobility Fund, which will allow grant of £20,000 to be offered to people wishing to give up their RTB entitlement and purchase a property in the private sector. TH has prepared a process for allocating the £5,000 'top up' funded by the HRA. This will be allocated at a rate of £100 for every year of tenancy to a maximum of £3,000 and 1% of the purchase price to a maximum of £2,000. No	

		ACTION
	allocation will be given to tenants with corporate debt or ASB. Soft marketing of the scheme will commence at the end of May, targeted at people under-occupying larger properties.	
5.2.1.3	PJG asked MCC to do a briefing note for Councillor Shori.	**MCC**
5.2.1.4	*ii) Welfare Reform (verbal update) – **JM***	
5.2.2	JM provided an update on the present position in Bury. Any cases that are in arrears are being closely monitored.	
6.0	**STH Board Papers**	
6.1	*Nothing to update.*	
7.0	**Any Other Business**	
7.1	None.	
8.0	**Date of Next Meeting** Wednesday 24th June 2015, 10.30am – 12.00pm Lancashire Fusiliers Room, 1st Floor Town Hall	