# AGENDA FOR

# HEALTH AND WELLBEING BOARD

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**To: All Members of Health and Wellbeing Board**

**Members** : Pat Jones-Greenhalgh (Vice-Chair), D Bevitt, M Carriline, S North, R Shori, Jones, A Simpson (Chair), R Walker and P Heneghan, B Barlow, Dr K Patel, J. Marshall.

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:-

| | |
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| **Date:** | Thursday, 24 September 2015 |
| **Place:** | Meeting Room 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:** | |

# AGENDA

## 1 APPOINTMENT OF CHAIR

Following the submission of apologies from the Chair and Vice Chair, a replacement Chair will be elected for the duration of the meeting from the Core membership.

## 2 APOLOGIES FOR ABSENCE

## 3 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.

## 4 MINUTES OF PREVIOUS MEETING *(Pages 1 - 6)*

Minutes attached.

## 5 MATTERS ARISING *(Pages 7 - 16)*

Forward plan.

## 6 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.

## 7 FUEL POVERTY *(Pages 17 - 28)*

The Housing Development & Policy Officer will report at the meeting. Presentation attached.

## 8 BURY DOMESTIC ABUSE STRATEGY *(Pages 29 - 52)*

Cindy Lowthian, Communities Manager, Bury MBC will provide a verbal presentation at the meeting. Copy of Cabinet report and Strategy attached.

## 9 DEVOLUTION MANCHESTER

The Assistant Director, Strategy, Procurement and Finance and the Director of Public Health will report at the meeting.

## 10 MENTAL HEALTH AND VULNERABLE ADULTS *(Pages 53 - 56)*

Jo Marshall, Greater Manchester Police will report at the meeting. Report attached.

## 11 HEALTH AND WELLBEING BOARD PLAN ON A PAGE *(Pages 57 - 58)*

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

## 12 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (JSNA)

The Director of Public Health will report at the meeting.

## 13 HEALTH AND WELLBEING BOARD ANNUAL REPORT - UPDATE *(Pages 59 - 70)*

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

## 14 UPDATE ON THE JOINT HEALTH AND WELLBEING BOARD STRATEGY *(Pages 71 - 110)*

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

## 15 SUB GROUP MINUTES ** FOR INFORMATION** *(Pages 111 - 138)*

The minutes from the Health and Wellbeing Board sub groups are attached for information:
Children's Trust Board
Bury Integrated Health and Social Care Board Minutes
Adults Safeguarding Board Minutes
Carbon reduction Board Minutes
Housing Strategy Programme Board Minutes

## 16 URGENT BUSINESS

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

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**Minutes of:** **HEALTH AND WELLBEING BOARD**

**Date of Meeting:** 16th July 2015

**Present:** Cabinet Member, Councillor Andrea Simpson (Chair); Chair, Healthwatch, Barbara Barlow; Director of Public Health, Lesley Jones; Executive Director of Communities and Wellbeing, Pat Jones-Greenhalgh; Dave Bevitt, Representing B3SDA; Chief Officer, CCG, Stuart North; Executive Director Children, Young People and Culture, Mark Carriline; Councillor Rishi Shori, Deputy Leader.; Councillor Paddy Heneghan, Cabinet Member for Children, Young People and Culture;
Councillor Roy Walker, Opposition Member, Health and Wellbeing

**Also in attendance:**
Representing NHS England, Rob Bellingham
Stefan Taylor; Health Improvement Specialist
Heather Hutton – Health and Wellbeing Board Policy Lead.
Chloe McCann – Assistant Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services.

**Apologies:** Dr. K. Patel

**Public attendance:** 1 member of the public was in attendance

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The Chair agreed that due to unforeseen circumstances that the agenda items would be re-arranged.

**HWB.179 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**HWB.180 PHYSICAL ACTIVITY AND SPORTS STRATEGY**

Members of the Board considered a verbal presentation from Stefan Taylor, Health Improvement Specialist, Bury MBC. The strategy had been circulated to members for consideration prior to the meeting and contained the following information:

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 the position in Bury with regards to activity levels, the effects of inactivity and sets out a clear action plan for moving forward.

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.

The Health Improvement Specialist reported that the Health and Wellbeing Board will provide strategic direction and oversight, for the strategy. 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.

In response to a member's question, the Director of Public Health reported that a Food and Health Strategy will be developed to sit alongside the Physical Activity & Sports Strategy. The two strategies will serve to support people maintain/achieve a healthy weight.

In response to a Member's question the Health Improvement Specialist acknowledged the work undertaken by volunteers in helping to deliver a number of different sporting activities. The Council would continue to work with partners and the voluntary sector to provide support and identify different funding streams.

**Delegated decision:**

1.That the Health and Wellbeing Board provides strategic oversight and direction in respect of the Physical Activity and Sport Strategy.
2.That regular reports in respect of the progress of the Physical Health Strategy Action Plan be received by the Health and Wellbeing Board.

**HWB.181 MINUTES**

**Delegated decision:**

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 11th June 2015, be approved as a correct record and signed by the Chair.

**HWB.182 MATTERS ARISING**

- Councillor Simpson referred to minute HWB.90 Child Death Overview Panel Report, the BSCB Development Officer had clarified the following information in relation to consanguinity;
In the year 2013/4 there were 10 deaths associated with consanguinity reported to the CDOP; 4 Oldham, 4 Rochdale, 2 Bury
This year 2014/15 there were no deaths reported from Bury where consanguinity was deemed to be a modifiable factor.

- The Chief Operating Officer reported that at a meeting of the Healthier Together Committees in Common, the Committee has agreed that the fourth specialist site will be Stockport NHS Foundation Trust.

- The Director of Public Health reported that a Greater Manchester wide Public Health Memorandum of Understanding had been agreed, further information will be provided at a future meeting of the Board.

**Delegated decision:**

The Greater Manchester Public Health Memorandum of Understanding will be considered at a future meeting of the Board.

**HWB.183 PUBLIC QUESTION TIME**

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

**HWB.184 PENNINE ACUTE NHST TRUST MATERNITY SERVICES UPDATE**

The Health and Wellbeing Board considered a verbal presentation from the Chief Operating Officer, Bury CCG, Stuart North, in respect of work ongoing to address issues raised as a result of an external review of nine serious untoward instances within the maternity department at Pennine Acute NHS Trust. An accompanying report had been circulated to members which included a summary of the external review findings:

- 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.

The Chief Operating Officer reported that there were twelve recommendations made within the review, a comprehensive improvement plan has been developed by the Trust to address the issues identified in the external review.

The Chief Operating Officer reported that he and Gill Harris, Chief Nurse Pennine Acute NHS Trust, co-chair the maternity incident management group, a group established to address the issues raised in the external review.

In response to a Board member's question, the Chief Operating Officer reported that a review of maternity services across Greater Manchester is also being undertaken building on the work/findings of the external review at Pennine Acute NHS Trust.

**Delegated Decision:**

The Chief Operating Officer, Bury CCG will provide the Board with an update in respect of the Pennine Acute NHS Trust Maternity Services review findings at a future meeting of the Health and Wellbeing Board.

**HWB.185 NHS ENGLAND QUARTERLY COMMISSIONING REPORT**

Rob Bellingham, Director of Commissioning, NHS England attended the meeting and provided members with an overview of the NHS England Quarterly Commissioning report.

The report provides an update with regards to the services directly commissioned by NHS England; primary care services, dental pharmaceutical and ophthalmic and secondary care dental services.

The Director of Commissioning reported that the family and friends test was introduced to primary medical care services in December 2014. The most recent data available is for the period January to March 2015, during which all 33 practices reported, with 1,256 responses across Bury – 85% of patients recommended the practice.

In response to a question from the Chair, The Director of Commissioning reported that he would be able to provide, at a future meeting, comparative statistical data in respect of how well other GPs surgeries perform in the friends and family test.

The Director of Commissioning reported that access to NHS dental services in Bury appears to have increased over the past three quarters. In response to a Member's question, the Director of Public Health reported that the Oral Health of Children aged 0-5 still remains an area of concern, this will be monitored via the Starting Well Partnership Board and an Oral Health Strategy is currently being developed.

**Delegated decision:**

The report be noted.

## HWB.186 TOBACCO CONTROL ANNUAL REPORT

The Health and Wellbeing Board considered a verbal presentation from the Director of Public Health, in respect of the Tobacco Control Annual Report. The 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.

**Delegated decision:**

The report be noted.

## HWB.187 LETTER FROM DUNCAN SELBIE – PUBLIC HEALTH ENGLAND

The Health and Wellbeing Board considered a letter received from Duncan Selbie, Chief Executive Public Health England, following a recent visit to the Borough.
The Chief Executive for Public Health England commended the high priority placed on healthcare matters and public health within the Borough.

**Delegated decision:**

The content of the letter be noted.

## HWB.188 LETTER FROM LYN ROMEO

The Health and Wellbeing Board considered a letter received from Lyn Romeo, Chief Social Worker, Adult Social Care, following a recent visit to the Borough. The Chief Social Worker reported that the visit was very informative, worthwhile and memorable and commended those staff involved.

**Delegated decision:**

The content of the letter be noted.

## HWB.189 PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health shared with members of the Board the Public Health Annual Report 2013.14. 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.

The Report provides an overview of Bury Council's contribution to public health and includes information and performance in the following areas:

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning
- Health and social care

**Delegated decision:**

The report be noted.

## HWB.190 HWB REFRESHED WEB PAGES

Chloe McCann, Assistant Improvement Advisor informed the Board that a refreshed HW B page has been created on the Bury Directory.

**Delegated decision:**

The Board approves the development of the Health and Wellbeing Board web pages.

## HWB.191 REFRESHED HEALTH AND WELLBEING BOARD STRATEGY

Heather Crozier, Health and Wellbeing Board Policy Lead provided members of the Board with an update in relation to the HWB strategy refresh.

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. The 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

Members of the Board discussed how best to embed issues around public health, the environment and the recently developed spatial framework into the planning process. The Director of Public Health reported that there was little focus on health within the planning process but it is an area that is currently being developed.

The Health and Wellbeing Board Policy Lead reported that the Board's sub group minutes will be included as part of the agenda and each group will be required to present an update report twice a year.

**Delegated decision:**

That Members of the Board approve the refreshed Health and Wellbeing Strategy and the revised governance arrangements.

**HWB.192 HWB ANNUAL REPORT**

The Chair of the Board, Councillor Andrea Simpson presented the HWB Annual Report for 2014/15. The report provided an overview of the work undertaken by the Board; the board has successfully signed off the Better Care Fund and The Pharmaceutical Needs Assessment and have refreshed the Health and Wellbeing Strategy; agreed the governance structure for delivering priorities in the strategy.

The Chair reported that a large amount of work had been undertaken by the Policy Lead to assist with the smooth running of the Board this has included:

- A review of the Board and all its documentation one year on and this led to a number of improvements to the board Member Development Sessions were introduced prior to each board meeting
- A Member Development Away day has taken place and will continue on an annual basis

**Delegated decision:**

That Members of the Board approve the Health and Wellbeing Board Annual Report for 2014/15.

**HWB.193 URGENT BUSINESS**

There was no urgent business reported.

**HWB.194 HEALTH AND WELLBEING BOARD SUB GROUP MINUTES * FOR INFORMATION***

**Councillor Andrea Simpson**
**Chair**
(Note: The meeting started at 6pm and ended at 7.30pm)

| Board Date | Member Development Session | Interactive discussion/ focus | Agenda Items | |
|---|---|---|---|---|
| Thursday 11th June 2015 (2:00pm – 4:00pm) | Draft Agenda<br><br>(1pm-2pm)<br><br>• Looking ahead to 2015/16 | Draft Agenda<br><br>• Devolution Manchester (Pat/Stuart) | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes<br><br>• Priority 1 of Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier) |
| | | | **Discussion** | • May BCF Quarterly performance report (Pat/Stuart)<br>• Child Death Overview Panel Report (Mark Carriline)<br>• Quarterly NHS England Commissioning Report (Rob Bellingham) |

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|---|---|---|---|---|
| | | | **Decision** | • Priority 2 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier)<br>• Priority 3 of the Health & Wellbeing Strategy Governance Report (Heather Crozier)<br>• Priority 4 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier)<br>• Priority 5 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier)<br>• BCF Sign off process for Quarterly reporting June-March 2015 (Pat/Stuart)<br>• Membership changes to the Health & Wellbeing Board (Cllr Simpson) |
| | | | **TBC** | |

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| Thursday 16th July 2015 6:00pm-8:00pm | <u>Draft Agenda</u><br><br>• What's new- work developments of interest to the board<br><br>- H&WB Board Webpages<br><br>- H&WB Board marketing/branding | <u>(2) Draft Agenda</u><br><br>• Director of Public Health Report<br>• Health & Wellbeing Board Annual Report | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes<br>----------<br>• Devolution Manchester Update (standing item)<br>• Tobacco Control Annual Report (Lesley Jones)<br>• Letter from Duncan Selbie (Lesley Jones)<br>• Letter from Lynn Romeyo (Pat Jones Greenhalgh) |
| | | | **Discussion** | • Director of Public Health Annual Report (Lesley Jones)<br>• Health & Wellbeing Board refreshed WebPages (Heather Crozier/ Chloe McCann)<br>• Update on Maternity Services (Stuart North) |

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|---|---|---|---|---|
| | | | | • Physical Activity and Sport Strategy (Stefan Taylor) |
| | | | **Decision** | • The Refreshed Health & Wellbeing Strategy for Bury final sign off (Heather Crozier)<br>• Health & Wellbeing Board Annual Report 2014/15 (Heather Crozier/ Julie Gallagher) |
| | | | **TBC** | |

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|---|---|---|---|---|
| Thursday 24th September 2015 6:00pm-8:00pm | Draft Agenda<br><br>CANCELLED | Draft Agenda | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br><br>• (Priority 1)Children's Safeguarding Board Minutes<br><br>• (Priority 1)Children's Trust Board Minutes<br><br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br><br>• (Priority 4) Adults Safeguarding Board Minutes<br><br>• (Priority 5) Carbon Reduction Board Minutes<br><br>• (Priority 5) Housing Strategy Programme Board Minutes.<br>……<br><br>• Devolution Manchester Update (standing item) |
| | | | **Discussion** | • Mental Health & Vulnerable Adults Recommendation 11 GMP (Jo Marshall) |

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|---|---|---|---|---|
| | | | | • Health and Wellbeing Plan on a Page<br>• Update on Annual Report<br>• Fuel Poverty presentation (Sharon Hanbury/Kate Fitzsimons)<br>• Verbal update on JSNA from Lesley Jones<br>• Domestic Abuse Strategy (Cindy Lowthian) |
| | | | **Decision** | |
| | | | **TBC** | |

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|---|---|---|---|---|
| Thursday 17th December 2015 (2:00pm – 4:00pm) | To be informed by the member development action plan<br><br>Performance update presentation (Anna Barclay)<br><br>Health and Wellbeing Strategy | <u>Draft Agenda</u><br><br>• Presentation and reports on the bi-Annual Health & Wellbeing Strategy update for Priorities 1-5 (Heather Crozier/Anna Barclay/Priority Leads) | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes.<br>---<br>• Devolution Manchester Update (standing item)<br>• Quarterly NHS England Commissioning Report (Rob Bellingham) |
| | | | **Discussion** | • Drug & Alcohol Strategy<br>• JSNA Update report (Helen Smith and Jon Hobday)<br>• Working Well Protocol (Tracey Flynn) |
| | | | **Decision** | |
| | | | **TBC** | • Annual Safeguarding Children's Report<br>• Annual Safeguarding Adults report |

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| Thursday 28th January 2016<br><br>(6:00pm – 8:00pm) | To be informed by the member development action plan | Draft Agenda | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes.<br><br>• Devolution Manchester Update (standing item) |
| | | | **Discussion** | |
| | | | **Decision** | |
| | | | **TBC** | |

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|---|---|---|---|---|
| Thursday 3rd March 2016<br><br>(2:00pm – 4:00pm) | <u>Draft Agenda</u><br>Health and Wellbeing Strategy Performance update presentation (Anna Barclay) | <u>Draft Agenda</u><br>• Presentation and reports on the bi-Annual Health & Wellbeing Strategy update for Priorities 1-5 (Heather Crozier/Anna Barclay/Priority Leads) | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes.<br><br>• Devolution Manchester Update (standing item) |
| | | | **Discussion** | |
| | | | **Decision** | |
| | | | **TBC** | • Quarterly NHS England Commissioning Report (Rob Bellingham) |

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|---|---|---|---|---|
| Thursday 14th April 2016<br><br>(6:00pm – 8:00pm) | Chair development Session | Draft Agenda | **Information** | **Mins of Health & Wellbeing Board Sub Groups**<br>• (Priority 1)Children's Safeguarding Board Minutes<br>• (Priority 1)Children's Trust Board Minutes<br>• (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes<br>• (Priority 4) Adults Safeguarding Board Minutes<br>• (Priority 5) Carbon Reduction Board Minutes<br>• (Priority 5) Housing Strategy Programme Board Minutes.<br><br>• Devolution Manchester Update (standing item) |
| | | | **Discussion** | |
| | | | **Decision** | |
| | | | **TBC** | |
| Beyond...<br><br>TBC | | | | |

# Energy Efficiency in the Private Sector


**Michelle Stott**

Housing Development & Policy Officer – Energy

Urban Renewal

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Bury COUNCIL

# Energy Efficiency in the Private Sector

- Current Picture in Bury
- Work previously delivered & achievements
- Future work areas / ambitions




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# Improving energy efficiency of housing – its importance


Improving energy efficiency in housing

- Low Carbon
- Property improvements
- Wider economic value
- Fuel Poverty


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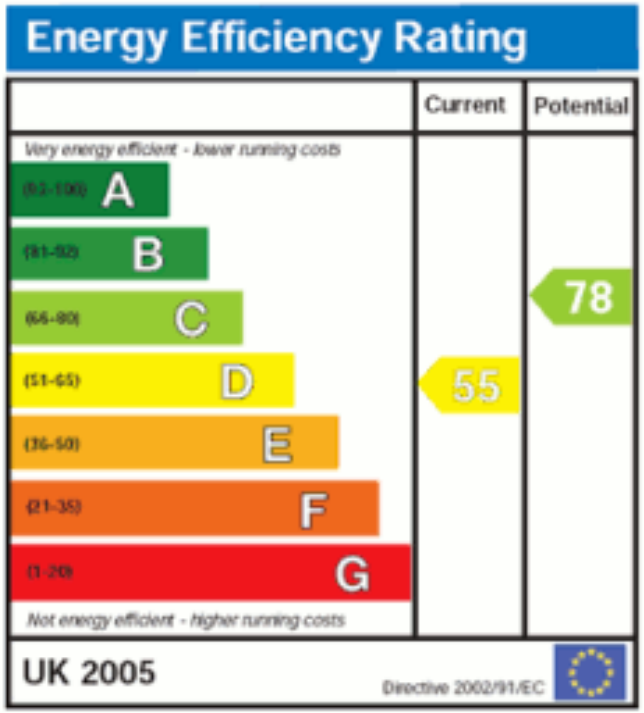
# Housing Energy Improvements – the challenge




- 76% Bury Properties in private sector, includes 6.8% private rented
- High proportion of older properties (61% pre 1964)
- Average EPC rating Band E for private sector properties
- GM Retrofit Strategy
- Private rented sector obligations (Band E Minimum from 2018)

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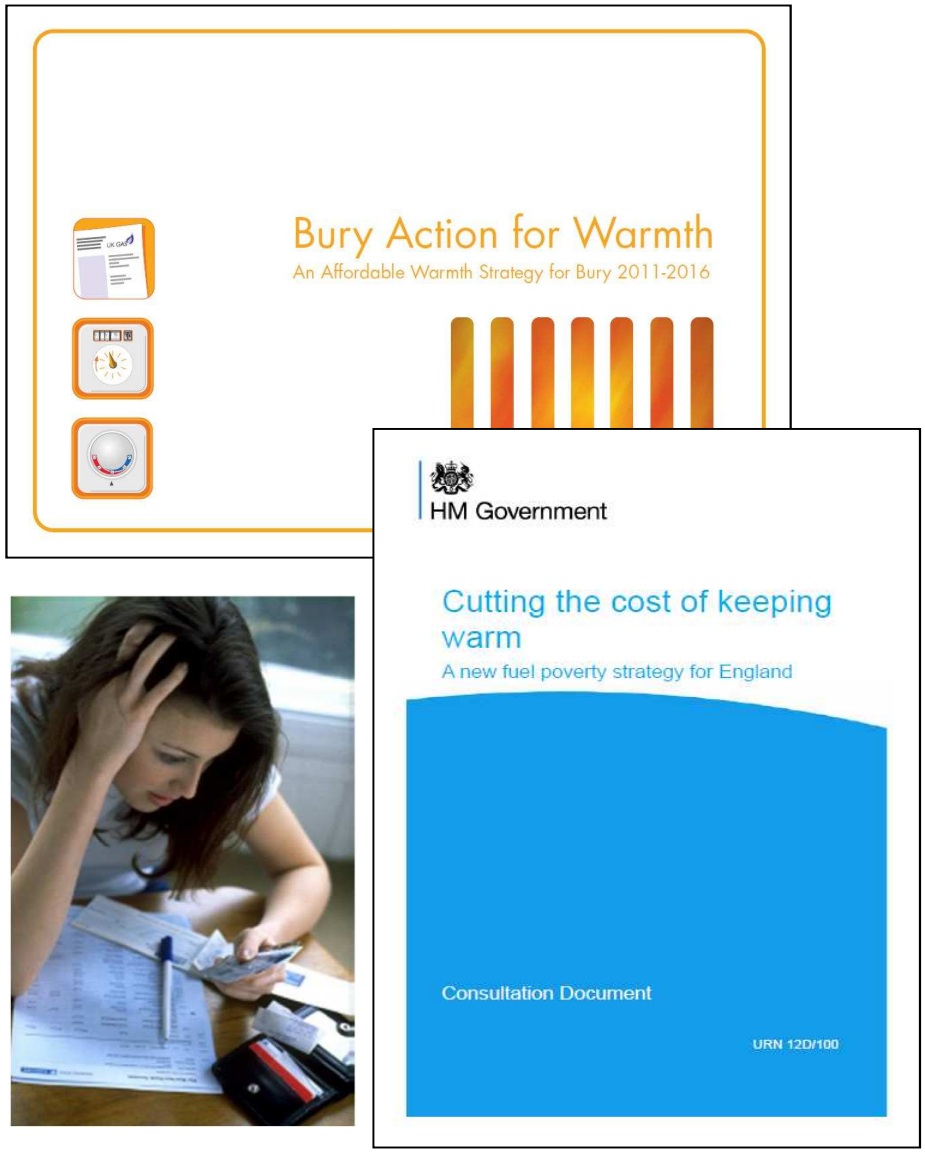
# Fuel Poverty




A household is said to be in fuel poverty if:

- They have required fuel costs that are above average (the national median level)
- Were they to spend that amount they would be left with a residual income below the official poverty line

- **In Bury 8,047 households are in fuel poverty (10.1%)**
- Bury Strategy: 2011- 2016
- Strategy for England:
  - Target and focus on energy improvements
  - Recognition of collaboration and partnerships

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# The Health Consequences Of Fuel Poverty



Inadequate room temperatures can cause or exacerbate:

- **Cardiovascular problems**
- **Respiratory infections**
- **Mobility problems & Accidents e.g. falls**
- **Mental health conditions**

Fuel poverty and living in a cold home can lead to excess winter death.

**In Bury there were 130 Excess Winter Deaths in 2012/13**

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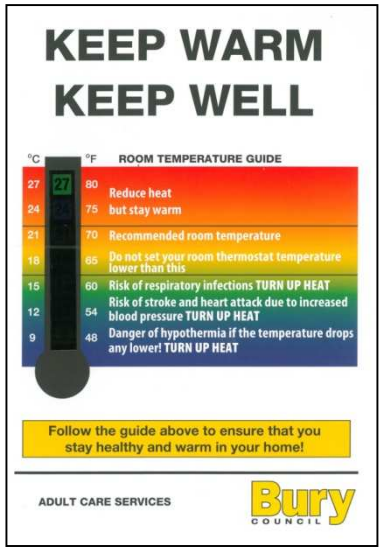
# Temperature effects on health




| | Effects On Health |
|---|---|
| **21°C** | **Recommended room temperature for vulnerable groups** |
| **Below 16°C** | **Risk of respiratory infections** |
| **Below 12°C** | **Increased blood pressure, risks of stroke and heart attack** |
| **Below 9°C** | **Core body temperature drops and increased cardiovascular problems occur if exposure lasts for more than two hours** |
| **5°C** | **Significant risk of hypothermia** |

**Ideal room temperatures (World Health Organisation):**

| | | | |
|---|---|---|---|
| Living room | **21°C** | Kitchen | **18°C** |
| Bathroom | **22°C** | Bedrooms | **18°C** |
| Hall / Stairs | **16°C** | | |

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# Health Costs

There can be significant costs to the NHS for cold related illness e.g. repeat GP visits, A&E admissions due to stroke, heart attack, respiratory and falls. Extra bed days repeat admissions etc.

**Accident and Emergency admissions for cold related health conditions from Apr 2009 – Feb 2011:**

| Health Condition | Total Number of admissions excluding patient deaths before discharge |
|---|---|
| Asthma | 226 |
| Cardiac Disorders | 4204 |
| COPD | 630 |
| Falls | 163 |
| Stroke | 435 |
| **Total** | **5658** |

Total cost to the health service for A&E admissions attributable to cold related illness, based on the Department of Health reference costs for this time period is **£11,247,990**.

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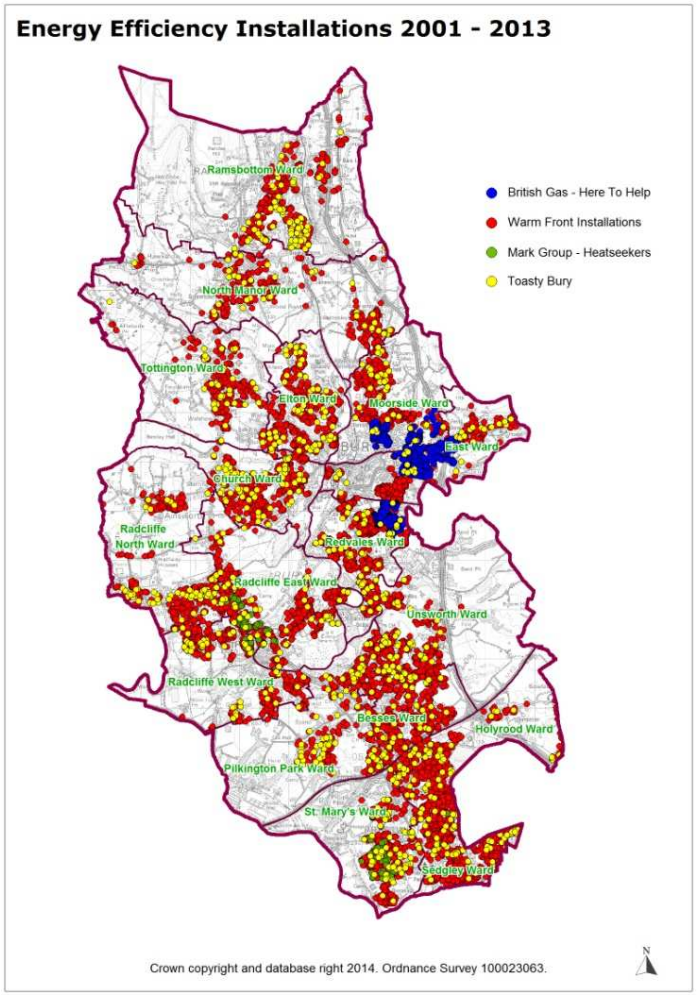
# Progress to 2014 on energy improvements

- Promotion and facilitation of previous retrofit schemes
  e.g. Warm Front, Toasty
- Bury Healthy Homes Schemes
- Collective Switch



# Approach going forward post 2014

Greater Manchester Energy Advice

Keepmoat

GMCA GREATER MANCHESTER COMBINED AUTHORITY

AGMA ASSOCIATION OF GREATER MANCHESTER AUTHORITIES

Funding sources:
- DECC - £6.1m
- Energy Companies

Eligibility:
- Postcode
- Benefits
- Township
- Funding gap – Public Health

Advice Service Provision and changes to scheme delivery.....

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# Little Bill

**Installs 2014 - 2015**

| Measure Installed | Total |
|---|---|
| Boilers | 89 |
| Heating Controls | 29 |
| Cavity wall insulation | 56 |
| Loft Insulation | 7 |
| Internal Wall Insulation | 4 |
| Room in roof insulation | 9 |
| Underfloor insulation | 7 |
| External Wall Insulation | 15 |
| **Total** | **216** |


- £280,000 investment
- Resident saving £45,000 annually off Energy Bills.
- Saved 196 $tCO_2$

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# Next Steps….

- HECA
- Fuel Poverty Strategy for Bury
- Climate Change Plan
- Review of Framework & continue to deliver retrofit measures using funding streams
- Training for Officer to allow for better coordination and risk mitigation of future retrofit works
- Advice provision & Behavioural change
- Data intelligence gathering – possible database


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Agenda Item 8

# REPORT FOR DECISION

Bury COUNCIL

| Agenda Item | |
|---|---|

| | |
|---|---|
| **DECISION OF:** | **Cabinet – 02 September 2015** |
| **SUBJECT:** | **Bury Domestic Abuse Strategy, 2015-18** |
| **REPORT FROM:** | **Councillor Tamoor Tariq**<br>**Lead Member, Community Safety** |
| **CONTACT OFFICER:** | **Cindy Lowthian, Communities Manager** |
| **TYPE OF DECISION:** | **CABINET – KEY DECISION** |
| **FREEDOM OF INFORMATION/STATUS:** | This paper is within the public domain |
| **SUMMARY:** | Tackling domestic violence and abuse is a priority for Bury's Community Safety Partnership. This Strategy supports that ambition by seeking to reduce repeat incidents through a focus on prevention and early intervention. It is a partnership document which seeks to consolidate the work of the Council and partners by setting out a robust framework to deliver real change. |
| **OPTIONS & RECOMMENDED OPTION** | **Option 1 (recommended)**<br>It is recommended that Cabinet:<br>a) Supports the vision and commitment of the Community Safety Partnership to reducing domestic violence and abuse, particularly repeat offending.<br>b) Adopts the Bury Domestic Violence Strategy (2015 – 2018).<br>c) Authorises officers to:<br>• Develop a robust implementation and delivery plan to take forward the actions identified in the strategy.<br>• Review existing services and make such changes as may be necessary (including the introduction of new ways of working) to meet the strategic priorities and improve outcomes for victims of domestic violence and abuse.<br><br>**Option 2 (not recommended)** |

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| | To not support the strategy.<br><br>Option 1 is the preferred option. This is because tackling DVA requires a whole system, multi-agency response. The Strategy is a partnership document which has been developed following a multi-agency review of domestic violence and abuse in the borough. It sets out a clear direction of travel which is more closely aligned to Team Bury priorities and the Council's ambitions to support our most vulnerable residents. Without a multi-agency strategy, the ability of the Council to work with partners to tackle domestic violence and abuse through early intervention and prevention would not be possible. |

| **IMPLICATIONS:** | |
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| **Corporate Aims/Policy Framework:** | Do the proposals accord with the Policy Framework? Yes |
| **Statement by the S151 Officer: Financial Implications and Risk Considerations:** | This strategy will be developed and implemented within existing financial resources and additional funding (over two years) which the Council has secured through the Greater Manchester Innovation Fund to further develop 'STRIVE'. |
| **Health and Safety Implications** | There are no known health and safety implications arising from this report. Any changes in services or operating practice arising from the implementation of the Strategy will be subject to appropriate risk assessments and implemented in line with existing policy. |
| **Statement by Executive Director of Resources** | There are no wider resource implications arising from the Strategy, however successful implementation should help mitigate future demands upon Council services. |
| **Equality/Diversity implications:** | The Equality Analysis (EA) shows that domestic violence and abuse can impact on individuals and communities across all equality strands. Whilst females remain the single highest category of victim, the number of males suffering abuse is also growing. There are also increasing incidents among same sex couples. The EA highlights cultural issues that can be more prevalent within some communities including Forced Marriage, Honour Based violence and Female Genital Mutilation.<br><br>The Equality Analysis indicates the strategy |

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| | will have an overall positive effect across the equality strands for all victims. The Strategy provides a framework for partners to work together to build the confidence of all victims to report at an earlier stage, with an emphasis on early intervention. |
| **Considered by Monitoring Officer:** | Yes JH |
| **Wards Affected:** | All |
| **Scrutiny Interest:** | |

**TRACKING/PROCESS** **DIRECTOR: EXECUTIVE DIRECTOR, COMMUNITIES AND WELL BEING**

| Chief Executive/ Strategic Leadership Team | Cabinet Member/Chair | Ward Members | Partners |
|---|---|---|---|
| 10.08.15 | 10.08.15 | | Domestic Violence and Abuse Steering Group (DVSG), 10.07.15 Community Safety Partnership (CSP) 29.07.15 . |
| Scrutiny Committee | Cabinet/Committee | Council | |
| | 02.09.15 | | |

## 1.0 BACKGROUND

1.1 Domestic abuse is defined as: "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality (this definition includes 'honour based violence, female genital mutilation and forced marriage)".

1.2 Tackling domestic violence and abuse remains a key priority for both the Office of the Police and Crime Commissioner and Bury's Community Safety Partnership (CSP). Bury's revised CSP Plan (2014 to 2017) made a commitment to review the partnership response to domestic violence and abuse, including the development of a refreshed Domestic Violence and Abuse Strategy. The Domestic Violence and Abuse Steering Group (DVSG) were tasked with overseeing this work.

## 2.0 THE REVIEW

2.1 In October 2014 the DVSG commissioned New Economy to produce a domestic abuse profile for Bury. Its primary purpose was to review all the available

evidence on DVA to directly inform the review and development of the strategy. This profile demonstrated the significant impact DVA has on our communities including:

- There are on average up to 4000 recorded incidents each year.
- A significant proportion of incidents are repeat incidents. Of the 300+ incidents of domestic abuse reported every month, 80% will have been from people who have reported abuse in the previous twelve month period.
- Of those who do report abuse, approximately 10% are assessed to be high risk.
- 65% of reported incidents involve families with children.
- Costs to society are high; support from statutory agencies for each high risk victim and their families is put at £20,000 per case, mainly on crisis intervention rather than work to break the cycle or prevent future occurrences.

2.2 More detailed discussions were held with partners to build a better understanding of the current response to domestic violence and abuse. These discussions looked at reporting pathways, how agencies assess risk and record incidents and the support pathways in place. This work was informed through discussions at the Domestic Violence and Abuse Steering Group and Community Safety Partnership.

2.3 One to one discussions were also held with key commissioners and service providers including children and young people services, Adult Care Services, Health, Housing Assessment and Greater Manchester Police.

## 3.0 KEY ISSUES FOR CONSIDERATION

3.1 Key issues arising from the review are as follows:

- Reports/Recording – a need to build more consistent approaches to the way in which partners deal with reports of domestic violence and abuse and how they record cases (to facilitate improved monitoring and performance management).
- CAADA DASH Risk Assessment - Over the past year and a half, there has been a decrease in referrals to the MARAC (a multi agency risk assessment conference to support high risk victims). Bury also has the lowest referral rate into MARAC by agencies other than the Police. Further work is required to ensure key services embed the CAADA DASH national accredited risk assessment tool in order to identify risk and trigger a response for victims at the earliest possible moment.
- Pathways – High risk victims are monitored and supported through the MARAC. The level of support given to lower/standard risk victims is more varied. However, it is from the lower risk categories where all domestic homicides over the past few years have occurred.
- Whole Family Approach - more work needs to be done to engage the families of victims affected by domestic violence and abuse. The aim is to increase resilience and reduce the longer term damage domestic abuse can have on children. This includes the need to engage with perpetrators to challenge and change behaviours.

3.2 Overall the findings from the review indicate that more emphasis has to be given to prevention and early intervention, tackling issues at an earlier stage,

reducing repeat incidents and diverting people away from risk of harm and high cost, statutory interventions.

## 4.0 A SHARED STRATEGY FOR CHANGE

4.1 The final strategy (attached as Appendix 1) aims to focus partnership activity more clearly on four key objectives:

a) Improve prevention and early intervention
b) Changing behaviours and attitudes
c) Strong leadership and management
d) Reducing repeat victimisation

4.2 A number of proposed actions are included in relation to each strategic objective. These actions support delivery of each objective. Progress is already being made including:

a) Over the past year, Bury has piloted an initiative called 'Operation Strive'. This is a police led initiative which involves follow up visits to first time callers assessed as standard risk. The purpose is to intervene earlier with the victim and their family, signposting to other services to prevent repeat incidents.
b) Bury has been allocated additional funding (over two years) through the Greater Manchester Innovation Fund to further develop 'STRIVE' (which is now being rolled out across Greater Manchester). This includes funding to support the development of a Victim Champion Network (comprising of partner organisations) to develop and improve pathways of support for victims. This work will include the recruitment and training of volunteer 'peer to peer' mentors.
c) Over the past three months, 175 individuals have attended training on domestic violence and abuse, including the use of a new referral form which incorporates the nationally accredited CAADA DASH Risk Assessment Tool. The aim of this training is to increase confidence across partner agencies in dealing and supporting all victims of domestic violence abuse.
d) Bury is one of three districts working with the Office of the Police and Crime Commissioner to develop a voluntary perpetrator programme for the Borough (to be commissioned during 2015).

## 5.0 GOVERNANCE & PERFORMANCE

5.1 Work to develop and implement the Strategy will be overseen by the Domestic Violence Steering Group. This group is chaired by the Council's Lead Member for Community Safety, Councillor Tamoor Tariq. They have been tasked with developing a multi-agency delivery plan to deliver objectives within the Strategy.

5.2 Overall accountability for the implementation of the Strategy rests with the Community Safety Partnership.

5.3 Regular updates and performance reports will be shared with the Community Safety Partnership.

## 6.0 CONSULTATION

6.1 The Strategy has been developed in consultation and discussion with statutory, voluntary and community representatives from both the Community Safety Partnership and Domestic Violence Steering Group. Many of these agencies work directly with victims including the Women's Housing Action Group (WHAG), Victim Support and the Chair of the MARAC. The review and strategy have been regular items on the agenda for both meetings over the past ten months.

6.2 The finalised Strategy was considered by the Domestic Violence Steering Group in July 2015 and signed off by the Community Safety Partnership on 29 July 2015.

## 7.0 CONCLUSION AND RECOMMENDATIONS

7.1 Bury's Community Safety Plan and the Greater Manchester Police and Crime Plan make domestic violence a priority. This Strategy supports that ambition by seeking to reduce repeat incidents and working towards breaking cycles of abuse that can have such a devastating impact on victims, families and children. Building on the work that has already been undertaken in Bury, this Strategy sets out a robust framework for real change – tackling issues at an early stage to divert individuals and families away from the risk of harm and high cost, statutory interventions.

7.2 It is recommended that Cabinet:

a) Supports the vision and commitment of the Community Safety Partnership to reducing domestic violence and abuse, particularly repeat offending
b) Adopts the Bury Domestic Violence Strategy (2015 – 2018)
c) Authorises officers to:
   - Develop a robust implementation and delivery plan to take forward the actions identified in the strategy
   - Review existing services and make such changes as may be necessary (including the introduction of new ways of working) to meet the strategic priorities and improve outcomes for victims of domestic violence and abuse.

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**List of Background Papers:-**
Bury Domestic Abuse Strategy 2015-18
Bury Domestic Abuse Theme Analysis – New Economy, October 2014.
Equality Analysis

**Contact Details:-**

Cindy Lowthian, Communities Manager, Communities and Wellbeing. C.Lowthian@bury.gov.uk, (0161) 2535121.

# *BURY DOMESTIC ABUSE STRATEGY 2015-18*

## *Building stronger, safer communities*

Team Bury
Working Together For A Better Bury

# Foreword



Domestic violence is a national scandal. Across the country, one in four women and one in six men will be affected by domestic abuse at some point in their lives whilst two people lose their lives each and every week.

Living with violence – as a victim or as a family member – makes an everlasting impression. Repeat victims pay a an even heavier price in terms of their health and well being, their sense of self worth and relationships with others. The cost to society is also high. Support from statutory agencies for each high risk victim and their families is put at £20,000 per case, mainly on crisis intervention rather than work to break the cycle or prevent future occurrences.

Only responding to problems when they are serious enough to warrant criminal intervention is not acceptable to us in Bury. We want to put an end to domestic abuse and create a society where every family is safe. This means focussing our activities on early identification, prevention and victim support as well as prosecution.

With this in mind, we have identified four key objectives to help us achieve our goal:

1.Improving prevention and early intervention
2.Changing behaviours and attitudes
3.Strong leadership and management
4.Reducing repeat victimisation

Chief Supt Chris Sykes Greater Manchester Police and Chair of the Bury Community Safety Partnership

Achieving these objectives will be challenging. It will require work across agencies to identify people at risk at a much earlier stage. We also need to respond better to the problem – particularly repeat incidences – if we are to make inroads into the numbers. In relation to high numbers of repeat incidents we need to continue to improve our local response. Raising awareness and improving local intelligence is essential to improving prevention and understanding what works, whilst ensuring perpetrators are held to account.

Building on work that has already been undertaken in Bury, this Strategy sets out a robust framework for real change. We believe it captures the elements necessary to successfully challenge abuse and help our residents lead safe, happy and healthy lives.

Cllr Mike Connolly, Leader of Bury Council and Police and Crime Lead for Greater Manchester

# Introduction and Context



Domestic abuse can happen to anyone at any stage in their life, regardless of age, gender, social status, religion, sexuality or ethnicity. It is defined broadly and encompasses:

> *'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality (this definition includes 'honour based violence, female genital mutilation and forced marriage)'.*

In 2014/15, the Bury division of GM Police recorded 3,960 incidents of domestic abuse. However national prevalence figures suggest that a district of Bury's size and composition should expect to have in the region of 6,200 incidents. This is a sizeable gap. As there is no evidence that Bury is significantly different from comparator localities, the most likely cause is significant under reporting of incidents; a view supported by anecdotal evidence that many victims, particularly those suffering emotional, financial and sexual abuse are reluctant to come forward.

Of those that do report abuse, approximately 10% are assessed to be high risk. These victims are monitored by a multi agency risk assessment conference (MARAC) which affords access to a greater range of support services to protect victims and manage the risks. Resources preclude the same level of support being provided to standard or lower risk cases although it is from the lower risk categories where all domestic homicides over the past few years have occurred.

Whilst recognising that under reporting is an issue, the statistics we do have challenge common preconceptions of domestic violence. Females remain the single highest category of victim but the number of males suffering abuse is growing. There are also increasing incidents among same sex couples. Given this position, it is difficult to adopt a 'one size fits all' approach. People's needs and circumstances are different. Achieving the right balance between consistency of practice, meeting individual needs and recognising the interests of the wider community will be fundamental to improving outcomes for local people.

Bury's Community Safety Plan and the Greater Manchester Police and Crime Plan make domestic violence a priority. This strategy supports that ambition by seeking to reduce repeat incidents and working towards breaking cycles of abuse. Emphasis has to be given to prevention – tackling the issue at a early stage to divert more people away from the risk of harm and high cost, statutory interventions. To do this we have to get a better understanding of the nature and scale of the problem and tailor advice and support to individual needs. Otherwise it is unlikely that we will we be able to stop people with lower level needs becoming priority cases or repeat victims.

# Improving prevention and early intervention

## Identifying and protecting those at risk of, and/or experiencing, domestic abuse.

***Gathering the evidence***

It is recognised that Bury's approach to understanding the needs of victims requires further improvement. Gaps in reporting means that we have been unable to build up a true picture of the problem. This will be addressed by promoting a better co-ordinated approach. Victims should have confidence to report incidents and employees should have the knowledge, skills and professional curiosity to recognise the signs of abuse and report those concerns. Data accurately recorded and readily available is essential in identifying high risk victims, trends, hotspots/disparities and other themes which should inform our decision making.


***Knowing what is available***

The long-term effects of domestic abuse are devastating. Many victims find it difficult to function in their daily lives, making them less able to leave the abusive relationship. They frequently suffer from a range of illnesses including mental health problems and can become isolated from friends and family. Having access to advice and information is an important first step.


***The cycle of abuse***

At least 950,000 children a year in Britain witness some form of domestic abuse. In Bury, 65% of reported incidents involve families with children and witnessing these events could be having a long term impact upon their emotional and physical development. Children growing up in violent households often suffer from behavioural and emotional problems and are more likely to use illegal substances, break the law, drop out of school and become offenders themselves – perpetuating a cycle of abuse for generations.

## We will:

- Identify key contacts within each agency/department to lead on domestic abuse issues and act as a channel into services for other agencies.
- Train staff to recognise potential signs, assess risk and know where to get help.
- Develop a common approach to identifying risks & making referrals, with tools to help practitioners intervene early.
- Make it easier for people who are (or feel) subjected to abuse to access information and advice.
- Build our understanding and awareness of honour based violence and Female Genital Mutilation and the support services available.
- Work to break the cycle of abuse by engaging with individuals, families and communities to raise awareness, promote self help and increase capacity for effective early intervention.

# Changing behaviours and attitudes

## Working with victims and perpetrators to reduce the risks of re-offending.

***Knowing what works***

There has been a long standing focus on tackling the symptoms of domestic abuse and a range of services are already in place for victims and survivors. We need to understand how effective these services are, whether individuals feel protected as a result and how we can intervene effectively to stop the abuse happening in the first place. Requiring victims to leave a relationship may not be feasible. It may not be what the victim wants. Accordingly, we need to better understand behaviours to help promote safe and sustainable relationships. We need to develop services that are sufficiently flexible even where victims wish to remain in a relationship with their abusive partner.



***Increasing victim resilience***

Domestic abuse seriously undermines the confidence and self esteem of the victims. We therefore need information, advice and training that improves the mental as well as physical well being of individuals. We need to better understand the evidence base for the programmes currently in use. Future commissioning must ensure that advice or training is less rigid, encourages people to take ownership of their situation and reflects the complexities of modern relationships.

***Tackling the other half***

Breaking the cycle of abuse can only happen if we engage properly with perpetrators. Awareness raising and/or disapproving of their actions is not enough. We need to understand what triggers the behaviour and help perpetrators develop coping strategies which will stop the violence and other forms of abuse. Such a programme will be vital to attaining a more sustainable approach to reducing offending behaviour and the demand it puts on public services.


## We will:

- Review existing provision in terms of quality and effectiveness, identifying any gaps/duplication in services.
- Work with agencies to build a collaborative approach towards addressing domestic abuse.
- Support campaigns (such as White Ribbon) to raise awareness and promote zero tolerance.
- Review existing training and support programmes for victims and perpetrators to improve their impact on future behaviours.
- Work with agencies in the criminal justice system to establish voluntary perpetrator programmes which challenge offending behaviour and reduce the incidence of repeated domestic abuse.

# Strong leadership and management

## Targeting resources to improve outcomes for individuals and families.

***Building safer communities***

Whist Team Bury is developing a good track record for translating local ambitions into actions, domestic violence is not the domain of a single agency and is seldom an isolated event. Only by working together can agencies tackle the wider household circumstances (such as housing, debt, addiction and unemployment) that frequently accelerate breakdowns in relationships.

Partnership working in Bury is strong, mechanisms are in place to coordinate intelligence. The adoption of domestic abuse as a shared priority by the Community Safety Partnership provides the necessary leadership. From this positive starting position, services can work together to maximise capacity, present a coherent approach to the problem and align resources to make a difference to local people. Agencies working together means better, more timely help for those at risk.

***Resources***

As pressure on funding mounts, we have to maximise the use of resources to deliver our ambitions. With each high risk case costing around £20,000, the rationale for developing preventative measures is strong and we will seek out opportunities to attract new money into the system from Government and other sources to try out new methods of working.

We will also continue to look at how we can do things better, share responsibilities and harness existing resources to drive efficiencies and reduce demand on public services. This strategy outlines the areas to be reviewed. A more detailed action plan will follow to ensure that better outcomes at reduced cost are delivered.

## We will:

- Establish a common data collection and recording system for all risk categories to facilitate monitoring, tracking and future decision making.
- Develop the customer pathway to streamline referral methods and access to support.
- Map the funding allocated to domestic abuse services from all agencies to identify ways of improving the application of resources to achieve better outcomes for victims and their families.
- Coordinate agency activities to focus on reducing domestic abuse, particularly repeat offending.
- Work together at Greater Manchester level to identify opportunities to resource a consistent, coherent programme of support to victims.

# Reducing repeat victimisation

## Assisting people to avoid becoming frequent targets of abuse.

***Changing the local picture***

Of the 300+ incidents of domestic abuse reported to the Police every month, 80% will have been from people who have reported abuse in the previous twelve month period. Case studies indicate however that the victim will have suffered violence or abuse on numerous occasions perhaps over an extended period of time before it gets reported.

This is not acceptable. Everybody deserves to live in peace with dignity and respect. This strategy therefore sets out actions to promote early identification and reporting of incidents, tackle offending behaviour and support those victims at the earliest opportunity to prevent escalation and further demand on public resources.

***Sustainable communities***

We aspire to a place where people who are subject to abuse (in whatever form) do not suffer in silence. Learning from domestic homicide reviews tells us that whilst victims may not be known to the Police or care agencies, they all visit GPs, hospitals and other public services. We need to work with these bodies to ensure that any signs of abuse are captured and reported – and training is provided on the support that can be given.

The same goes for our localities. Communities have an important role to play in supporting families through difficult periods – preventing situations turning to crisis and thereby reducing the risk of escalation into violence or other forms of abuse.

## We will:

- Consider perpetrator risk assessments when dealing with high risk victims at MARAC to aid safety planning.
- Monitor the number of repeat incidents and MARAC referrals over a 12 month rolling period to track progress.
- Develop clear protocols and methods for sharing information about people at risk of experiencing or perpetrating domestic abuse to mitigate risk.
- Further develop the 'STRIVE' initiative supporting early intervention for standard risk victims to prevent repeats. This will include work to develop a 'victims' champion network' to support these victims and their families to help prevent escalation to medium or high risk.
- Work with agencies, front line workers and voluntary organisations to build capacity within communities to identify and reduce the prevalence of repeat offending.

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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** | Communities & Wellbeing | |
| **Service** | Corporate Policy on behalf of the Communities Team | |
| **Proposed policy** | Domestic Abuse Strategy 2015 -2018 | |
| **Date** | 25 June 2015 | |
| **Officer responsible for the 'policy' and for completing the equality analysis** | **Name** | Jackie Summerscales (for Communities Manager, Communities and Community Safety). |
| | **Post Title** | Principal Officer Corporate Policy |
| | **Contact Number** | 0161 253 7652 |
| | **Signature** |  |
| | **Date** | 25 June 2015 |
| **Equality officer consulted** | **Name** | |
| | **Post Title** | |
| | **Contact Number** | |
| | **Signature** | |
| | **Date** | |

## 2. AIMS

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| **What is the purpose of the policy/service and what is it intended to achieve?** | This Strategy supports the ambitions of the Community Safety Plan and is intended to provide direction to organisations working in the Borough with residents at risk of, experiencing and/or perpetrating domestic abuse over the next three years.<br><br>It aims to tackle domestic abuse at an early stage and reduce repeat abuse in order to divert more people away from the risk of harm and high cost statutory interventions.<br><br>It will help focus where all resources available will need to be used, maximising the benefits to residents, the Council and other public services.<br><br>The Strategy has four key objectives which make the most of existing assets and emerging opportunities:<br><br>1. Improving prevention and early intervention<br>2. Changing behaviours and attitudes |

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| | 3. Strong leadership and management<br>4. Reducing repeat victimisation |
| **Who are the main stakeholders?** | Service users<br>Bury Council<br>Community Safety Partnership<br>Domestic Violence Steering Group<br>Greater Manchester Police<br>Probation Services – Community Rehabilitation Company and National Probation Services.<br>Pennine Acute<br>Six Town Housing<br>Pennine Foundation Trust<br>Victim Support<br>WHAG<br>IDVA Services<br>One Recovery<br>Early Break<br>Clinical Commissioning Group<br>General Practitioners<br>Schools<br>Colleges<br>Children's centres |

## 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 | Police systems data show that figures of domestic violence and abuse (in relation to both victims and perpetrators) broadly represent the population profile of the Borough. This Strategy aims to reduce domestic violence and abuse across all communities within the Borough.<br><br>Analysis undertaken by the Greater Manchester Female Genital Mutilation (FGM) Steering Group shows that whilst FGM is practised in various forms across all races and cultures, the majority of FGM takes place in 29 African and Middle Eastern Countries.<br><br>This means that some UK communities with links to these countries may be more at risk. Greater Manchester is one of six hotspot areas for FGM in the UK.<br><br>This strategy includes an action to build an improved understanding of FGM within the Borough and communities which maybe most at risk. |
| Disability | Yes | No | Research undertaken by Women's Aid showed that those with a disability (mainly women) were twice as likely to experience domestic violence than non-disabled individuals. (British Crime Survey, also confirmed by data from other countries). They are also likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence. |

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| | | | Women with a disability may find it harder to protect themselves or to access sources of help. This may be due to feelings of isolation, because it is harder for them to disclose without an abuser being present, or reliance for care, or they may have concerns about moving out of their home if it has been specially adapted.<br><br>This strategy aims to make it easier for all those who are (or feel) subjected to abuse to access information and advice. |
| Gender | Yes | No | Nationally, it is estimated that domestic violence will affect one in four women, but it also affects men. One in six men will be affected at some point in their lives. During 2014/15, Bury MARAC (Multi Agency Risk Assessment Conference) dealt with 247 high risk cases of domestic abuse, 96% involved female victims. This reinforces the need for a multi-agency response to build confidence in reporting for both women and men. |
| Gender reassignment | Yes | No | The Strategy aims to reduce domestic abuse across the Borough. This includes all forms of domestic abuse perpetrated against individuals who are/have undergone gender reassignment. |
| Age | Yes | No | The Strategy will have a positive effect on residents of all ages including children. Every year, at least 950,000 children witness some form of domestic abuse which can have a long term impact upon their emotional and physical development. This Strategy plans to engage with communities, children's centres, schools and other young people's settings to raise awareness and increase capacity for effective early interventions. □□□□□ |
| Sexual orientation | Yes | No | The relatively high proportion of male victims with female offenders (8%), and victims with same gender offenders (10%) is a reminder that domestic abuse requires tackling on multiple fronts. The Strategy aims to |

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| | | | reduce all forms of domestic abuse perpetrated against individuals because of their sexual orientation. |
| Religion or belief | Yes | No | Honour based violence and forced marriage is common in some cultures and it is important that we engage with communities to raise awareness in order to prevent and challenge all forms of abuse. |
| Caring responsibilities | Yes | No | There is growing recognition that those with caring responsibilities (parents and grandparents) can be victims of domestic violence and abuse. The Doemstic Abuse Profile undertaken by New Economy shows that interfamilial violence accounts for 14% of crimed cases (where a relationship has been recorded). These involve children offending against parents/grandparents.<br><br>The research undertaken through Women's Aid shows that disabled women are twice as likely to be victims as non disabled women; carers and PAs can soemtimes be perpetrators.<br><br>This Strategy aims to improve the way we work with both victims and perpetrators to reduce domestic violence and abuse. A review will be carried out of existing provision in terms of quality and effecitveness, identifying gaps and duplication in services. |
| Pregnancy or maternity | No | No | |
| 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 | The Strategy aims to address domestic abuse in the Borough, including harassment and victimisation of Bury Residents. |
| 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) | No | |
| 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 | Reducing repeat victimisation is a key priority within the Strategy. This will involve working across communities to understand needs and harness strengths. The Strategy aims to build resilient communities where domestic abuse will not be tolerated. |

**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 |
|---|---|---|
| Bury Domestic Abuse Theme Analysis – 2014 (New Economy) provides a profile of domestic abuse related issues across the Borough, based upon both qualitative and quantitative information and research.<br><br>Consultation with internal and external partner agencies including Greater Manchester Police, Pennine Acute, Pennine Foundation Trust and Six Town Housing, that come into contact with those at risk of experiencing and/or perpetrating domestic abuse. | | October 2014 |
| Consultation with the Domestic Violence Steering Group 10 April 2015 and 10 July 2015. | | |
| Consultation with the Community Safety Partnership – 21 Jan 2015, 29 April 2015 and 29 July 2015. | | |
| | | |

**4b.** Are there any information gaps, and if so how do you plan to tackle them?

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|---|
| The Strategy includes an action to build a better understanding of the prevalence of Female Genital Mutilation (FGM) and Honour Based Violence (including forced marriage) in the Borough. Further work will be undertaken through the Domestic |

Violence and Abuse Steering Group to develop this work.

There is a lack of a multi-agency common data collection and recording system across all DVA risk categories. Improving our current approach should allow us to better understand and monitor DVA in the Borough across all agencies. The Strategy includes an action to establish a multi-agency common data collection and recording system to facilitate monitoring and future decision making. This includes adoption of a common assessment and referral process.

## 5. CONCLUSIONS OF THE EQUALITY ANALYSIS

| | |
|---|---|
| **What will the likely overall effect of your policy/service plan be on equality?** | The Strategy will have a positive effect on equality. Mechanisms to reduce levels of domestic abuse are intended to protect and help all communities in the Borough. Furthermore, it will ensure that appropriate services are in place for those at risk of, experiencing and/or perpetrating domestic abuse. |
| **If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?** | N/A |
| **Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.** | The Strategy aims to raise awareness of domestic abuse and build confidence in reporting. It will also encourage greater understanding across communities. A generic training programme has been developed to ensure a collaborative approach towards addressing domestic abuse across the Borough. |
| **What steps do you intend to take now in respect of the implementation of your policy/service plan?** | Submit Strategy to the Community Safety Partnership for approval on the 29 July 2015.<br><br>Submit Strategy for support from SMT/SLT and Cabinet August/September 2015. Implementation is expected September/October 2015.<br><br>The Domestic Violence Steering Group will develop a SMART 'Delivery Plan' to support the strategic objectives of the Strategy.<br><br>Equality considerations will continue to be taken into account as the Strategy is applied, for example in decision-making processes about funding for services and promotion of activities. |

## 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.**

| |
|---|
| The Strategy will be monitored by the Domestic Violence Steering Group and Community Safety Partnership supported by the Communities Team, to ensure effective implementation of the Strategy and delivery objectives.<br><br>Decision making and financial administration processes will be subject to scrutiny by |

Internal Audit.

The Strategy will be reviewed in 2018 to take account of any changes in legislation and working practices.

**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.**

Bury Health and Wellbeing Board

| | |
|---|---|
| Title of the Report | Email regarding: Mental health and vulnerable adults |
| Date | 24th September 2015 |
| Contact Officer | Joanne Marshall, GMP |
| HWB Lead in this area | Pat Jones-Greenhalgh |

## 1. Executive Summary

| Is this report for? | Information ☐ | Discussion ■ | Decision ☐ |
|---|---|---|---|
| Why is this report being brought to the Board? | This report is being brought to the Health and Wellbeing Board for 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 | This report relates to Priority 3 (Living Well with and Long Term Condition or as a Carer) of the Health and Wellbeing Strategy as it focuses on Mental Health and Vulnerable Adults. | | |
| 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 email 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. | The Health and Wellbeing Board need to address the way in which they will work towards the information given. | | |
| 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

Greater Manchester Police, Bury Division, have recently received an e-mail advising of recommendations for the Health and Wellbeing Board in relation to Mental Health & Vulnerable People.

Recommendation 11 states,

'Police forces should be included as members of all Health and Wellbeing Boards in England and equivalent local partnership boards in Wales. These local bodies should have a local focus on reducing unnecessary use of police custody through inter-agency needs assessment and service planning. This will be supported in practice by:

- establishing a sub group focused on custody for each local body; and

- clarifying accountabilities between these local oversight bodies and those with responsibility for commissioning services, both in the NHS and in local authorities. '

## 3. key issues for the Board to Consider

The board is asked to discuss the recommendation and agree next steps in order to be compliant with the recommendation.

## 4. Recommendations for action

The board is asked to discuss the recommendation and agree next steps in order to be compliant with the recommendation.

## 5. Financial and legal implications (if any)
**If necessary please seek 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 ).**

TBC

**6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form. If necessary please seek advice from the Principal Officer-Equalities Mary Wood(M.Wood@bury.gov.uk).**

TBC

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CONTACT DETAILS:

**Contact Officer**: Joanne Marshall

**Telephone number:** 0161 856 8142

**E-mail address:** Joanne.Marshall@gmp.police.uk

**Date:** 24.09.2015

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Cabinet Member for Health and Wellbeing

Chair, Cabinet Member for Health and Wellbeing

Shadow Cabinet Member for Health and Wellbeing

Healthwatch Bury

Greater Manchester Police

Bury CCG

Team Bury

2015-2018


# Team Bury:

Team Bury is Bury's local Strategic Partnership – a network of geographic and thematic partnerships across the Borough which involves the Public, Private and Voluntary Sectors. The network of partnerships is focussed on improving the quality of life for the people of the Borough.

Team Bury has three priorities:

- **Health and Wellbeing**
- **Stronger, Safer Communities**
- **Stronger Economy**

The Health and Wellbeing Board has responsibility for the delivery of the Health and Wellbeing, Team Bury priority.

# Members of the Health and Wellbeing Board

Executive Director of the Department for Children, Young People and Culture

Director of Public Health

Executive Director of the Department for Communities and Wellbeing

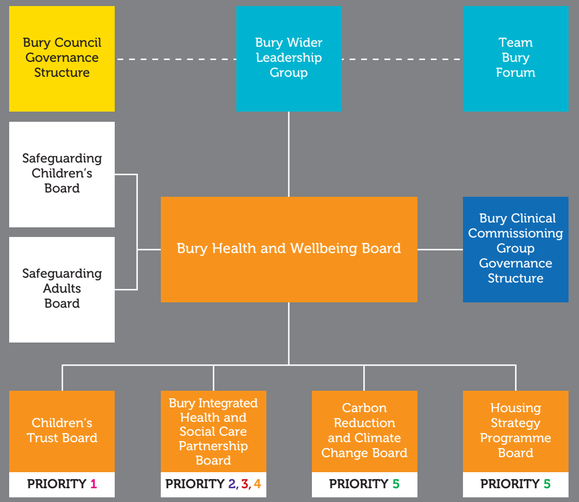
Cabinet Member for Children, Young People and Culture

NHS England

Community and Voluntary Sector



# Structure & Governance




www.theburydirectory.co.uk/healthandwellbeingboard

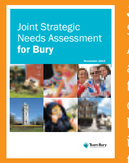
Team Bury
Working Together For A Better Bury

# What is the Health and Wellbeing Board?

The Bury Health and Wellbeing Board is a statutory Committee of Bury Council and brings together senior leaders from across Bury Council and the NHS with Elected Members, HealthWatch, Greater Manchester Police and representatives from the voluntary and community sectors – to set out a vision for improving health and wellbeing in the Borough.

The Health and Wellbeing Board supports and encourages partnership arrangements to ensure that services are effectively commissioned and delivered across the NHS, Social Care, Public Health and other services. Its main purpose is to ensure improved health and wellbeing outcomes for the whole of the population of Bury.

# Functions of the Board:




**JSNA** – a Joint Strategic Needs Assessment looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of Health, Wellbeing and Social Care services within a Local Authority area.


**BCF** – The Better Care Fund creates a local single pooled budget to incentivise the NHS and local Government to work more closely together around people - placing them and their wellbeing as the focus of Health and Care Services and shifting resources into social care and community services.


**PNA** – Pharmaceutical Needs Assessment- every Health and Wellbeing Board in England has a statutory responsibility to publish and help to update a statement of the needs for pharmaceutical services of the population in its area.


**HWB Strategy** – The Health and Wellbeing Strategy sets out the priorities that the Health and Wellbeing Board have agreed to jointly tackle, to improve the Health and Wellbeing of people living and working in the Borough.

# VISION

## Bury's Health & Wellbeing Board's Vision:

"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 fullfulling life"

The Health and Wellbeing Board will ensure effective delivery of the Health and Wellbeing Strategy.

# PRIORITIES

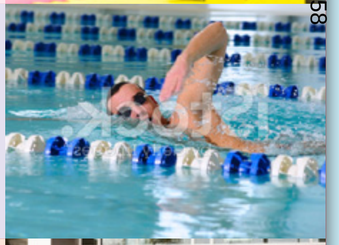
## The Health and Wellbeing Strategy has 5 Priorities:

- Starting well
- Living well
- Living well with a long term condition or as a carer.
- Ageing well
- Healthy places

# PRINCIPLES

## The Health and Wellbeing Strategy has 4 Principles:

- We will promote and develop prevention, early intervention and self care
- We will reduce inequalities in Health and Wellbeing
- We will develop person centred services
- We will plan for future demands

| | ACTIONS | MEASURES OF SUCCESS | PRIORITY LEAD | |
|---|---|---|---|---|
| PRIORITY 1 Starting Well | Improve health and developmental outcomes for under 5s | Improved health outcomes for under 5s<br>A higher proportion of children will be school ready | Executive Director of the Department for Children, Young People and Culture |  |
| | 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 (special educational needs and disability reforms) | | |
| | Support positive and resilient parenting, especially for families in challenging circumstances | Fewer children making repeat entry to the social care system<br>Children move from care into high quality permanence<br>Children in care in stable placements | | |
| | Narrow the attainment gap amongst the vulnerable groups | Improvements in the differences in levels of educational attainment across the Borough and between groups | | |
| PRIORITY 2 Living Well | 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 | Director of Public Health |  |
| | Establish a healthy schools and work programme | All schools and 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 | | |
| PRIORITY 3 Living well with a long term condition or as a carer. | 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<br>A reduction in hospital admissions for people with long term conditions | Executive Director of the Department for Communities and Wellbeing |  |
| | 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 | | |
| | Support people with long term conditions (including mental health) to achieve and maintain sustainable employment | Increased number of people with long term conditions in sustainable employment | | |
| PRIORITY 4 Ageing Well | Ensure older people play an active role within their community, tackling the impact of social isolation | A reduction in the number of older people who feel socially isolated | Executive Director of the Department for Communities and Wellbeing |  |
| | Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this | A reduction in the number of non elective admissions for people aged 65 and over<br>A reduction in the number of permanent admissions to care homes of people aged 65 and over<br>An increase in the number of older people at home 91 days after leaving hospital into reablement | | |
| | Ensure people at the end of life are treated with dignity and respect | An increase in the number of people who have choice and control over where they die<br>An increase in the number of people who die with an end of life plan | | |
| PRIORITY 5 Healthy Places | Create a clean and sustainable environment | Improved air quality<br>Reduced carbon emissions<br>Green spaces that are welcoming, safe and well maintained<br>High levels of recycling | Executive Director of the Department for Communities and Wellbeing |  |
| | Ensure suitable and quality homes | Access to affordable and appropriate tenure housing<br>Access to quality homes that meet people's needs and secure their health and wellbeing<br>Reduced homelessness | | |

Bury Health and Wellbeing Board

| | |
|---|---|
| Title of the Report | Update on the Health and Wellbeing Annual Report |
| Date | 24th September 2015 |
| Contact Officer | Heather Crozier |
| HWB Lead in this area | Councillor Andrea Simpson (Chair) |

## 1. Executive Summary

| Is this report for? | Information ■ | Discussion □ | Decision □ |
|---|---|---|---|
| Why is this report being brought to the Board?  H&WBB annual report 14-15.pdf | The content of the Annual Report was signed off at the July Health and Wellbeing Board. The Annual Report has now been branded as Team Bury and has been brought 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 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 information therefore the Board is requested to note the branding of the Annual Report. | | |
| 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 content of the Annual Report was signed off at the July Health and Wellbeing Board. The Annual Report has now been branded as Team Bury and has been brought for information only.

H&WBB annual report 14-15.pdf

## 3. key issues for the Board to Consider

To note the Team Bury branding of the Annual Report.

## 4. Recommendations for action

To note the Team Bury branding of the Annual Report.

## 5. Financial and legal implications (if any) If necessary please seek 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. Please attach the completed Equality and Analysis Form. If necessary please seek advice from the Principal Officer-Equalities Mary Wood(M.Wood@bury.gov.uk).

No equality and diversity implications

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CONTACT DETAILS:

**Contact Officer**: Heather Crozier

**Telephone number:** 0161 253 6684

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

**Date:** 26/08/2015

# Bury Health & Wellbeing Board

## Annual Report 2014 - 2015

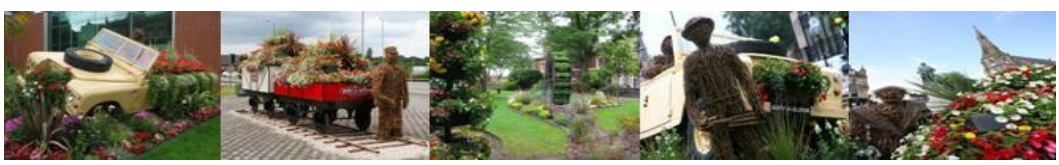

Team Bury

Working Together For A Better Bury

**Contents**

Bury Health & Wellbeing Board
Annual Report 2014 - 2015





Team Bury
Working Together For A Better Bury

## 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.

The Health and Wellbeing Annual Report is an overview of the Health and Wellbeing Board from the period April 2014 to March 2015.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013.

2014-15 has been an extremely busy year for the Board. The wider health and social care agenda is seeing a 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.

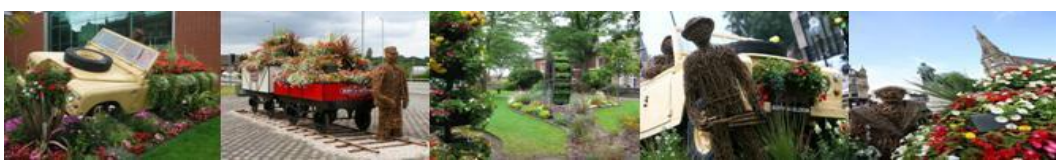
During the period April 2014 to March 2015, a lot of hard work has taken place and there was considerable investment of energy and time into building the Board. This has reinforced members' commitment and a culture of challenge and growth. Notable developments include:

- The Policy Lead reviewed the Health and Wellbeing Board and all its documentation one year on. This led to a number of improvements to the Board.
- Member Development Sessions were introduced prior to each Board meeting.
- A Member Development Away Day has taken place and will continue on an annual basis.
- Chair Development Sessions were introduced.
- A forward plan was introduced.
- A revised report template was created and a report submission process with key dates and deadlines was introduced to support the agenda setting process.
- A new meeting structure was introduced to include an interactive discussion/focus on one area per meeting and any reports to the Board split into reports for information, discussion or decision.
- An 'etiquette and expectations' document was developed to sit alongside the terms of reference.

The Board has successfully signed off the Better Care Fund and the Pharmaceutical Needs Assessment. It refreshed the Health and Wellbeing Strategy and agreed the governance structure for delivering priorities in the Strategy.

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:

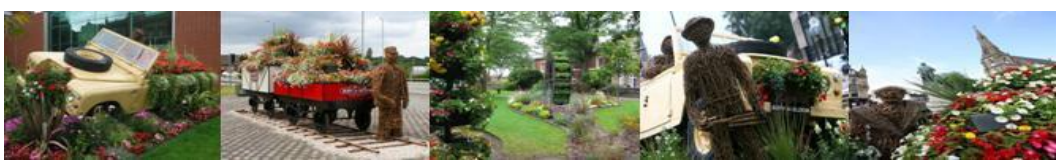
- strategic influence over commissioning decisions;
- bring together clinical commissioning groups (CCGs) and councils to develop a shared understanding of communities' health and wellbeing needs;
- lead the preparation of a Joint Strategic Needs Assessment (JSNA)
- develop a health and wellbeing strategy 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<br>Councillor Andrea Simpson, Deputy Cabinet Member for Healthier Living<br>Mark Carriline, Executive Director, Children, Young People and Culture<br>Pat Jones-Greenhalgh (Vice-Chair), Executive Director, Communities and Wellbeing<br>Lesley Jones, Director of Public Health |
| Bury Third Sector Development Agency (B3SDA) representative | David Bevitt |

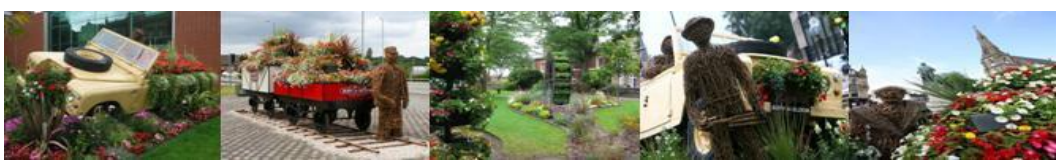


| | |
|---|---|
| CCG | Dr Kiran Patel, Chair<br>Stuart North, Chief Operating Officer |
| Community Safety Partnership | Amber Waywell (until October 2014)<br>Lee Parker (from October 2014 until January 2015)<br>Jo Marshall (from January 2015) |
| Healthwatch | Carol Twist, Chair (from April to October 2014)<br>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.

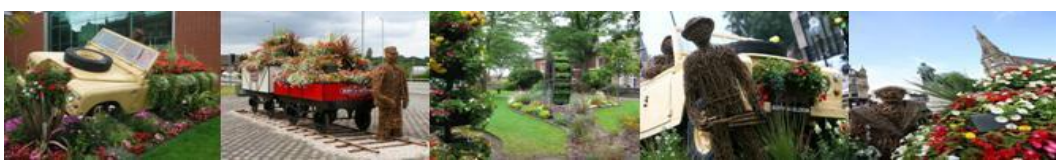
***Influencing policy and strategy*** - a large number of issues were brought to and considered by the Board during the year.

The Board was involved in the development and sign off of:

- the Pharmaceutical Needs Assessment for Bury (PNA) (see below);
- the Better Care Fund;
- a bid for funding to support working carers;
- the Disability Strategy;
- the Children and Young People's Plan;
- Health and Social Care Integration agenda.

It also considered:

- the Annual Safeguarding Children's Report;
- the five-year CCG Strategy;
- the GM Strategy for Public Health;
- the Primary Care Co-Commissioning Strategy;
- Healthier Together;
- 'Due North' report into geographical inequalities.



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.

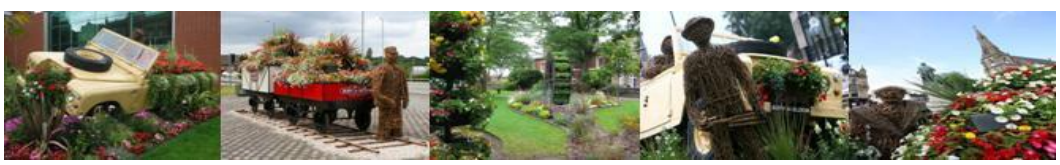
The ***Better Care Fund*** was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund 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.

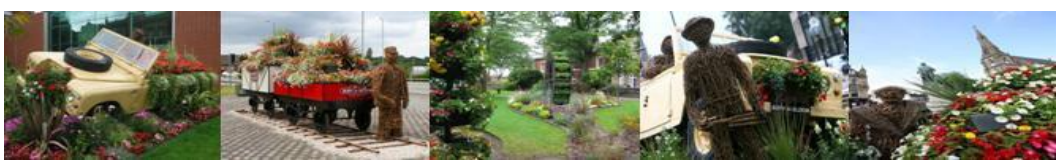


## 4. Future Plans and Activities

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.





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Bury Health and Wellbeing Board

| | |
|---|---|
| Title of the Report | Update on the Joint Health and Wellbeing Strategy |
| Date | 24th September 2015 |
| Contact Officer | Heather Crozier |
| HWB Lead in this area | **Priority 1- Starting Well** - Lead- Mark Carriline<br>**Priority 2- Living Well**- Lead- Lesley Jones<br>**Priority 3- Living Well with a Long Term Condition or as a Carer**- Lead- Pat Jones-Greenhalgh<br>**Priority 4- Ageing Well**- Lead- Pat Jones-Greenhalgh<br>**Priority 5- Healthy Places** - Lead- Pat Jones-Greenhalgh |

## 1. Executive Summary

| Is this report for? | Information ■ | Discussion □ | Decision □ |
|---|---|---|---|
| Why is this report being brought to the Board?<br>Refreshed HWB Strategy.pdf | The contents of the refreshed Health and Wellbeing Strategy was signed off at the July Health and Wellbeing Board. The refreshed strategy has been re-branded as Team Bury and a condensed version has also been prepared to summarise the strategy. This is presented as a as a 'Plan on a page'. | | |
| Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)<br>Living_well_in_Bury_ Making_it_happen_to | All | | |
| Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)<br>Bury JSNA - Final for HWBB 3.pdf | The priorities identified in this strategy have been informed by our Joint Strategic Needs Assessment (JSNA).<br><br>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 re-branded strategy and condensed version of a 'Plan on a page' has been brought to the board for information. |
| 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 Council/meeting of the CCG Board/other stakeholders....please provide details. | The condensed version of the strategy presented as a 'plan on a page' will be considered at Health Scrutiny on the 22nd September 2015 and at Cabinet on the 14th October 2015. |

## 2. Introduction / Background

The contents of the refreshed Health and Wellbeing Strategy was signed off at the July Health and Wellbeing Board meeting. The refreshed strategy has been re-branded as Team Bury and a condensed version has also been prepared to summarise the strategy. This is presented as a 'Plan on a page'.

HWBB Plan on as Page Report.pdf

## 3. key issues for the Board to Consider

To note the Team Bury branding of the refreshed strategy and the condensed version of the strategy presented as a 'plan on a page'.

## 4. Recommendations for action

To note the Team Bury branding of the refreshed strategy and the condensed version of the strategy presented as a 'plan on a page'.

## 5. Financial and legal implications (if any)
**If necessary please seek 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. Please attach the completed

**Equality and Analysis Form. If necessary please seek advice from the Principal Officer-Equalities Mary Wood(M.Wood@bury.gov.uk).**

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.

EA for Refreshed HWB strategy.docx

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CONTACT DETAILS:


**Contact Officer**: Heather Crozier

**Telephone number:** 0161 253 6684

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


**Date:** 25/08/2015

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# LIVING WELL IN BURY:

## MAKING IT HAPPEN TOGETHER

### Refreshed Bury Joint Health and Wellbeing Strategy 2015 - 2018


Team Bury
Working Together For A Better Bury

**Contents**



Team Bury
Working Together For A Better Bury

## 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**

Team Bury
Working Together For A Better Bury

## 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 and 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: Model of wider determinants of health and wellbeing

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.

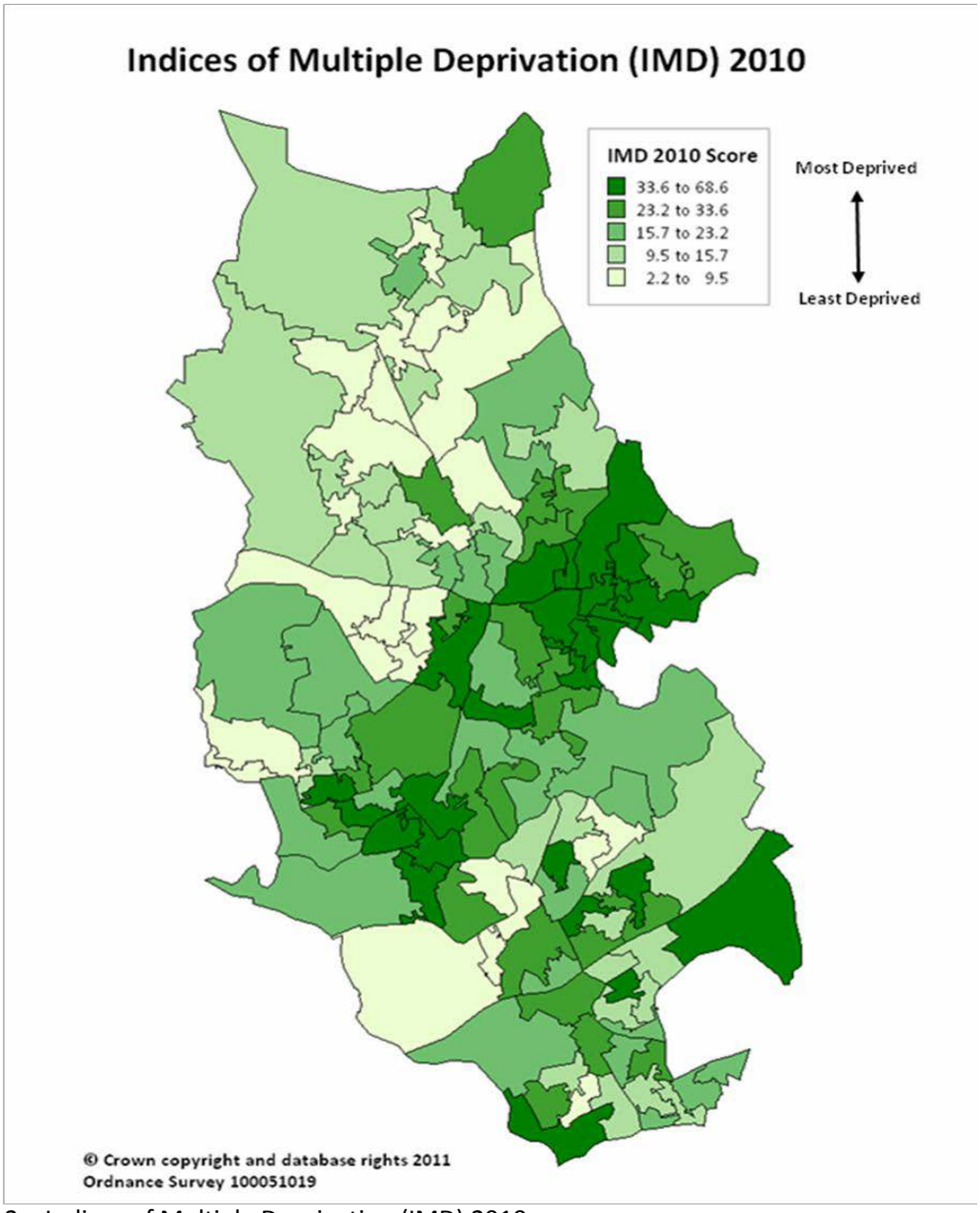



Figure 2: Indices of Multiple Deprivation (IMD) 2010

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.

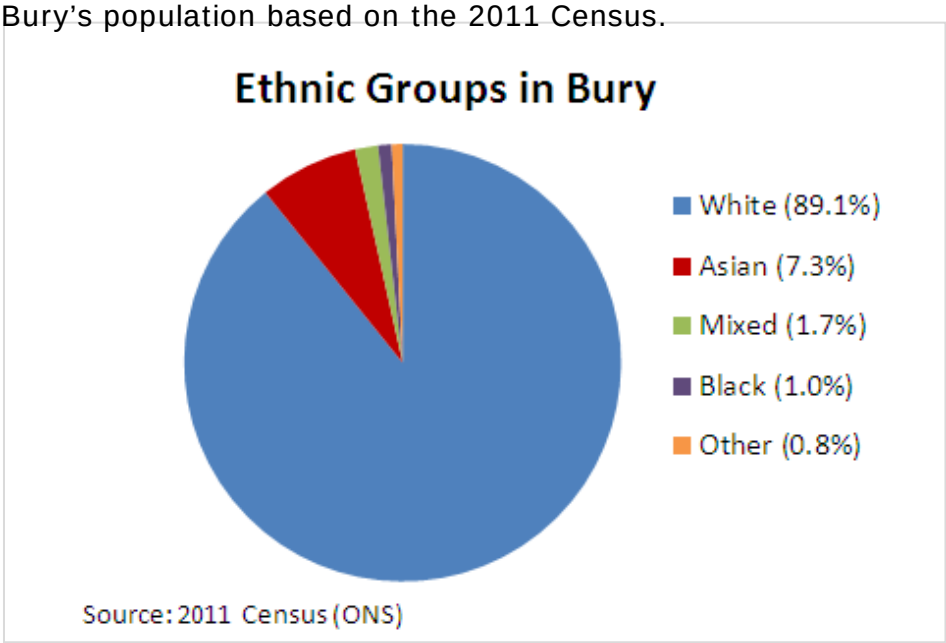
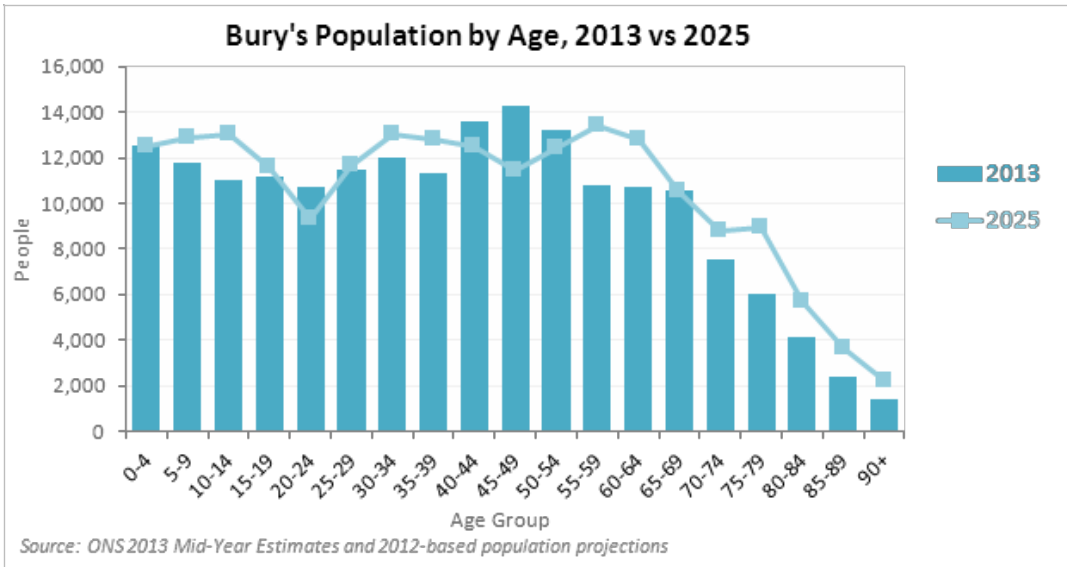



Figure 3: Ethnic Groups in Bury

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.

[1] 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)
[1] Public Health England, Public Health Outcomes Framework Indicators 4.04i and 4.05i (as at April 2015)
[1] Public Health England, Local Tobacco Control Profile (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicators 2.12, 2.06i and 2.06ii (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicators 2.02i and 2.02ii (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicator 2.03 (as at April 2015)
[1] 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]

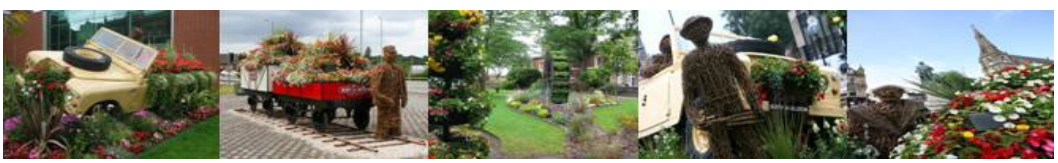
Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life was the most important of all the policy recommendations 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

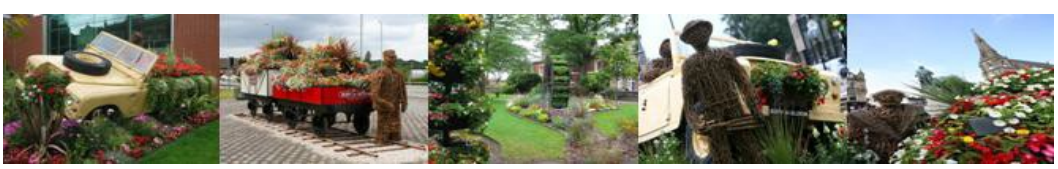
    b) Children move from care into high quality permanence
    - Number of children moving out of care into permanence through adoption or Special Guardianship Orders

    c) Children in care in stable placements
    - Long term placement stability for Children and Young People in Care

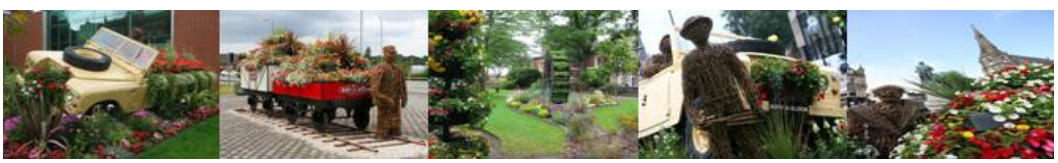
4. Improvements in the differences in levels of educational attainment across the borough and between groups
    - Narrowing the gap indicators

**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.** | Improvements 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**

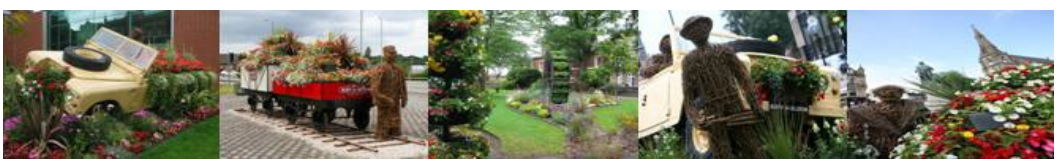
For all actions and measures of success will be:

- 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<br><br>Increase in proportion of people who maintain a healthy weight<br><br>Increase in proportion of people who are physically active<br><br>Reduction in proportion of people who smoke<br><br>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

[1] NHS Inform, Long Term Health Conditions and Mental Health available at: http://www.nhsinform.co.uk/MentalHealth/Wellbeing/Long-Term-Health-Conditions [1] 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.

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** | Increased number of people with long term conditions in sustainable employment. | Employment of people with long term conditions | Economic Partnership Board |

| | | | |
|---|---|---|---|
| **mental health) to achieve and maintain 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 | |

## 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) A reduction in the number of older people that 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) An increase in the number of people that have choice and control over where they die
   b) An increase in the number of people that 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** | A reduction in the number of older people that 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** | 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 |

| | | | |
|---|---|---|---|
| **crisis and when they do reduce the impact of this** | 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** | An increase in the number of people that 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 |
| | An increase in the number of people that 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)

**Or 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)

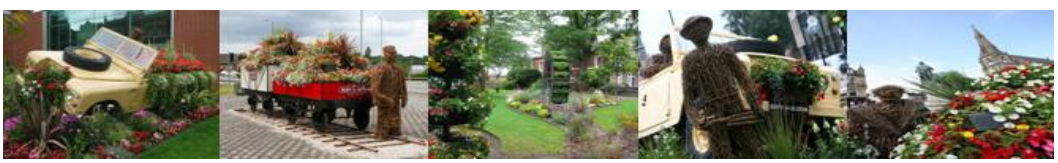
c) Green spaces that are welcoming, safe and well maintained
- 'Green flag' standard parks in the borough
- Street cleanliness levels

d) High levels of recycling
- Percentage of households recycling

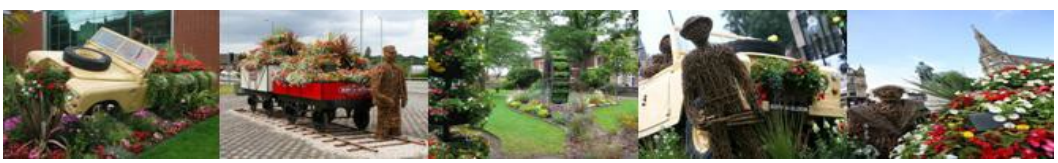
2. Ensure people have suitable and quality homes
- Statutory homelessness - homelessness acceptances
- Statutory homelessness - households in temporary accommodation
- Percentage of households in fuel Poverty

**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 | Housing Strategy Programme Board (HSPB) |



| | | | |
|---|---|---|---|
| | Access to quality homes that meet people needs and secure their health and wellbeing | Poverty<br><br>Statutory homelessness - homelessness acceptances | |
| | Reduced homelessness | Statutory homelessness - households in temporary accommodation | |



## 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.

This strategy has described our joint vision, the major challenges and our priorities for Bury over the next five years.

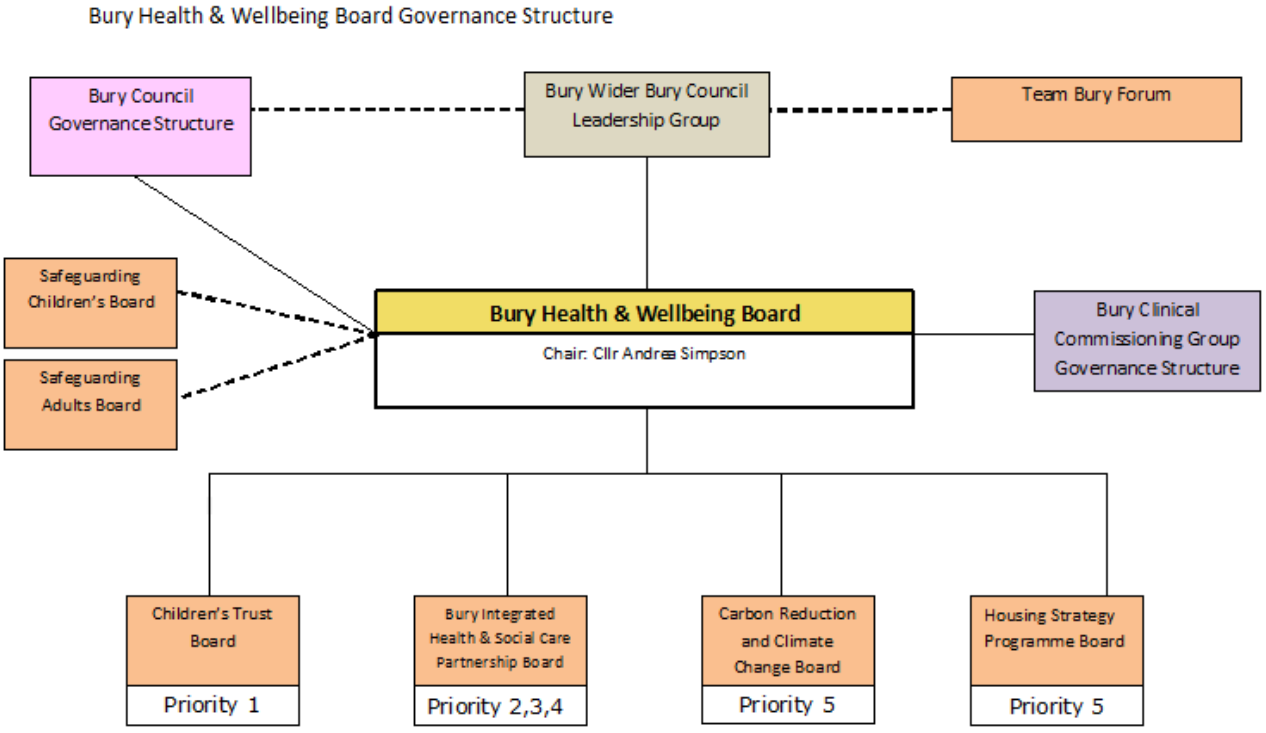
To ensure leadership, action and delivery of these priorities, as a Board we will:

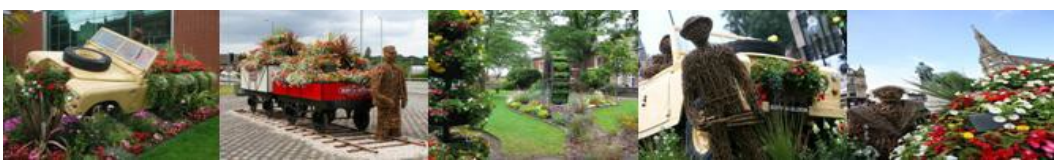
- Listen to our communities.
- As a priority, focus resources to improve health and wellbeing and reduce inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Actively use the powers of health scrutiny 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.

Team Bury
Working Together For A Better Bury

# Overarching Governance for HWB Strategy



Team Bury
Working Together For A Better Bury

## 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 |

Agenda Item 15

# BURY SAFEGUARDING ADULTS PARTNERSHIP

Team Bury
Working Together For A Better Bury

| MINUTES OF SAFEGUARDING ADULTS STRATEGIC BOARD MEETING HELD ON 16/07/15, 2.00pm – 4.00pm | | |
|---|---|---|
| **Present:** | David Hanley (DH) | Independent Chair Safeguarding Adults Strategic Board |
| | Pat Jones-Greenhalgh (PJG) | Bury Council |
| | Julie Gonda (JG) | Bury Council |
| | Lorraine Ganley (LG) | Pennine Care |
| | Maxine Lomax (ML) | Bury Clinical Commissioning Group |
| | Karan Lee (KL) | Greater Manchester Police |
| | Kimberley Salmon-Jamieson (KSJ) | Pennine Acute |
| | | |
| | Jane Edmunds (JE) | Bury Council (minutes) |
| | Mandy Symes (MS) | Bury Council (Board facilitator) |
| | | |
| **Apologies:** | Cathy Fines | Bury CCG |
| | Jax Effiong | Greater Manchester Fire and Rescue |
| | | |
| **Circulated** | All above | |
| | Tracy Devine | Care Quality Commission |

| | | **ACTION** |
|---|---|---|
| **1.** | **Introductions** | |
| 1.1 | DH welcomed all attendees and introductions were made. | |
| 1.2 | Apologies given | |
| **2.** | **Minutes of the Meeting Held on 14th April 2015, and Matters Arising** | |
| 2.1 | Page 1- agreed | |
| 2.2 | Page 2 - 3.4 Action should be allocated to MS not ML | |
| 2.3 | 3.6 re: volunteers for Vice Chair – no positive responses – Board members to consider whether they are able to take on the role. Response to David Hanley before next Board through MS. | **All** |
| **3.** | **Annual Report Draft** | |
| 3.1 | Current position, first draft sent out for any significant changes nothing has come back. Board now in a position to agree and final changes. | |
| 3.2 | **Comment:**<br>Overall happy with report, it has evolved and has more information in it but need to keep an eye on it and review next year in relation to Care Act guidance. | |
| 3.3 | **Changes:**<br>Alter the look of page 6 & 7 to break up text. | **MS** |

| | | ACTION |
|---|---|---|
| 3.4 | Add case studies as per previous reports. | **MS** |
| 3.5 | PJG comments to be added (were not including in time for previous dissemination) | **MS** |
| 3.6 | DH requested feedback through MS re: who the report has been shared with within their organisations and what the response is. Feedback prior to next Board. | **All** |
| 3.7 | Final draft will be back out to Board before 24th July. | **MS** |
| **4.** | **Performance Report** | |
| 4.1 | Note of thanks to Helen Smith Intelligence manager for all her hard work with this report. | |
| 4.2 | JG presented the report. | **JG** |
| 4.3 | DH raised query as to how many referrals had been received from GMW. Discussion regarding what figures were for other large MH providers such as Alpha, the Priory and Fairfield Hospital. Need assurance that adult safeguarding practice within those providers is in line with required standards even though placements are generally commissioned from out of area commissioning bodies. | |
| 4.4 | Agreed that would benchmark the number of received referrals with regard to the above providers. Report to be produced at the Oct Board. | **JG** (via performance team) |
| 4.5 | Noted that there has been an increase in the "neglect and act of omissions" category. More qualitative work needed to understand this increase. Report to be produced at the Oct Board. | **JG** (via performance team) |
| 4.6 | Noted that there has been a decrease in the volume of "risk remaining" reported. This is very positive as it means that the number of people left at risk is reducing. This is felt to be as a result of training which is empowering staff and also to better data quality due to reduction in inappropriate referrals. This is supported by conversion rate from referral to investigation which has risen to 40% (2014-15) from 15% in 2012-2013. | |
| 4.7 | With regard to Deprivation of Liberty Safeguards (DoLS) the number of applications has increased by 600% in actual terms its growing all the time Definition of DoLs and threshold has been lowered by March 2014 hence the increase in applications. Care Homes and Hospitals also have a better understanding of when to apply for a DoL. | |
| 4.8 | KSJ offered to look to access A&E safeguarding data to support the performance report. KSJ thanked by the Board. | **KSJ** |
| | **Self Assessment** | |
| 4.9 | No response to the self assessment from CQC or GMFRS as yet. | |
| 4.10 | Discussion how to move forward from this initial self assessment, bullet points below:<br>• Process needs to be open to challenge if it is felt that an organisation | |

| | | ACTION |
|---|---|---|
| | isn't where they should be. Role of the Board is to provide scrutiny and where needed challenge.<br>• Need to build on self assessment – how do we do this?<br>• KJS advised that they are conducting a mock inspection and would welcome external input regarding adult safeguarding. Will be KLOE around safeguarding included in the inspection.<br>• KJS advised that she felt that the assessment in the performance report was more of a position statement – and that the process of self assessment re: safeguarding was far more complex.<br>• LG advised that Pennine Care are pulling together a Bury action plan which will be shared with other divisions (includes Children's Safeguarding). New adult safeguarding lead Sian Schofield is now in place.<br>• ML – asked for it be noted there are already assurance places in place with Pennine Acute and Pennine Care which are overseen by the CCG. Need to avoid duplication.<br>• PJG stressed the need for each organisation to be scrutinised on their own set of standards, and how they measure up to those standards. Board agreed. | |
| | Based on the last bullet point, the following was agreed. | |
| 4.11 | Will operate a "buddy system" to scrutinise standards. DH will draw together a list of who will work with who. ML asked for it to be noted the PC, PA and CCG already work together regard to quality assurance – noted. | **DH** |
| 4.12 | Each Board member to look through their own set of standards and how these will be evidenced. | **All** |
| 4.13 | Feedback to be given to Oct Board with regard to progress. | **All** |
| | **Future of the Performance Report** | |
| 4.14 | Agreed to do present the performance report in its current format every 6 months. However the time scale will be kept under review. Caveat that if significant changes/issue arise information will be brought sooner. | |
| **5.** | **Safeguarding Board Proposed Structure MAIN ITEM** | |
| **5.1** | Discussion held around the draft structure, bullet points as below:<br>• Need to fulfil 3 key duties – SAR's, Annual Report, Strategic Report.<br>• KL concerned about the subgroups and the capacity to be able to manage these.<br>• ML commented that it was her understanding that not all the groups in the proposed structure would potentially be running at first and that this proposal is based on a 2-3 year programme of work.<br>• PJG – met with the Ops Group and the feedback was as follows:<br>o Look to the existing Children's Workforce development group to extend to include all safeguarding training (inc adults) rather than create another group.<br>o Risk review group – see a need for, Pat happy to Chair.<br>o Strategic Planning group – see that as the Board's responsibility – possibly through a series of workshops. | |
| | Board agreed following: | |
| **5.2** | 1) Prevention Group – agreed that Board Members would review that their | |

| | | ACTION |
|---|---|---|
| | organisation is doing in support of the strategy. | |
| **5.3** | 2) Training/Workforce Development Group – look to the existing groups to take on this role. Report back to Oct Board on the actual structure. | **MS** |
| **5.4** | 3)Performance and Quality Assurance Group – no group to stand. The quality assurance arm of compliance will come through the self assessment exercises as discussion in 4.10-4.12 | |
| **5.5** | 4) Strategic Planning group – agreed to this was the role of the Board. Series of workshops will be set up to support after the summer holiday period. MS to arrange. (2 hour afternoon) workshops | **MS** |
| **5.6** | 5) Risk review group – Agreed this will be a standing group. PJG to pull together terms of reference and membership and report back progress to next Board. | **PJG** |
| **5.7** | 6) Policy Review Group – this group will meet to discuss policy review as needed. Board members to come back to DH through MS to advise if the are willing to Chair. | **All** |
| **5.8** | ML asked where in the structure are we going to provide assurance around new areas of work (i.e. modern slavery, FGM etc)? DH to provide guidance to the "buddy's" re: what needs to be covered. Above will also be picked up as part of the strategic planning sessions. | **DH** |
| **5.9** | **Resources:**<br>Query raised about resourcing the new structure. MS to pull together costing document detailing what funding is needed and where current resources are coming from. | **MS** |
| **5.10** | KL advised that funding in the form of money would not be possible, but can offer resources i.e. people, meeting rooms and analysis. | |
| **5.11** | LG and KSJ advised that they are waiting for comment from NHS England with regard to funding local safeguarding Boards. | |
| **5.12** | DH also stressed that learning from successful Boards showed that success was achieved where members take the initiative to take ownership of work/projects. Need to be more dynamic as a Board if we are going to succeed. | |
| **6** | **Any Other Business** | |
| 6.1 | Nothing To Discuss | |
| **7** | **Date and Time of Next Meeting**<br>All Meetings will be held from 2pm to 4pm. | |
| **7.1** | 13th October 2015 Irwell Room, Bury Town Hall | |

# CARBON REDUCTION/CLIMATE CHANGE BOARD
# WEDNESDAY 28 AUGUST 2015

## ACTION NOTES

**PRESENT:** Neil Long (In the Chair), Clinton Judge, Dominic Pooler, Lorraine Chamberlin, Paul Cooke, Paul Webb,

**APOLOGIES:** Pat Jones-Greenhalgh, Lesley Jones, Chris Horth, Keith Watson, Mike Moore, Sharon Hanbury, Tom Walley

| Item No | Discussion | Action Agreed | By Whom |
|---|---|---|---|
| **1** | **Notes of Last Meeting – 3rd June 2015**<br><br><u>One Public Estate and Bury Strategic Estates Group</u><br>Alex will report at the next meeting on this item around feedback from the meeting<br><br><u>Surface Water</u><br>Everything is on hold at the moment and being reviewed. A briefing note is to be developed around alternative ways of charging.<br><br><u>Sustainability Criteria for New Build</u><br>Meeting was postponed. Item to be carried forward to next meeting.<br><br><u>Salix Bids</u><br>The audits are now complete. Chris Horth to follow up the Salix funding bids with the schools as a result of the audits. Paul Cooke advised that schools were aware of match funding opportunities and will be seeking bids in the autumn. £0.5m is in the pot for non conditional related schemes that can demonstrate a direct benefit to educational improvements. Children's are looking at schemes which will have a maximum impact on education.<br><br>The notes were agreed as a correct record. | Glenn to put on as agenda item<br><br>Neil to ask Tom Buggie for briefing note<br><br>Glenn to add to next agenda<br><br>Chris to progress | **GM**<br><br>**NSL**<br><br>**GM**<br><br>**CH** |

| Item No | Discussion | Action Agreed | By Whom |
|---|---|---|---|
| **2** | **Briefing Note on Update on Indicators for Submission to the Health and Wellbeing Board / Review of Terms of Reference for the Carbon Reduction/Climate Change Board to align with the Health and Wellbeing Board**<br><br><u>Templates</u><br>The purpose of the briefing note is to inform the Carbon Reduction/Climate Change Board of a new priority within the refreshed Health and Wellbeing Strategy and associated governance structure. The Board are requested to take ownership for the delivery of this priority, associated work plan, local performance indicators and provide bi-annual updates to the Health and Wellbeing Board. Updates are to be reviewed at the December meeting (September was cancelled). The Board needs to ensure that we have the right level of detail and information.<br><br>Papers were circulated round the table for discussion with updates of performance indicators from Talat Afzal, Neil and Lorraine. Lorraine advised that these were all aspirational targets as the Council is not doing any proactive work on them at this time. One indicator was shaded in Lorraine's paper as it was a shared indicator with the HSPB. Neil asked that all the documentation be pulled together into one easy to read document and that Talat's information be streamlined. It was noted that street cleanliness had not been identified.<br><br>Recycling within the Council was discussed as it was felt that more could be done. Neil will take the matter forward with Talat to see if she can develop a joint scheme for funding between Admin Buildings and monies held by Neil for recycling. Neil to develop a performance indicator with Talat.<br><br>Heather advised that Neil and Lorraine had been invited to the December Board. It was agreed that once all the information had been pulled together and updated that Heather returns to present the paper. | Heather to develop indicators with Talat<br><br>Neil to meet with Talat to develop PI and take forward | **HC**<br><br>**NSL** |

| Item No | Discussion | Action Agreed | By Whom |
|---|---|---|---|
| | Carbon Reduction/Climate Change Board Terms of Reference<br>It was agreed to add the following to the Terms of Reference:<br><br>*The Board will oversee and receive reports from a set of sub groups which will focus on the delivery of key targeted areas of work. The sub groups will report directly to the Health and Wellbeing Board. Provisions that apply to the HWB would also apply to any sub groups of the HWB.*<br><br>Membership to also be updated to reflect changes. | Glenn to include<br><br>Glenn to amend | **GM**<br><br>**GM** |
| **3** | **CRC Risk Register**<br><br>To be reviewed in October once a complete cycle of the CRC programme has happened. To be brought forward to next meeting. | | |
| **4** | **Verbal Update on Greater Manchester Non Domestic Energy Efficiency Scheme**<br><br>Delayed for 3 months. Work should commence in May/June 2016. Lorraine to submit an updated time schedule for the next meeting. | Lorraine to progress | **LC** |
| **5** | **Verbal Update on Bury Heat Network Feasibility**<br><br>Went out to tender and there was only one response. This has now gone back out to tender again. Lorraine to provide a new timeline for the next meeting. | Lorraine to progress | **LC** |
| **6** | **Bury Carbon Reduction Commitment Submission**<br><br>Everything went ahead on target. The Council has ordered our allowances and will be paying for those allowances in September and surrendering them in October. This is the first submission we have made under phase 2 of the scheme. Schools are currently excluded but street lighting and car parks are | | |

| Item No | Discussion | Action Agreed | By Whom |
|---|---|---|---|
| | included. Last year the Council paid more than £212k. A forecast of allowances is done each April for that financial year. We have now got the opportunity to pre-purchase for the whole of phase 2 which would mean we could potentially save £41,850 if we purchase next April for the full phase. There is the risk that we could over purchase but we would be able to trade or sell them on. Elmhurst, Pinfold, Grundy, Elton Community Centre, Unsworth Community Centre and some of the parks will be entirely responsible for their own supplies. There is more work to be done on this and we have until April to make a decision on whether or not we buy ahead. The Carbon Reduction/Climate change Board supported the idea but would want sight of the paperwork beforehand. To be progressed with Steve Kenyon. | Lorraine to progress with Steve Kenyon. | |
| **7** | **Recycling and ECO Schools Update**<br><br>Worked hard on communicating the changes to residents and via schools to ensure residents have the knowledge and ability to recycle successfully. Recycling rates surged from just over 47% to 55% and we continue to move towards our target of 60% with a saving of approximately £1m per year.<br><br>Talat continues to work with schools to emphasize the effects of climate change and the need for recycling. Schools are being helped to reduce their rate of waste, improve recycling, save energy and consider renewable sources and energy.<br><br>We have launched the official Bury Food Waste 'Recycle the food waste you can't eat' Campaign at St Margaret's CEP School on 26th June 2015.<br><br>In Mid-July, Mersey Drive CP School was awarded their 3rd Green Flag for Eco-schools.<br><br>Local schools have been involved in the Bury In Bloom campaign. | | |

| Item No | Discussion | Action Agreed | By Whom |
|---|---|---|---|
| | Two teams are currently under review – one team within recycling and awareness and the other around environmental quality and enforcement – both teams were part of a 2 year pilot which are due to come to an end at the end of this financial year. | | |
| | **Date and Time of Next Meeting:**<br><br>Thursday 8th October 2015 at 10.30am in Meeting Room A, Town Hall | | |

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# Bury Children's Trust

**Minutes of the Trust Board meeting held on 2 July 2015**

**Attendance:**

| | |
|---|---|
| Mark Carriline | Executive Director Children, Young People & Culture (Chair) |
| Maxine Lomax | Head of Safeguarding (C&A), Bury CCG |
| Jackie Gower | Assistant Director Social Care, Council CYP & Culture |
| CI Joanne Marshall | GM Police, Bury Division (Criminal Justice & Partnerships) |
| Helen Chadwick | Head teacher Millwood Primary School, Chair of Bury Association Primary Heads |
| Yvonne Tunstall | Divisional Nurse Director, Paediatrics, Neo-natal & Gynaecology, Pennine Acute Hospital Trust |
| Lesley Jones | Director of Public Health, Council Communities & Wellbeing |
| Vicky Maloney | Chief Officer Early Break, representing CYP Forum |
| Lorraine Ganley | Service Director, Pennine Care NHS Foundation Trust |
| John Campbell | Council Communities & Wellbeing, on behalf of T Minshull |
| Adele Crowshaw | Young Persons Engagement Officer, CYP & Culture (for item 3) |
| 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 Bury College (C Deane), Six Town Housing (J Merrick), BASH (Mick Fitzgerald), Job Centre Plus and Pennine Care CAMHS (Sara Barnes) representatives attended as listed above.

**2. May Minutes, Actions and Matters Arising**

May Minutes were approved.

In addition to information provided in the Summary of Actions, the following points were raised

2.1 **Actions: Item 2: Future in Mind, Local Transformation Plan** MC noted there is no further information about the letter from John Rowse (DoH) recommending that Local Transformation Plans be developed at Greater Manchester level as part of Devomanc.

2.2 **Actions: Item 3: Future in Mind, Local Transformation Plan**: LD provided the following update. Sarah Bullock joined the CCG from St Helens on 1 July, and will be leading the development of the LTP. Sarah was invited to attend a multi-agency meeting of people whose work relates to emotional health & wellbeing on 1 July which LD had set up to start the planning for an EH&WB network. It was agreed to extend this meeting to begin work on the Self Assessment that is required as the first stage of the Local Transformation Plan, and due for completion by September.

The meeting provided a good start to the Self Assessment and attendees have been tasked with completing relevant sections (with additional officers/activities to be included also identified). This work will be coordinated by Sarah Bullock, and a further meeting arranged mid-August to complete the work. The second half of the meeting initiated the planning for the EH&WB network event.

2.3 **Matters Arising p2, item 2.4:** MC advised that Mike Owen has been appointed as Chief Executive of the Council.

2.4 **Matters Arising p3, item 3:** AC advised that the LILAC Assessors visit which was due on 2 and 3 July has now been deferred to September.

**Action: Feedback to Nov meeting**

2.5 **Matters Arising p4, item 4.4:** JC updated with regard to the Joint Alcohol & Substance Strategy – this will be going to Communities & Wellbeing Senior Management Team in week commencing 13 July. The Action Plan is being taken to Children's Trust Operational Group on 23 July.

3. **Items from young people/Youth Participation Officer**

3.1 **Circles of Influence** (AC)
AC circulated the questions that had been selected by young people for the Circles discussions, under the themes of Education, Health, Additional Barriers, Culture and Places to go. AC also circulated a summary of the Priorities that had been agreed by young people. These will be included in a more detailed report which will be brought to the next CT Board for support with regard to progressing. The report will include the outcomes from the discussions young people held about what action they can take to address the priorities, and will also compare findings from the questionnaire on the day with last year's results.

Overall Circles was very successful and well supported by the Trust Board to ensure sufficient 'decision makers' in the Circles. A number of young people who took part at Circles now wish to come to Youth Cabinet.

Primary Circles is taking place on 7 July. This is different from 2ndry Circles as it focuses on transition to Yr 7 and does not require input from Trust Board.

**Action: Reports from Circles to Nov meeting**

3.2 **Update from Youth Cabinet** (AC)
The next Youth Cabinet meeting is on 9 July and will include discussion on the YC Campaign issues.

Bilal Qureshi (UK Youth Member of Parliament) has drawn up a short questionnaire asking schools about the mental health services they provide and this is being sent out to schools. (This is a national Youth Parliament initiative and locally will be linked to the work towards Priority 2 EH&WB and the new Young People's Forum set up with Pennine Care).

LJ also advised that a 12months Project Manager post with the task of engaging stakeholders in co-designing and implementing a Bury Healthy Schools programme is being advertised (closing date 9 July).

## 4. Children & Young People's Plan 2015-18 – Key Strategic Actions

### 4.1 Early Help branding

There was a discussion about how to address the confusion around Early Help that was flagged up at the Network Event along with the 'fear of services' that can create a barrier to early help.

The following points were highlighted:

- The name of the 'Early Help' team is confusing it provides targeted help just below statutory intervention, rather than early help as most understand it. It was suggested that a new name could be agreed through consultation with families who the team have worked with. Also that the name doesn't need to describe the nature of the work (eg CSE team is called Phoenix).
- Need to address misconceptions amongst families that service intervention leads to children being taken into care, eg by promoting how few go into care and how long in care. It was noted that the fostering care promotion has been very successful and could provide lessons for a campaign about Early Help (including using the fostering campaign to clarify how few children and young people are in care). Zoe Edmonds (CYP & Culture) may be able to help re marketing.
- Describing a non social care early help pathway as an example may be helpful (eg education pathway)
- The continuum of need (windscreen) document is well understood by professionals providing early help, could a user-friendly public version be developed?
- Consider developing a glossary for professionals and public.

**Action: JG/LD to meet to clarify and initiate next steps**

### 4.2 Commissioning Principles

The Principles for Commissioning were agreed with an amendment to line 2, 1st paragraph p2 – replace 'clinically' with 'evidence'.

The following actions were agreed:

- Board members to send examples of good practice for inclusion to LD, eg VM will send Partners Forum example and JG Care Service.
- LJ will discuss with HD how to ensure that the Compact is adhered to. This to include updating and mini-relaunch and training.
- Once complete, Commissioning Principles to be put on CT website and partners to take responsibility for embedding in their agencies/areas of work.

**Action: LJ, JG, VM, LD & All**

### 4.3 Local Transformation Plan

Unfortunately SB had to give apologies at very short notice and therefore did not provide an update. Update on progress towards the Self Assessment was provided by LD under item 2.2.

MC noted that the guidance for the Local Transformation Plans has been delayed and is now due week commencing 6 July, with completion of the Local Transformation Plans by end of August. Where these are assessed as satisfactory the first tranche of funding will be released to CCGs in October. Draft guidance indicates that although Local Transformation Plans need to reflect the local picture, there are some key deliverables which include eating disorders, building capacity and capability, roll out of IAPTS, improving perinatal care and piloting with 15 CCGs a joint mental health training programme.

5. **Terms of Reference** (LD)

Terms of Reference have been reviewed to reflect changes since 2013, including the new governance arrangements to Health & Wellbeing Board for Priority 1 of H&WB Strategy and the new working arrangements with the establishment of the CT Operational Sub Group. Changes to Board membership were also noted, including Tom Maddox will be representing JobCentre plus wef 6 July, Yvonne Tunstall will represent Pennine Acute Hospital Trust, and Alyson Byrne will replace Mick Fitzgerald as representative for BASH. ML job title needs amending.

Terms of Reference were approved.

**Action: LD**

6. **DevoManc** (MC and LJ)

*Papers provided*

MC provided an overview of the Devomanc Agreement and current position (see attached). The requirement to have a directly elected Mayor of Greater Manchester with significant powers and responsibilities is currently met by the appointment of an interim Mayor, ie, Tony Lloyd (Police & Crime Commissioner – which becomes part of the new Mayor's role).

A detailed high level programme plan sets out the time scale for devolution of the estimated budget of £6 billion each year from April 2016.

The approach has been to set up 5 programme areas with identified leads (including Mike Owen). Overview and Aims for each of these areas have been written and working groups established.

Aligned to DevoManc LJ provided an overview of the agreement between GM Partners, Public Health England and NHS England to create a single unified public health leadership system which will support the rebalance of the health and care system towards prevention and early intervention. This will be overseen by a new GM System Prevention & Early Intervention Board (which Pat Jones-Greenhalgh sits on).

There are 5 major programmes of work which will embody the Agreement, ie, Public Health, reform and growth; Nurturing a Social Movement for change; Starting Well-Early Years; Living Well – Work and Health; and Ageing Well. Early implementation priorities have been agreed.

*For further information, see attached paper.*

## 7. **CT Ops Group/Network** (LD)

### 7.1 **Lunchtime learning proposals**

As part of the work to improve early help across a wide range of issues, the CT Operational Group agreed to develop a programme of lunchtime learning aimed at anyone who works with children and young people in Bury. CT Ops Group have selected topics linked to the priorities in the CYPP.

This will form part of the Network activity and the aim is to run monthly 1hr training sessions wef September, 1 topic per session. The basic format will be for attendees to understand the issue, know the signs and symptoms to look out, know what questions to ask, what action to take and where/when to refer. Attendees will get a handout that they can refer to when the need arises with a child/young person.

The first lunchtime learning will be on Novel Psychoactive Services (Legal Highs), and will be delivered by Vicky Hall, Early Break at the New Kershaw Centre. Flyers will be sent out in the next few days.

This was welcomed by Board Members, and it was also agreed that VM will arrange a briefing to the next Board meeting on this topic.

### 7.2 **Network Event Proposals**

First meeting has taken place to plan a network event in November about Emotional Health & Wellbeing (Priority 2). This will complement and work towards the development of the Local Transformation Plan. The group includes people with specialist knowledge and experience about emotional and mental health from a range of agencies.

### 7.3 **Newsletter proposal**

It has also been agreed through CT Ops Group and the Network Event planning group to focus the next (Autumn) CT Newsletter on Priority 2, including information about services and initiatives in Bury that support emotional health & wellbeing.

This was welcomed by the Board.

### 7.4 **Lunchtime briefings**

The June lunchtime briefings were on the Bury Directory & Local Offer; Princes Trust and Elective Education. Tthe briefings were extremely informative and well received by attendees. There was a low attendance compared to normal and it was unclear why (possibly because some areas out of Bury were still on half-term holiday?). However, one attendee told LD that he attends all briefings and then shares what he has learned with colleagues at team meetings.

It was agreed that this wider dissemination of information is sometimes overlooked when assessing the benefits of the briefings. It was also noted that attendees often say that they attend because they are interested in 1 topic and then find that the other briefings are just as relevant and beneficial to their work.

8. **Open Forum**

8.1 On behalf of the Trust Board, MC expressed his appreciation and gratitude to Mick Fitzgerald for his involvement and support for the Children's Trust over the past few years.

9. **Items for next meeting**

VM offered to arrange a briefing to the next Board on Novel Psychoactive Substances (Legal Highs) and this was welcomed by the Board.

10. **Date of next meeting**

The next meeting will be at 3pm on 5 November in Room 0.1 (Ground Floor meeting room) at 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

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| **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 |
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| 1 | **Welcome & Apologies** | Apologies as above were noted. The Board introduced themselves and welcomed Providers to the group.<br>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**<br><br>AI 2 8 Improving access and simplying | The minutes of the meeting held on the 4th June 2015 were approved as an accurate record.<br><br>'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. | | |

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| | | MO queries the work plan for the group and this was explained.<br><br>**ACTION:** LT to forward the terms of reference to MO | **LT** | **1.7.15** |
| **3** | **Action Log**<br>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**<br>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.<br><br>➢ 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.<br><br>**ACTION:** LJo will find out the full membership of the meeting and advise the group.<br><br>➢ Section 7a services currently commissioned by NHS England and agreed that everything should be devolved:<br>• Offender Health<br>• Early Years<br>• Screening and Immunisation<br><br>➢ The Starting Well Partnership Board is currently driving improvements and outcomes around Health Visitors and the Early Years New Delivery | **LJo** | **27.7.15** |

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| | | 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.<br><br>➢ 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.<br><br>➢ 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.<br><br>➢ 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.<br><br>**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.<br><br>**ACTION:** To share the Locality plan with providers<br><br>**ACTION:** Locality plan to be tabled at the next meeting in July. | **JG**<br><br>**JG** | **29.7.15**<br><br>**28.7.15** |

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| | | Discussion took place around the Care Act responsibilities<br><br>**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.<br><br>**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.<br>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.<br>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**<br>  <br>Integrated Care process metrics - AS / | 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.<br><br>**ACTION:** To circulate the GM Metrics report.<br><br>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** |

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| | | circulated to all members of the group.<br><br>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.<br><br>**ACTION:** To share Section 75 draft agreement and discuss at the next meeting<br>**ACTION**: LT to inform the LAT re the revised timescales for completing the section 75 | **JG & CW**<br>**LT** | **28.7.15**<br>**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:<br><br>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.<br><br>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 | | |

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| | | paper has been produced around discharge, which should go to the Task & Finish Group.<br><br>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.<br><br>In response to a query - LJa advised that we do participate in the National Audit of Intermediate Care<br><br>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.<br><br>**ACTION:** Add Community Engagement for Health for discussion at the July meeting and LJo to report back<br><br>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.<br><br>LJa spoke about the NE Sector Group who are developing a single site discharge model. Any updates will be brought back to this group.<br><br>LJa informed the group that we are the lead Local Authority in the North West on | **LJo** | **28.7.15** |

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| | Report Template.doc | 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.<br><br>**ACTION**: JG to ask Sandy Firth to look at comparative data re the rest of England<br><br>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.<br><br>In response to a query – JG explaned that a summary report of the Intermediate Care review is being produced.<br><br>**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** |
| **8** | **Date & Time of Next Meeting** | 28th July 9:00am – 11am, Town Hall, Room A. | | |
| **13** | **Future Meeting Dates** | 25th August 9:00am – 11am<br>29th September 11:00am – 1pm<br>27th October 9:30am – 11.30am<br>24th November 9:30am – 11.30am<br>17th December 9:00am – 11am<br><br>12th January 2016, 9:00am – 10.30am (*unchanged due to BWLG meeting following this Board meeting*)<br>16th February 2016, 9:30am – 11.30am<br>15th March 2016, 9:30am – 11.30am | | |

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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 |
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| **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:** Six Town Housing new extra care scheme design – a number of issues were raised. ER confirmed that their consultants had incorporated these into the scheme design.<br><br>ER also confirmed that she had discussed with SH who would attend the different meetings, frequency of meetings and reporting to HOB / HSPB.<br><br>CP to report to a later HSPB meeting. PJG asked that this be by exception. Operational activity reports to go to HOB. | |

| | | **ACTION** |
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| 3.2 | **Item 6.0,a,i:** ER provided update on energy efficiency schemes being undertaken by STH. | |
| 3.3 | **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. | |
| 3.4 | **Item 6.0,b,iii:** QL queries 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 that was submitted to HSPB in December 2014. | |
| 4.1.1.2 | PJG thanked SH for a really good piece of work. | |
| 4.1.2 | *ii) Sustainability Standard- **SH*** | |
| 4.1.2.1 | It is proposed that, as per the Redbank Scheme, STH's new extra care scheme 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'. | |
| 4.1.2.3 | 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. | |
| 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** |

| | | **ACTION** |
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| **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. | |
| 5.2.2 | *ii) Welfare Reform (verbal update) – **JM*** | |
| 5.2.2.1 | 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**<br><br>Wednesday 24th June 2015, 10.30am – 12.00pm<br><br>Lancashire Fusiliers Room, 1st Floor Town Hall | |

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