

AGENDA FOR HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Pat Jones-Greenhalgh (Vice-Chair), Dave Bevitt, Mark Carriline, Stuart North, Councillor Rishi Shori, Lesley Jones, Councillor Andrea Simpson (Chair), Councillor Roy Walker, Councillor Paddy Heneghan and Ian Bailey, Jo Marshall, Barbara Barlow and Dr Patel.

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday, 17 December 2015
Place:	Meeting Rooms A&B Bury Town Hall
Time:	2.00 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:	There will be a pre-meeting briefing at 1pm, sandwiches will be provided

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 12)*

Minutes from the meetings held on the 24th September 2015 and 11th November are attached.

4 MATTERS ARISING *(Pages 13 - 24)*

- CAMHS Local Transformation Plan – Mark Carriline to report
- Physiotherapy update – Dr Kiran Patel to report

5 PUBLIC QUESTION TIME

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

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

6 BSCB ANNUAL REPORT *(Pages 25 - 88)*

Gill Rigg, Independent Chair of Bury Safeguarding Board will attend the meeting to provide members with an update on the Annual Report. Report attached.

7 HEALTH AND WELLBEING BOARD PRIORITY UPDATE *(Pages 89 - 134)*

- Priority one – Mark Carriline to report
- Priority two, three and four - Julie Gonda to report
- Priority five – Neil Long, Lorraine Chamberlain and Sharon Hanbury to report

Reports attached

8 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (JSNA) *(Pages 135 - 138)*

Jon Hobday, Public Health Consultant will attend the meeting to provide members of the Board with an update in respect of the JSNA. Report attached.

9 DEVOLUTION MANCHESTER UPDATE

Stuart North, Chief Operating Officer, Bury CCG will provide a verbal update at the meeting.

10 URGENT BUSINESS

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

**11 HEALTH AND WELLBEING BOARD STRATEGY - SUB GROUP
MINUTES (FOR INFORMATION) *(Pages 139 - 162)***

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Minutes of: **HEALTH AND WELLBEING BOARD**

Date of Meeting: 24th September 2015

Present: Cabinet Member, Councillor Rishi Shori (Chair); Chair, Healthwatch, Barbara Barlow; Director of Public Health, Lesley Jones; Dave Bevitt, Representing B3SDA; Councillor Paddy Heneghan, Cabinet Member for Children, Young People and Culture; Councillor Roy Walker, Opposition Member, Health and Wellbeing; Jo Marshall, Chief Inspector, Bury Division, Chair Bury CCG, Dr K. Patel.

Also in attendance:

Julie Gonda Assistant Director, Strategy, Procurement and Finance representing Pat Jones-Greenhalgh.
Margaret O'Dwyer, Deputy Chief Officer, Bury CCG, representing Stuart North.
Karen Whitehead, Strategic Lead Health/Families representing Mark Carriline.
Heather Crozier – Health and Wellbeing Board Policy Lead.
Cindy Lowthian – Communities Manager, Bury MBC
Katie Fitzsimons Unit Manager - Private Rented Sector & Energy, Bury MBC
Chloe McCann – Assistant Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services.

Apologies: Cabinet Member Health and Wellbeing Andrea Simpson
Chief Operating Officer, Bury CCG, Stuart North
Executive Director Communities and Wellbeing, Pat Jones Greenhalgh.
Executive Director Children, Young People and Culture, Mark Carriline.

Public attendance: 15 members of the public were in attendance

HWB.343 APPOINTMENT OF CHAIR

Delegated decision:

In the absence of the Chair and vice chair Councillor Rishi Shori, Deputy Leader, Cabinet Member for Finance and Housing would be appointed Chair of the Health and Wellbeing Board for the duration of the meeting.

HWB.344 DECLARATIONS OF INTEREST

Councillor Roy Walker declared a personal interest in respect of HWB.347, as a patient of Mile Lane Health Centre.

HWB.345 MINUTES OF THE PREVIOUS MEETING

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 16th July 2015, be approved as a correct record and signed by the Chair.

HWB.346 MATTERS ARISING

Delegated decision:

The forward plan be noted.

HWB.347 PUBLIC QUESTION TIME

Several members of the public addressed the committee to raise concerns in respect of the withdrawal of physiotherapy services from Radcliffe Health Centre. A letter from Mr. Grayson, a patient and a briefing note prepared by the Clinical Commissioning Group; had been circulated to members of the Board prior to the meeting.

Members of the public expressed their concerns with regards to the following:

- Lack of consultation with Patients/Patient Cabinet and the Local Authority
- A lack of information in respect of arrangements during the interim period
- Longer waiting times at Fairfield – current referral 1-3 days
- Difficulty in accessing Fairfield/costs incurred
- Demographic factors mean that the need for quick and easy access to physiotherapy (as is currently provided) is greater in Radcliffe
- Increased costs
- Problems with transitional arrangements

Margaret O'Dwyer and Dr Patel responded to concerns raised on behalf of the Clinical Commissioning Group. The CCG has recently reviewed the provision of physiotherapy across the Borough following concerns about equity of access. Following the review, the CCG consulted with service providers, GP practices and Pennine Acute NHS Trust.

The decision to restructure physiotherapy services was made by the Clinical Cabinet; the new service will generate savings of £120,000. Dr Patel reported that savings will have to be identified elsewhere if not meet through the restructure of physiotherapy services.

Dr Patel reported that the new system will allow for equity of access for physiotherapy services across the entire Borough. Dr Patel reported once the service is fully operational, physiotherapy will be available five days a week with an expected waiting time of two to four weeks. The model of good practice will be uniform across the Borough. Dr Patel reported that he will discuss highlighted problems with the interim arrangements with providers.

Councillor Shori reported that this matter had been discussed at meetings of the Radcliffe Township Forum and the Health Overview and Scrutiny

Committee meeting. The Health Scrutiny Committee resolved to establish an overview project group to review physiotherapy services across the Borough.

Delegate Decision:

Bury Clinical Commissioning Group will provide an update report in respect of changes to physiotherapy services at the next meeting of the Health and Wellbeing Board due to be held on 17th December 2015.

HWB.348 FUEL POVERTY

Katie Fitzsimons Unit Manager - Private Rented Sector & Energy attended the meeting and provided members with an overview of the work undertaken within the Borough to tackle fuel poverty. The presentation contained the following information:

- Improving housing efficiency
- Health consequence of fuel poverty
- Temperature effects on health
- Costs to the health service
- Fuel poverty strategy for Bury

Katie Fitzsimons Unit Manager reported that inadequate room temperatures can cause or exacerbate; cardiovascular problems; respiratory infections; mobility problems and 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.

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 and repeat admissions.

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.

In response to a Member's question, the Director of Public Health reported that work is underway with partners including Pennine Care Foundation Trust to identify households at risk of fuel poverty.

Dave Bevitt, Chief Officer Citizens Advice Bureau commented that numbers of clients they are seeing on pre-payment meters who are getting into debt as a result of the cost of energy is increasing. The organisation is doing some proactive work to identify and support people in fuel poverty.

Delegated decision:

The report be noted.

The Chair informed the meeting that the agenda would be re-arranged and an item of urgent business would be considered next.

HWB.349 LOCAL TRANSFORMATION PLAN FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

Karen Whitehead, Strategic Lead Children/families reported that Children's services, Bury CCG and Pennine Care Foundation Trust are developing a Local Transformation Plan for CAMHS. The plan is an important document as it will guide and shape the investment of additional funding. The plan will need to be submitted by October 2015.

Delegated Decision:

1. Sign off of the Local Transformation Plan for Child and Adolescent Mental Health Services will be delegated to the Cabinet Member for Children, Young People and Culture and the Executive Director for Children, Young People and Culture in consultation with the Chair of the Health and Wellbeing Board.
2. Following submission the Local Transformation Plan for Child and Adolescent Mental Health Services will be considered at the next meeting of the Health and Wellbeing Board due to be held on the 17th September 2015.

(NB: This item, which did not appear on the agenda for the meeting was allowed by the Chair to be considered as a matter of urgency.)

HWB.350 BURY DOMESTIC ABUSE STRATEGY

Communities Manager Cindy Lowthian, submitted the Bury Domestic Abuse Strategy 2015-18. The Strategy supports the Bury Community Safety Partnership ambition to tackle domestic violence and abuse by seeking to reduce repeat incidents through a focus on prevention and early intervention.

The Strategy 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 tackling domestic violence and abuse 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 the most vulnerable residents.

In response to a question from the Chair of Bury CCG, the Communities Manager reported that figures can be made available in respect of where referrals into the service originate from and training is provided for stakeholders and partner agencies.

In response to a member's question, the Chief Inspector reported that the police have received £10,000 of additional funding to work with community groups and in particular those from the black and ethnic minority groups to support work in this area.

Delegated decision:

The report be noted.

HWB.351 DEVOLUTION MANCHESTER

The Assistant Director, Strategy, Procurement and Finance attended the meeting to provide members of the Board with a verbal update in respect of the development of the Devolution Manchester proposals. The presentation contained the following information:

The recent focus throughout has been the first Comprehensive Spending Review submission and further development of governance arrangements for final sign off at the September Programme Board and shadow operation from October.

- The Strategic Plan continues to develop at pace with strong support from the locality SROs.
- Financial modelling is progressing with the baseline modelling and strategic financial framework completed.
- Initial discussions to further shape system governance and accountability models from April 2016. An Memorandum of Understanding is in development with Health Education England as part of the workforce work package.
- Preparations for the NHS Expo in September are underway with a strong GM devolution presence planned.
- All early implementation priorities remain on schedule – Healthier Together decision was made in July.

In response to a Member's question, the Assistant Director reported that the Locality plan is being developed.

The Assistant Director reported that Devolution will allow the Local Authority and the CCG to accelerate some of their commissioning plans. Devolution will allow partners to provide a much more holistic approach to service provisions across health and social care.

Delegated decision:

Devolution Manchester will be a standing item on the Health and Wellbeing Board agenda.

HWB.352 MENTAL HEALTH AND VULNERABLE ADULTS

The Health and Wellbeing Board considered a request in respect of Greater Manchester Police to a recent report entitled Mental health and vulnerable adults. 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.

Members of the Board discussed the feasibility of implementing this recommendation.

Delegated decision:

Implementation of recommendation 11 of the mental health and vulnerable adults report would be discussed with the Chair and Vice Chair of the Health and Wellbeing Board at the next agenda setting meeting.

The Chair informed the meeting that items the "Health and Wellbeing Board Plan on a page and Update on the Joint Health and Wellbeing Strategy" would be considered as one agenda item.

HWB.353 HEALTH AND WELLBEING BOARD PLAN ON A PAGE

The Health and Wellbeing Board Policy Lead shared with members of the Board the Health and Wellbeing Board plan on a page.

Delegated decision:

The Board approves the Health and Wellbeing Board plan on a page and the re-branded Health and Wellbeing Strategy.

HWB.354 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (JSNA)

The Director of Public Health reported that the Joint Strategic Needs Assessment will be re-developed. The two posts that will support the development have now been filled; the post of Public Health Consultant and the Public Health and Social Care Intelligence Manager.

A JSNA consultation has been launched and members of the Board are encouraged to get involved.

Delegated decision:

A further update in respect of the Joint Strategic Needs Assessment will be provided at a future meeting of the Health and Wellbeing Board.

HWB.355 HEALTH AND WELLBEING BOARD ANNUAL REPORT - UPDATE

Heather Crozier, Health and Wellbeing Board Policy Lead provided members of the Board with an update in relation to the HWB. The Policy Lead reported that the report had been considered at a meeting of the Health Scrutiny Committee and has now been re-branded.

Delegated decision:

The update be noted.

HWB.356 SUB GROUP MINUTES (FOR INFORMATION)

Copies of the minutes for the following sub groups were circulate for information:

Children's Trust Board
Bury Integrated Health and Social Care Board
Adults Safeguarding Boards
Carbon reduction Board
Housing Strategy Programme Board

Delegated decision:

The minutes be noted.

Councillor Rishi Shori

Chair

(Note: The meeting started at 6pm and ended at 7.50pm)

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Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: 11 November 2015

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Cabinet Member, Councillor Rishi Shori; Chair, Healthwatch, Barbara Barlow; Dave Bevitt, Representing B3SDA; Councillor Roy Walker, Opposition Member, Health and Wellbeing; Jo Marshall, Chief Inspector, Bury Division, Chair Bury CCG, Dr K. Patel; Chief Operating Officer Bury CCG; Executive Director Communities and Wellbeing, Pat Jones Greenhalgh; Executive Director Children, Young People and Culture, Mark Carriline; Ian Bailey, Greater Manchester Fire and Rescue Service.

Also in attendance:

Julie Gonda - Assistant Director -Strategy, Procurement and Finance.
Heather Crozier – Health and Wellbeing Board Policy Lead.
Chloe McCann – Assistant Improvement Advisor, Corporate Policy Team
Julie Gallagher – Democratic Services.

Apologies:

Councillor Rishi Shori, Deputy Leader, Cabinet Member, Finance and Housing;
Councillor Paddy Heneghan, Cabinet Member for Children, Young People and Culture;
Lesley Jones, Director of Public Health

Public attendance: 5 members of the public were in attendance

HWB.445 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HWB.446 PUBLIC QUESTION TIME

The Chair invited questions from those present at the meeting and the following issues were raised;

In response to concerns raised in respect of social isolation and mental health issues, the Assistant Director reported that the Locality Plan is a high level overarching plan. A programme approach will be developed to deliver key work including tackling social isolation and mental health issues.

In response to concerns raised by Councillor John Mallon in respect of the current review of further education colleges; the Executive Director

Children, Young People and Culture reported that the review has been undertaken by the Department for Education, the outcome of which is imminent. The Executive Director reported that colleges in Bury will be in a very strong position in respect of the review due to the high quality of teaching and learning and the strong financial position.

In response to concern raised in respect of affordable warmth and the reported excessive winter deaths, the Executive Director Communities and Wellbeing reported that a large amount of work is being undertaken to tackle fuel poverty with partner agencies including the Fire Service.

HWB.447 LOCALITY PLAN FOR BURY

The Assistant Director, Strategy, Procurement and Finance, Bury Council attended the meeting to present the Draft Locality Plan for Bury. The Locality Plan sets out the five year vision for improving health and social outcomes across Bury.

The strategic vision is to ensure that the population is as healthy, happy and independent as possible, living with minimal intervention in their lives. This will be achieved through targeted strategies of self help, prevention and early intervention, reablement and rehabilitation.

The Bury Locality Plan forms part of the Greater Manchester Strategic Plan: *" To produce during 2015/16, a comprehensive GM Strategic Plan for health and social care aligned to the NHS 5 forward view describing how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent five years."*

The Greater Manchester Plan will aim to deliver fundamental change for Greater Manchester:

1. Radical upgrade in population health prevention
2. Standardising Community Care
3. Standardising Acute Hospital Care
4. Standardising Clinical Support and Back Officer Services
5. Enabling Better Care

Bury's Locality Plan will set out a local "place view" and key focus on an integrated care approach. Bury Council and Bury CCG have committed to work towards establishing one single commissioning function.

The Assistant Director Strategy, Procurement and Finance reported that there is a financial challenge in Bury that needs to be taken into consideration. The Financial gap within Bury will be £125 million by 2021; this equates to £85 million in the NHS; £40 million within Social Care.

Questions and Comments were invited from those present at the meeting and the following points were made:

In response to concerns raised by Members in respect of finances, the Chief Operating Officer, Bury CCG reported that there is £500 million pump priming money available to support Devolution, this money may be used to support dual running of some services until those services are fully established in the community. The Chair of the CCG reported that any dual running will be time limited.

In response to a Member's question, the Assistant Director Strategy, Procurement and Finance reported that the Devolution proposals will result in a streamlined engagement process and a robust engagement strategy.

Members discussed how the voluntary sector/third sector can be involved in the devolution proposals and in particular the Locality Plan. The Executive Director Communities and Wellbeing reported that there will be a number of work programmes established as a result of the Locality Plan and it would be expected that the third sector would be involved in their development.

In response to concerns raised in respect of the drive to encourage patients to take greater responsibility for their own health, Dr. Patel reported that there will be a safety net for those vulnerable patients who are unable to self care and require greater support.

In response to concerns expressed in respect of palliative care provision in the Locality Plan. Dr. Patel reported that the purpose of its inclusion is to ensure that those patients requiring palliative care receive care that is appropriate to their needs and do not end up having to present at Accident and Emergency.

The Chief Operating Officer reported that the Local Authority and the CCG will work with providers to move care out of the acute sector and into the community, providers will be fully engaged in the process.

Delegated decision:

1. That the Health and Wellbeing Board agrees to sign off, prior to re-submission, the Bury Draft Locality Plan.
2. Regular updates in respect of the Bury Locality Plan will be considered at future meeting of the Health and Wellbeing Board.

HWB.448 URGENT BUSINESS

There was no urgent business reported.

Councillor Andrea Simpson Chair

(Note: The meeting started at 6pm and ended at 7.10pm)

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Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
Thursday 11 th June 2015 (2:00pm – 4:00pm)	<u>Draft Agenda</u> (1pm-2pm) • Looking ahead to 2015/16	<u>Draft Agenda</u> • Devolution Manchester (Pat/Stuart)	Information	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes • Priority 1 of Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier)
			Discussion	<ul style="list-style-type: none"> • May BCF Quarterly performance report (Pat/Stuart) • Child Death Overview Panel Report (Mark Carriline) • Quarterly NHS England Commissioning Report (Rob Bellingham)

			<p>Decision</p> <ul style="list-style-type: none"> • Priority 2 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier) • Priority 3 of the Health & Wellbeing Strategy Governance Report (Heather Crozier) • Priority 4 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier) • Priority 5 of the Health & Wellbeing Strategy Refresh and Governance Reports (Heather Crozier) • BCF Sign off process for Quarterly reporting June-March 2015 (Pat/Stuart) • Membership changes to the Health & Wellbeing Board (Cllr Simpson) 	
			<p>TBC</p>	

<p>Thursday 16th July 2015 6:00pm- 8:00pm</p>	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> • What's new- work developments of interest to the board - H&WB Board Webpages - H&WB Board marketing/branding 	<p><u>(2) Draft Agenda</u></p> <ul style="list-style-type: none"> • Director of Public Health Report • Health & Wellbeing Board Annual Report 	<p>Information</p>	<p>Mins of Health & Wellbeing Board Sub Groups</p> <ul style="list-style-type: none"> • (Priority 1) Children's Safeguarding Board Minutes • (Priority 1) Children's Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes <hr/> <ul style="list-style-type: none"> • Devolution Manchester Update (standing item) • Tobacco Control Annual Report (Lesley Jones) • Letter from Duncan Selbie (Lesley Jones) • Letter from Lynn Romeyo (Pat Jones Greenhalgh)
			<p>Discussion</p>	<ul style="list-style-type: none"> • Director of Public Health Annual Report (Lesley Jones) • Health & Wellbeing Board refreshed WebPages (Heather Crozier/ Chloe McCann) • Update on Maternity Services (Stuart North)

				<ul style="list-style-type: none"> Physical Activity and Sport Strategy (Stefan Taylor)
			Decision	<ul style="list-style-type: none"> The Refreshed Health & Wellbeing Strategy for Bury final sign off (Heather Crozier) Health & Wellbeing Board Annual Report 2014/15 (Heather Crozier/ Julie Gallagher)
			TBC	

Thursday 24th September 2015 6:00pm- 8:00pm	<u>Draft Agenda</u> <u>CANCELLED</u>	<u>Draft Agenda</u>	Information	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes. • Devolution Manchester Update (standing item)
			Discussion	<ul style="list-style-type: none"> • Mental Health & Vulnerable Adults Recommendation 11 GMP (Jo Marshall)

				<ul style="list-style-type: none">• Health and Wellbeing Plan on a Page• Update on Annual Report• Fuel Poverty presentation (Sharon Hanbury/Kate Fitzsimons)• Verbal update on JSNA from Lesley Jones• Domestic Abuse Strategy (Cindy Lowthian)
			Decision	
			TBC	

Thursday 17th December 2015 (2:00pm – 4:00pm)	To be informed by the member development action plan Performance update presentation (Anna Barclay)	<u>Draft Agenda</u> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes. <hr/> <ul style="list-style-type: none"> • Devolution Manchester Update (standing item) •
			Discussion	<ul style="list-style-type: none"> • JSNA Update report (Helen Smith and Jon Hobday)
			Decision	
			TBC	<ul style="list-style-type: none"> • Annual Safeguarding Children’s Report

<p>Thursday 28th January 2016</p> <p>(6:00pm – 8:00pm)</p>	<p>To be informed by the member development action plan</p> <p>(The Bury Directory Development – Presentation by Katie Wood, Sarah Ford and Heather Crozier)</p>	<p><u>Draft Agenda</u></p>	<p>Information</p>	<p>Mins of Health & Wellbeing Board Sub Groups</p> <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes. • The Bury Directory Development – Presentation by Katie Wood, Sarah Ford and Heather Crozier • Devolution Manchester Update (standing item) • Quarterly NHS England Commissioning Report (Rob Bellingham)
			<p>Discussion</p>	<ul style="list-style-type: none"> • Drug & Alcohol Strategy (Ann Noi) • Greater Manchester Working Well Expansion (Tracey Flynn)
			<p>Decision</p>	
			<p>TBC</p>	<ul style="list-style-type: none"> • Annual Safeguarding Adults report • Carers in Employment –

				Presentation (Laura Maguire/Simon Joos)
Thursday 3rd March 2016 (2:00pm – 4:00pm)	<u>Draft Agenda</u> Health and Wellbeing Strategy Performance update presentation (Anna Barclay)	<u>Draft Agenda</u> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes. • Devolution Manchester Update (standing item)
			Discussion	
			Decision	
			TBC	<ul style="list-style-type: none"> • Quarterly NHS England Commissioning Report (Rob Bellingham)

Thursday 14th April 2016 (6:00pm – 8:00pm)	Chair development Session	<u>Draft Agenda</u>	Information	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • (Priority 1) Children’s Safeguarding Board Minutes • (Priority 1) Children’s Trust Board Minutes • (Priority 2, 3 & 4) Bury Integrated Health and Social Care Board Minutes • (Priority 4) Adults Safeguarding Board Minutes • (Priority 5) Carbon Reduction Board Minutes • (Priority 5) Housing Strategy Programme Board Minutes. • Devolution Manchester Update (standing item)
			Discussion	
			Decision	
			TBC	
Beyond... TBC				

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***Annual Report on the Effectiveness of
Safeguarding Children in Bury 2014/15***

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Contents:

Contents:	2
Foreword by Independent Chair of BSCB	3
Introduction	4
Role and scope of Bury Safeguarding Children Board (BSCB)	5
Structure of Bury Safeguarding Children Board BSCB (2014/2015)	6
Attendance at BSCB meetings 2014/2015	7
Attendance at Business Group (previously known as Executive Group) Meetings 2014/2015	7
BSCB income and expenditure 2014-2015	8
Projected income and expenditure 2015–2016	9
Discharge of functions	10
Main achievements 2014/15	18
‘Effectiveness of the BSCB’	22
Multi-agency performance data	23
State of Safeguarding	35
A word from our lay members	59
Challenges ahead 2015/16	60
BSCB Business Plan Objectives 2015/16	60
Acknowledgements	61
LIST OF APPENDICES	62

Foreword by Independent Chair of BSCB



Gill Rigg
Independent Chair of BSCB

As the Independent Chair of BSCB, I am very pleased to introduce this, the Board's seventh annual report. The report details the activity of the Board, which is made up of the main Board, the Business group, and the sub groups. These all represent a significant investment in resource by all of the partner agencies, and I am grateful for all the work which constituent agencies undertake on behalf of the Board. I hope that you find the report interesting.

As always, this has been a challenging and busy year, and the partnership has risen well to the challenge, for some agencies also coping with a period of restructuring or reduction in capacity. A further Working Together was published in March 2015, and there was a significant national focus on child sexual exploitation (CSE) and Missing children, following a range of national reports. Within Bury, CSE and Missing have been the subject of considerable agency activity, to ensure that the Board safeguards these vulnerable groups of young people as well as we can. A specialist team has been implemented, and additional capacity added. However, we are not complacent about how much there remains to do and it continues to be a priority. A further priority, which had more focus during the year is the issue of Female Genital Mutilation, again, there is much more to do on this significant issue.

The Multi-Agency Safeguarding Hub (MASH) continues to work effectively, and is becoming more embedded, as is the work on Early Help. The Board has continued to have a focus on the workloads of frontline staff, particularly given the challenging environment of the work. The Board has wanted to focus more on the experience of staff, and one such initiative is the introduction of Practitioner forums. Another priority is to hear what children and young people think, so that the Board can be more responsive, the first item on each main Board agenda is the voice of the child.

The Board balances the key issues of collaboration, co-ordination, and challenge, and the partnership holds the constituent agencies to account, within a professional culture. This is not an easy balance, but I hope that the information contained in this annual report shows how the Board has met the challenges of the year.

As always, I am impressed by the commitment of all of the agencies and staff who work so hard in Bury to do all that they can to keep Bury's children and young people safe. I would like to thank them, and am privileged to be the Chair of the Board in 2014-5.

Gill Rigg, Independent Chair of BSCB

Introduction

Organisations working with children and young people can use this report to develop their understanding of safeguarding in Bury and the work that Bury Safeguarding Children Board is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.

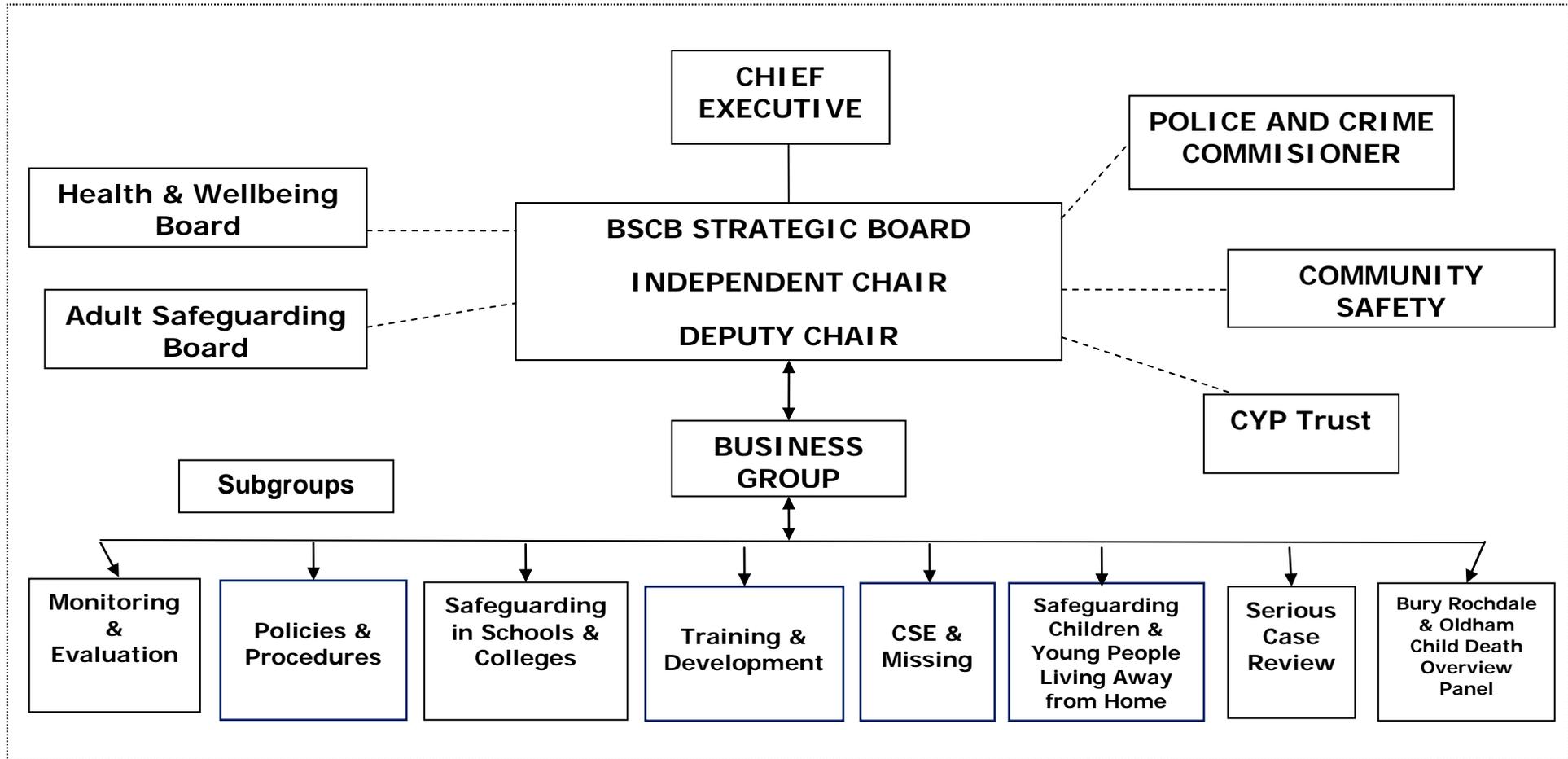
The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.

The annual report is published in relation to the preceding financial year in order to influence local agencies' planning, commissioning and budget cycles for the forthcoming financial year. It is submitted to the Chief Executive of the Local Authority, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board"

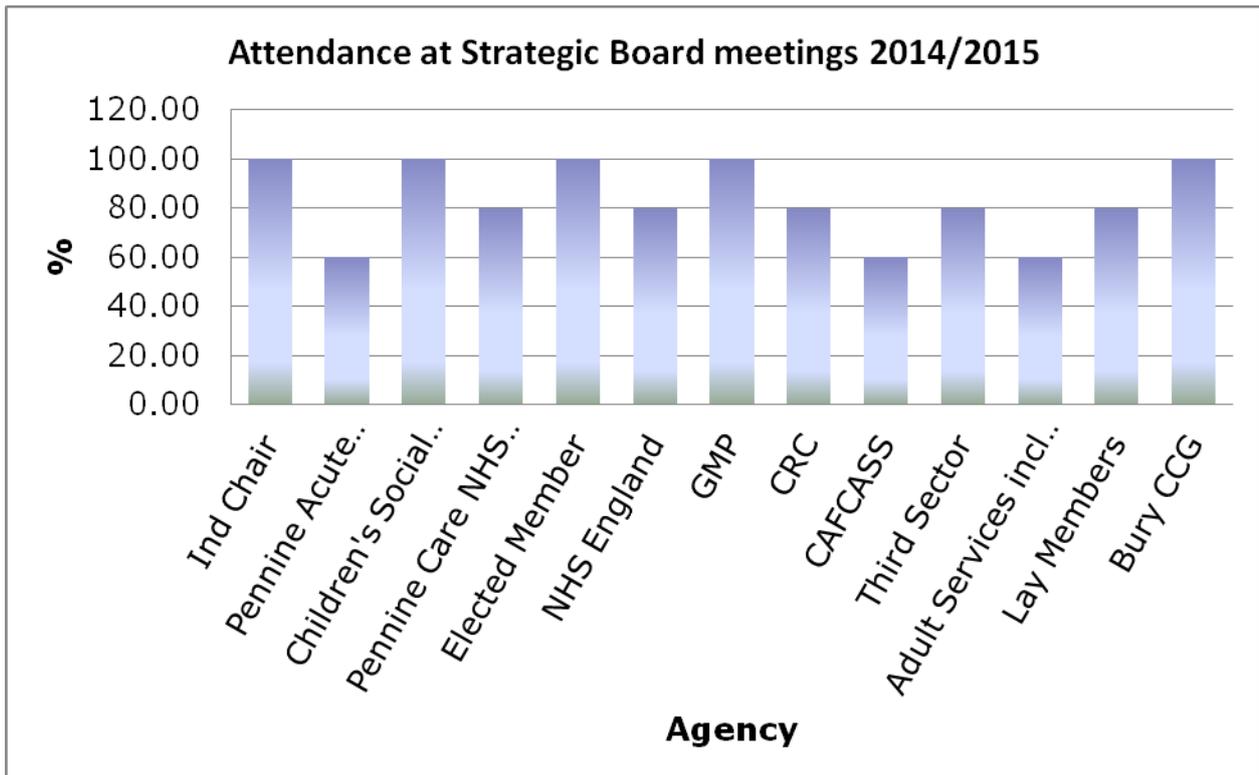
Role and scope of Bury Safeguarding Children Board (BSCB)

1. **Regulation 5 of the Local Safeguarding Children Boards Regulations (2006)** sets out that the functions of the LSCB as follows:
 - (a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - (i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - (ii) training of persons who work with children or in services affecting the safety and welfare of children;
 - (iii) recruitment and supervision of persons who work with children;
 - (iv) investigation of allegations concerning persons who work with children;
 - (v) safety and welfare of children who are privately fostered;
 - (vi) cooperation with neighbouring children's services authorities and their Board partners;
 - (b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
 - (c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
 - (d) participating in the planning of services for children in the area of the authority; and
 - (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
2. Regulation 5 (3) provides that a LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.
3. The BSCB and Sub Group membership list is included as Appendix 1.

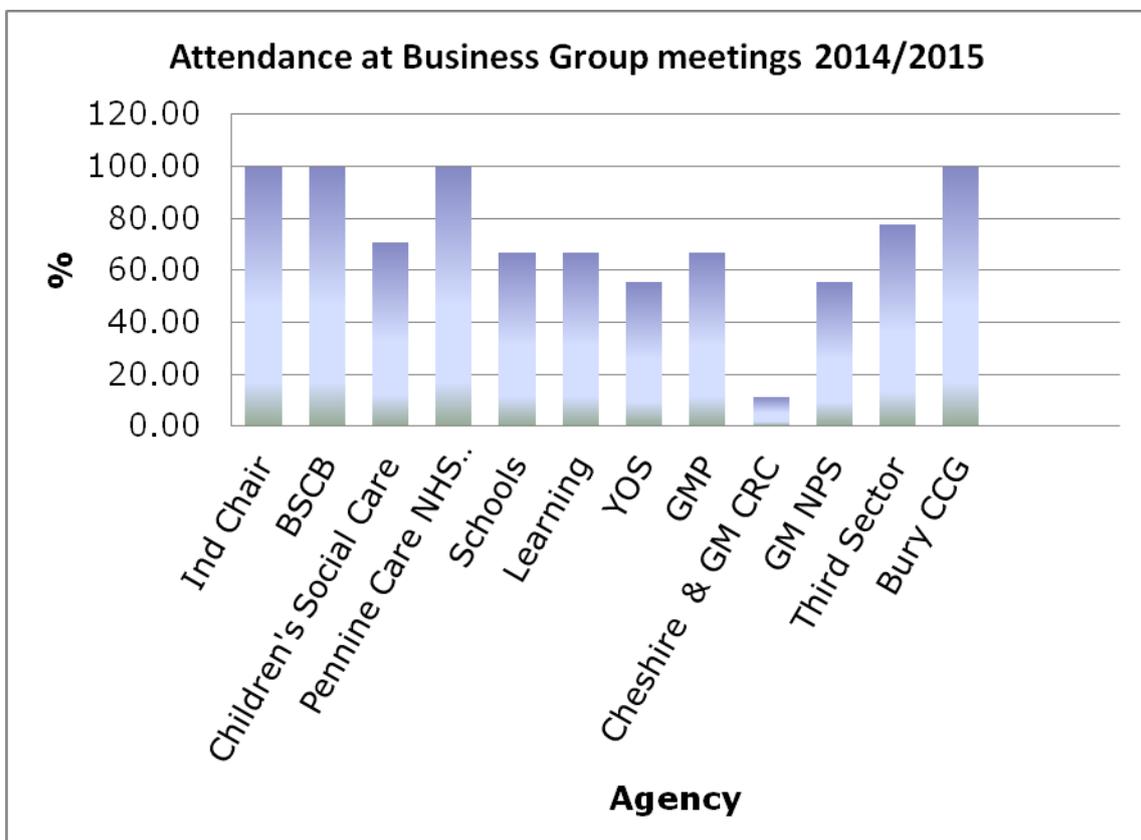
Structure of Bury Safeguarding Children Board BSCB (2014/2015)



Attendance at BSCB meetings 2014/2015



Attendance at Business Group (previously known as Executive Group) Meetings 2014/2015



BSCB income and expenditure 2014-2015

Contributions/Income	Pounds (£)
Children's Services	72,145
Strategic Housing Unit	0
EDS	2,000
Bury CCG	37,142
Greater Manchester Police	11,850
CAFCASS	550
Probation Service	3,468
Brought Forward	5,741
CDOP	32,600
Partners contribution to section 11 audit licence	720
Training Income	10,983
DSG contribution	39,076
TOTAL INCOME	216,275

Expenditure	Pounds (£)
Employee costs	117,205
Multi-Agency Training Costs	8,277
Serious/critical Case Reviews	9,970
Independent Chair of BSCB	13,218
Travel & Subsistence	540
Advertising – staff	0
Postage	60
Telephone	1,080
Office overheads incl Equipment, tools & materials	5,050
Printing & Stationery	930
Legal – Courts & Community	13,500
CDOP	11,297
Staff Training	288
Miscellaneous	57
Emp Liability & 3 rd Party ins	408
TOTAL EXPENDITURE	181,880
Carry forward to 2015/16	34,395

Projected income and expenditure 2015–2016

Contributions/Income	Pounds (£)
Children's Services	72,145
EDS	2,000
Strategic Housing Unit/Adults	0
Bury CCG	37,142
Greater Manchester Police	11,850
CAFCASS	550
Probation Service	3,468
Contribution from General Balance b/fwd	34,395
DSG	40,000
CDOP	32,600
Training income	7,500
Partners contribution for licence for section 11 audit toolkit	3,000
TOTAL INCOME	244,650

Expenditure	Pounds (£)
Employee costs	129,000
Multi-Agency Training Costs	11,500
Serious Case Review	32,700
Independent Chair of BSCB	13,000
Travel & Subsistence	1,200
Postage	200
Telephone	1,000
Office Equipment, tools & materials including licences	6,000
Photocopying	500
Printing & Stationery	1,500
Legal – Courts & Community	13,500
CDOP	13,600
Staff Training	1,000
Miscellaneous	1,700
Emp Liability & 3 rd Party ins	500
TOTAL EXPENDITURE	226,900
Balance of funding – carry forward to 2016/17	17,750

Discharge of functions

Regulation 5 of the Local Safeguarding Children Boards Regulations (2006) sets out the functions of the LSCB. In order to fulfil its statutory functions the BSCB has undertaken activity in the following areas:

1. The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention

In July 2013 the BSCB concluded a consultation with partners on a new ['Thresholds for Intervention' document](#). The document was endorsed by BSCB in September 2013 and is published on the BSCB website. This guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time.

A recent independent review of children's social care was commissioned by the local authority internal audit department. That review concluded that the threshold for intervention is well embedded and well understood across the whole service, and management decisions on those contacts which progress to referrals are good. The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership. This is a positive external assessment of impact. The BSCB threshold document will be revised in 2015/16 following a multi-agency consultation.

A priority area for development this year was to improve professional responses to neglect. In response the BSCB established a multi-agency Task and Finish Group to develop a coherent strategy. The strategy is now in its final stages and will be launched by the BSCB and our partners in 2015/16.

2. Developing Policies and Procedures

The Policies and Procedures Sub Group is responsible for developing and reviewing multi-agency policies and procedures for safeguarding and promoting the welfare of children.

- Due to the development of the pan Greater Manchester Safeguarding Partnership (GMSP) multi-agency policies and procedures the sub group became a virtual group in 2014/15. This project has led to a harmonisation of multi-agency safeguarding procedures across all ten LSCBs. The GMSP group meets at frequent intervals and there have been two updates in 2014/15. The BSCB is represented on the group by the Business Manager, who is also the sub group chair, and by the Designated Nurse for Safeguarding, Bury CCG. The sub group forms short Task and Finish groups in response to emerging issues and BSCB priorities. A number of local procedures remain subject to review to ensure where possible there is no duplication.

As the on line procedures are now well developed the Greater Manchester group also considers how to evidence that they are embedded and used across the 10 partnerships. From the BSCB perspective the procedures

are promoted in all BSCB training courses, SCR learning materials, the practitioner forums, and BSCB e-bulletins.

Partner agencies have provided the BSCB with assurance that awareness of the procedures is promoted within their respective agencies and practitioners are encouraged to sign up for 'alerts'.

Other activity

- A protocol is being developed to clarify the process of notifications in respect of Section 85 of the Children Act 1989.
- A Task & Finish Group has developed a BSCB 'Neglect Strategy'.
- The Bury Community Safety Partnership is to conclude the revisions to the Domestic Abuse Strategy in July 2015. When signed off the BSCB will review local multi-agency Domestic Abuse procedures. A Task & Finish Group has been established.
- CSE & Missing procedures have been updated by a working group led by the Bury Phoenix Team Manager. The procedures have been revised to include processes within Children's Social Care for chairing CSE Conferences.
- Work concluded on guidance for professionals working with young people who are at risk of self-harm or suicide and this has now been published on the BSCB website.

3. Participation in planning of services

Key Achievements:

- Through our multi-agency Sexual Exploitation and Missing (SEAM) audit we have contributed to the development of the multiagency CSE procedures ensuring that mechanisms are in place for sharing intelligence (SEAM and MASH Operational Group).
- Through the learning from a Critical Case Review we have contributed to the re-design of the CAMHS Asperger's pathway.
- Through the learning from a Serious Case review we have contributed to the development of the Bury Domestic Abuse strategy.
- We have participated in the successful recruitment of a post to support the practice of domestic abuse notifications to schools.
- Through the CSE & Missing sub group we have contributed to the Early Help offer for those young people who are missing.

4. **Communicating and raising awareness**

Key Achievements:

- The BSCB continues to develop specific training events 'road shows' in response to emerging issues such as suicide and self-harm workshops, and has developed and delivered three practitioner forums led by the BSCB multi-agency trainer. These forums promote communication between the BSCB and front line staff.
- A focus group of children and young people led by Early Break has reviewed the BSCB website and provided valuable feedback on how to make our work more accessible to them. We plan to implement those recommendations in 2015/16.
- The BSCB produces a quarterly communication e-bulletin which summarises recent BSCB activity. This is widely disseminated via e-mail.
- The BSCB now produces a 'Lessons Learned' bulletin in response to the learning from local learning reviews.

5. **Recruitment and supervision of persons who work with children & investigation of allegations concerning persons who work with children**

Key Achievements:

- The BSCB has delivered Safer Recruitment Training to 50 participants.
- The Bury Local Authority Designated Officer (LADO) has delivered Managing Allegations training to 31 participants from a wide range of partners. These training figures reflect an increase from the year 2013/14.
- The Bury LADO has delivered targeted Managing Allegations training to all local secure mental health providers in response to emerging issues, Children's Social Care Management Team, and to a number of faith group leaders.
- The Managing Allegations training & Safer Recruitment training has been revised to include the learning from national Serious Case Reviews and local critical cases.
- The number of 'contacts' to the LADO has increased from 196 in 2013/14 to 236 in 2014/15 (although the rate of conversion to referrals has remained stable). This figure demonstrates that multi-agency awareness of the role of the LADO is high and that the BSCB training is having a positive impact. A full annual LADO report can be found as an Appendix 2 to this report.

6. **Safety and welfare of children who are privately fostered**

There has been a decline in the number of Private Fostering arrangements identified this year (from 6 in 2013/14 to 2 at the end of March 2014/5). In Q2 of this year the BSCB adopted the Greater Manchester Safeguarding

Partnership multi-agency data set. The data set now includes quarterly information in respect of Private Fostering.

The BSCB recognises that there is further work to be undertaken to continue to raise awareness of this important safeguarding activity. The full BSCB Private Fostering annual report can be found as Appendix 3 to this report. The report identifies that there is further activity required to raise awareness and embed processes amongst Children's Social Care staff of the Private Fostering regulations.

Key achievements:

- The BSCB has continued a programme of awareness raising through BSCB training and by partner agencies.
- Publicity material is available in a range of languages. The material emphasises the legal requirement to notify the Local Authority and includes a variety of information within a poster and three leaflets; for parents & carers, children & young people & professionals.
- The BSCB will explore opportunities for shared awareness raising with neighbouring LSCBS across Greater Manchester.

7. Training

The BSCB Training & Development Sub Group is responsible for the implementation of the BSCB training strategy. This year the sub group has focused on implementing the actions from the Training Needs analysis completed in 2013/14. Key achievements this year have been:

- *Increased promotion of BSCB training to colleagues in the third sector.* The impact of this has been successful as the third sector now has the highest representation at BSCB multi-agency training.
- *Commissioned training* in response to the learning from Serious Case Reviews. This is to support practitioners to develop skills in the more complex areas of safeguarding practice. Audits have been undertaken to evaluate the impact of the 'Disguised Compliance Training' & the 'Professional Challenge' training. Responses included testimonial evidence from participants who cited examples of how they have put the training directly into practice.
- *Commissioned further training in respect of working with diversity.* A multi-agency course 'Working with Gypsy/Roma Families' was oversubscribed and the feedback from participants was positive.
- *Learning & Improvement Framework:* The BSCB multi-agency trainer has run a series of 'Practitioner forums' to enhance the involvement of front line practitioners in the work of the BSCB.
- Training figures can be found at Appendix 4.

8. Cooperation with neighbouring children's services authorities and their Board partners

Bury Safeguarding Children Board collaborates on a Greater Manchester basis with other Greater Manchester Local Safeguarding Children Boards and is represented on the Greater Manchester Safeguarding Partnership (GMSP). The GMSP consists of representatives from all Local Safeguarding Children Boards and key agencies across Greater Manchester and coordinates collaborative projects and promotes a consistency of approach.

This year the BSCB also participated with neighbouring LSCBs in the Greater Manchester wide Project Phoenix with aim of developing a strategic and co-ordinated response to the issue of Child Sexual Exploitation across Greater Manchester.

The BSCB Independent Chair is an active member of the Greater Manchester Independent Chairs' group. This year the group has taken a proactive approach to addressing the issue of proportionate partner financial contributions to LSCBs. This work is ongoing.

9. Monitoring effectiveness

A key outcome for the BSCB as outlined in the BSCB Business Plan for 2014/15 was to strengthen the BSCB quality assurance functions.

The BSCB's responsibility for quality assuring the effectiveness of safeguarding practice is carried out by the Monitoring & Evaluation sub group.

The work of the sub group was challenged in 2013/14 by a number of changes of key personnel. The sub group was chaired on an interim basis by the BSCB Board Manager, pending the appointment of a permanent chair in 2014/15. The Executive Director of Children, Young People and Culture agreed to take up the role of sub group chair in January 2015.

A number of key developments in the work of the sub group have taken place in 2014/15. In the year 2013/14 the BSCB commissioned a *Quality Assurance framework* and in Q2 of 2014/15 the BSCB agreed to adopt the Greater Manchester Safeguarding Partnership [multi-agency data set](#).

The effective implementation of the data set and the BSCB Quality Assurance Framework has been impeded by the lack of a dedicated BSCB Performance Officer. Partner commitment to the multi-agency data set has been variable and has been challenged by the BSCB but this has yet to produce demonstrable results.

The BSCB does scrutinise frontline performance where data is available. Efforts are underway to improve the quality of performance data so that the rigour of our scrutiny of frontline practice across all partner agencies is improved. The BSCB recognises that this is not sufficiently well developed yet and is focused too narrowly on Children's Social Care. At the time of writing the BSCB is also in

the process of securing funding for a dedicated Quality Assurance and Performance Officer post.

The sub group is working positively towards enhancing its functions in 2015/16. Key achievements of the sub group this year have been:

- A SEAM audit has been undertaken and has been scrutinised by the CSE & Missing sub group. The findings have been submitted to the MASH/Bury Phoenix Steering Group.
- Quality assurance activity commissioned by the BSCB has identified strengths and weaknesses in key areas prioritised by the BSCB notably the support available to children with disabilities. The actions arising will be carried forward by a short term BSCB Task and Finish group.
- A Toxic Trio audit has been concluded and scrutinised by the sub group. The report highlighted vulnerabilities in some participation by agencies in core group activity. A repeat audit of core group activity will be undertaken in 2015/16.
- An audit of responses to children and young people who go missing was undertaken by the Children Living away from Home sub group. There have been a number of changes and improvements in practice since, including the development of 'Missing from Home Procedure' for children's social care staff and a programme of awareness raising for front line staff. Weekly performance reports are scrutinised by the Local Authority Lead Officer for Missing and the findings reported to the BSCB on a quarterly basis.
- A section 175 audit has been completed by the Safeguarding in Schools and Colleges Sub Group with 60 out of 80 Bury schools responding.

10. Serious Case Reviews

The BSCB Serious Case Review Sub Group oversees and quality assures all Serious Case Reviews (SCRs) undertaken by the BSCB. The Serious Case Review Sub Group is chaired by the Head of Safeguarding, Bury CCG.

The sub group is also responsible for screening cases as and when necessary and determining whether any new reviews should be initiated and if so under which model the review will be conducted. The sub group is also responsible for monitoring the implementation of the action plans arising out of reviews. The sub group is responsible for the implementation of the Learning and Improvement Framework in conjunction with the Training & Development Sub Group.

In 2014-15 the sub group oversaw several cases including one serious case review and a number of learning reviews or single agency reviews. The reviews are summarised below, along with the learning from the reviews and an outline of how the LSCB has asked the workforce to change their practice.

SCR Case I 13: What happened in this case?

The case concerned a 6 week old baby who was presented to hospital by parents. Medical examination revealed that the baby had sustained two broken

ribs and a fracture to his knee. Both parents had a history of substance misuse and were known to mental health services. They moved into the area in the latter stages of the mother's pregnancy. The father told a number of professionals that he had thoughts of harming the baby.

What did we learn?

- **Don't be afraid to challenge**

There was a lack of professional challenge between practitioners.

- **Recognising disguised compliance**

Disguised compliance is where a parent or carer gives the appearance of co-operating with agencies to avoid raising suspicions. This SCR found that practitioners were reassured by the parents' friendly and welcoming manner and their willingness to accept help.

- **Keep the focus on the child**

The SCR found that the two parents were in the main, the focus of professional concern. Complexity of risk and need was not well recognised or understood. The majority of interventions and risk assessments were focused on the adults needs and there was an over estimation of the parents' ability to cope both as individuals and as a couple.

- **Remember pre birth assessments**

Several risk factors were identified during the mother's pregnancy that indicated that a pre-birth assessment should have been carried out. These included the mother's pre-existing severe and enduring mental illness, both parents' previous self-harming behaviour, substance misuse, and the father's disclosure of anger management issues.

- **Toxic Trio**

The term "toxic trio" is used to describe the co-occurrences of mental health problems, substance misuse and domestic abuse in families. Children of parents who are affected by the toxic trio are at an increased risk of significant harm. Work in this area has shown that there is large overlap between these parental risk factors and cases of child death, serious injury and generally poorer outcomes for children across all ages.

What are we asking the workforce to do differently?

- Consider the risk to children and unborn children of parental lifestyle
- Always ask where is the child in this situation and consider the perceived levels of co-operation from parents
- Discuss cases of concern with safeguarding advisers in your organisations
- Be clear at the end of any professional consultation what actions are to be taken and whose responsibility they are

Child Deaths (Child Death Overview Panel)

In April 2008 Bury, Rochdale and Oldham joined to form a tripartite arrangement. The joint working of the three local authorities provides a wider data set to conduct analysis and investigate emerging trends. This year we have welcomed the enhanced contribution to the CDOP from partners in Public Health who have chaired the CDOP on a rota basis since January 2014. The CDOP is currently chaired by the Oldham Director of Public Health.

From 1 April 2014 to 31 March 2015 the CDOP discussed and closed a total of 81 cases.

Bury	17	21 %
Rochdale	28	35 %
Oldham	36	44 %

All three of the local authorities found the highest number of deaths occurred in neonates (deaths within 28 days of life) with a joint total of 47% (27) of the overall deaths. Another proportion of the deaths occurred in children aged 29 - 365 days, calculating 16% (9). If we combine the two categories this would indicate that 36 (63%) of the 57 child deaths occurred within the first year of life highlighting children under the age of 1 as the most vulnerable.

The largest number of child deaths in Bury occurred in children under the age of 1 totalling 61 (65%) of the 94 deaths. Of the 61 deaths under 1, 41 (44%) of these were neonatal deaths and 20 (21%) died between 28 - 365 days of life. Another vulnerable age group was identified in children aged 1 - 4 years with 13 (14%) of the 94 cases.

Of the three local authorities Bury has the least number of child deaths. From viewing year in year statistics there has been no drastic increase/decrease in specific age groups. Due to figures being so small an increase in 1 death can be viewed as a much larger percentage but remains insignificant.

There are a number of contributing risk factors in neonatal deaths which include; smoking during pregnancy, prematurity & birth weight, multiple pregnancies.

From 1st April 2008 to 31 March 2015 there have been a total of 9 child deaths reported to CDOP following suicide. The largest number of deaths occurred where the children resided in Bury. The CDOP continues to monitor the number of suicides and works with neighbouring CDOPs across Greater Manchester to investigate emerging themes. In 2015/16 the BSCB will be working and sharing findings with our partners in Public Health to develop an enhanced understanding of this issue.

The annual CDOP report is also presented to the Health & Wellbeing Board (HWB) and has informed the HWB priority 1 'Starting well' the findings of which are reflected in the action plan for the 'Starting Well Partnership Board'.

The [CDOP Annual Report](#) is published on the BSCB website.

Main achievements 2014/15

- We have concluded and published a Serious Case Review SCRI13.
- We have concluded a learning review.
- We have collaborated with the Greater Manchester Safeguarding Partnership to produce the third and fourth updates of the pan Greater Manchester Safeguarding Procedures.
- We have delivered multi-agency safeguarding training to 745 participants.
- We have produced multi-agency practice guidance to support professionals and volunteers who are working with issues of self harm.
- We have overseen the revision of the CAMHS pathway and service redesign.
- We have commissioned an external review of the Local Authority Children with Disabilities Service.
- We have reviewed and revised the multi-agency CSE procedures incorporating lessons from national guidance.
- We have developed a multi-agency HYDRA immersive safeguarding learning event, which will be run 4 times during 2015/2016.
- We have undertaken a section 175 audit with Bury schools.
- We have reviewed and improved operational responses for children and young people who are missing.
- Our partners at Early Break have facilitated a focus group of young people who have reviewed the BSCB website and made recommendations for improvements.

We said in the BSCB Business Plan 2014/15 we said that we would focus activity on 3 key areas;

1. Safeguarding children & young people from key priority vulnerable groups, including children who are looked after away from home, children who are privately fostered, children who are disabled, children who are vulnerable to sexual exploitation and/or are missing, and children who are living with the impact of domestic abuse, parental substance misuse, or poor parental mental health, children who are emotionally vulnerable.
2. Strengthening the voice of the child in all BSCB core activities.
3. Strengthening the BSCB Quality Assurance functions.

We did:-

- Children who are looked after away from home
 - The Safeguarding Children and Young People Living Away from Home sub group have the responsibility for overseeing actions in respect of young people who are looked after or living away from home.
 - A copy of the full Private Fostering annual report can be found as Appendix 3 to this report. The report identifies that recent audit activity has demonstrated there is further action required to embed processes amongst Children's Social Care staff of the Private Fostering regulations.
 - The Missing from Home audit has ensured that this has a priority agenda for practitioners resulting in an improvement in notifications.
 - The re-establishment of a private provider group that meets annually with the LADO to ensure all providers are alert and aware to local practice and procedures. This has ensured the notification pathway has been strengthened and improved.
 - The presence of an Adult Housing Lead has also provided information on 'sofa surfers' linked to the Children 's Trust's previous priorities and ensures members are alert and aware of this hidden harm.

- Children who are disabled
 - The BSCB commissioned an external audit of practice in relation to Children with Disabilities. An independent author with recent practice expertise in this area undertook a comprehensive review with the Local Authority Children with Disabilities Team. The audit measured current practice in line with the findings of the 'Ofsted Protecting Children: Thematic Report' published in August 2012. The author also undertook an audit of 15 cases. The findings and recommendations for the BSCB and the Local Authority have been translated into an action plan with progress reports being provided to the BSCB over the next twelve months.

- Children who are vulnerable to child sexual exploitation
 - This year we undertook an audit in respect of practice responses to children at risk of sexual exploitation (SEAM). The findings of which have informed the development of the revised BSCB multi-agency procedures.
 - We have reviewed and revised the BSCB Child Sexual Exploitation Procedures in response to local and regional developments.
 - We have raised challenges regarding the provision of regular CSE performance data and this is being addressed.
 - We have produced a revised CSE & Missing strategy and action plan for 2015/17. The CSE & Missing sub group continues to oversee the action

plan. A full copy of the Bury Phoenix Annual Report can be found as Appendix 7.

- Children who are missing

- The Children Living Away from Home sub group undertook audit activity in respect of children who are missing. This identified that processes to respond to children who went missing were not robust and a small working group developed its own MFH procedure for CSC staff that was introduced in April 2015. This has resulted in a differential response for all children who are missing, and not solely for those children who are looked after.
- We have established robust data analysis and performance mechanisms this year. The Local Authority Strategic Lead now presents a quarterly report to the BSCB CSE and Missing sub group. The report also goes to the BSCB Business Group for scrutiny. A comprehensive 'Missing' report is available as Appendix 9

- Children who are living with the impact of domestic abuse, parental substance misuse, or poor parental mental health

The term "toxic trio" is used to describe the co-occurrences of mental health problems, substance misuse and domestic abuse in families. Children of parents who are affected by the toxic trio are at an increased risk of significant harm. The Toxic Trio has been a feature in a number of recently concluded BSCB Serious Case Reviews.

- The BSCB Monitoring & Evaluation sub group undertook an audit of cases where the children were subject to a child protection plan. In all cases alcohol or substance misuse, poor mental health or domestic abuse were identified as factors. The audit identified areas of good practice and areas of learning. An overview report containing recommendations was developed with these recommendations incorporated into a SMART action plan.
- This year the BSCB welcomed ADS Addiction Dependency Solutions (One Recovery) the newly commissioned provider of local drugs and alcohol services to the BSCB.
- We were also pleased to receive ADS at the BSCB Business Group where reassurances were given regarding the provider's commitment to safeguarding children.
- ADS have also joined the Monitoring & Evaluation sub group and have participated in BSCB audit activity.
- The BSCB multi-agency trainer has also undertaken targeted awareness raising with ADS and with front line practitioners from Pennine Care NHS Foundation Trust (mental health).
- We have overseen the progression of the revised Domestic Abuse strategy and raised challenges.

- We have also raised challenges with the Community Safety Partnership regarding partner attendance at the MARAC.

- Children who are emotionally vulnerable

- This year a BSCB Task and Finish Group concluded work on [guidance](#) for professionals working with young people who are at risk of self-harm or suicide and this has now been published on the BSCB website.
- We are working with our partners at CAMHS to deliver a series of workshops in 2015/16 to support practitioners working in this complex area.
- We have overseen the service redesign of the local CAMHS service.

- Strengthening the voice of the child in all BSCB core activities

- A focus group of children and young people led by Early Break has reviewed the BSCB website and provided valuable feedback on how to make our work more accessible to them. We plan to implement those recommendations in 2015/16.
- Incorporated the views of children and young people in BSCB audit activity. This year we have sought feedback from young people at risk of CSE via the SEAM audit and via the Toxic Trio audit.
- The Voice of the Child is now an agenda item at BSCB meetings.
- Heard feedback from young people in respect of their experiences of services via the Bury Children's Rights' Team. A copy of the Bury Children's Rights Annual Report is available at appendix 10

- Strengthening the BSCB Quality Assurance functions

An analysis of BSCB performance and achievements in this area is also found under the **Discharge of Functions Section '6. Monitoring Effectiveness'**.

- A SEAM (Sexual Exploitation & Missing) audit has been undertaken and has been scrutinised by the CSE & Missing sub group. The findings have been submitted to the MASH/Bury Phoenix Steering Group.
- Quality assurance activity commissioned by the BSCB has identified strengths and weaknesses in key areas prioritised by the BSCB notably the support available to children with disabilities.
- A Toxic Trio audit has been concluded and scrutinised by the sub group. The report highlighted vulnerabilities in some participation by agencies in core group activity. A repeat audit of core group activity will be undertaken in 2015/16.

- An audit of responses to children and young people who go missing was undertaken by the Children Living away from Home sub group. There have been a number of changes and improvements in practice since, including the development of 'Missing from Home Procedure' for children's social care staff and a programme of awareness raising for front line staff.
- A section 175 audit has been completed by the Safeguarding in Schools and Colleges Sub Group with 60 out of 80 Bury schools responding.
- In Q2 of 2014/15 the BSCB agreed to adopt the Greater Manchester Safeguarding Partnership [multi-agency data set](#).

'Effectiveness of the BSCB'

Through the work of the BSCB we have continued to monitor our effectiveness and functioning. This year we have undertaken BSCB development activity in the form of a BSCB Development Day that took place in May 2014. The day was very well attended by BSCB members who were enthusiastic and considered:

'What does a good LSCB look like?'

Partners were asked to consider:

- How do we know about the quality of safeguarding practice? How do we know where improvement is required?
- How do we, as partners, challenge each other and hold each other to account regarding our contribution to the safety and protection of children and young people?
- How can we evidence the BSCB's effectiveness?
- How can BSCB and its partners engage with children and young people and promote the voice of the child?

An action plan was developed from the day and this has also contributed to a BSCB 'self assessment' undertaken by partners.

In 2015/16 the BSCB will be participating in an external Peer Review activity working with a neighbouring LSCB Independent Chair.

The BSCB continues to raise challenges with a number of our partners. A challenge log is regularly updated by the BSCB Business Manager with contributions from partners. Areas for scrutiny this year have included:

- timeliness of assessments
- the review of the Bury Domestic Abuse strategy
- partner participation in the MARAC
- HMIC Greater Manchester Police Child Protection Inspection

- capacity in the school nursing service; and
- the welfare of young people placed in secure mental health settings.
- actions from Serious Case review

Multi-agency performance data

Contacts and Referrals

Table 1: Contacts and Referrals

	Total initial contacts (number)	Progressed to referral (number)	% contacts progressing to referral	Rate of referrals/10k child population
Full Year 2012-13	7876	1818	23.1%	432 (SN Group Mean: 529)
Full Year 2013-2014	8613	3215	37.3%	759 (SN Group Mean 620.7) (Regional Mean 687.6)
Full Year 2014 - 2015	7900	2555	32.3%	617.5 (SN and Regional Group Mean not available)

- The number of contacts has remained relatively stable over the last three years.
- The reduced conversion rate of contacts to referrals 2014 -2015 has resulted in a referral rate comparable with statistical neighbours.

Table 2: Contact Sources

Contact source	% of Contacts 2014 -2015	% of Contacts 2013-2014
Police	50.5% (3950)	48.7%
Via Emergency Duty Team (EDT) and social care	2.5%	2.5%
Health	9.7% (766)	10.1%
Education and Schools	11.0% (869)	9.8%
Members of the public (including anonymous and self referrals)	7.7%	11.0%
Others including children's centres and Voluntary and independent agencies	4.1%	n/k
Other local authorities	2.8%	2.3%
Other Legal agencies e.g. probation, courts and CAFCASS.	5.5%	0.3%
Housing	2.8%	2.7%
Other sources	3.2%	11.8%

Table 3: Referrals by Source

Referral Source	% of Referrals 2014 -2015	% of Referrals England 2013-2014
Police	38.4% (980)	23.9%
Health	11.3% (290)	14.0%
Education	17.5% (447)	16.1%
Members of the public (including anonymous and self referrals)	8.5%	13.3%
Other e.g. Children's Centres, Voluntary and Independent Agencies	5.7%	7.2%
LA's including other local authorities and social care	10.9%	11.9%
Other Legal including Courts, Probation and CAFCASS	2.2%	3.9%
Housing	2.8%	1.6%

- **The largest number and the greatest proportion of Contacts and Referrals come from the Police.**

The most frequently recorded factor in police Contacts and Referrals is domestic violence, often associated with drug and alcohol misuse in the presence of children. The number and rate of CSC contacts and referrals is therefore likely to be highly influenced by changes in policing policy and practice. Irrespective of the source of contacts and referrals the referral rate is comparable with statistical neighbours.

- **The conversion rate of police contacts to referrals is significantly lower (24.8%) than the average conversion rate (32%) and of the conversion rate of contacts to referrals for Education (51%) and Health (38%).**

This is likely consequent on the more intimate knowledge that Health and Educational professionals have of the families with whom they work.

Child Protection Activity April 2014 – March 2015

Table 4

Rate/10k child population Or %	Bury 2014 -15	Bury 2013 -14	SN Mean Average 2013 -14	NW Region Mean Average 2013 -14	England Mean Average 2013 -14
Referral rate	617.5	758.9	620	687.6	573
% Re- Referrals within 12 months	23.9%	24.6%	24.1%	27.3%	23.4%
Rate S47	113.6	175.6	160.4	136.6	124.1
% Conversion S47 to ICPC	62.4%	47.7%	51%	46%	46%
% ICPC within 15 days	56% (Q4-85%)	47.3%	80%	70.9%	69%
Rate of ICPC	70.8	88.1	63.5	62.9	56.8
Rate of CP Plans 31 st March 2015	47.8	52.8	48.8	42.1	50.8
% CPP re- registration	20%	19.7%	16.5%	15.6%	15.8%

- The % re-referral rate usually taken as indicative of the quality of decision making at the 'front door' remains good and has improved.
- The rate of S47 investigations appears low – however the proportion progressing to ICPC is high and the rate of ICPC's is slightly elevated by comparison with statistical and other neighbours.
- The rate of CP plans is within the expected range.
- The re-registration rate remains higher than desirable.

Repeat Child Protection Plans.

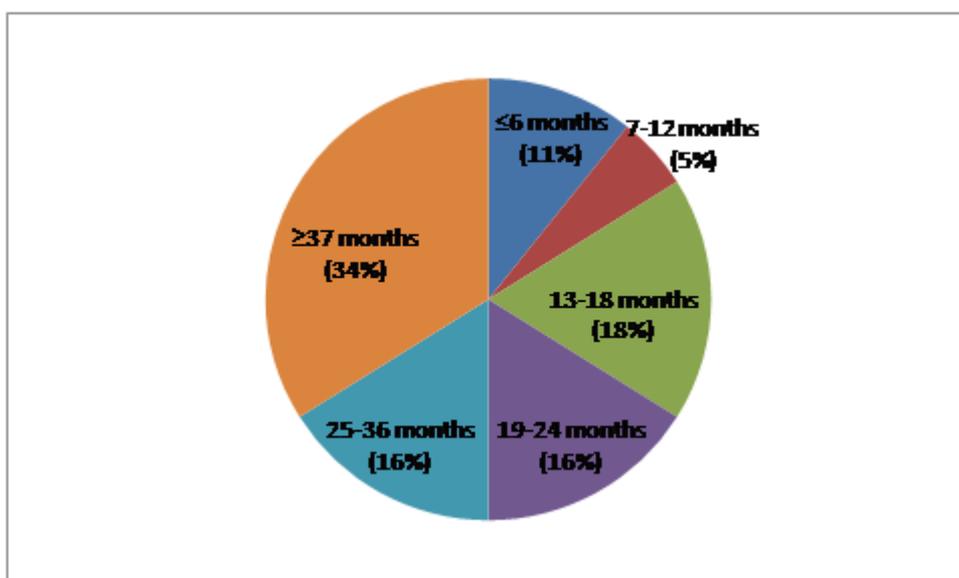
A 20% CP repeat rate although higher than desirable is within +1 standard deviation of the 2013-2014 mean (+1 SD = 21.1%). Our numbers are quite few, so only a small movement in either direction is amplified when expressed as a percentage and there were actually three fewer repeat plans than in 2013-2014.

North West regional data for 2014 – 15 including our statistical neighbours Warrington, Lancashire, Stockport and Sefton, have recorded increases in re-registrations during Q1-Q3 of 2014-2015 - it seems likely that the % repeat CP plan in Bury reflects a more widespread trend.

Detailed scrutiny indicates that 56 children who became subject to a CP plan in 2014-2015 in Bury had previously been subject of a plan.

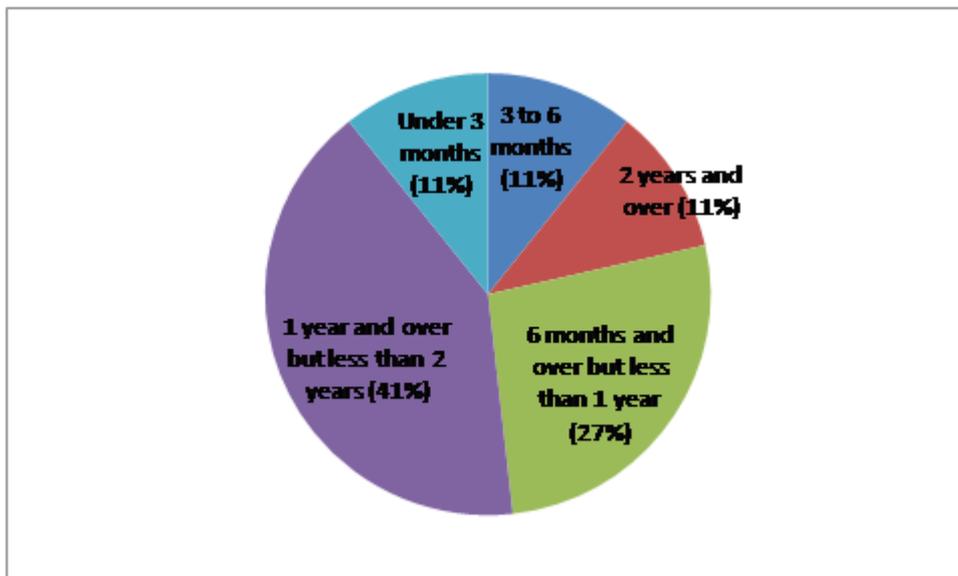
The first pie chart below breaks the group down on the basis of the elapsed time between the end of the most recently closed plan and the start of the 2014-2015 plan that counts as a repeat.

Exactly half of all the repeats occurred more than two years after the preceding plan closure; a third of all repeats occurred after three years. The longest gap was ten years. 16% of the repeat plans occurred within twelve months of the previous closure.



Consideration of the possible reasons for an elevated %age of repeat CP plans has included the hypothesis that previous plans have not been in place long enough to ensure sustainable change.

The second pie chart evidences that the previous plans were not characterised by brevity- in fact the opposite; the duration pattern of the previous plans was notably different – of generally longer duration - than for all plans that began in 2014-2015.



Only half of the previous plans ended in less than a year by comparison with 80% of those ended in 2014 -15.

Whilst there is thus no obvious indication that repeat CP plans 2014 -2015 were a function of precipitate closure of an earlier plan there are indications of 'practices' which may be creating avoidable repeat plans.

Case study: Three siblings on plans, seemingly with some beneficial effect. A family crisis and threat of eviction caused mother to ask for the children to be accommodated (S20). This was agreed, at which point the CP plan was ended, without review.

The children were Looked After for between 10 and 22 days before returning home. The process of getting the children back on a plan was initiated involving further assessment and ICPC. Had the children remained on a CP plan while simultaneously Looked After, until the long-term plan was agreed a lot of time and effort could have been more been more productively expended on behalf of the children - and the % repeat CP plans would have been reduced - and more meaningful.

Table 5: Conference Monitoring

	2014 -15	2013 – 14
Number of Initial Conferences held (children)	300	355
Parents seen Social Work report before conference	86%	80.9%
Parents seen other agency reports before conference	70.5%	54.6%
% Initial conferences starting late.	54%	54%
Child's views (where of an age) recorded in initial conference reports	89% (24% not of an age to be able to express view)	-
Review conferences within timescale	85%	93.9%
Child's views (where of an age to express a view) recorded in review conference reports	90%	-
% statutory visits conducted in timescale.	74%	-
% core groups at required frequency	85%	82.14%
% plans progressed appropriately between review conferences	83%	74.28%

Table 6: Attendance at Initial & Review Conferences

Agency	ICPC - % attendance of possible attendance	Review CPC - % attendance of possible attendance
Parents	89%	95%
Health Professionals (e.g. HV/SN)	87%	95%
CDAT (OneRecovery)	53%	59%
Mental Health	68%	38%
CAMHs	47%	36%
Midwifery	74%	n/a
Education	80%	67%
Children's Centres	58%	86%
Police	79%	2%
Probation	69%	49%
Case Holding Social Worker	99%	98%
Receiving Social Worker	56%	n/a

Table 7: Children Subject to Child Protection Plans – by Age

Age	Bury	
	31 March 2015	31 March 2014
Unborn	5 (2.4%)	-
Under 1 year old	22 (10.7%)	25 (11.3%)
1-4 years	56 (27.3%)	64 (28.8%)
5-9 years	70 (34%)	64 (28.8%)
10-15 years	46 (22.4%)	61 (27.5%)
16 years and over	6 (2.9%)	8 (3.6%)
Total	205	222

Table 8: Child Protection plans by category (as at 31st March 2015)

Category	Bury March 31 st 2015 Number and (Rate/10,000)	Bury March 31 st 2014 Number and Rate/10,000	England <i>Children becoming subject of a plan 2014/10,000</i>
Neglect	81 (19)	74 (17.5)	18.3
Physical abuse	10 (2.4)	22 (5.2)	4.1
Sexual abuse	16 (3.7)	6 (1.4)	1.9
Emotional abuse	85 (20)	118 (27.8)	13.8
Multiple categories	13 (3.1)	2 (0.5)	3.9
Total number of Bury Plans	205 (48.35)	222 (52.4)	42

Categories of Plan

'Neglect' and 'Emotional abuse' accounted for 80% of child protection plans as at March 31st 2015. 'Emotional abuse' invariably incorporates domestic violence as a background factor. The categorisation of 'Neglect' and 'Sexual Abuse' has increased by comparison with last year whilst the categorisation of emotional abuse has decreased.

Table 9: Ceased Child Protection Plans by period subject to a Plan

Length of time subject to plan when ended	Number of Bury Plans ceased in year 2014 – 2015	Number of Bury plans ceased full year 2013-14	% plans ceased NW 2013-14	% plans ceased England 2013-14
Under 3 months	56 (19%)	45 (23.4%)	22.6%	20.3%
3 to 6 months	52 (18%)	42 (21.8%)	11.6%	10.3%
6 months but under 1 year	128 (43%)	77 (40.1%)	38.7%	40.4%
1 year but under 2 years	54 (18%)	26 (13.5%)	22.5%	24.5%
2 years and over	7 (2%)	2 (1.0%)	4.5%	4.5%
Total	297	192		

Assessment Activity

Table 10: Timeliness of Assessments April 2014 – March 2015

	0 -15 days	16 -35 days	36 – 45 days	Incomplete/In progress	% IN TIME
Q1 April -June	187	314	101	412	59.4%
Q2 July - Sept	151	223	98	324	59.4%
Q3 Oct -Dec	126	360	103	107	77%
Q4 Jan - Mar	144	373	64	38	93.9%
Annual Total	608 (19%)	1270 (40.6%)	366 (11.7%)	881 (27.4%)	71.7% (2240/3125)

- **The number of assessments completed in year was not significantly fewer than in 2013- 2014.** It is unlikely that demand will drop back to that reported in 2012 -2013 when only 1646 (initial) assessments were started.
- **The conversion rate of referral to assessment was 93.7%. This is an increase of the conversion rate (80.9%) in 2013 -2014.** This high conversion rate is consistent with the improving effectiveness of the MASH.
- **Timeliness of assessments has improved from a low base year on year for the last three years. The improvement in 2014 – 15 is however significant.** In 2013 -2014 compliance with core assessment timescales was reported at 57.3%. The proportion of assessments completed in timescale during 2014 – 15 was 71.3% - for the last half of the year compliance was 89.2% and for the last quarter of the year compliance was 93.9%.
- **There is a significant contrast between the rate** of assessments at the beginning of the year by comparison with the end of the year. The assessment rate in Q1 (April –June 2014) was exceptionally high but has fallen back steadily in each subsequent quarter. The change in assessment volume coincides with changes and refinements to the management arrangements for the MASH, A&A and Early Help services - including changes of staff in key positions and the embedding of the Early Help and CAF services.

Table 11 Annualised Rate of Assessments/10,000 child population 2014 -15

April – June	July - Sept	Oct - December	Jan – March 2015
956	748	656	586.7

The Annual Report from the Safeguarding Unit is attached as Appendix 5.

A report on the Common Assessment Framework is attached as Appendix 6.

A report from the Phoenix Team (Child Sexual Exploitation) is attached as Appendix 7.

A report on child road casualty data is attached as Appendix 8.

State of Safeguarding

Name of partner agency	Key achievements during 2014/15
Adult Services	<p>Again this has been a busy year particularly within the Adult Safeguarding arena.</p> <p>This year brought an unexpected challenge when the law around Deprivation of Liberty changed. This change resulted in an unprecedented increase in the number of cases requiring consideration, placing considerable strains on Local Authorities and their partners. However, we have worked closely with our colleagues in Children's Services and our care provider services to identify those children and young adults who are affected by this legislation. Consequently, we now have a robust and clear approach to managing deprivation of liberty authorisations and court applications.</p> <p>As mentioned in last year's report, our strategic focus has been around preventing abuse. We have now developed a 3 year Prevention Strategy covering three main priorities:</p> <ol style="list-style-type: none"> 1) People who use our services and their carers 2) The Community 3) Organisations <p>Within this prevention approach is the recognition that young adults transitioning into adult services must be supported by clear and person-centred processes in order to prevent care breakdown. I am pleased to report that the transition pathway has been firmly embedded into practice and is working well.</p> <p>2015-2016 will be a year of change for the Adult Safeguarding Board. The Care Act has at last put Adult Boards on a statutory footing akin to that of Children's Boards. This is a welcome recognition of how important it is for agencies to work together to support and protect those adults who suffer abuse. The responsibilities of the Board have been made very clear, and it will require us to be innovative and creative in order to meet the changing agenda around Adult Safeguarding, obviously working closely with our partners in children's services to learn from their experiences and, ensure we are providing a seamless approach across both child and adult safeguarding agendas.</p> <p>Amanda Symes</p> <p>Safeguarding Adults Manager</p> <p>Bury Council, Department for Communities & Wellbeing</p>
Cafcass	<p>Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass is to safeguard and promote the welfare of children within the family courts by providing advice to the court, making</p>

	<p>provision for children to be represented and providing information and support to children and their families. A significant achievement in 2014 was being graded Good in Ofsted’s national inspection which recognised the hard work of practitioners in improving service delivery and being cost effective.</p> <p>Cafcass’ statutory function, as set out in the Criminal Justice and Court Services Act 2000, is to “safeguard and promote the welfare of children”. Safeguarding is therefore a priority in all of the work we undertake within the family courts and the training and guidance we provide to staff reflects this. Priorities have included recognising indicators of children vulnerable to sexual exploitation and trafficking, forced marriage and female genital mutilation.</p> <p>Reducing case duration is a significant feature of the government’s reform of the family justice system in the context of rising numbers of public law applications and has been a significant challenge to practice. 2014-15 Cafcass received 11,127 S31 care applications compared to 10,620 2013-14 and worked jointly with partner agencies engaged in the delivery of the family justice system to reduce the duration of care proceedings. In Sept –Dec 2014 average S31 case duration reduced to a national average of 30 weeks. 2014-15 saw a reduction in private law applications, down from 46,636 in 2013-14 to 34,357 in 2014-15. Sept – Dec 2014 the national average case duration in private law was 26 weeks.</p> <p>Deborah McCallum Service Manager, Cafcass</p>
<p>Children’s Social Care</p>	<p>1.0 During 2014 – 2015 Bury Children’s Social Care service was in a period of consolidation and ongoing development following the transitional period described in 2013 - 2014. The data attached (Appendix) and recent external review evidences improved and improving performance in respect of safeguarding practice by children’s social care, which is impacting positively on outcomes for our children.</p> <p>1.1 Demand. The demand for statutory social care services in 2014 - 2015 stabilised at lower levels than experienced during 2013 – 2014 and came into line with that of statistical neighbours. The indications are that the MASH and Early Help service which by March 2015 had been operational for eighteen months are impacting positively and ensuring proportionate early help to those in need. The conversion rate of contacts to referrals to the statutory service reduced and the referral rate were in line with the most recent data in respect of statistical neighbours – at the same time the number of children subject of a CAF/TAC doubled to more than 800 at year end.</p> <p>1.2 Processes and Multi-agency working. A recent independent review of children’s social care commissioned by the local authority internal audit department and undertaken by an ex-Director of Children’s Services during March 2015 provides objective assessment of the effectiveness of safeguarding</p>

	<p>arrangements for children in Bury. Amongst the conclusions were:</p> <ul style="list-style-type: none"> • Bury children’s social care has a highly committed and motivated workforce who feel highly valued, extremely positive and well supported. • The threshold for intervention is well embedded and well understood across the whole service • Management decisions on those contacts which progress to referrals are good. • The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership. • Children at risk of CSE are identified early. <p>2.0 Staffing and Caseloads. During the autumn of 2014 the Council invested in the establishment of additional permanent children’s social work posts. Reliance on agency social workers and social work managers a feature of the service in 2013 - 2014 was minimal by March 2015. The social work vacancy rate was low (around 5%).</p> <p>2.1 Caseloads in the Advice and Assessment Service reduced between April 2014 and March 2015 from an average of more than 30 children to an average of 11 children. Caseloads across other service areas reduced from similarly high levels to an average of 25 children and are on a slower downward trajectory.</p> <p>2.2 Assessment Timescales. There has been strong improvement during 2014 - 2015 in terms of compliance with assessment timescales (72%). During the last quarter of the year compliance was above 80% in every month. The upward trajectory in performance is indicative that a realistic target for compliance with assessment timescales in 2015 - 2016 will be 85%.</p> <p>2.3 Child Protection (CP) activity. Child protection activity in 2014 - 2015 reduced by comparison with 2013 - 2014 and against most measures activity is now in line with that of comparable local authorities. Whilst there was a significant ‘dip’ in the rate of S47 enquiries the rate of conversion of S47 enquiries into Initial Child Protection Conferences (ICPC) was very high and the rate of ‘new CP plans’ is consistent with expectations and by comparison with statistical and regional neighbours.</p> <p>2.4 The rate of children becoming subject of a CP plan in year who have previously been subject of a CP plan remains higher than desirable. Interrogation of possible causes, suggest that at least one of the reasons for this is un-necessary rigidity in application of procedures. There will be further exploration of this issue during 2015 - 2016.</p> <p>2.5 There has been solid improvement during 2014 -2015 in</p>
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	<p>compliance with the 15 day timescale for ICPC's. The performance in the last quarter of the year indicates that the changes to process introduced late 2014 will engender better than national average performance 2015 - 2016.</p> <p>3.0 Private Fostering. During 2014 - 2015 identification of 'private fostering arrangements' remained low (6). There is more work to be done in 2015 - 2016 to ensure both identification and the appropriate response to private fostering arrangements from the social work service.</p> <p>4.0 Child Sexual Exploitation. In April 2014 Bury established a dedicated multi-agency Child Sexual Exploitation (CSE) Team which is part of the wider Project Phoenix model developed for Greater Manchester (GM) to ensure effective and consistent responses throughout the locality. The Bury Phoenix team is co-located with the MASH and managed by the MASH Team Manager. The team includes social work and social care staff, an education worker and 3 dedicated police officers. In addition the police Missing Person Safeguarding Officer is based within the Phoenix team one day per week, whilst remaining the single point of contact (SPOC) for missing persons in Bury with responsibility for any young person's deemed missing.</p> <p>4.1 The development of the CSE team has not been as rapid as anticipated. It proved difficult to recruit to the assistant team manager post. A high calibre candidate finally took up post in March 2015.</p> <p>4.2 During 2014 - 2015 referral pathways into Phoenix and risk screening tools supporting the early identification of CSE were introduced and have become well embedded. The Phoenix Team have increasingly provided advice and consultation to those working with young people at low or low/medium risk of CSE and undertaken direct work with young people assessed as at high/medium or high risk. At the year end the team were undertaking direct work with 31 young people. The team have also provided a wide range of training and 'awareness raising' events across the borough.</p> <p>4.3 A challenge for the service has been ensuring appropriate case recording systems and an electronic database from which to extract key performance information. During the year additional investment was provided to purchase the 'bolt on' CSE module to the ICS system. This 'went live' in March 2015. This ensures greater management oversight of the work of the CSE team and enhances the capacity of the service to provide reliable performance data to the BSCB.</p> <p>4.4 The link between children 'missing from home' (MFH) and the risk of CSE is well understood. Procedures and processes are embedded to ensure that all children who have 'missing' episodes are in receipt of timely 'return home' interviews. A system to ensure learning from 'MFH' interviews is not well developed and will be the subject of further work during 2015 -</p>
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	<p>2016.</p> <p>4.5 A weekly report of children who are or who have been MFH during the preceding week is provided to all CSC strategic leads and the assistant director - the number is rarely more than six and the periods of absence are generally a few hours and rarely more than 24 hours. A senior manager has responsibility for ensuring these cases are tracked and that responses are appropriate.</p> <p>4.6 Children 'Looked After' by other Local Authorities placed in Bury (COLA's). There are approximately 200 COLA's in Bury. In the event that a COLA is reported MFH we routinely offer (in writing) to undertake a 'return home' interview for the placing local authority. During 2014 - 2015 we have been developing arrangements with other GM local authorities for our respective Phoenix teams to provide a CSE service to each others' COLA's in appropriate instances.</p> <p>4.7 'Distant' local authorities continue to place their LAC in Bury without notification. Safeguarding issues arise for Bury in respect of COLA's whose behaviours are known by the placing local authority to include MFH episodes and/or known risk of CSE and/or self harming behaviours. Work is ongoing with neighbouring and distant local authorities to ensure that Bury is enabled to fulfil its safeguarding duties to these children and young people.</p> <p>4.8 Under S85 of the C.A. 1989 the host local authority is required to consider undertaking an 'assessment of need' of COLA's resident in a hospital setting for a continuous period of 12 weeks. The hospital concerned has a duty to inform the host local authority of COLA's who have been resident continuously for 12 weeks. There is inconsistency in the extent to which the 4 hospitals in the borough routinely notify Bury of such young people.</p> <p>5.0 The safety and wellbeing of looked after children and care leavers. The safety and well being of children who cannot live safely within their own families is optimised if they can be placed permanently and in a timely manner with either extended birth family, an adoptive family or with long term foster carers.</p> <p>5.1 The priority afforded the timely achievement of permanence for looked after children, is reflected in 2014 - 2015 by an average 24 weeks for the completion of care proceedings and also by the fact that of those children leaving the care system 20% were adopted (29 children) and 8% (12) were made subject of special guardianship or residence orders. This is the best adoption performance ever achieved by Bury and above the national average (17%) for 2013 - 2014.</p> <p>5.2. The combination of effective permanence planning and improved timeliness of care proceedings saw the number of children in local authority care drop below 300 children for the first time</p>
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	<p>since 2010.</p> <p>5.3 There has been solid improvement in placement stability for looked after children during 2014 – 2015; only 9.8% of the cohort as at March 31 2015 had 3+ placements in year compared to 11% the previous year.</p> <p>5.4. The improvement in long term stability is even more notable; of those children looked after for 2.5 years or more 68% have been in the same placement for at least 2 years - by comparison with only 55% in 2013 - 2014. Performance against this measure is now in line with the national average.</p> <p>5.5 This improvement in placement stability is likely a consequence of the improved sufficiency of in-house placement provision. During 2014 – 2015 the use of external providers reduced to its lowest level for three years. The policy of the department remains that children requiring external placement provision will only be placed with providers who are rated by Ofsted as 'Good' or 'Outstanding'.</p> <p>5.6 Alongside MFH reports for looked after children (LAC), the attendance of school age LAC is tracked daily by the Virtual Head Teacher (VHT). A dedicated School Attendance Officer monitors and triggers early intervention where appropriate. At the end of term two 2014-15, the 'poor attendance rate' for LAC was low and improving - and nearly one third of school age looked after children had achieved 100% attendance in the year. Bury continues to have zero permanent school exclusions for LAC.</p> <p>5.7 The safety of care leavers (post 18 years) is ensured by the leaving care service (Extra Mile). Extra Mile supports care leavers (18 -21 years) into education, employment and/or training and ensures appropriate accommodation. There is strong partnership working between Extra Mile and the LAC Health service, the LAC Education service, CAMHs and Bury Housing.</p> <p>5.8 In 2014 -2015 Extra Mile were 'in touch' with more than 90% of Bury care leavers (18 – 21 years) and as at 31 March 2015, 95% of all care leavers were living in suitable accommodation and 40% of those who left care aged 18 years during the year 'stayed put' with their carers.</p> <p>6.0 Priorities 2015 - 2016</p> <p>6.1</p> <ul style="list-style-type: none"> i) Further development of CSE services, procedures and reporting mechanisms. ii) Embedding the Quality Assurance Framework, systemising quality assurance activity, further developing real time performance monitoring and ensuring that learning from QA activity informs practice.
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	<ul style="list-style-type: none"> iii) Ensuring learning from MFH return home interviews informs practice and service delivery. iv) Improving the identification of Private Fostering Arrangements and reviewing the social care response and services provided children in Private Fostering arrangements. v) Reducing the number of children who become subject of repeat CP plans. vi) Understanding the 'dip' in the rate of S47 enquiries in the context of the other performance data and responding accordingly. <p>Jackie Gower Assistant Director (Social Care and Safeguarding) Department of Children, Young People and Culture</p>
<p>Clinical Commissioning Group (NHS Bury)</p>	<p>The key priorities for the CCG in respect of safeguarding during 2014-15 have been that the needs of children are considered when commissioning health services and continued commitment to executive leadership and attendance by CCG officers at the BSCB, the Children's Trust Board, Corporate Parenting Board, the Domestic Abuse Steering Group, MAPPA (Multi Agency Safeguarding Arrangements), Serious Case Review Panels, Domestic Homicide Panels, Child death Overview Panel and the Health and Well Being Board.</p> <p>The vision for safeguarding within the CCG is to maintain robust, resilient and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Bury by working collaboratively with partner agencies. NHS Bury Clinical Commissioning Group will prioritise the safety and welfare of children and vulnerable adults across all commissioned and contracted services. The CCG will support and work to empower the health professionals across the health economy of Bury to be confident and knowledgeable in their decision making within safeguarding.</p> <p>To enable the CCG to fulfil its vision the CCG has an Executive Lead for Safeguarding and is accountable to the Governing Body of the CCG, who is a local GP and is an experienced safeguarding professional and is a member of the Strategic Board of BSCB. The CCG also has in place Designated Professionals who are members of the Business Group of the BSCB and a number of sub groups of the BSCB.</p> <p>The designated professionals provide support to the named professionals in the health provider services, namely, Pennine Care Foundation Trust and Pennine Acute Hospital Trust. The CCG has a role in monitoring training within the providers and levels of safeguarding activity via an annual audit of safeguarding standards. Additional assurance is provided via the CCG safeguarding working group which meets quarterly and is a forum for sharing good practice and learning</p>

	<p>within the health organisations in the borough.</p> <p>The CCG provides support and scrutiny to of two large non NHS providers in the area, namely the Alpha Hospital and the Priory Highbank, who provide services for the NHS to vulnerable children.</p> <p>Primary care services are commissioned by NHS England but the CCG has responsibility to ensure quality and equitable services are provided. Within this remit the CCG remains committed to providing proactive and responsive training for GPs locally and provides training to local GPs and practice nurses and has a rolling programme of training and peer support. During the last year there have been sessions on child sexual exploitation, domestic abuse and lessons learnt for serious case reviews and domestic abuse, alongside basic awareness training. However, the current figure for GP's who have attended training session provided by the CCG, within the last 3 years is 60% due to a changing workforce. There is continued programme of training for GP's with training available throughout 2015.</p> <p>The Bury Safeguarding Children Board have responsibility for oversight of the work to reduce risk to youg people of child Sexual Exploitation. As part of the response by health commissioners, NHS Bury CCG and Public Health have held a series of meetings to discuss the services young people at risk or victims of CSE need to have ready access. _To support the discussions a scoping exercise was completed to provide an understanding of the needs and the local services available.</p> <p>Maxine Lomax Head of Safeguarding, Bury CCG</p>
<p>Greater Manchester Police</p>	<p>Assistant Chief Constable Dawn Copley is the named strategic lead for safeguarding in GMP. She owns the portfolio for several areas of public protection including child abuse, domestic abuse, adult mental health, human trafficking and sexual exploitation within GMP. She holds the ACPO portfolio for custody issues. Each Division across GM has a Senior Leadership Team (SLT) and within that team there is a designated officer who sits on the LSCB. The Public Protection Division has a separate SLT structure for central governance. Each division has a Public Protection Investigation Unit with a Detective Inspector leading the team. In July 2014 Her Majesty's Inspectorate of Constabulary inspected GMP and published their report in December 2014. The report stated that protecting vulnerable people was a clear priority for the force and the Police and Crime Commissioner.</p> <p>The report highlighted areas of good practice, such as evidence that front line staff responded quickly to concerns and incidents that clearly raised child protection issues. The officers promptly undertook a range of preliminary activities to ensure the safety of children. The main themes for improvement in the report included recommendations around delays in investigations due to the backlog of work in the High Tech Crime Unit (Child Abuse images), structured liaison with senior CPS representative to reduce delays, better recording around the "voice of the child" and consistency around GMP in how MASH and CSE</p>

	<p>teams are structured.</p> <p>There is a comprehensive action plan in GMP covering all the issues highlighted by HMIC, and additional issues identified by GMP as a result of internal audit and skill assessments of staff. Several officers are dedicated to the delivery of the action plan, all of whom have extensive experience in the Child protection arena. A comprehensive training programme is rolling out across GMP; inputs to staff are bespoke to cater for the varying roles staff perform. Training has been delivered by very experienced staff within the Public Protection Division to ensure credibility, passion and consistency in the messages being delivered.</p> <p>GMP has recently formed a team to undertake a Vulnerability Review. These officers along with a Systems Thinking consultant are reviewing the whole picture across GMP, to ensure that services to vulnerable people are appropriate, and sustainable, during severe staff cuts. Whilst the initial topic has been the investigation of sexual offences, the topic of protecting children is next on the Change agenda.</p> <p>The Bury picture</p> <p>The Bury Multi Agency Safeguarding Hub (MASH) has been based at Bury Police Station since October 2013. It has been established by co-locating a range of professional and administrative staff from agencies with responsibility for safeguarding children in one building. The Bury MASH is recognised as an example of good practice. In July 2014 the Bury Phoenix Team was set up and were co-located with the MASH team to provide a centre of excellence for child sexual exploitation in Bury. The team provide a specialist service to undertake direct interventions with young people; they support families, parents and carers.</p> <p>The Bury Phoenix Social Worker and Family Support Workers deliver direct one to one interventions following assessment. Professionals in education, social care, children’s centres, connexions, youth services, police, and voluntary and community sector organisations are encouraged to be alert to sexual exploitation. The team work with these agencies to develop individual awareness packages to ensure that professionals are able to identify the signs and be alert to sexual exploitation and are then equipped to know what action to take in line with our local procedures.</p> <p>Safeguarding of children is a priority for GMP and we still face many a challenge around raising awareness amongst our communities and partners we have seen many successes, since the Phoenix team has been set up in Bury we have had a significant increase in the number of referrals for and a significant increase in intelligence surrounding CSE.</p> <p>Chief Superintendant Chris Sykes Territorial Commander – Bury & Rochdale Divisions</p>
<p>Cheshire & Greater Manchester</p>	<p>The governments ‘Transferring Rehabilitation’ programme meant that with effect from May 2014 the operations of the previous Probation Trusts were split with the creation of the National Probation Service</p>

<p>Community Rehabilitation Company (CRC)</p>	<p>and 21 Local Community Rehabilitation Companies (CRCs). Bury is served by the Cheshire and Greater Manchester CRC (CGMCRC) and operationally is part of a cluster which also covers Rochdale and Oldham. CRCs are responsible for managing most low and medium risk offenders subject to community orders or post release licence/supervision. In Bury CGMCRC is currently working with around 420 offenders. This includes a large proportion (around 25%) who are assessed as presenting a risk of domestic abuse as well as very significant numbers presenting with alcohol problems or other substance misuse issues.</p> <p>With effect from 1st February 2015 ownership of CGMCRC has passed to the Purple Futures consortium which is led by Interserve PLC.</p> <p>Key Achievements 2014/15.</p> <p>CGMCRC moved quickly to develop child safeguarding practice guidance relevant to the role of the new organisation in September 2014 and this guidance has now been implemented throughout the organisation.</p> <p>The new guidance takes account of previous Greater Manchester Probation Trust and Cheshire Probation Trust policies and procedures as well as learning from HMIP inspectors.</p> <p>CGMCRC is committed to all staff receiving safeguarding training commensurate with their responsibilities and including an understanding of local structures and procedures. Direction to staff around safeguarding is provided via a Risk and Safeguarding Practice Development Group made up of CGMCRC strategic Safeguarding Lead and local cluster Senior Probation Officer Leads. This group seeks to facilitate the sharing of best practice principles, communicate local/regional safeguarding developments and share relevant findings from Serious Case Reviews.</p> <p>Locally CGMCRC is represented on the BSCB and we would now hope to step up our engagement with sub groups during 2015/16.</p> <p>Nigel Elliott Assistant Chief Executive, Cheshire & Greater Manchester CRC</p>
<p>Learning & Culture</p>	<p>Schools and Colleges</p> <p>Safeguarding continues as a priority for Bury’s Primary and Secondary Schools and Post-16 providers.. This work continues to be well supported by the Safeguarding in Schools and Colleges sub-group and by work of teams such as the Children and Young People in Care Education team, the School Attendance Team and the Integrated Youth Support Service. There is now a permanent member of the School Attendance Team on the Multi-Agency Safeguarding Hub (MASH) and also permanent representation on Project Phoenix team dealing with CSE. The Head of the Integrated Youth Support Service now very effectively chairs the Early Help panel which allocates referrals from the MASH to Early Help providers.</p> <p>In Bury schools , 94% of Primary , Secondary, Special Schools and</p>

PRUs are judged to be good or outstanding in respect of the Behaviour and Safety of pupils by Ofsted. In 2014/15 inspections the following schools have been judged to be Outstanding by Ofsted for this aspect of their work:

Elms Bank Secondary Special School; Guardian Angels RC Primary; Higher Lane Primary; Hoyle Nursery School; Old Hall Primary; St Mary's Hawkshaw; St Mary's Prestwich

In only one inspection in 2014/15, at The Elton High School, was Behaviour and Safety judged to be requiring improvement and the safeguarding issues identified during the inspection have now been fully addressed by the school

Attendance at Bury schools is well above national averages and the authority continues to support schools in improving the attendance of those who are defined as persistent absentees. The level of Permanent Exclusions from Secondary Schools has been in decline in the last 3 years but this year has increased again and remains an area for focused work with Secondary schools. Exclusions at primary level remain rare and no looked after child has been excluded.

Over the last year substantial work has been done with schools on anti-bullying, including work on homophobic behaviour and bullying of disabled young people. The Be Safe Be Cool event for Y9's has continued to be run in every High School and there has also been training provided to High Schools on the Prevent agenda (prevention of radicalization). Following the publication of the Project Phoenix guidance for responding to Child Sexual Exploitation a working group was established to produce guidance for schools on prevent CSE. This will be rolled out to schools, accompanied by training for teaching staff during the Autumn Term 2015.

A full Safeguarding Audit has been carried out by schools this year and the schools continue to use the SMART IT system to record instances of bullying and racial discrimination. The SMART system has now been extended to help schools record low-level safeguarding concerns. Representatives of 10 High Schools and 2 Colleges have recently attended the Hydra Multi-Agency immersive training.

Children's Centres

A major reorganization of Children's Centre provision has taken place to help to target Children's Centre work on supporting the most vulnerable families at a time when the resources available to run Centres has been severely reduced. As a result of the reorganization there will be an increase in the number of Outreach workers operating out of 5 Children's Centre Hubs and their activity will be more closely monitored by Senior outreach staff. This will enable Bury Children's Centres, working with partners from health, job centres, schools and the voluntary sector to make an improved contribution to supporting the delivery of early help to children and families.

SEND Reforms

From September 2014 children and young people with Special

	<p>Education Needs and Disabilities are being supported through having an Education, Health and Social Care (EHC) plan rather than a Statement. These multi-agency plans are now in place in Bury and parent groups and young people have provided positive feedback about the increased involvement this has given them in identifying and meeting their support needs. The use of person-centred planning is at the centre of the process and Bury's SEND team, working with Parents' Forum has provided substantial training for professional in person-centred approaches. Young people with SEND have also been engaged in the development of the new plans. In addition to new assessments some 250 young people will have had their Statements of SEN converted to EHC plans in Primary and Secondary schools by the end of July 2015. This process will need to continue through the next three years as there remains over 1100 Statements still to convert.</p> <p>Ian Chambers Assistant Director (Learning and Culture) Children, Young People and Culture Department</p>
<p>National Probation Service</p>	<p>The implementation of the Transforming Rehabilitation agenda on 1st June 2014 resulted in the dissolution of Greater Manchester Probation Trust and the formation of 2 separate organisations working with offenders in Bury; the National Probation Service (NPS) and Purple Futures who were successful in bidding for the Community Rehabilitation Company (CRC) Contract Package Area of Greater Manchester and Cheshire.</p> <p>Bury, Rochdale and Oldham were clustered together and Nisha Bakshi replaces Sarah Jarvis as the Assistant Chief Officer (ACO) within the NPS with responsibility for the 3 boroughs.</p> <p>The primary functions of the National Probation Service are the following;</p> <ul style="list-style-type: none"> • Continued provision of Court Services including risk assessment, writing Pre-Sentence Reports and allocation of cases to the NPS or CRC as per the defined criteria • Offender management of all MAPPA eligible and High Risk of Serious Harm offenders <p>The National Probation Service continues to be a key partner in safeguarding children. Despite the NPS experiencing acute caseload and associated workload demands, safeguarding children has remained a key priority. Following a NOMS audit in April 2014 follow up internal quality audits were undertaken on child in need and child protection cases. Focus was on progressing the Think Family approach.</p> <p>This has developed generically across all cases with a view to wider considerations of the impact of offending and factors precipitating such behaviours have on children. iHop presentations have lead to an awareness of a need to support families of offenders in custody and available interventions resulting in greater child focused outcomes for a very vulnerable group. The integration of child protection plans into the OASys risk management plan and sentence planning document is</p>

another key development. Utilising high risk review meetings to check practice on this, but this is a driver in determining the role of probation with families where there exists a significant risk of harm to children. This may be implicitly linked to risk, or peripheral factors (for example motivation to engage).

Involvement in the development of non-statutory interventions with domestic abuse perpetrators with Strive, which continues now with the CRC. The Integrated Offender Management cohort will be expanded to include domestic violence perpetrators. The aim is that NPS staff will be co-located within IOM and Multi Agency Safeguarding Hubs across Bury, Rochdale and Oldham over the next 12 months.

The CSE strategy also continues to develop. On 1 April Janice France delivered a speech at St James' Palace to this year's Butler Trust award winners. At this ceremony presided over by Princess Anne, she talked about a strategy on Child Sexual Exploitation. In attendance were senior leaders from the Ministry of Justice, NOMS and other criminal justice organisations. Positive feedback was received for the depth of work being implemented by colleagues in Rochdale and Bury and the robust risk assessment and management practices with CSE perpetrators and sensitive approaches for victims.

With regard to training, single agency training has taken place into types of abuse and multi-agency referral processes; serious case review and domestic homicide review learning events in June 2014 and further one off briefings held throughout the year on Safeguarding practice. A further lessons learned workshop will be delivered to all NPS staff in September/October.

An appraisal objective will be set for all NPS staff during the 2015 – 2016 period to attend a minimum of one multi agency training event. In addition a key performance indicator locally will be for all staff to attend 100% of Child Protection Conferences from 1 July 2015. ARMS (Active Risk Management System) Tool training will take place from Sept to Dec 15, assessing risk posed by sexual offenders in replacement of the Thornton's Risk Matrix 2000 which was based purely on static information.

The NPS strategy for transitions work in relation to Youth Offending Services (YOS) and Probation is due to be finalised within a few months. This will be implemented in Bury in conjunction with the member of staff paid for by probation situated within the YOS along with two officers in the probation team, with a six month transitional window for joint working and transfer.

In addition review of ICO sentences (Intensive alternative to Custody Order) for 18-25 year olds, allows for a more responsive approach to young adults who are at risk from going to prison. Whilst the numbers made in bury are low, purely due to risk of serious harm issues impacting upon eligibility, there remains a focused review by Court staff writing reports to assess eligibility and suitability in all cases.

An audit schedule for 2015-16 pertaining to Child Safeguarding is due to be published, focusing on thresholds, domestic abuse, CSE and

	<p>CAF/Early Help provisions. Results and relevant learning will be made available via the Monitoring and Evaluation sub group, alongside detailed information with regard to performance measures and outcomes with a focus on sexual and domestic abuse offenders and risk to children.</p> <p>Nisha Bakshi Assistant Chief Officer Head of Bury, Rochdale, Oldham Cluster North West Division National Offender Management Service</p>
<p>NHS England</p>	<p>NHSE is a non- executive public body which is responsible for ensuring that health care is commissioned to meet the needs of the population across England. NHSE is broken down to four regional teams with a number of area teams providing more local assurance for health. During the 2014/15 year area teams were reconfigured which resulted in a Greater Manchester Area Team and the Lancashire Area Team merging. This team is now known as the Lancashire and Greater Manchester Sub regional Team. The merged team covers the North West Region. There are 20 CCGs within the combined Lancashire and Greater Manchester areas. NHSE is currently responsible for the commissioning of primary care contractors i.e. GPs, dentists, pharmacist and optometrists.</p> <p>The responsibility for ensuring that safeguarding duties for health in the North West are embedded into all health services which are commissioned for children and vulnerable adults within the region comes under the remit of the nursing directorate of the Lancashire and Greater Manchester Sub Regional Team in conjunction with CCGs. Designated Nurses are 'hosted' by CCGs however they are professionally accountable to the Director of Nursing for NHS England.</p> <p>1. NHSE Greater Manchester Area Team Safeguarding 2014/15:</p> <p>1.1. Achievements :</p> <ol style="list-style-type: none"> 1. Named GP 2. Primary Care Toolkit 3. CQC inspections 4. Greater Manchester Safeguarding Collaborative <p>1.2. Challenges:</p> <ol style="list-style-type: none"> 1. NHSE representation/funding contribution of LSCB 2. NHSE Safeguarding Accountability Framework

2.1. Achievements

2.1.1. Named GP

During 2014/15 funding has been allocated by NHSE to CCGs and agreement has been reached with Chief Officers of CCGs, as to the implementation of the Named GP role for Safeguarding. For each Authority monies have been allocated to the CCG by NHSE for the provision of services to support primary care health services to undertake their safeguarding duties. Work is underway by the CCG Designated Safeguarding Team to ensure that structures are in place to support primary care practitioners in their safeguarding role. This will include safeguarding training for primary care practitioners, authoring of IMRs and safeguarding assurance.

2.1.2. Primary Care Safeguarding Toolkit

A Greater Manchester primary care safeguarding toolkit has been devised by safeguarding designated professionals for use by all primary care contractors. The tool kit is intended as a safeguarding reference guide for practitioners for use within clinical practice. It contains safeguarding information for use by practitioners for both vulnerable children and adults and includes some guidance for responding to domestic abuse. Launch of the document will occur in July 2015.

2.1.3. Care Quality Commissioning Safeguarding Children Inspections

Throughout 2014/15 the CQC have made unannounced visits to three CCG areas. These are Heywood, Middleton and Rochdale, Stockport and Salford. Although other Greater Manchester CCG areas have not yet received inspections this is likely to occur in the 2015/16 period and recommendations from those CCGs who have received inspection have been shared.

2.1.4 Greater Manchester Safeguarding Collaborative

NHS England has continued to provide a forum for Designated Professional across Greater Manchester. This meeting affords the opportunity for updating on strategic issues e.g. FGM, CSE etc, sharing of learning from SCRS and DHRs, peer support and professional supervision.

The collaborative have overseen the development of safeguarding standards which are now included in all NHS contracts.

2.2. Challenges

2.2.1. NHSE representation at LSCBs

Working Together to Safeguard Children and Young people (2013) and the NHSE Safeguarding Accountability Framework (2013) has stipulated the requirement for NHSE to be represented at Local Safeguarding Children's Boards. Due to the number of LSCBs within the Greater Manchester Area and the number of staff employed within the Team this has proven to be a challenge although this has been mainly

	<p>achieved.</p> <p>Work is on-going nationally for the 2015/16 year to review appropriate representation by NHSE at all LSCBS which considers the possibility of designated nurses representation of NHSE. Further work is also being undertaken to review the requirement for NHSE, as a member of safeguarding Boards to make financial contribution.</p> <p>2.2.2.NHSE Safeguarding Accountability Framework</p> <p>The NHSE Safeguarding Accountability Framework (2013) gives clarity to commissioners and providers of health services as to the statutory safeguarding duties which are required. This includes duties of NHSE, CCGs and health providers. Revision of the above document was undertaken in 2014/15. Consultation ended in March 2014 and the final document is expected to be published in June 2015. Guidance is likely to review representation of NHSE on safeguarding boards, accountability of designated professionals in commissioning of health services for vulnerable people and the implications for safeguarding when co commissioning arrangements move forward in conjunction with local authorities and CCGs.</p> <p>Marie Boles Deputy Director of Nursing (Patient Experience) Lancashire and Greater Manchester Sub Regional Team NHS England</p>
<p>Pennine Acute Hospitals NHS Trust</p>	<p>The Trust continues to ensure representation on all LSCBs and LSABs within its footprint. The enclosed report provides evidence to the LSCBs of the safeguarding work undertaken within the Trust to enable it to discharge its duty against national guidance. The Safeguarding Team continue to develop systems and processes and work with staff and patients and other agencies to ensure the potential to protect adults at risk is maximised.</p> <p>A full report is attached as Appendix 11.</p> <p>Dr Suzanne Smith Head of Safeguarding Pennine Acute Hospitals NHS Trust</p>
<p>Pennine Care NHS Foundation Trust</p>	<p>Pennine Care NHS Foundation Trust (PCFT) provides Community and Mental health services to people living in the boroughs of Bury, Oldham and Rochdale. We also provide mental health services in Stockport and Tameside and Glossop as well as Community services in Trafford.</p> <p>Community services include:</p> <ul style="list-style-type: none"> • Dentistry • Health visiting and school nursing • District Nursing • Cancer and end of life care

- Long term condition management
- Health improvement and wellbeing
- Learning disabilities
- Paediatric occupational therapy
- Speech and language therapy
- Children’s community nursing services
- Adult therapy services
- Sexual health services

PCFT Community Services Bury is committed to working across the Bury health economy in partnership with statutory, non-statutory and third sector partner agencies to safeguard and protect children. PCFT contributes to the work of the Bury Safeguarding Children Board (BSCB), either chairing or participating in all of the BSCB sub groups. PCFT Community services Bury also contribute to the Children’s Trust Board and to the wider work of the BSCB, with representation on the range of steering groups and operational groups including those for MASH and CSE, MARAC and domestic abuse.

Safeguarding is represented at all levels of the organisation. The Director of Nursing is the PCFT Board lead for safeguarding. This role is supported by a trust wide Head of Safeguarding. Within Community Services Bury, the Service Director has overall responsibility for safeguarding and attends the BSCB Board. This role is supported by the Named Nurse for safeguarding children and adults and the safeguarding team. The Named Nurse fulfils the role as outlined in Working Together (2015) and in the intercollegiate document guidance (RCPCH, 2014). The Named Nurse has a key role in promoting good professional practice and ensures advice, support, supervision and training is in place for all frontline staff. The named nurse provides assurance that PCFT Community Services Bury fulfils their statutory requirements with regard to safeguarding and protecting children. Assurance at borough level is given and monitored via the Quality and Governance Assurance Group which reports to the PCFT Quality and Governance Committee a sub-committee of the Trust Board.

Safeguarding children training competencies for all health staff is outlined in the intercollegiate document (RCPCH, 2014) and is mandatory. All staff are required to undertake safeguarding children training at induction and receive a mandatory refresher, at a minimum of 3 yearly at levels 1 -3, dependent on the post holders role and responsibility.

On-going safeguarding audit processes are embedded in the Trust safeguarding calendar and new audits are being developed to demonstrate compliance with safeguarding standards. Two cross

	<p>borough audits were completed in 2014 – 15 on:</p> <ul style="list-style-type: none"> • Safeguarding Children Processes, including domestic abuse, in health visiting and school nursing and • Level 3 safeguarding children training. <p>In addition further audits are planned for 2015 -16 to consider:</p> <ul style="list-style-type: none"> • The health input into Child in Need and team around the child cases and • Number and quality of health referrals to children’s social care. <p>The safeguarding team also contributes to BSCB multi agency audits.</p> <p>PCFT Community services Bury has representation from the Named Nurse on the BSCB Serious Case Review panel and subgroup. We contribute to Serious Case reviews and Critical Case Reviews, supporting staff throughout the process and completion of action plans. The Named Nurse will also take up the role as chair of the training subgroup from June 2015.</p> <p>PCFT Community Services Bury will continue to work with partners to maintain and develop good practice in ensuring all children and young people within the borough of Bury are safeguarded and protected.</p> <p>Clare Kelly Named Nurse, Safeguarding Children and Adults, Pennine Care NHS Foundation Trust</p>
<p>Public Health</p>	<p>There are a significant number of public health commissioned services with a multitude of contracting arrangements and multiple providers. Whilst contracts have robust safeguarding arrangements in place, the Council is currently reliant on assurance from external organisations with lead commissioning responsibilities (e.g. CCG, NHS England). As the nature of the commissioning relationship changes new arrangements will need to be formalised. A review is planned of contracting and monitoring arrangements, and how public health governance can fully integrate into existing local authority, CCG and Joint governance structures.</p> <p>Introduction:</p> <p>Public Health commissions a number of services from a variety of NHS and Third Sector organisations:</p> <p>The main NHS provider is Pennine Care who provide the integrated sexual health service (in partnership with Pennine Acute Hospital Trust), School Nursing, Health Trainers, RU Clear Chlamydia Screening, Stop Smoking Service, and the Public Health Nutritionist and Infant Feeding Co-ordinator posts. Some pharmacies in Bury are commissioned to provide emergency hormonal contraception and chlamydia and gonorrhoea screening, and GP practices provide NHS Health Checks and long acting reversible contraception. Drug and</p>

alcohol services for people aged 18+ are provided by One Recovery Bury and children's substance misuse services are provided direct by the council.

Three voluntary sector organisations are commissioned in collaboration with other Greater Manchester local authorities to provide STI and HIV prevention services, those being the LGBT Foundation, George House Trust and Manchester Action on Street Health.

Prior to April 2013, these services were commissioned by Bury Primary Care Trust. Under the NHS there were established clinical governance arrangements by commissioners and providers, both separately and together. These structures and processes were in place to ensure a culture of accountability for quality, safety and risk management. This included the embedding of quality standards, evidence based practice and national guidance including NICE guidance. The focus being on continual improvement, with the assessment and management of associated clinical risks.

NHS arrangements include well-established procedures for the escalation of serious untoward incidents within provider organisations and communication to commissioners and national bodies if necessary. The transfer of public health commissioning responsibilities to the Local Authority has meant that some of these governance structures and processes have become less clear for public health commissioned services and require review at an organisational level to provide assurance in terms of safeguarding.

Current arrangements

Pennine Care & Pennine Acute

Public Health services provided by PAHT and Pennine Care currently remain contracted through a third party arrangement with Bury CCG as the primary commissioner. The Director of Public Health is a member of the CCG governing Body and as such we are assured that robust contractual arrangements in relation to safeguarding and clinical governance remain in place.

Pharmacy Providers

NHS England is responsible for monitoring compliance with the NHS contract by pharmacy contractors. The usual process is to request an annual return from contractors and visit a selection each year. The General Pharmaceutical Council are responsible for standards for pharmacists and pharmacy premises, with a team of inspectors visiting every 2-3 years, or in response to complaints made. Within the contract needs to be included that pharmacy professional and contractors:

- Practice within the GPhC Standards of Conduct, Ethics and Performance
- Meet the GPHC Standards for Registered Premises

- Meet the Practice Standards for Consultation skills in pharmacy practice
- Are aware of safeguarding responsibilities
- Comply with all clinical governance requirements under their essential services contained in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

General Practice

There are already NHS England Governance arrangements in place for General Practice, those being:

- CQC registration
- Performers list inclusion for General Practitioners (internal by NHS England)
- Infection Control undertaken through IC teams now hosted within Local Authorities
- Contractual compliance (self-declaration submitted to NHS England)
- Patient Feedback (Complaints/Comments/NHS Choices feedback)
- Quality Improvement (CCG support and processes in place to support member practices)

Collaboratively commissioned services

The lead commissioner is responsible for gaining assurance on safeguarding & clinical governance.

Future developments

It is likely, as has already occurred in many other Councils, that Bury Council will at a future point terminate the third party arrangement and commission directly NHS Trusts and other providers of services. This process is already underway for the provision of the integrated sexual health service, which is currently out to tender as a joint contract with Rochdale and Oldham. (The service specification has been reviewed by the Safeguarding Team and also includes the requirements to utilise the Greater Manchester standardised CSE risk assessment tool and referral pathway).

Other commissioning arrangements are also changing for example, the CCG are entering a co-commissioning arrangement with NHS England in relation to Primary Care and there is likely to be further development of collaborative commissioning arrangements for example across Greater Manchester or sectors and between local commissioners particularly in light of the greater Manchester devolution agenda..

In this changing context, Bury Council will need to continue to be

	<p>assured that it is commissioning services from providers who have robust and effective safeguarding and quality systems in place and that providers adhere to clinical and service standards set by relevant professional organisations.</p> <p>To assist with this the Department of Health have produced a contract specifically for Public Health services commissioned by Local Authorities. This detailed contract covers incident reporting, data protection, continuous improvement requirements, complaints and safeguarding. The contract is in two parts – schedule A which sets out the specifics in relation to these elements and other legal areas, and schedule B which forms the service specification template. As the Council re-procures services we will be utilising this contract or a local version which includes the key safeguarding elements.</p> <p>Furthermore in light of the changing context there will be a review during 2015-16 of each public health contract and associated governance arrangements to answer the following questions:</p> <ol style="list-style-type: none"> 1) What is the nature of the contractual relationship? E.g. does the council directly contract the provider? Is the arrangement tied to a core contract held between the provider and another organisation (i.e. NHS England, Bury CCG)? Is it collaboratively commissioned? 2) Where the arrangement includes other organisations, where does the responsibility lie for each aspect of clinical governance, including safeguarding and what mechanisms are in place to provide assurance back to the Council? 3) Within the current contract are all the necessary provisions included i.e. Has the Department of Health public health services contract template or a local version been adopted which enables the Council to commission and monitor providers against all elements of clinical governance? <p>Lesley Jones Director of Public Health</p>
<p>Third sector</p>	<p>Despite the levels of austerity that are impacting the third sector has continued to support and champion Safeguarding across Bury.</p> <p>Between March 2014 and April 2015 B3SDA ran three half day courses of their Safeguarding course attended by 32 individuals from 13 organisations. The course was funded by a restricted reserve from a previous Children’s Services under spend programme and going forward there is unlikely to be an offer of safeguarding training due to no existent budget unless a charge can be levied. As the training was targeted to small community groups this may impact on take-up.</p> <p>A total of 159 participants from the third sector took up BSCB training in 2014/15. This was the largest group to engage in offered training followed by schools at 150 and CSC 141. There is clearly a willingness to be engaged in the agenda that can be demonstrated in this statistic.</p>

	<p>The sector was offered Safe Network training on section 11 audit standards for the Voluntary sector in September 2014 and across the borough organisations have started to progress this work and embed the requirements. These standards focus on key areas of organisational responsibility from Safeguarding. Sadly there is a reduction in regional support and networking opportunities due to restrictions on funding for this organisation.</p> <p>Going forward to 2015/16 B3SDA faces its own uncertain future to support ambition for the Local Authority and statutory partners. The reduction of opportunity to consult, engage and train voluntary, faith and community groups through an infrastructure organisation is likely to have some impact on safeguarding.</p> <p>The sector continues to offer a willingness to support the 2015 Working Together and notes its responsibilities named within. With further reliance and promotion of volunteering opportunities the balance to safeguard and support volunteers and offer services remains at the core of B3SDA and all represented organisations, however in the backdrop of £1.7 billion reduction in Government grants for the sector in the last two years it is yet to be determined how this will impact.</p> <p>Vicky Maloney Chief Executive Early Break & BSCB Third Sector Representative</p>
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How safe are children in Bury?

The BSCB is required to ensure the effectiveness of the work that is done to safeguard and promote the welfare of children and young people in Bury. The BSCB does this by discharging its statutory functions as detailed in this report at page 10 '**Discharge of statutory functions**'.

Our statutory partners have also prepared an analysis of their own agency contribution to keeping children safe in Bury which can be found from pages 35 - 56. This year there has also been external scrutiny of local safeguarding arrangements:

The Local Authority internal audit department has commissioned an independent review of Children's Social Care safeguarding arrangements through the Local Authority audit department.

In July 2014, HM Inspectorate of Constabulary (HMIC) published an inspection report into the child protection work carried out by Greater Manchester Police. This is part of a rolling programme of child protection inspections of all police forces in England and Wales.

In March 2014, HM Inspectorate of Constabulary (HMIC) reported concerns about how Greater Manchester Police tackled domestic abuse. HMIC was concerned with how the force operated in certain areas and recommended improvements it should make. In November 2014 HMIC carried out a follow up inspection to check on the progress of those recommendations.

Multi-agency performance data analysis also assists us to understand whether a difference is being made to the lives of children and young people in Bury and is found at page 23.

Together these reports tell us that in 2014/15 we have seen improved performance by Children's Social Care in key areas of safeguarding practice. Good progress has been made in a number of areas that we of concern to BSCB members in the preceding financial year (2013/14).

This year the demand for a statutory social care service has stabilised, improvements in the timeliness of the completion of assessments have been reported and social work caseloads are reducing. The independent review of children's social care concluded that the threshold for intervention is well embedded and well understood across the whole service; management decisions on those contacts which progress to referrals are good. The referral pathway for children in need of protection is well established with speedy triage and evidence of multi-agency decision making and timely strategy meetings which are well attended by the partnership.

'Neglect' and 'Emotional abuse' continue to account for accounted for the largest percentage of child protection plans as at March 31st 2015 (80%). 'Emotional abuse' invariably incorporates domestic violence as a background factor. The largest number and the greatest proportion of Contacts and Referrals also come from the Police and the most frequently recorded factor in police Contacts and Referrals is domestic violence.

Regionally HMIC carried out a follow up inspection with Greater Manchester Police in November 2014 to check on the progress of the recommendations from the March 2014 domestic abuse inspection. Inspectors found that Greater Manchester Police has made significant improvements to the way it approaches domestic abuse, and is now providing a higher level of service to victims.

On a local level the BSCB has maintained oversight of the production of the revised Bury Domestic Abuse strategy. Progress has been slower than anticipated. A number of positive local developments have been taking place however to address the issue of domestic abuse such as the Strive initiative and the Barnardos Safer Families Service.

Following an inspection in July 2014 HM Inspectorate of Constabulary (HMIC) published an inspection report into the child protection work carried out by Greater Manchester Police. The GMP action plan in response to the findings has been presented to the BSCB. Reports on progress will continue to be scrutinised by the BSCB over the next twelve months.

Safeguarding continues to be a priority for Bury schools and colleges. Rates of attendance are excellent, although the rate of permanent exclusions is rising and is the subject of ongoing scrutiny. Substantial work has been done with children and young people in Bury schools to address issues such as anti-bullying and tackling homophobia. Children and young people have reported to our partners via forums such as the Youth Cabinet and the Circles of Influence events that these issues are important to them.

Bury continues to have an excellent record on road safety for children and young people. The Bury Road Safety team undertakes a proactive campaign of road safety in Bury schools and faith groups to keep children safe on Bury roads.

The function of holding our local partners to account is becoming more challenging in response to the increasing fragmentation/diversification of public service accountability structures. The changing nature of accountabilities in relation to the health service and the probation service will have implications for safeguarding that are still being worked through and will continue to provide us with challenges. Our statutory partners who are commissioners of health services (CCG & Public Health) have provided the BSCB with reassurances that the needs of children and young people are prioritised when commissioning services.

In 2014/15 many of our partners reported facing increasing demands on their services in the context of austerity and diminishing resources. This year the BSCB has scrutinised the re-organisation and re-structure of some key services to the most vulnerable children and families. In 2015/16 the BSCB will continue to prioritise the scrutiny of services to these vulnerable priority groups.

There are many indications that there are effective safeguarding arrangements in Bury with a real commitment to safeguarding children demonstrated by BSCB partners. However the BSCB also recognises that there are significant challenges ahead and is not at all complacent about what more needs to be done to improve. The BSCB is grateful to its members for their continued commitment to safeguarding and to continue to strengthen and improve effective safeguarding arrangements for children in Bury.

A word from our lay members

We were appointed to Bury Safeguarding Children Board in 2011 and 2012.

We both had careers in social care and educational settings. Since retiring from our occupations our paths have taken us into voluntary work as school governors plus general involvement in our local communities. Always acknowledging the care, protection and safeguarding of children has been our priority.

The appointment to the board opened our eyes to the enormous task of keeping our children safe, especially as concerns have escalated in areas of child sexual exploitation, online grooming, chat rooms and general problems presented to our young children and adolescents with their mobile phones and access to the internet. The age at which children are targeted appears to be getting younger and this is of great concern to us as primary school governors.

The board brings together representatives from many disciplines who contribute in their various ways to the safeguarding of children. Shared information and minds are essential to keeping our children safe as well as understanding the respective procedures and responsibilities of individual agencies.

As part of our role as 'lay members' we have participated in several sub groups dealing with various issues important to the functioning of the Board. We have played an active role, and hopefully made a contribution to those sub groups, as well as keeping ourselves fully informed so as to be able to deliberate and reflect with others with the Board's decision making process.

Our initial feelings regarding the Board were that it was a 'talking shop', discussing reports and information written by other sub groups for ratification. The emphasis appeared to be much more on procedures than on a proactive body. Understanding data, statistics and their implications was at times challenging.

However, over the past few years, various strands have come together and we are mindful of the enormous task, responsibility and accountability that lies on the shoulders of various organisations, which contribute to the Board. This has been particularly apparent at the Serious Case Reviews and the subsequent demands on agencies to show that they have followed up on the learning gained from the recommendations made in reports.

Four years ago the role of the lay member was unclear and would appear to have been left to individual local authorities to define it. Despite further clarification in Working Together to Safeguard Children (HM Government, 2013), we feel that the role is still evolving.

We are standing down from the role of lay members as our term has been completed. We hope the new appointees will be able to develop the role further, building on our contribution to the safeguarding of children in Bury. We wish them well.

Challenges ahead 2015/16

National

- Impact on resources and the workforce in the context of austerity measures

For the BSCB

- Continuous self assessment so that as a LSCB we are effective and we are making a difference.
- Inspection 'readiness'
- Finance and resourcing challenges and their impact on the effectiveness of the BSCB
- Strengthening the voice of the child in all BSCB core activities
- Securing adequate resources to fund a Quality Assurance & Performance Officer

For multi-agency safeguarding practice

- The implementation of the BSCB 'Neglect strategy' and assessing its impact upon practice
- Safeguarding children & young people from key priority vulnerable groups identified in the BSCB Business Plan 2015/16
- Emerging and developing safeguarding issues; the 'Prevent agenda', modern slavery, anti-trafficking, e -safety

BSCB Business Plan Objectives 2015/16

In 2014/15 the Monitoring & Evaluation Sub Group commissioned an independent consultant to develop a revised BSCB Quality Assurance Framework. As part of this work a new approach was taken to the development of the BSCB Business Plan. BSCB Business Group members and sub group chairs were asked to complete a 'Safeguarding Needs Summary Template'. This summary was reviewed and updated in 2015/16 and has contributed to the development of the Business Plan for the coming year (2015/16).

In addition to the "Safeguarding Needs Summary", the Business Plan was informed by, the learning from local research & audits, Serious Case Reviews, the Joint Strategic Needs Assessment 2014, BSCB Chair dialogue and annual structured sessions with partner agency leads. This enabled us to identify vulnerable groups warranting higher priority over the next three years.

The Business Plan for 2015/16 has been updated with clear outcomes for the BSCB and for children and families in Bury. Each of the BSCB sub groups will draw up their (SMART) work plans based upon the outcomes and milestones in this plan. The plan will be reviewed at every BSCB meeting and in March 2016, new outcomes for each priority group will be considered.

This plan outlines the key priorities for Bury Safeguarding Children Board (BSCB) over three years.

Acknowledgements

BSCB wish to thank the following organisations for their contributions as follows:-

Provision of training pool members/specialist trainers

Pennine Care Foundation NHS Trust

Children's Services, Bury Council

Early Break

Greater Manchester Police

Sara Swann

Ruth Pearson

ADS One Recovery

Pennine Acute NHS Hospital Trust

Provision of meeting rooms/training venues free of charge

Children's Services, Bury Council

Greater Manchester Police

Contributors to the Annual Report

BSCB and Business Group members

BSCB Team

BSCB Sub Group Chairs

Barbara Long, Accountancy Department, Bury Council

LIST OF APPENDICES

APPENDIX 1 - BSCB and sub group members 2014/15



sub group
membership 14-15.doc

APPENDIX 2 – LADO report



Final LADO Annual
report April 1st 2014

APPENDIX 3 – Private fostering report



Item 6 Private
Fostering Annual Rep

APPENDIX 4 – Training figures



BSCB Training figures
2014.docx

APPENDIX 5 – Safeguarding annual report



SQAU annual report
final.docx

APPENDIX 6 – CAF/Early Help annual report



CAF Report 2014
2015.doc

APPENDIX 7 – Phoenix Team report



Phoenix Team -
Annual Report 2014 1

APPENDIX 8 – Road casualty report



Child Road Casualty
Report 2014.doc

APPENDIX 9 – Bury Children’s Rights report



Item 1 Annual BCR
report.docx

APPENDIX 10 – Children missing from care report



Children Missing from
Care.docx

APPENDIX 11 – Pennine Acute Hospitals NHS Trust



LSCB report
2015.doc

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Bury Health and Wellbeing Board

Title of the Report	Priority 1 Bi-Annual Progress Report		
Date	24 September 2015 – deferred and carried forward to 17 December 2015		
Contact Officer	Mark Carriline		
HWB Lead in this area	Mark Carriline		
1. Executive Summary			
Is this report for?	Information	Discussion X	Decision
Why is this report being brought to the Board?	At request of Board to update on progress against Priority 1		
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	Priority 1, Ensuring a positive start to life for children, young people and families		
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	Children and Young People		
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.	For information		
What requirement is there for internal or external communication around this area?	N/A		
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.	Assurance & tracking is through the Children's Trust Board and Starting Well Partnership Board (under 5 health outcomes); SEND Implementation Group (responsible for SEND reforms) and CYP & Culture Management Team (Positive & Resilient Parenting and Narrow the Attainment Gap).		

2. Introduction / Background

It has been agreed that the Children's Trust Board owns and oversees the successful delivery of Priority 1 of the Health & Wellbeing Strategy.

The Health and Wellbeing Board Terms of Reference state;

"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."

In order to ensure effective governance and accountability for delivering priority 1, it was agreed that:

- The minutes from Children's Trust Board will be made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. The Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.

November Children's Trust Board minutes attached (draft)



- A detailed work plan would be created detailing key work streams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions. See below...

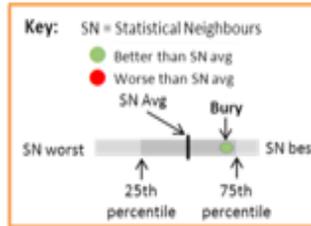
ACTIONS	MEASURES OF SUCCESS	Detailed Actions	Timescales	Responsible Officer	Responsible group	Update on progress
<p>1. Improve health and developmental outcomes for under 5's</p>	<p>Improve health outcomes for under 5's</p>	<p>See Starting Well Partnership report attached</p>  <p>Report for the Health and Well Being</p>	<p>See Starting Well Partnership Board report attached</p>	<p>Director Public Health</p>	<p>Starting Well Partnership</p>	<p>See Starting Well Partnership Board report attached</p>
	<p>A higher proportion of children will be school ready</p>					
<p>2. Develop integrated services across education, health & social care which focus on the needs of the child, especially those with the most complex needs</p>	<p>SEND reforms implemented</p>	<p>See CYP&C ½ yr report attached</p>  <p>CYPC Departmental Plan Progress Report</p> <p>See attached SEND Progress report</p>  <p>Dec 15 SEND update.docx</p>	<p>There are various timescales – see attached CYP Dept Progress Report and SEND Progress report attached</p>	<p>Assistant Director Learning & Culture, CYP & Culture</p>	<p>SEND Implementation Group</p>	<p>See CYP&C ½ yr report attached and attached SEND Progress report</p>
<p>3. Support positive and resilient parenting, especially for families in challenging circumstances</p>	<p>Fewer children making repeat entry into social care systems</p>	<p>See CYP&C ½ yr report attached</p>  <p>CYPC Departmental Plan Progress Report</p>	<p>See CYP&C ½ yr report attached</p>	<p>Assistant Director Social Care, CYP & Culture</p>	<p>CYP & Culture</p>	<p>See CYP&C ½ yr report attached</p>
	<p>Children move from care into high quality permanence</p>					
	<p>Children in care stable placements</p>					

4. Narrow the attainment gap amongst vulnerable groups	Improvements in the differences in levels of educational attainment across the borough and between groups	See CYP&C ½ yr report attached  CYP&C Departmental Plan Progress Report	See CYP&C ½ yr report attached	Assistant Director Learning & Culture, CYP & Culture	CYP & Culture	See CYP&C ½ yr report attached
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Priority 1 - Ensuring a positive start to life for children, young people and families

Measures:

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 to 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



The data below are nationally-published indicators that can be matched to the Strategy measures shown above. Where data is available, they show how Bury is doing in relation to similar Local Authorities, and over time.

More indicators will be added following discussions and development.

■ = Bury is in lowest quartile (of SN)

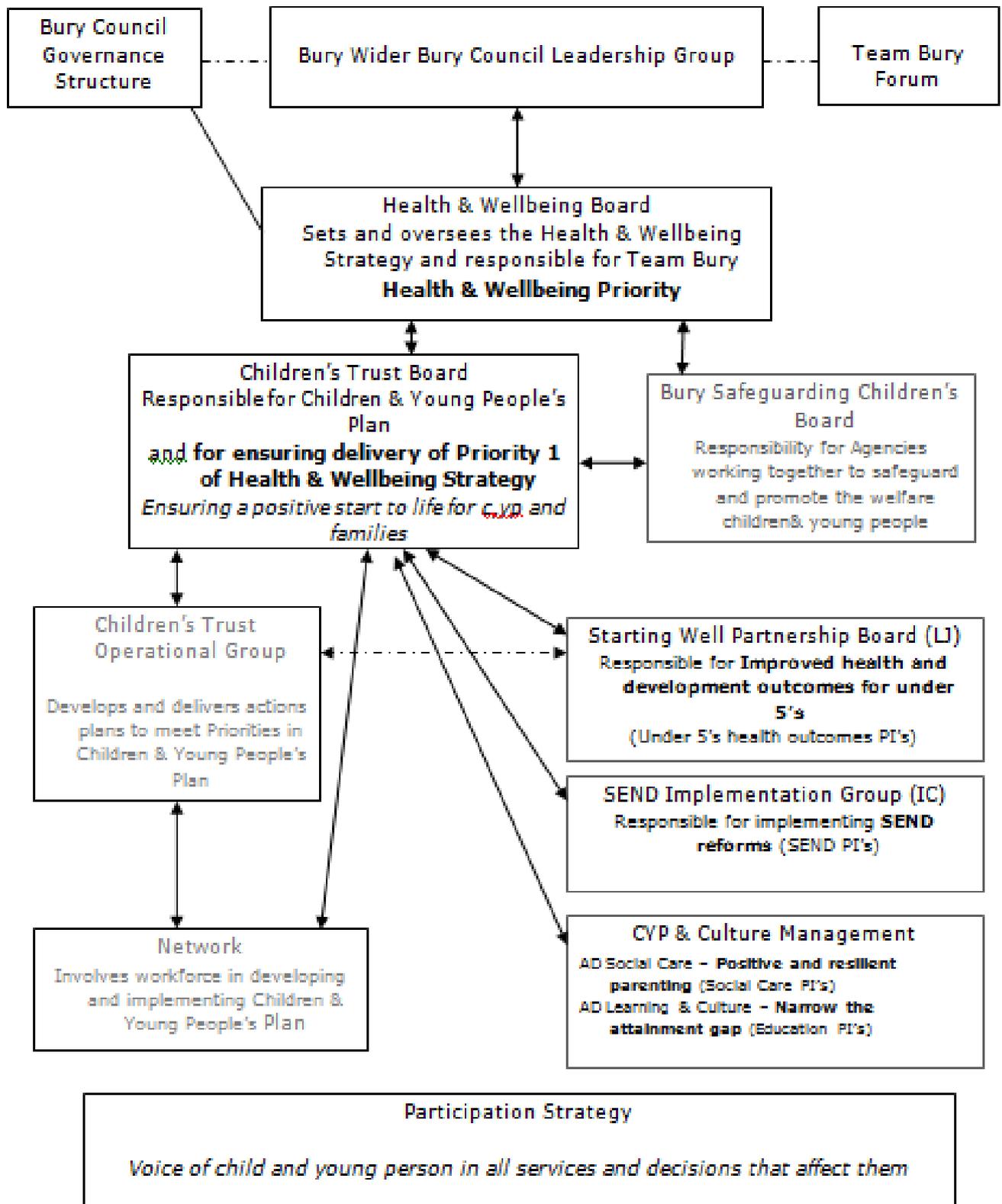
NB: No significance implied

Strategy Measure Number and Indicator	Bury	SN Avg	SN Best	Statistical Neighbours range	Bury Trend	Trend - which is	Target	SN Worst	SN Best	Time Frame	Bury Rank 1=best, 15=worst	Description	Latest Update	Source
1a i) Smoking status at time of delivery	13.6	17.2	13.2			↓	Best in	22.4	13.2	2013/14	2	% of maternities	Nov-14	PHOF
1a ii) Breastfeeding initiation	63.7	65.7	78.3			↑	Best in	55.5	78.3	2013/14	3	% of infants	Nov-14	PHOF
1a iii) Breastfeeding prevalence at 6-8 weeks after birth	36.1	37.6	46.3			↑	?	31.2	46.3	2013/14	n/a*	% of infants due a 6-8 week check	Nov-14	PHOF
1a iv) Infant Mortality	4.6	4.3	3.0			↓	Worse than SN avg	5.5	3.0	2010-12	7	rate per 1,000 live births	May-14	PHOF
1a v) Tooth decay in Children aged 5	1.3	1.3	0.6			↓	Best in	1.9	0.6	2011/12	7	avg no of dmf teeth	Nov-13	PHOF
1b i) % achieving good level of development at end of reception	51.2	48.0	57.1			↑	Best in	37.7	57.1	2012/13	4	% of eligible pupils	Feb-14	PHOF
1b ii) % with FSM status achieving good level of development at the end of reception	31.7	32.2	42.5			↑	Worse than SN avg	19.4	42.5	2012/13	6	% of eligible pupils	Feb-14	PHOF
1b iii) % of Y1 achieving the expected level in phonics screening check	65.7	69.8	75.8			↑	Worse than SN avg	62.4	75.8	2012/13	9	% of eligible pupils	Feb-14	PHOF
1b iv) % of Y1 with FSM status achieving expected level in phonics screening check	53.6	55.8	62.8			↑	Worse than SN avg	45.7	62.8	2012/13	9	% of eligible pupils	Feb-14	PHOF
2 i) Number of EHC plans in place	Annual													
2 ii) Number of families accessing personal budgets	Annual													
3 a) A reduction in repeat child protection plans	19.7	16.5	10.1			↓	?	24.2	10.1	2013/14	9	% of CP plans which were repeats		
3 b i) Percentage of children moving out of care into permanence - adoption	16.5	19.3	26.0			↑	?	10.0	26.0	2013/14	7	% of CYP leaving care that were adopted		
3 b ii) Percentage of children moving out of care into permanence - special guardianship orders	15.0	12.1	19.0			↑	?	6.0	19.0	2013/14	3	% of CYP leaving care that were made subject to SGOs		
3 c) Long term placement stability for children and young people in care	55.0	68.6	73.0			↑	?	53.0	73.0	2013/14	10	% CLA for 2.5+ yrs in same placement 2+ yrs		
4 a i) Gap between pupils eligible for FSM and their peers achieving the expected level - KS 2	###					↓	?			2013/14		% point gap		
4 a ii) Gap between pupils eligible for FSM and their peers achieving the expected level - KS 4	###					↓	?			2013/14		% point gap		
4 b) The SEN/non SEN gap achieving 5 A*-C GCSE inc. English and Maths	###					↓	?			2013/14		% point gap		
4 c i) Educational progress of CYPIC KS2-KS4 (English)	28.0					↑	?			2013/14		%		
4 c ii) Educational progress of CYPIC KS2-KS4 (Maths)	17.0					↑	?			2013/14		%		
4 d i) Educational progress of children with English as an additional language KS2-KS4 (English)	72.0					↑	?			2013/14		%		
4 d ii) Educational progress of children with English as an additional language KS2-KS4 (Maths)	72.0					↑	?			2013/14		%		

*Not available as values for 4 SNs were not published as PHOF for data quality reasons

- A governance framework would be provided for The Children’s Trust Board

Governance Framework Priority 1 of the Health & Wellbeing Strategy



Document Pack Page 95

- Exception reports to the Health & Wellbeing Board would be submitted as and when required.

No exception reports have been submitted

3. key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplan provided
- The governance structure of The Children's Trust Board provided
- The Local Performance Indicators identified by the Childrens Trust Board

4. Recommendations for action

For the Health and Wellbeing board to note the content of the progress 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).

N/A

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).

N/A – no new or changed policy, procedure, strategy or working practice

CONTACT DETAILS:

Contact Officer: Mark Carriline

Telephone number: **0161 253 5501**

E-mail address: m.carriline@bury.gov.uk

Date: 17 December 2015

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Bury Health and Wellbeing Board

Title of the Report	Work plan for Priority 2 – Living Well
Date	17 th December 2015
Contact Officer	Julie Gonda
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion X	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	The report is being brought to the board to note the contents of progress against the measures of success and indicators from the Health and Wellbeing Strategy.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf	Priority 2 Living Well		
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 report links directly and indirectly to the JSNA.		
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.	For the Health and Wellbeing board to note the content of the progress report.		
What requirement is there for internal or external communication around this area?	There will be 2 updates a year to the Health and Wellbeing Board in relation to progress and Bury Integrated Health and Social Care Partnership Board will work on the continuous monitoring of the work plan. The first update will be at the 17 th December 2015 Health and Wellbeing and then again on Thursday		

	14th April 2016 6:00pm – 8:00pm
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 Board has members from Bury CCG.

2. Introduction / Background

It has been agreed that Bury Integrated Health and Social Care Partnership Board owns and oversees the successful delivery of Priority 2 – Living Well of the Health & Wellbeing Strategy.

The Health and Wellbeing Board Terms of Reference state;

“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.”

In order to ensure effective governance and accountability for delivering priority 2, it was agreed that:

- The minutes from Bury Integrated Health and Social Care Partnership Board will made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. As the Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.



20152110-PBoard
Minutes - FINAL.doc

- The Terms of Reference for Bury Integrated Health and Social Care Partnership Board will include the statement that the board will:

‘Oversee and monitor progress of Priority 2 of the Health & Wellbeing Strategy. The Bury Integrated Health and Social Care Partnership Board will report directly to the Health and Wellbeing Board. Minutes of the meetings of the Bury Integrated Health and Social Care Partnership Board will be circulated for information to all members of the Health and Wellbeing Board.’



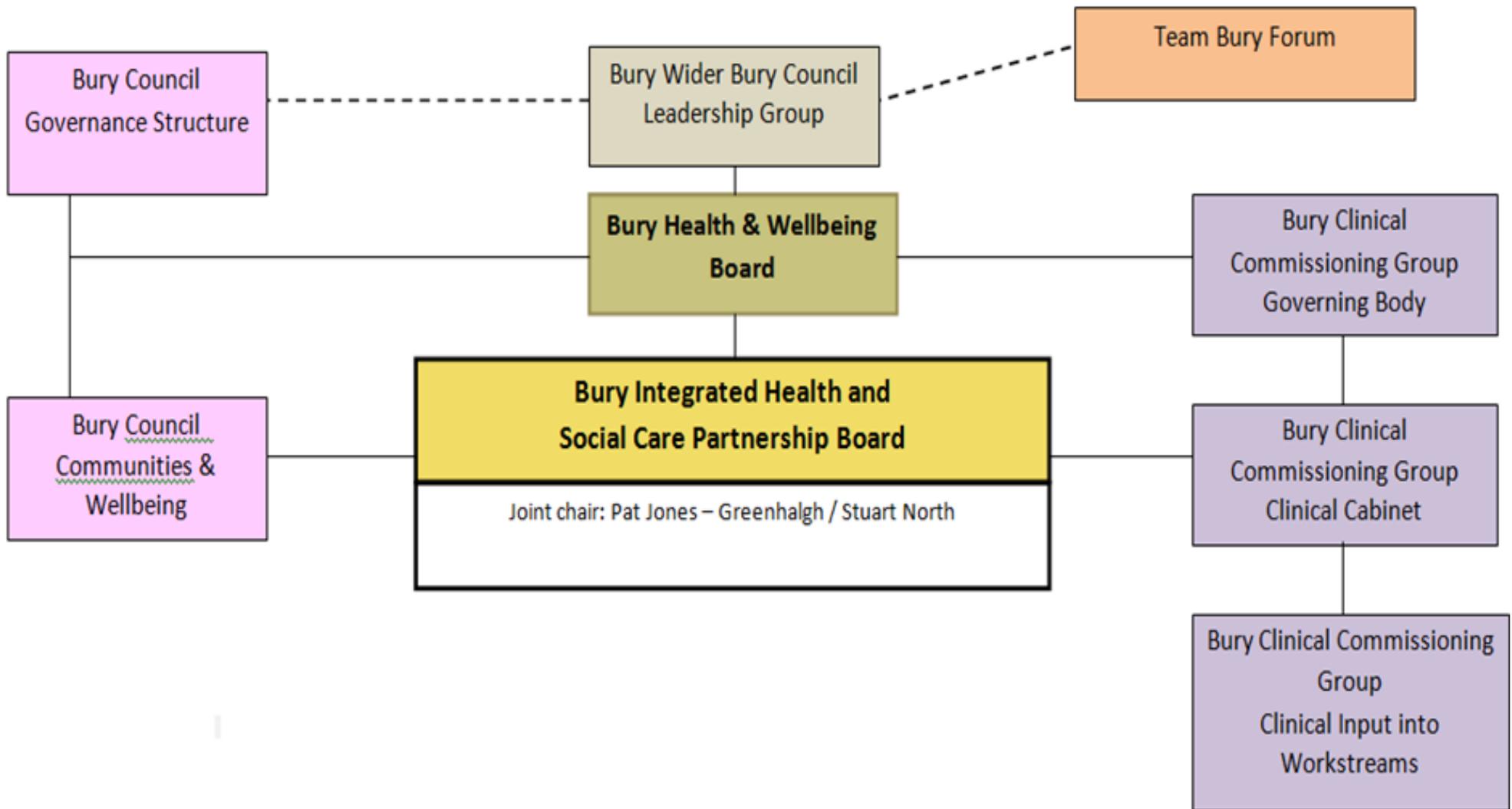
BIH&SCP TOR.doc

- A detailed work plan would be created detailing key workstreams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions.

A -Health & Wellbeing Strategy Priority 2 - LIVING WELL- UPDATED 11.8.15												
No	Actions	Measure of Success	Indicators	Local Indicators	Benchmark	Data Source	Further Actions Required	Progress to Date	Responsible Officer	Responsible Group	Timescales	RAG
A1	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	<ul style="list-style-type: none"> 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 	The Bury Directory Statistics show that there has been a 73% increase in the number of monthly hits on The bury Directory versus all other previous databases. The Bury Directory receives around 1500 hits per month versus around 400 when databases were separate (i.e Your Care Your Choice/Children & Families Directory). 15% increase on total number of entries since the directory went live (on go live there had been 1780 migrated over from all existing databases after data cleansing and there are now over 2100 entries)	Benchmark for Q2 (ie end of September)	Social Development Team	Development of Bury care directory.	Now live, roll out across all professionals happening.	Lesley Jones			Chloe, need the parameters to be able to input accurately, have included my guesses
							Implement Tobacco Control Strategy & Action Plan; Implement Physical Activity Strategy & Action Plan; Develop a Food & Health Strategy & Action Plan; Develop Weight Management Commissioning Strategy; Re-design & scale Wellness Services	Tobacco Control Annual Report presented to HWBB; Physical Activity Strategy signed off at HWBB Scoping for Food & Health Strategy initiated; Weight management commissioning strategy initiated Health Trainers and Stop smoking Services now within				
	Increased numbers of service users who are abstinent of all illicit drugs and alcohol	Proportion of all in treatment who successfully complete treatment and did not re-present within 6 months of discharge.	Opiate = Non-Opiate = Percentage of service users who wait more than 3 weeks to start first intervention. Opiate = Non-Opiate = Alcohol = Alc & non-opiate =	Opiate = 7.9% Non-Opiate = 36.8% Percentage of service users who wait more than 3 weeks to start first intervention. Opiate = 4.8% Non-Opiate = 0% Alcohol = 3.4% Alc & non-opiate = 0%		NDTMS	Implement Drug & Alcohol Strategy & Action Plan	8.0% 41.5% 4.8% 0% 3.4% 0%	Ann Noi	Integrated Health & Social Care Partnership Board	Quarterly	

		A performance reporting framework for mental health will be developed	There are 2 ASCOF measures referencing mental health. These are not reliable indicators due to data quality issues from Pennine Care (this is being addressed)	Local indicators can be developed using SALT data once further work has been done with Pennine Care (on PARIS extracts).	All local areas have the same challenges in relation to mental health data and reliability. Therefore benchmarking is not appropriate or reliable at this time.	PARIS (Pennine Care) Protocol (Bury Council)	Further assess current data collected, identify data gaps, develop a performance reporting framework	Progress to date has been delayed due to resource issues. Regional workshop has taken place with Pennine Care to improve data provided for statutory returns from PARIS system. Older People's MH data	Julie Gonda	Integrated Health & Social Care Partnership Board		
A2	Establish a healthy schools and work and health programme	All schools and workplaces in Bury will be 'health promoting'					Recruitment of Project lead	Unable to recruit initially, been re-advertised	Lesley Jones			
		All workplaces in Bury will be 'health promoting'					Appointment of Project Lead	Appointment made. Postholder takes up post September	Lesley Jones			
A3	Adopt a 'health in all policies' approach to policy and strategy	All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury					Integrate Health Impact Assessment into policy and strategy development	Work initiated to scope HIA tools and approaches in other areas	Lesley Jones	Integrated Health & Social Care Partnership Board	Ongoing - as new policies are written	

- A governance structure for the Integrated Health & Social Care Partnership Board will be provided



- Exception reports to the Health & Wellbeing Board would be submitted as, and when required.

No exception reports have been submitted

3. key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplan provided
- The governance structure of the Integrated Health & Social Care Partnership Board
- The Local Performance Indicators identified by the Integrated Health & Social Care Partnership Board

4. Recommendations for action

The Health and Wellbeing board to note the content of the progress 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).

No financial Implications

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form.

Please remember that all officers are responsible for ensuring that an appropriate equality analysis is carried out on any new or changed policy, procedure or working practice. An equality analysis has been carried out on the Health and Wellbeing Strategy, but it is likely that individual initiatives will require a more detailed and specific equality analysis. Should you have any queries, please contact Helen Smith to discuss.

CONTACT DETAILS:

Contact Officer: Julie Gonda

Telephone number: 0161 253 7253

E-mail address: J.Gonda@bury.gov.uk

Date: 17th December 2015

Bury Health and Wellbeing Board

Title of the Report	Priority 3 – Living Well with a Long Term Condition or as a Carer
Date	17 th December 2015
Contact Officer	Julie Gonda
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion X	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	The report is being brought to the board to note the contents of progress against the measures of success and indicators from the Health and Wellbeing Strategy.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf	Priority 3 – Living Well with a Long Term Condition or as Carer		
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 report links directly and indirectly to the JSNA.		
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.	For the Health and Wellbeing board to note the content of the progress report.		
What requirement is there for internal or external communication around this area?	There will be 2 updates a year to the Health and Wellbeing Board in relation to progress and the Housing Operations Board and Housing Strategy Programme Board will work on the continuous monitoring of the work plan. The first update will be at the 17 th December 2015 Health and Wellbeing and then again on the Thursday 14 th April 2016.		

<p>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.</p>	<p>The Board has members from Bury CCG.</p>
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2. Introduction / Background

It has been agreed that Bury Integrated Health and Social Care Partnership Board owns and oversees the successful delivery of Priority 3 – Living Well with a Long Term Condition or as a Carer, of the Health & Wellbeing Strategy.

The Health and Wellbeing Board Terms of Reference state;

“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.”

In order to ensure effective governance and accountability for delivering priority 3, it was agreed that:

- The minutes from Bury Integrated Health and Social Care Partnership Board will be made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. As the Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.



20152110-PBoard
Minutes - FINAL.doc

- The Terms of Reference for Bury Integrated Health and Social Care Partnership Board will include the statement that the board will:

‘Oversee and monitor progress of Priority 3 of the Health & Wellbeing Strategy. The Bury Integrated Health and Social Care Partnership Board will report directly to the Health and Wellbeing Board. Minutes of the meetings of the Bury Integrated Health and Social Care Partnership Board will be circulated for information to all members of the Health and Wellbeing Board.’



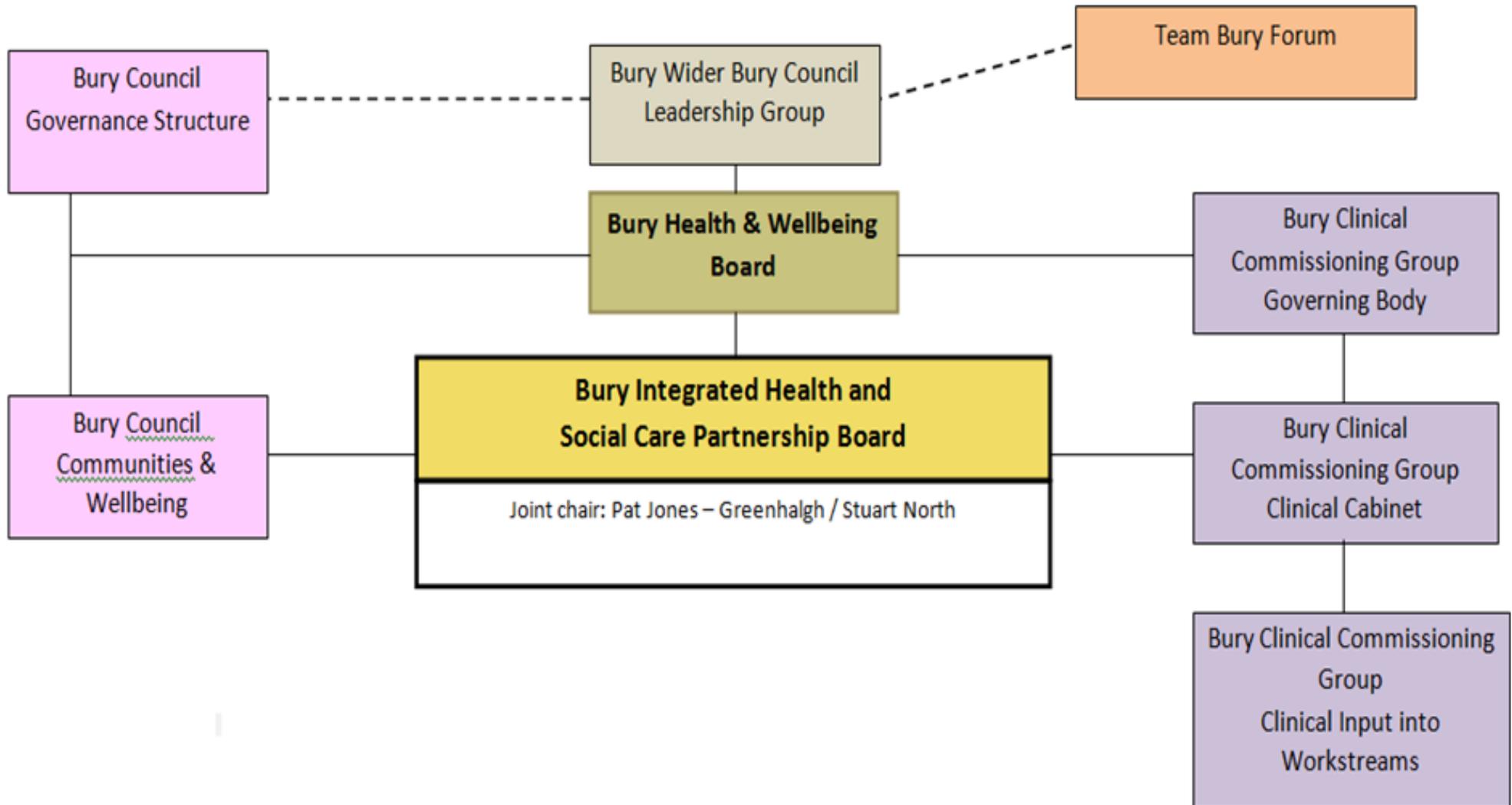
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- A detailed work plan would be created detailing key workstreams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions.

B - Health & Wellbeing Strategy Priority 3 - LIVING WELL WITH A LONG TERM CONDITION													
No	Actions	Measure of Success	Indicators	Local Indicators	Benchmark	Data Source	Required	Progress to Date	Key Lead	Responsible Gro	Timescales	RAG	
B1	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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 				<p>Review of intermediate care, reablement to closer align the services to provide greater flexibility and responsiveness. Commissioner review of IMC , Crisis response Development of a training scheme for daily living at Manchester Rd park to support people gain skills to live independantly and gain employment</p>	<p>Internal changes to Reablement and IMC progressing and Commissioner review of IMC now completed report. This has now been signed off by the Integrated Health and Social Care Partnership Board; changes to the services will be introduced to ensure seamless approach to reablement/ rehab services within the cluster will be undertaken. Changes to be made by early January 2016; update tabled at the IHSCPB for that time, with further evaluation of changes undertaken to be done by September 2016</p>	Margaret O'Dwyer	Integrated Health & Social Care Partnership Board	Jan 2016; Sept 2016	
		A reduction in hospital admissions for people with long term conditions		Number of non elective admissions (as per the NEUAE dashboard produced by the CCG), but not linked to type of condition - would have to generate a separate report about that if really needed		CCG NEL / AE dashboard	As above, also futher discussions of how pilot stage 2 healthier radcliffe schemes may be rolled out into other localities		Margaret O'Dwyer	Integrated Health & Social Care Partnership Board			

15	B2 Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health. Carers Personal Budget Evaluation and impact.	Improved health and wellbeing of carers. Feedback from Carers Personal Budget Evaluation.	Percentage of adult Carers that receive a support service. Percentage of adult Carers who have as much social contact as they would like. Quality of life.	Percentage of new Carers identified and provided with accessible information, advice and support to meet their needs, wishes and aspirations. This include health related quality of life for Carers.	Benchmarking nationally against the indicators.	Carers Personal Budget Evaluation 2013/14: 138 Carers responded to the survey, which produced a response rate of 38%. In 2013/14, 77.4% of respondents stated they were either happy or very happy with their Carers Personal Budget (45.4% reporting they were very happy). In 2011/12, 61.3% of Carers stated they	Improved information and advice for Carers through CAD hub, Bury directory. Further development of carers personal budgets. Further annual evaluation of Carers Personal Budgets. Further contract monitoring. Further updates to Carers Strategy Action Plan.	The CPB Audit has been postponed until Q4 due to workforce issues. In addition, the CPB evaluation with carers will also be undertaken in Q4. The findings from both reports will be available in Q1 2016. Work continues in relation to carer information, advice and guidance on the Bury Directory and to this end the carers strategy group continue to monitor this as a strategic outcome. Annual Contract Monitoring for the Carers Centre, Fed and British Red Cross planned for Dec 2015.	Tracy Minshull	Integrated Health & Social Care Partnership Board OR strategic carers group		
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- A governance structure for the Integrated Health & Social Care Partnership Board will be provided



- Exception reports to the Health & Wellbeing Board would be submitted as and when required.

No exception reports have been submitted

3. key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplan provided
- The governance structure of the Integrated Health & Social Care Partnership Board
- The Local Performance Indicators identified by the Integrated Health & Social Care Partnership Board

4. Recommendations for action

The Health and Wellbeing board to note the content of the progress 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).

No financial implications

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form.

Please remember that all officers are responsible for ensuring that an appropriate equality analysis is carried out on any new or changed policy, procedure or working practice. An equality analysis has been carried out on the Health and Wellbeing Strategy, but it is likely that individual initiatives will require a more detailed and specific equality analysis. Should you have any queries, please contact Helen Smith to discuss.

Contact Officer: Julie Gonda

Telephone number: 0161 253 7253

E-mail address: J.Gonda@bury.gov.uk

Date: 17th December 2015

Bury Health and Wellbeing Board

Title of the Report	Priority 4- Ageing Well
Date	17 th December 2015
Contact Officer	Julie Gonda
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion X	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	The report is being brought to the board to note the contents of progress against the measures of success and indicators from the Health and Wellbeing Strategy.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Our Vision Priorities and Principles for Hea  Refreshed HWB Strategy.pdf	Priority 4- Ageing Well		
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 report links directly and indirectly to the JSNA.		
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.	For the Health and Wellbeing board to note the content of the progress report.		
What requirement is there for internal or external communication around this area?	There will be 2 updates a year to the Health and Wellbeing Board in relation to progress and the Housing Operations Board and Housing Strategy Programme Board will work on the continuous monitoring of the work plan. The first update will be at the 17 th December 2015 Health and Wellbeing and then again on the Thursday 14 th April 2016.		

<p>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.</p>	<p>The Board has members from Bury CCG.</p>
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2. Introduction / Background

It has been agreed that Bury Integrated Health and Social Care Partnership Board owns and oversees the successful delivery of Priority 4- Ageing Well, of the Health & Wellbeing Strategy.

The Health and Wellbeing Board Terms of Reference state;

“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.”

In order to ensure effective governance and accountability for delivering priority 3, it was agreed that:

- The minutes from Bury Integrated Health and Social Care Partnership Board will be made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. As the Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.



20152110-PBoard
Minutes - FINAL.doc

- The Terms of Reference for Bury Integrated Health and Social Care Partnership Board will include the statement that the board will:

‘Oversee and monitor progress of Priority 4 of the Health & Wellbeing Strategy. The Bury Integrated Health and Social Care Partnership Board will report directly to the Health and Wellbeing Board. Minutes of the meetings of the Bury Integrated Health and Social Care Partnership Board will be circulated for information to all members of the Health and Wellbeing Board.’

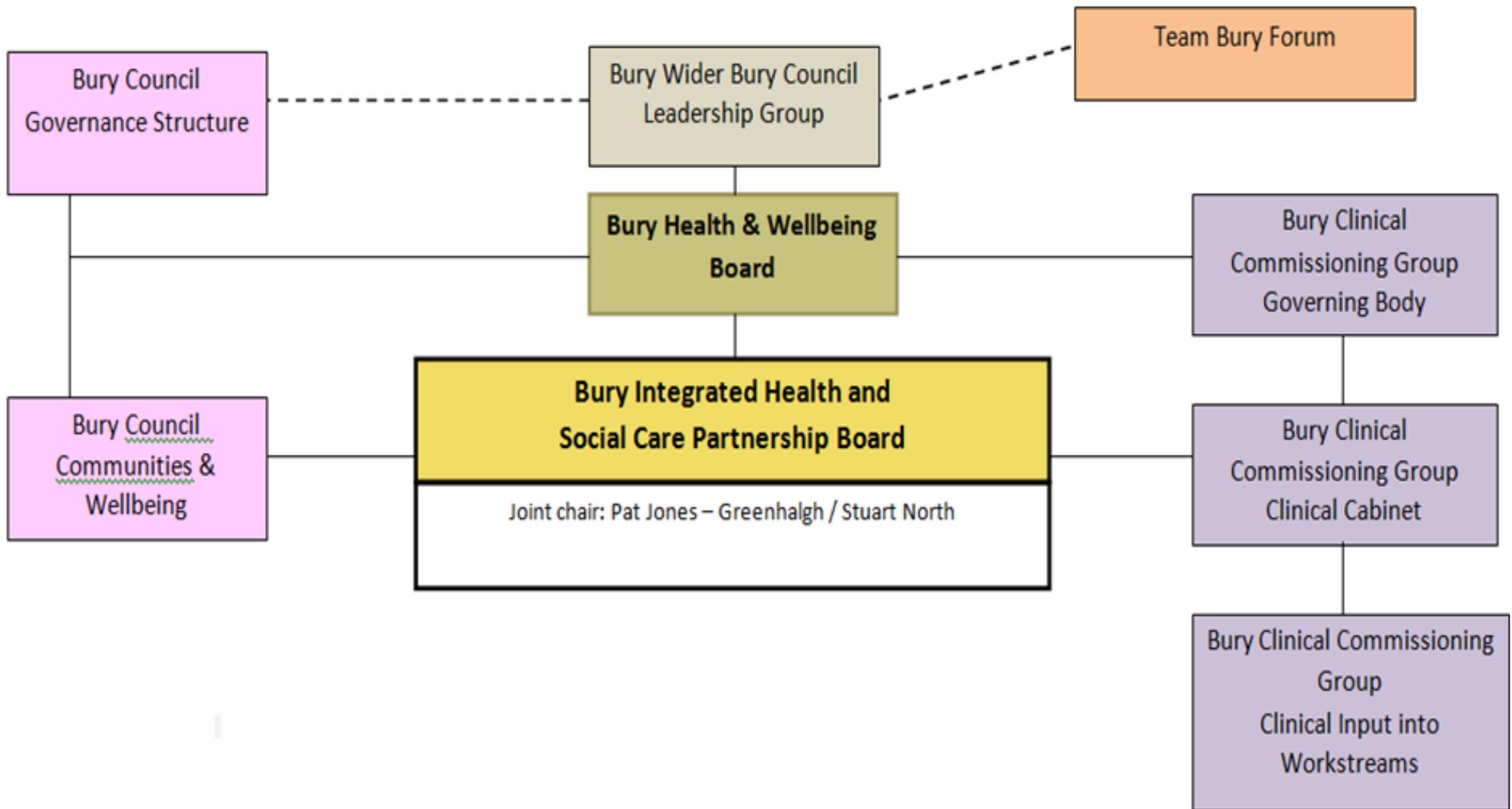


BIH&SCP TOR.doc

- A detailed work plan would be created detailing key workstreams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions.

C-Health & Wellbeing Strategy Priority 4 - AGEING WELL												
No	Actions	Measure of Success	Indicators	Local Indicators	Benchmark	Data Source	Required	Progress to Date	Key Lead	Responsible Gro	Timescales	RAG
C1	Ensure older people play an active role within their community, tackling the impact of	No older people will feel socially isolated	Local Adult User Experience Survey	Possibles may be :Number of volunteers >65; benchmarks re Ambition for Ageing project; number of cases within social care where isolation is flagged through	Reporting still being defined and investigated				Heather Crozier	Integrated Health & Social Care Partnership Board		
C2	Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this	A reduction in non elective admissions in older people to A&E	Possibly from AQA CAB to discuss with SF or through hospital admission data	Number of non elective admissions (as per the NEL/AE dashboard produced by the CCG)			roll out healthier radcliffe schemes in other localities, review of IMC , crisis response	Report completed with CCG and LA for sign off, schemes extended until March 2016 for further evaluation to be undertaken. Additional schemes are being assessed for	Linda Jackson/Margaret O'Dwyer	Integrated Health & Social Care Partnership Board		
		A reduction in permanent admissions to residential and nursing homes	Permanent admissions to care homes people aged 65 and over (ASCOF indicator 2A,(2))	Same metric - Measured as part of BCF dashboard on monthly basis	To embed	BCF metric, captured by Performance & Intelligence team	Internal review of reablement and IMC to provide a flexible responsive service	This approach has been undertaken as part of the Better Care approach, and is therefore already an established piece of work. However, until the domiciliary care tender	Linda Jackson /Margaret O'Dwyer	Integrated Health & Social Care Partnership Board		
		An increase in the number of over 65's who remain at home following re-	Older people at home 91 days after leaving hospital into reablement (ASCOF indicator 2B,(2))	Same metric - Measured as part of BCF dashboard on monthly basis	To embed	BCF metric, captured by Performance & Intelligence	Internal review of reablement and IMC to provide a flexible responsive service		Linda Jackson/Margaret O'Dwyer	Integrated Health & Social Care Partnership Board		
C3	Ensure people at the end of life are treated with dignity and respect	People will have choice and control over where they die	Proportion of deaths in usual place of residence (from End of Life Care	Metric measured as part of AQUA data	To embed	Captured through AQUA data,	Re- Procurement of Domiciliary services; ongoing timetable to launch tender process Q1	Specification being worked on; consultation with wider stakeholders and pre- procurement	Julie Gonda	Integrated Health & Social Care Partnership Board		
		People will die with an end of life plan	[This needs to be developed locally]				To be built into NWS care planning through roll out of Healthier radcliffe schemes		Linda Jackson /Margaret O'Dwyer	Integrated Health & Social Care Partnership Board		

- Governance for A governance structure for the Integrated Health & Social Care Partnership Board will be provided



- Exception reports to the Health & Wellbeing Board would be submitted as and when required.

No exception reports have been submitted

3. key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplan provided
- The governance structure of the Integrated Health & Social Care Partnership Board
- The Local Performance Indicators identified by the Integrated Health & Social Care Partnership Board

4. Recommendations for action

The Health and Wellbeing board to note the content of the progress 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).

No financial implications

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form.

Please remember that all officers are responsible for ensuring that an appropriate equality analysis is carried out on any new or changed policy, procedure or working practice. An equality analysis has been carried out on the Health and Wellbeing Strategy, but it is likely that individual initiatives will require a more detailed and specific equality analysis. Should you have any queries, please contact Helen Smith to discuss.

Contact Officer: Julie Gonda

Telephone number: 0161 253 7253

E-mail address: J.Gonda@bury.gov.uk

Date: 17th December 2015

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Bury Health and Wellbeing Board

Title of the Report	Work plan and Terms of Reference for the Carbon Reduction and Climate Change Board– Priority 5 of the Health and Wellbeing Strategy
Date	17 th December 2015
Contact Officer	Sharon Hanbury, Neil Long and Lorraine Chamberlin
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary			
Is this report for?	Information	Discussion	Decision
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Why is this report being brought to the Board?	For the Health and Wellbeing board to note the content of the progress report.		
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	Priority 5- Healthy Places		
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 report links directly and indirectly to the JSNA.		
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.	For the Health and Wellbeing board to note the content of the progress report.		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	N/A		

2. Introduction / Background

It has been agreed that the Carbon Reduction & Climate Change Board AND Housing Strategy Programme Board jointly own and oversee the successful delivery Priority 5 - Healthy Places.

The Health and Wellbeing Board Terms of Reference state;

"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."

In order to ensure effective governance and accountability for delivering priority 5, it was agreed that:

- The minutes from the Carbon Reduction & Climate Change Board AND Housing Strategy Programme Board will be made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. As the Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.



Carbon Reduction
and Climate Change E



HSPB Minutes 24
June 2015 - Final for

- The Terms of Reference for the Carbon Reduction & Climate Change Board AND Housing Strategy Programme Board will include the statement that the boards will:

'Oversee and monitor progress of Priority 5 of the Health & Wellbeing Strategy. The Carbon Reduction and Climate Change Board will report directly to the Health and Wellbeing Board. Minutes of the meetings of the Carbon Reduction and Climate Change Board will be circulated for information to all members of the Health and Wellbeing Board.'



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NEED TOR FOR CLIMATE CHANGE

- A detailed work plan would be created detailing key workstreams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions. Please see below for two workplans to cover the two key areas of work covered by this priority.

Workplan for Action 1- Creating a clean and sustainable environment

MEASURES OF SUCCESS	Detailed Actions	Timescales	Responsible Officer and Responsible Group	Local Indicators, Benchmark and Data Source	Responsible Officer and Responsible Group	Update on progress
<p>Improved air quality</p> <p>Reduced carbon emissions</p> <p>Sustainable Communities</p>	<p>Work with GM partners to produce a new GM Climate Change and Low Emissions Strategy. (Implementation Plan 2015- 2020)</p>	<p>January 2016</p>	<p>Lorraine Chamberlin and Chris Horth</p> <p>Carbon Reduction and Climate Change Board</p>	<ul style="list-style-type: none"> • Indicator: Per capita emissions of CO2 • Benchmark: GM Climate Change Strategy target – by 2020 a 48% reduction in Carbon emissions from 1990 baseline. • Data Source: PHOF 3.01 <p>Fraction of mortality attributable to particulate air pollution</p>	<p>Helen Smith</p> <p>Anna Barclay</p> <p>Carbon Reduction – Virtual Network</p>	<p>Draft GM Climate Change and Low Emissions Strategy. (Implementation Plan 2015-2020) is now out for consultation</p> <p>Per capita emissions of CO2 (within the scope of influence of local authorities).</p> <p>2005 – 6.2 tonnes</p> <p>2012 – 5.2 tonnes</p> <p>This shows a 16% reduction from baseline</p> <p>Per capita emissions of CO2 (all sources).</p> <p>2005 – 7.4 tonnes</p> <p>2012 – 6.3 tonnes</p> <p>This shows a 15% reduction from baseline</p> <p>Fraction of mortality attributable to particulate air pollution</p>

						<p>2010 -5.5%</p> <p>2013 - 4.9%</p> <p>2013 average for North west was 4.6%</p> <p>2013 average for GM was 5.0%.</p>
	Produce Bury Climate Change Strategy	September 2016				Drawing up specification
	Engage public and third sector partners to gather information and share best practice regarding mitigating and adapting to climate change	September 2016	Chris Horth and Clinton Judge Strategic Estates Group (SEG)	<ul style="list-style-type: none"> • Indicator: Level 1 in the former NI 188 identified 5 levels of progress in adapting to climate change. • Benchmark: To progress upon a Level 1 achievement • Data Source: Contact with SEG 	Carbon Reduction – Virtual Network/GM Partners	SEG established with relevant contacts for NHS fire and Colleges. Fairfield Hospital have recently installed a new gas fired CHP and heat network. NHS colleagues shared information on combining new leisure centres with health care services to help encourage active lifestyles including walking and cycling

	<p>Install Energy Efficiency Measures in Council Buildings</p>	<p>REFIT Project – Summer 2016</p> <p>Salix Schools – Jan 2016</p> <p>Heat network Feasibility Study – April 2016</p> <p>Install LED streetlighting – December 2018</p>	<p>Alex Holland, Chris Horth and Paul Hewitt</p> <p>Carbon Reduction & Climate Change Board</p>	<ul style="list-style-type: none"> • Indicator: Carbon emissions resulting from council activity • Benchmark: A reduction in Co2 emissions from baseline of 29691 tonnes • Data Source: Annual Greenhouse Gas Report 	<p>Chris Horth</p> <p>Carbon Reduction – Virtual Network</p>	<p>REFIT project</p> <p>Preparing and checking the invitation to tender</p> <p>Salix in Schools</p> <p>5 schools have received energy audits currently following these up to see which works the schools would like to pursue.</p> <p>Heat network Feasibility</p> <p>Procurement exercise carried out with Tameside and GMCA – contract for study awarded to Ove Arup and Partners</p> <p>LED Streetlighting</p> <p>Salix interest free loan funding secured for £707,000 towards this project over the next 3 years. To the end of 2014/15 we have installed 3470 LEDs and aim to install another 2300 by the end of this financial year.</p> <p>Bury Council’s CRC report 13617 tonnes 2014/15</p>
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	<p>Improve energy efficiency of residential properties in the borough</p>			<ul style="list-style-type: none"> • Indicator: Carbon reduction from residential properties as a result of council activity. • Benchmark: A reduction on the result from 2015 428kt CO₂ • Data Source: HECA Report 	<p>Sharon Hanbury</p> <p>Carbon Reduction – Virtual Network</p>	
	<p>Lower emissions from transport</p>			<ul style="list-style-type: none"> • Indicator: Number of low emissions taxis in Bury • Benchmark: An increase on current figure • Data Source: Licensing 	<p>Michael Bridge</p> <p>Carbon Reduction – Virtual Network and /Licensing</p>	<p>We currently have 11 hybrid taxis</p>
				<ul style="list-style-type: none"> • Indicator: Usage of public electric vehicle charging points • Benchmark: Maintain/increase 		<p>2014/15 – No of charging sessions = 1179</p> <p>Energy used = 5493kWh</p> <p>1/4/15 to 31/10/15 – number of charging sessions so far 1011</p>

				<p>charging sessions to signify an increase in the usage of electric vehicles</p> <ul style="list-style-type: none"> • Data Source: 'Charge Your Car' 		<p>Energy used 5010kWh. On target to exceed last year's usage</p>
				<ul style="list-style-type: none"> • Indicator: Cycling kms covered • Benchmark: Improved on 2013 figure - 2.75 million kms • Data Source: Transport for Greater Manchester (TFGM) – Bury figures 	<p>Chris Horth</p> <p>Carbon Reduction – Virtual Network</p>	<p>Cycling kms covered in 2014 is 3.01 million kms</p>
				<ul style="list-style-type: none"> • Indicator: Number of low emissions vehicles used by the council • Benchmark: An increase on total • Data Source: Council Transport 	<p>Steve Fleming</p> <p>Carbon Reduction – Virtual Network</p>	<p>2 vehicles i.e. a small tipper and a compact sweeper</p>

Green spaces that are welcoming, safe and well maintained	Play area strategy – Refurbishment Programme	Refurbishment Programme 2015/16 and 2016/17 including Section 106 projects	Tom Buggie and Neil Long Operations Management Group	<ul style="list-style-type: none"> • Indicator: Number of play areas refurbished • Benchmark: Amount of play areas meeting European Standards • Data Source: Gathered from inspections 	Tom Buggie Park Facilities Manager	
	General repairs & maintenance	Ongoing monitoring of standards	Kevin Dickinson and Mike Bent Operations Management Group	Measured by: Grounds maintenance staff, self inspecting their work	Ken Brown	
	General grounds Maintenance	Ongoing monitoring of standards	Martin Dowding and Ken Brown Operations Management Group	Measured by: 5% all work inspected per month in each district within the borough	Business Development Manager	
	Maintain Green Flag Standards	Ongoing – Annual Inspection of	Mike Bent	<ul style="list-style-type: none"> • Indicator: The green Flag Standard itself 		

		parks including mystery shop	Operations Management Group	<ul style="list-style-type: none"> • Benchmark: To maintain 12 Green Flag Parks (12/12) 100% • Data Source: 'Keep Britain Tidy' 	Parks and Countryside Manager	
	In-bloom industries	Annual judging of Bury and Radcliffe In-Bloom campaign	<p>Neil Long</p> <p>Operations Management Group</p>	<ul style="list-style-type: none"> • Measured by: Judging • Benchmark: To achieve Gold for Bury and Silver for Radcliffe as well as winning NW Bloom and succeeding at national Britain in Bloom 	Neil Long and Martin Dowding	
	Environmental Quality Improvement	Ongoing monitoring of standards	<p>Mick Morris</p> <p>Operations Management Group</p>	Target under development	Mick Morris	

	Move to 3 weekly collections	New collection service effective from 5 Oct 2014	Glenn Stuart Recycling Operations Group, Recycling Awareness Team and Waste Enforcement Team	<ul style="list-style-type: none"> • Indicator: Increase in tonnage of recycling collected and decrease in tonnage of residual waste collected. • Benchmark: 60% by March 2016 • Data Source: Waste Management 	Neil Long and Glenn Stuart Recycling Operations Group and WM-Recycling Communication Group	<p>Non-recyclable waste collections reduced to once every three weeks. Dry recycling collections provided more often from 4 weeks to 3 weeks and garden and food waste 2 weekly collections remaining unchanged.</p> <p>Bury was the first place in England to take the bold step in adopting 3 weekly rubbish collections.</p> <p>Through ongoing education and awareness we hope to be on track to achieve 60% by March 2016 and also save going on for £1 million per year.</p>
High levels of recycling	Right stuff, Right bin (RSRB) Campaigns in partnership with the Greater Manchester Waste Disposal Authority (GMWDA)	June 2015 to March 2016	Glenn Stuart/Jacqui Goggs/Wendy Wilson (GMWDA) Recycling/Enforcement Awareness	<ul style="list-style-type: none"> • Indicator: Increase recycling • Benchmark: By 3% equating to 	Glenn Stuart and Jacqui Goggs Carbon Reduction and	

			Team/Recycling Comms Group/	<p>45 tonnes/year.</p> <ul style="list-style-type: none"> • Indicator: Decrease tonnage of residual waste collected • Benchmark: By 3%. • Data Source: Waste Management 	Climate Change Board	
	Schools Recycling & Education Campaign	Jan 2014 to March 2016	Glenn Stuart and Talat Afzal Recycling Operations Group and Recycling Comms Group	<ul style="list-style-type: none"> • Indicator: Achieve 100% dry recycling capture at all applicable schools. • Indicator: Achieve 100% food waste recycling in all applicable school kitchens. • Indicator: Achieve 40% of whole school food waste recycling in 	Glenn Stuart/Talat Afzal Carbon Reduction and Climate Change Board	

				applicable schools.		
	Food Waste Recycling/Brown bin Campaign	April 2015 – March 2016	Glenn Stuart/Joanne Hall Recycling Awareness Team, Waste Enforcement Team and Recycling Comms Group	<ul style="list-style-type: none"> • Indicator: Improve recycling rates • Benchmark: By 60% during 2016 	Glenn Stuart and Joanne Hall Carbon Reduction and Climate Change Board	The aim of the campaign is to increase the number of people recycling food waste and overall increase the tonnage of food waste collected.
	Community Based Recycling Initiatives	Jan 2014 to March 2016	Glenn Stuart/ Recycling Awareness Team Recycling Operations Group and Recycling Comms Group	<ul style="list-style-type: none"> • Indicator: Improve recycling rates • Benchmark: By 60% during 2016 	Glenn Stuart Carbon Reduction and Climate Change Board	Area Based campaigns that target certain areas of the borough.

	Waste Enforcement Initiative	Jan 2014 to March 2016	Glenn Stuart/Kim Griffiths Recycling Operations Group and Recycling Comms Group	<ul style="list-style-type: none"> • Benchmark: Work towards increasing recycling rates to 60% during 2016. 	Glenn Stuart/Kim Griffiths Carbon Reduction and Climate Change Board	<p>Working throughout the borough to increase recycling rates, reduce contamination and issues relating to waste and misuse of bins.</p> <p>Specific action in hotspot low performing areas e.g. door knocking, targeted work with individual households, general inspections in areas and checking for contamination in bins and side waste.</p>

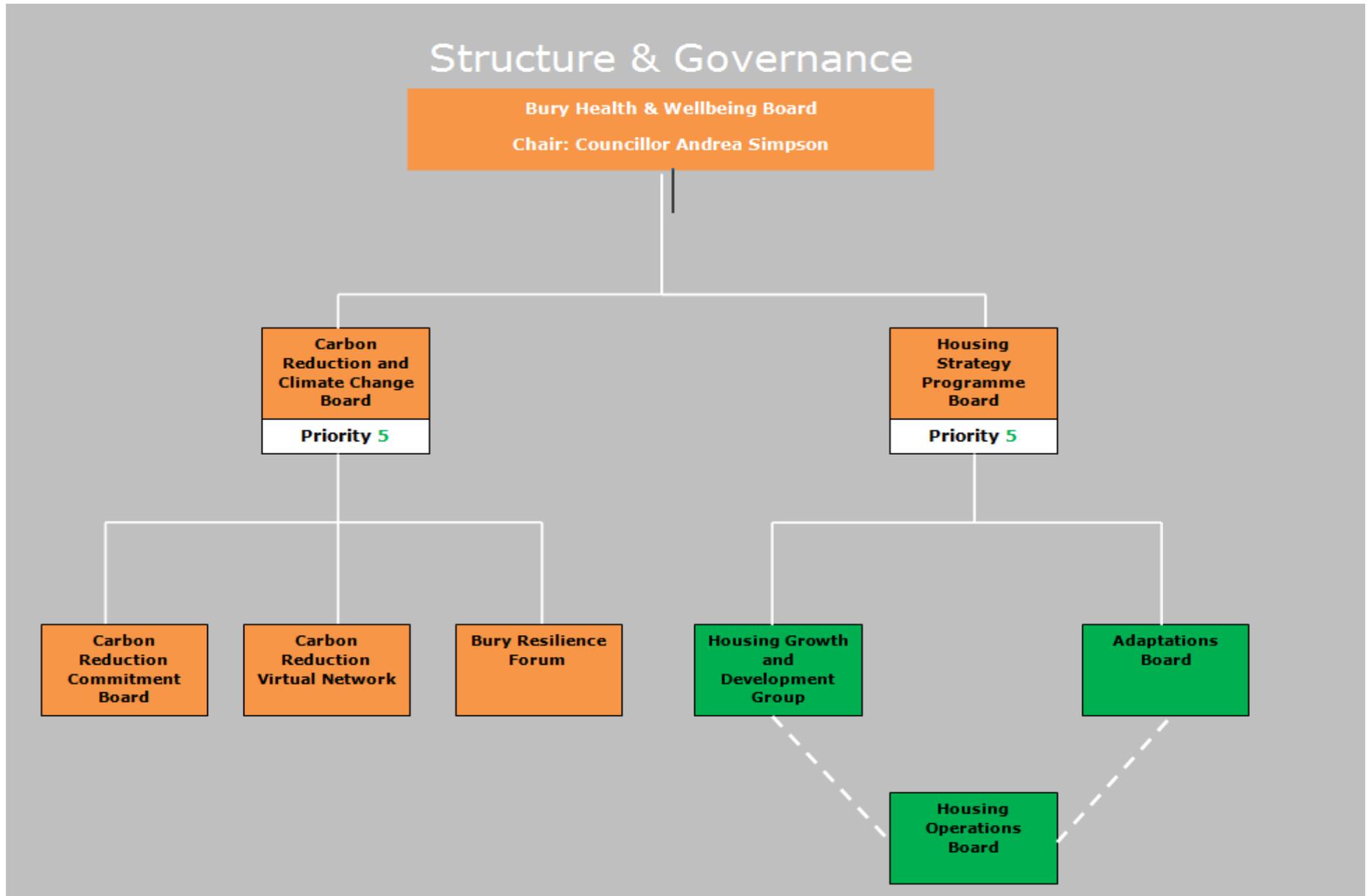
Workplan for Action 2- Ensure Suitable and Quality Housing

MEASURES OF SUCCESS	Detailed Actions	Timescales	Responsible Officer	Responsible group	Update on progress
Access to affordable and appropriate tenure housing	Facilitate housing growth and investment to deliver housing strategy, broader Council priorities and GM strategies through partnership working, leadership, and maximising assets/resources.	Ongoing	Sharon Hanbury	Housing Growth and Development Group	
	Investigate opportunities for Six Town Housing to acquire and develop new properties to increase the number of affordable homes available.	Ongoing	Emma Richman	HOB	
	Tackle private sector empty properties, bringing properties back into use and minimizing negative impacts. Maximise funding opportunities and deliver targets.	Ongoing	Sharon Hanbury	HOB	
	Increased use of the private rented sector as an affordable housing option by increasing the number of accredited landlords, increasing number of properties available via bond scheme and improving tenancy sustainability.	Ongoing	Sharon Hanbury Karen Young	HOB	
	Make best use of affordable housing, including social housing, to meet housing need through for example the	March 15	Karen Young		

	Housing Allocation Policy and Nomination Agreements.		Sharon Hanbury		
	Deliver the capital programme to ensure Council and Six Town Housing properties meet the Decent Homes Standard and enhanced capital works where planned.	2015-2017	Emma Richman	HOB	
Access to quality homes that meet people needs and secure their health and wellbeing	Improve energy efficiency of properties cross tenure. Work in partnership, maximise funding and co-ordinate schemes.	Ongoing	Sharon Hanbury Emma Richman	HOB Carbon Reduction Board	
	Tackle fuel poverty through development and delivery of revised Action Plan, using partnerships and maximising resources.	Revised Action Plan signed up by partners February 2016	Sharon Hanbury Emma Richman	HOB	
	Continue to monitor, review and improve the adaptations service, ensuring delivery within and making best use of resources and taking into account wider strategic aspects eg the Care Act.	Ongoing	Sharon Hanbury	Adaptations Board. HOB	

	Improve property management and standards in the private rented sector using a mixture of informal and informal approaches, to maximise the sector alongside other housing options.	Ongoing	Sharon Hanbury	HOB	
	Ensure appropriate linkages between housing, social care and health; develop housing 'offer' and develop and deliver appropriate activity.	Ongoing	Sharon Hanbury	HOB	
	Implement the new homeless strategy	March 2018	Karen Young		
Reduced homelessness	Implement Homelessness Strategy	March 2018	Karen Young	HOB	

INDICATORS	Local Indicators	Benchmark	Data Source	Responsible Officer	Responsible Group
Percentage of households in fuel Poverty	Percentage of Households in Fuel Poverty	10.1% of households in Fuel Poverty (8047 households out of an estimated 79749 households) (Figures from 2013 spreadsheet updated by DECC in 2015) (Compares to NW 10.9% and England 10.4%)	Department of Energy and Climate Change (DECC) https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator	Sharon Hanbury	HOB Carbon Reduction Board
Statutory homelessness - homelessness acceptances Statutory homelessness - households in temporary accommodation	Number of homeless acceptances Number of Homeless Preventions	No benchmark currently in place	P1E Government Source	Donna Moore/ Karen Young	HOB
	% of none decent homes Energy efficiency		Lifespan – Asset Management System Lifespan – Asset Management System	Paul Webb Paul Webb	HOB



- Exception reports to the Health & Wellbeing Board would be submitted as and when required.

No exemption reports have been submitted

3. Key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplans provided
- The governance structure of The Carbon Reduction & Climate Change Board AND Housing Strategy & Programme Board provided
- The Local Performance Indicators identified by The Carbon Reduction & Climate Change Board AND Housing Strategy & Programme Board

4. Recommendations for action

For the Health and Wellbeing board to note the content of the progress 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).

No financial or legal implications.

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form.

Please remember that all officers are responsible for ensuring that an appropriate equality analysis is carried out on any new or changed policy, procedure or working practice. An equality analysis has been carried out on the Health and Wellbeing Strategy, but it is likely that individual initiatives will require a more detailed and specific equality analysis. Should you have any queries, please contact Helen Smith to discuss.

CONTACT DETAILS:

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L.Chamberlin@bury.gov.uk

Date: 17th December 2015

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Bury Health and Wellbeing Board

Title of the Report	Joint Strategic Needs Assessment update
Date	01/12/15
Contact Officer	Jon Hobday – Consultant in Public Health
HWB Lead in this area	Lesley Jones – Director of Public Health

1. Executive Summary

Is this report for?	Information x	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	This report is to provide an update to board members on the progress in relation to the JSNA work programme		
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	ALL		
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	N/A		
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.	Note the progress Endorse the ongoing process		
What requirement is there for internal or external communication around this area?	None at this point a communication strategy is being developed		
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	No this report is specific to the Health & Wellbeing Board		

provide details.	
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2. Introduction / Background

Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of the local community. – these are needs that could be met by the local authority, CCGs, or the NHS Commissioning Board.

The JSNA is a core function of health and wellbeing boards. To be fit for purpose, JSNAs should support strategy and commissioning by providing “an objective analysis of local, current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views”

Locally Bury’s JSNA was last refreshed in 2013. It is currently a 99 Page PDF that sits on the Council website. In October 2015 the public health team and the intelligence team carried out a consultation to obtain stakeholders views around what information should be included in a new JSNA.

The consensus from the consultation was that the new JSNA will

- Be web based (with cloud based database)
- Be a point for exchange of data, information, reports
- Include standard chapters and documents
- Be closely linked to Bury assets / Directory
- Be developed through an iterative process using feedback to support work plans and future commissioning needs and also to capture community engagement

3. key issues for the Board to Consider

In this current climate of reduced capacity both in time and money we want..

- To help all partners use best intelligence to allow them to make best use of resources
- To exchange of valuable intelligence and information
- Commitment to ensure that the content of the JSNA will become richer over time
- To maximise the use of qualitative as well as quantitative data to understand the drivers of behaviour, felt need and local community assets.
- To enable us to better understand potential future needs as well as needs in the here and now
- To bring together analytical expertise from across the partnerships
- To understand what questions local stakeholders would like to have answered about local needs and assets
- The JSNA to be a real driver and enabler of joined up solutions to improve outcomes for our population.

Development is now underway to produce a dynamic, accessible product that shares intelligence to support commissioners and decision makers. A JSNA operational group has been brought together to ensure ongoing engagement with all key stakeholders.

Further details of the progress to date and project milestones can be found in appendix 1

4. Recommendations for action

Note the contents of the report

Endorse the ongoing development

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

N/A

6. Equality/Diversity Implications

N/A

CONTACT DETAILS:

Contact Officer: Jon Hobday
Telephone number: 0161 253 6879
E-mail address: j.hobday@nhs.net
Date: 01/12/15

Appendix 1



JSNA presentation
(for HWBB members).

JSNA update

Jon Hobday – Consultant in
Public Health

Helen Smith – Public Health and
Social Care Intelligence Manager

Background

- Bury's JSNA was last refreshed in 2013
- 99 Page PDF sat on Council website
- Development underway to produce a dynamic, accessible product that shares intelligence to support commissioners and decision makers

JSNA Consultation

- Consultation carried out in October
 - 1) Purpose / function (56)
 - 2) Data audit (31)
- 70% of respondents had used the JSNA to inform their work

The Bury JSNA is.....

A network.....

With intelligence leads from across Team Bury coming together to share data and intelligence and commit to helping partners and support commissioners. This underpins the JSNA and will help build the resource repository within the website. The network will enable new and facilitate existing conversations between organisations.

A website.....

Which provides an accessible resource for publication of products from across Team Bury. To include standard chapters and bespoke pieces of research. Linking to assets within the Bury Directory, the content will become richer over time as the JSNA develops. The website will be publicly accessible and provide opportunities to engage with the local voice through feedback mechanisms.

An evidence base.....

To demonstrate improved outcomes for Bury residents. The JSNA website will inform commissioners and support decision makers to make informed choices for Bury whilst the JSNA network provides the environment to share best practice. Joining this up with the assets within the Bury Directory will create a holistic view of services and outcomes in Bury.

An opportunity....

For commissioners and decision makers to come together and have a conversation and to influence and inform intelligence and research through a work planning process. Workshops will be held with commissioners and the Health and Wellbeing Board to set down priorities and work requests.

JSNA

- Website (with cloud based database)
- Exchange of data, information, reports
- Standard chapters and documents
- Linked to Bury assets / Directory
- Iterative process using feedback to support work plans and future commissioning needs and also to capture community engagement
- Open to the public – but also user restrictions
- Rebranded

Why a quality JSNA is important

- Current climate of reduced capacity both in time and money
- Helps all partners use best intelligence to allow them to make best use of resources
- Exchange of valuable intelligence and information
- Will need commitment to ensure that the content of the JSNA will become richer over time

Progress to date

- Extensive consultation both within the council and with key stakeholders
- Operational group have come together (development of TOR)
- Started working with our IT provider to develop the look and feel
- Working closely with social development team to ensure it fits and compliments the Bury Directory

Timelines

- **Feb** - Soft launch
- **Feb to June**, ongoing development and review refining the systems, content, look and feel to meet needs of all the key stakeholders
- **July** - All the processes for continuously updating the JSNA developed plus all the key data sets uploaded
- **August** – Established a clear plan of specific pieces of work and analysis to be completed over the next 12 months



Bury Children's Trust

Minutes of the Trust Board meeting held on 5 November 2015

Attendance:

Mark Carriline	Executive Director Children, Young People & Culture (Chair)
Cllr Eammon O'Brien	Deputy Cabinet Member Children & Families
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)
Yvonne Tunstall	Divisional Nurse Director, Paediatrics, Neo-natal & Gynaecology, Pennine Acute Hospital Trust
Jon Hobday	Public Health, Council Communities & Wellbeing on behalf of Lesley Jones
Vicky Maloney	Chief Officer Early Break, representing CYP Forum
Ann Noi	Council Communities & Wellbeing, on behalf of T Minshull
Tom Gledhill	Headteacher, Bury Secondary PRU, representing BASH
Gaynor Holdson	Pennine Care Foundation Trust, representing Sara Barnes
Sarah Bullock	Deputy Director Commissioning, Bury CCG
Maria Worthington	Business Manager Neighbourhoods, Six Town Housing
Kate Allam	Operational Manager IYSS & Connexions
Lindsay Dennis	Children's Trust Development Officer, Council CYP & Culture

1. Introductions and Apologies (M Carriline)

MC welcomed everyone to the meeting, including new Trust Board member Tom Gledhill who replaces Mick Fitzgerald as the BASH representative. Apologies were received from Helen Chadwick, Charlie Deane, Stuart Richardson and Tom Maddox/Ann Gent and representatives for Board members attended as noted in the Attendance list above.

2. May Minutes, Actions and Matters Arising

July Minutes were approved.

In addition to information provided in the Summary of Actions or included as agenda items, the following points were raised

2.1 **Actions: Item 4: Commissioning Principles** LD noted that she has not been sent any examples of good commissioning practice by Board Members. The Principles are now on the website and LD said that will meet with VM to discuss examples good practice that can be appendixes to the Principles.

Action: LD/VM

2.2 **Actions: Item 5: Commissioning Principles** With regard to the feedback from LJ that embedding Compact into practice is being taken forward through the Community Engagement Group, MC said he was pleased to hear this was being taken forward and asked what action is being taken around this. There was some discussion about the need to refresh the Compact to reflect new commissioning

arrangements and inclusion of Bury Clinical Commissioning Group. MC stated that Compact and of the risks to the future of B3SDA needs to be discussed at Bury Wider Leadership Group. VM noted that the risks to B3SDA post March 2016 will have ramifications for the future of Compact and wider implications for 3rd sector, eg, training. MC stated that he is very concerned that the loss of an infrastructure organization will make it much more difficult to work with the 3rd sector and asked that partners make a collective effort through the Community Engagement Group and Bury Wider Leadership Group to ensure this doesn't happen.

Action: All

3. **Items from young people/Youth Participation Officer (K Allam)**

3.1 **Circles Report – actions for Trust Board** KA stated that many of the actions in the Circles report are ones for schools, rather than the Trust Board. Work will be undertaken to strengthen engagement with schools councils so that have strong links with Youth Cabinet and Circles and are able to take forward issues with their own schools. KA drew particular attention to:

Key finding 2 Skills for life: A strong theme about young people feeling that they leave school unprepared for independence was particularly noticeable this year. EO noted that in his group young people talked about their concerns as they saw older siblings and parents struggling. MW advised that next year she is setting up programme for 13-16 year olds and is happy to work with partners on this (NB: STH funding is for STH tenants).

Action: KA and MW to discuss

Key finding 3 and 6: Young people again highlighted the need for a 'key' adult/qualified counsellor in school who they can talk to.

Action: To feed into Local Transformation Planning (via CT Ops)

Key finding 4 Substance Misuse: Findings need to feed into Drug & Alcohol action plan

Action: VM and AN to discuss

Key finding 5 Awareness of Services: It was noted that IYSS produced a booklet of services for young people, and the proposals for the Single Point of Access (Local Transformation Plan) will assist with this.

Key finding 7 Homophobia and Racism: There was increased concern about this at this year's Circles. This information needs to be passed to Lesley Davidson re her work with schools.

Action: KA to flag up to L Davidson

Key finding 10 Safe Spaces: It was notable that the young people at Circles did not talk about Youth Clubs as they had not come across them, but that what they were describing as a gap was the equivalent of a youth club. MW stated that she is also finding an increased demand, and that young people want places to go in their own community.

LD advised that at CYP Forum Rachael Bamber of NSCPG (New Springs Community Project Group) had circulated a leaflet about a Youth Club for 12-17 year olds that will be opening soon and they are seeking volunteers. LD has passed info to KA. MC has a meeting with BASH on 10 November where he can bring attention to the report. He said he will send to heads and ask them to take to School Councils and discuss with them what should happen in schools.

Action: MC

VM suggested that it could also be sent to schools' facebook accounts.

3.2 Update from Youth Cabinet KA advised that Youth Cabinet is being reviewed with regard to function and how it engages with young people. This will strengthen links with UK Youth Parliament and with School Councils. In response to a question from JG about Youth Cabinet campaigning role, KA advised that there are a number of national and regional campaigns which Youth Cabinet are involved in via UK Youth Parliament and Youthforia. They also want to campaign about local issues, eg they wrote to 2 local shops that were restricting the number of young people who could come into their premises, this led to change in one of the shops.

3.1 LILAC assessment KA updated that the draft report from the LILAC assessment has now been received (*LILAC Leading Improvement for Looked After Children* looks at how the voice of looked after children and young people is sought and acted upon). The results were very positive with Bury meeting all 7 standards. KA will circulate final report when it is received.

Action: KA

4. Children & Young People's Plan

(Agenda order changed so that Sarah Bullock could attend another meeting).

4.1 Priority 2 Emotional Health & Wellbeing (S Bullock)

Local Transformation Plan Summary provided

SB advised that outcome of 1st draft of the Local Transformation Plan is due imminently. SB is expecting that the response will be 'assured with conditions', meaning some amendments will be required and then funding provided from January. The main points include the development of the SPA (Single Point of Access) – currently looking for a suitable community venue; workforce development – eg building on lunchtime learning; enhanced workforce, eg Counselling; working with Pennine Care re eating disorders and an increase in Prevention and Early Help - commissioning from 3rd sector. Also improving IT, information sharing and consistent assessments so that young people only have to tell their story once.

With regard to the Board's role, SB suggested that the EHWP task & finish group and CT Operations Group be used to develop and monitor the Plan, reporting into the Trust Board.

Action: SB/MC/LD to confirm governance arrangements

4.2 Progress Report and Review (L Dennis)

Half year progress report provided

LD outlined the main progress over the last few months includes development of Action Plans against the CYPP using the framework of the Early Help Strategy – ie, Information & Advice, Strengthening Families & Communities and Services working

together. Work that has taken place against the action plan includes the new programme of lunchtime learning, the promotion of Early Help examples in the newsletter and start of work to re-brand the EH Team, review of the Participation Strategy and training at CYPP Network Event and lunchtime learning. A significant area of work has been that with the Clinical Commissioning Group to develop and launch the Local Transformation Plan. The CT Ops Group are also involved in the development of the young people's action plan for the Joint Alcohol & Substance Strategy and the Board have developed the Commissioning Principles.

LD also ran through the areas for development which include for the Board embedding the Commissioning Principles and making sense of influencing and implementing regional, national and local strategy that impacts on outcomes for children and young people.

LD noted that the review of the last 6 months has highlighted that there have been significant developments which impact on the CYPP. The CT Ops Group have started to review the Priority Objectives and LD asked the Board to give approval to them completing this and moving ahead with action planning over the next few months. This was agreed.

Action: CT Ops Group to move ahead with review of CYPP priorities

4.3 Participation Strategy (K Allam)

Papers provided

KA explained that she and LD met to review progress against the Implementation Plan. At the April Participation sub group meeting it was agreed that What's Changed forms would be used to monitor progress and share good practice; but unfortunately only 1 had been received from sub group members and the Board was asked for support in increasing the use of these in their organisations. It was suggested that a future network event could focus on Participation, and that the What's Changed tool could be sent out for circulation across the Children's Trust.

Action: KA/LD/All

KA highlighted (against Action 2) that she and Adele Crowshaw are developing guidance re the how to involve young people in commissioning. Currently requests for young people's views on strategic developments are often inappropriate, eg insufficient time allowed and too much, too complicated information about topics of little interest to most young people. It was suggested that the guidance include the requirement that if young people are to be consulted that be at the start of a process of writing a spec', not once it has been written; also a suggestion to check whether there is guidance in other areas that could be helpful (eg Bolton).

With regard to Total Respect training it was agreed to promote this to all partners.

Action: JG

4.4 Priority 1: Early Help

Relaunch of Early Help Team and CAF JG advised that discussions are ongoing re the rebranding and renaming of the Early Help Team and that a relaunch event is being planned for February 2016.

CYP & Culture Early Help MC advised that over the past few weeks he has held 2 workshops in CYP & Culture to ensure that there is a joined up approach to Early Help within the dept. From this a proposal is being developed to support and strengthen the early help work that is currently going on in schools.

4.5 Priority 3: Alcohol & Substance Misuse

Paper provided

VM circulated the lunchtime learning fact sheet about Novel Psychoactive Substances for information. She explained that work is being taken forward to have an Early Warning System in Bury in line with other areas so that intelligence about NPS's can be shared and addressed using powers in new legislation coming into force in 2016. There will be an event on 10 December to raise awareness and launch the new early warning system.

Action: AN/LD to circulate info about NPS event

5. Network

LD advised that there had been over 150 people at the EHWP network event on 4 November which launched the Local Transformation Plan. Most members of the Board had also been there. The event had been a great success with a lot of information and services to build on in the work to meet the LTP. LD advised that a high quality recording of young people's voices had been put together by a young person/volunteer with Streetwise. Her work was so good that LD had discussed with MC whether she could be employed on a casual basis at future future network events if similar IT support is needed and MC has agreed. This was welcomed by the Board.

The next newsletter in January 2016 will focus on EHWP and aims to raise awareness about services who took part at the event, and also about many additional services who attended on the day.

LD reported that there has been a fall-off in attendance of the lunchtime service briefings, so these will now be held on an ad hoc basis when needed rather than every 4 months, and will be replaced by the monthly 1hr lunchtime learning slots which focus on how to provide early help around a range of important issues. The next lunchtime learning is on 18 November on E-safety and the impact of social media. A 1 page briefing on the subject will also be produced and will be on the Children's Trust website.

LD agreed to send attendance lists to partners so that they could assess attendance from their agencies.

Action: LD/All

6. Greater Manchester Devolution

Paper tabled

MC gave a detailed update on the proposal to fundamentally review the way that services for children are delivered across Greater Manchester as part of the Devomanc arrangements. This works is being supported by KPMG and is being led by the GM Directors Group, and build on outline proposals made as part of GMCA Comprehensive Spending Review submission.

The proposals include the recommendation that each area of GM will focus and specialize in one area of work and be commissioned by the other Authorities to deliver across GM, with each area undertaking Early Help work for itself. There are concerns about whether it is possible to implement such a fundamental change and whether it would benefit services. Association of Directors of Children's Services are working together to address this and there a number of workstreams of which MC is leading on the education & workskills stream.

It was noted that for some time now Authorities have been working together where it makes sense to share resources and build on good practice and this is leading to stronger services for children and young people. MC advised that there are a number

The Board raised concerns, especially about proposals to bring services together across GM and the risk that as Bury services are generally high performing and low cost it is important that they mustn't be detrimentally affected.

Action: MC will keep Board updated

7. **Children's Trust Operational Group**

Most of the issues from CT Ops Group had been discussed within the Board meeting. However, it was noted that there had been discussion about ways to get useful information to the public around a range of issues affecting children and young people. It had been agreed that Peter Elton's slot in the Bury Times had been good practice in highlighting important public health information and VM had offered to speak to JH about the possibility of setting this up again.

Action: VM/JH

8. **Open Forum**

8.1 **CCG/SLA Single Commissioner for Health & Social Care** ML drew attention to the recent press release on this (paper circulated) and noted that the plan is not to have a single commissioner across all health and social care services, but focusing on those services where pooling budgets and planning/commissioning jointly will lead to better value services and better quality services.

8.2 **B3SDA – retirement of Derek Burke** See item 2.2. MC noted that DB has delayed his proposed retirement until March 2016 aligned to annual funding and reiterated his concerns re the future of B3SDA.

8.3 **Adolescents Conference** MC reminded partners that they have been invited to take part in the 'That difficult age' conference on 13 November, run by Research in Practice.

8.4 **H&WB Priority 1 Bi-annual progress report** The draft half-year progress report to H&WB Board against H&WB Strategy Priority 1 (for which C Trust reports to H&WB Board) was circulated for information.

9. **Any other business**

JH advised that the project managers for the Early Years new delivery model and for the Healthy School work are now in post.

10. **Items for next meeting**

JM will provide an update on Be Safe Be Cool to the next meeting (including evaluation). LD requested that this also come to the CT Ops Group.

Action: JM/LD

11. **Close of meeting**

The next meeting will be 3pm on 10 March 2016, in the ground floor conference room, 3 Knowsley Place.

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Bury Clinical Commissioning Group



BURY INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP BOARD

21st October 2015 3pm – 4:30pm

Lancashire Fusiliers Room, Bury Town Hall

Present:	Pat Jones-Greenhalgh – Chair (PJG), Julie Gonda (JG), Sandra Good (SG), Howard Hughes (HH), Lesley Jones (LJo), Keith Walker (KWa), Karen Whitehead (KWh), Mike Woodhead (MW) Gillian Cohen (GC)
In Attendance:	Brett Nelson (BN)
Minutes:	Gillian Cohen
Apologies:	Linda Jackson, Fiona Moore, Stuart North, Margaret O’Dwyer, Michael Owen, Clare Wilson

Item	Agenda Item	Discussion	Action Agreed By Whom	By When
1	Welcome & Apologies	The Chair welcomed everyone to the meeting and apologies as above, were noted.		
2	Minutes and Matters Arising from previous meeting held on 25th August	The minutes of the meeting held on the 25 th August 2015 were approved as an accurate record. KWa requested a slight change to the wording on page 4, item 5.2. ‘Pennine Care is the lead for elements of the CAMS strategy’. Minutes have been amended appropriately.		

	2015			
3	Action Log	The action log was discussed and all items have been updated and attached for reference.		
4	GM DEVOLUTION			
4.1	Transforming Primary Care Event	This event is being held on the 4 th November 2015 and it will bring together health and social care colleagues from across GM and beyond. This will be an chance to hear about the changes in transforming primary care and an opportunity to input into the new primary care strategy for GM. ACTION 1: To circulate the 'Next Steps For Primary Care' document.	LJo	ASAP
4.2	Update from SRO meeting 14.10.15	The main focus of these meetings are currently around delivery of the next iteration of the Locality Plan by the deadline date of the 30 th October 2015. JG was keen to emphasise that the goalposts are moving continuously, coupled with tight timescales, this will not be the final draft. NHS England and PWC are expecting a lot more detail to be included.		
4.3	Locality Plan Update  4.3 Bury Locality Plan.ppt	BN shared the attached presentation. He is working to JG on the Bury Locality Plan, paying particular attention to how it is structured and how it is going to make an impact around closing the financial gap, whilst maintaining business as usual. Aiming to plug the forecast funding gap of £150m in the Health & Social Care system in Bury over 5 years, Four key quadrant areas where discussed: <ul style="list-style-type: none"> ➤ Redesigning / Improving Services ➤ (Investing In) Prevention and Early Intervention ➤ Moving Services Closer To The Community ➤ Enabling People to Self Care 		

		<p>BN asked the group to consider if they felt there was anything missing from the plan. SG stated that she felt that the extensive work around the NE Sector Acute Transformation programme needs to be reflected, as well as Healthier Together. JG explained we are directed by the GM plan and Healthier Together is being delivered at a GM level, however SG still felt they should be included, even if its just a 'bullet point' mention.</p> <p>SG also highlighted that there is very little mentioned in the Locality Plans around Acute Care.</p> <p>ACTION 2: BN will liaise with SG regarding the text within the plan, bearing in mind what is included at GM level; plans need to dovetail.</p>	BN & SG	ASAP
4.4	Update re Locality Delivery for Bury	<p>There is a Locality Plan workshop arranged for Friday 23rd October 2015. Discussions will take place at this workshop around how we engage in the detail moving forward; lots of hard work to be carried out around the detail.</p> <p>There is a second workshop for the New Society Summit planned for Thursday 22nd October 2015. This is still work in progress.</p> <p>ACTION 3: Further feedback following the workshop</p>	PJG	19.11.15
5	PROVIDER ITEMS			
5.1	New Director Post – Joint Appointment	<p>KWa informed the group that they have successfully recruited to a new Director post for Bury, jointly appointed with the Local Authority; the successful candidate is Stuart Richardson. This is the first time this type of appointment has occurred. KWa highlighted the positive support from the CCG and felt very optimistic around decision making within the Bury team.</p>		

5.2	Acute Transformation Programme Update	SG gave a brief update around their transformation programme. A report from the Healthcare Programme team has been produced, which will be reviewed before public consultation commences; anticipated to be around April 2016. The focus will be to look at the outcome of the report and produce a detailed Comms and Engagements plan. More work is needed to engage patient groups and all this needs to be completed before going out for consultation.		
6	PERFORMANCE			
6.1	Healthier Radcliffe Evaluation	<p>The Healthier Radcliffe Evaluation report went to Bury CCG Clinical Cabinet meeting on the 2nd September for a number of recommendations. Support was given for extending the schemes until the 31st March 2016 to allow for a greater number of people to be assessed over a longer period of time.</p> <p>Formal signoff around the recommendations are required by January 2016, ensuring that a minimum of 9 months data is used.</p> <p>The Board agreed for signoff, which will be via email.</p>		
6.2	Comparative Data - NEL Admissions	<p>Item shared for information. It was pointed out that Bury are in the top quartile for performance each time, however we are failing the BCF target in spite of performing well.</p> <p>SG said it would be helpful to drill down and look at other indicators around long and short term stay, taking in to account re-admission figures.</p>		
6.3	IMC Report	JG shared the draft report around the review of Intermediate Care Services in Bury. Bury CCG Clinical Cabinet to implement immediate changes and allow to bed in, with potential re tender in the future. This		

		would be based upon a further strategic review. PJG requested that the IMC report is brought back to a Partnership Board meeting in approximately 9-10 months time (July/August 2016), with a review in 3 months time (January 2016) of progress on actions ACTION 4: Put IMC on forward planner for January & July/August 2016 for an update	GC/JG	ASAP/Jan 2016
7	INTEGRATION			
7.1	Integration Programme Mapping	As this has now been superseded by the Locality Plan, it was agreed that this item can be removed from any future agenda items.		
7.2	Report from the Provider Partnership Group on the 13.10.15	There was no exceptional report from this meeting to report to the Board.		
7.3	Report from Provider Partnership on 07.10.15	There was no exceptional report from this meeting to report to the Board.		
7.4	Health & Wellbeing Strategy Priorities	Hoping for signoff of the priorities at the next Health & Wellbeing Board meeting; update at the next Partnership Board meeting. ACTION 5: To be put on November's agenda	GC	19.11.15
7.5	Bury Systems Leadership	LJo was pleased to announce that Bury were successful in their application for some system leadership support, paper attached for reference. £25k's worth of support (not cash) has been received and consideration now needs to be taken on what support do we actually		

	 7.5 Bury System Leadership.doc	<p>need. Four individual profiles of people who would like to work with us have been received and in order to decide fairly who we feel is the best person to work with us, LJo will send around a all four profiles for the members of the Board to choose one person who they feel we can work with at a leadership leave to ensure we get the cultural change.</p> <p>ACTION 6: LJo to circulate the 4 profiles, together with a tick box of the Board's preferences.</p> <p>Once a successful applicant has been selected, we will invite them to a future Partnership Board meeting.</p>	LJo	Asap	
8	Date & time of Next Meeting				
8.1	Date & Time of Next Meeting	19 th November 9:30am – 11.30am, Meeting Room A, Bury Town Hall			
8.2	Future Meeting Dates	17 th December 9:00am – 11am, Silver Street, Bury 12 th January 2016, 9:00am – 10.30am (<i>unchanged due to BWLG meeting following this Board meeting</i>) 16 th February 2016, 9:30am – 11.30am 15 th March 2016, 9:30am – 11.30am			

**MINUTES OF HOUSING STRATEGY PROGRAMME BOARD
HELD ON WEDNESDAY 24th JUNE 2015**

- Present:**
- Pat Jones Greenhalgh - Executive Director of Communities and Wellbeing (Chair) **PJG**
 - 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**
 - Steve Kenyon - Interim Director of Resources and Regulation / Six Town Housing **SK**
 - Emma Joos - Administration Support Officer, Department of Communities and Wellbeing (Minutes) **EJ**
 - Heather Crozier - Social Development Manager, Department of Communities and Wellbeing **HC (for item 4.a.i.)**
 - Sharon McCambridge - Chief Executive of Six Town Housing **SMC**
 - Karen Young - Head of Inclusion, Department of Communities and Wellbeing **KY**
- Apologies:**
- Cllr Rishi Shori - Deputy Leader of the Council, Cabinet Member for Finance **RS**
 - Emma Richman - Director of Assets, Six Town Housing **ER**
 - Harry Downie - Assistant Director of Business Re-Design & Development, Department of Communities and Wellbeing **HD**

ACTION

		ACTION
1.0	INTRODUCTIONS & APOLOGIES FOR ABSENCE	
1.1	Apologies were made as above.	
2.0	MINUTES OF THE LAST MEETING	
2.1	The minutes of the meeting held on Wednesday 29 th April 2015 were accepted as a correct record, with the exception of Item 3.3 NEDO project - the scheme will start on site from July 2015, not June as shown in the minutes.	
3.0	MATTERS ARISING:	
3.1	Item 4.1.1.4: MCC had pointed out a recent article in Inside Housing about a number of authorities apparently taking too long to carry out adaptation works. SH to look at how our successes could be made into a positive news story.	SH

3.2	Item 4.2.1.2: Figures were provided which indicated that the Radcliffe pilot had been a success and this track record had resulted in further grant money from the HCA.	
3.3	Item 4.2.1.3: HD requested a map showing empty property clusters within particular cluster areas to be brought to HSPB on 24 th June to inform discussions on extending the scheme. <i>SH to speak to HD before bringing this to the next meeting. It was also felt that empty commercial units need to be included on this map.</i>	SH
3.4	Item 5.2.1.4: PJG asked MCC to do a briefing note for Councillor Shori on the RTB Social Mobility Fund. <i>MCC has done this.</i>	
3.6	SK also commented about RTB applying to housing associations and how this would work. All are awaiting consultation on how this will work.	
3.7	Christmas Closure: SMC confirmed that STH will be closed over the Christmas period in line with the Council and will have the Out of Hours Service available for emergencies.	
4.0	Items for Decision:	
4.1	<u>a) New Items</u>	
4.1.1	<i>i) Health and Wellbeing Strategy Priority 5 – Healthy Places - HC</i>	
4.1.1.1	HC informed HSPB of a new priority within the refreshed Health & Wellbeing Strategy and associated governance structure. HSPB are requested to take ownership for the delivery of this priority, its associated workplan and local performance indicators and to provide bi-annual updates to the Health & Wellbeing Board on progress.	
4.1.1.2	The proposal is for HSPB to own and oversee the successful delivery of Action 2, Priority 5 of the Health & Wellbeing Strategy - the housing component of Healthy Places.	
4.1.1.3	Amend its Terms of Reference to include the statement set out in the proposals above.	MCC
4.1.1.4	Provide minutes of HSPB to the Health and Wellbeing Board and note that these minutes are published.	CNM/EJ
4.1.1.5	Subsequently submit bi-monthly update reports to the HWB.	SH
4.1.1.6	It was agreed that the HOB July meeting would look at the monitoring process.	SH
4.1.2	<i>ii) Proposals for use of STH reserves- SK</i>	
4.1.2.1	A report was presented to HSPB on proposed use of STH reserves.	
4.1.2.2	HSPB supported/approved the use of all other proposals for use of STH reserves.	

4.2	<u>b) Existing Items</u>	
4.2.1	<i>i) Annual Report to Tenants - SMc</i>	
4.2.1.1	SMc advised that the annual report remains focused on performance information and key achievements for the year. STH propose to produce 3 infographics focused on Community, Homes and Corporate information. Simple key facts and figures have already been through HOB.	
4.2.1.2	MCC queried if there would be versions available in others formats or languages. SMc confirmed these would be text only versions and available on request.	
5.0	Information Briefs:	
5.1	<u>a) New Items</u>	
5.1.1	<i>i) HOB Chair's Report to HSPB - SH</i>	
5.1.1.1	SH provided HSPB with a summary of items discussed at the last HOB.	
5.1.2	<i>ii) Welfare Reform - JM / KY</i>	
5.1.2.1	The roll out of Universal Credit (UC) continues to bring new challenges and risks for tenants, STH and Bury Council.	
5.1.2.2	JM to speak to KY about impact assessments on welfare reforms.	JM
5.1.2.3	KY meeting Wayne Campbell and Maria Worthington to discuss STH proposals to ask tenants to pay rent in advance.	KY
5.1.3	<i>iii) Adaptations Review - SH</i>	
5.1.3.1	SH presented a report from ER highlighting the positive work that had been carried out on the major adaptations review.	
5.1.3.2	KY to look at the Allocation Policy. KY meeting with ER and will feed back to HOB and HSPB.	KY
6.0	Date of Next Meeting	
6.1	Wednesday 29 th July 2015, 1.00pm – 2.30pm Lancashire Fusiliers Room, 1 st Floor Town Hall	

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**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	<p>Notes of Last Meeting – 3rd June 2015</p> <p><u>One Public Estate and Bury Strategic Estates Group</u> Alex will report at the next meeting on this item around feedback from the meeting</p> <p><u>Surface Water</u> Everything is on hold at the moment and being reviewed. A briefing note is to be developed around alternative ways of charging.</p> <p><u>Sustainability Criteria for New Build</u> Meeting was postponed. Item to be carried forward to next meeting.</p> <p><u>Salix Bids</u> 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.</p> <p>The notes were agreed as a correct record.</p>	<p>Glenn to put on as agenda item</p> <p>Neil to ask Tom Buggie for briefing note</p> <p>Glenn to add to next agenda</p> <p>Chris to progress</p>	<p>GM</p> <p>NSL</p> <p>GM</p> <p>CH</p>

Item No	Discussion	Action Agreed	By Whom
2	<p>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</p> <p><u>Templates</u> 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Heather to develop indicators with Talat</p> <p>Neil to meet with Talat to develop PI and take forward</p>	<p>HC</p> <p>NSL</p>

Item No	Discussion	Action Agreed	By Whom
	<p>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.</p>	<p>Lorraine to progress with Steve Kenyon.</p>	
<p>7</p>	<p>Recycling and ECO Schools Update</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>In Mid-July, Mersey Drive CP School was awarded their 3rd Green Flag for Eco-schools.</p> <p>Local schools have been involved in the Bury In Bloom campaign.</p>		

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.		
	<p>Date and Time of Next Meeting:</p> <p>Thursday 8th October 2015 at 10.30am in Meeting Room A, Town Hall</p>		

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