

Our Ref JG
Your Ref HSC/JG
Date 14 September 2015
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TO: All Members of Health Scrutiny Committee

Councillors : P Adams, E Fitzgerald, L Fitzwalter, J Grimshaw, S Haroon, K Hussain, S Kerrison (Chair), J Mallon, T Pickstone, R Skillen, S Smith and R Walker

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 22 September 2015
Place:	Peel Room Bury Town Hall
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	***Please note there will be a pre-meeting briefing commencing at 6pm in the Peel Room for Members of the Committee only.

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee 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 PUBLIC QUESTION TIME

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

4 HEALTH AND WELLBEING BOARD REFRESHED HEALTH AND WELLBEING STRATEGY AND ANNUAL REPORT (Pages 1 - 54)

Councillor Andrea Simpson, Cabinet Member for Health and Wellbeing, Chair of the Health and Wellbeing Board and Heather Crozier, Social Development Manager/Policy Lead for Health & Wellbeing Board will provide a verbal presentation at the meeting. Reports attached.

5 ADULT SAFEGUARDING ANNUAL REPORT (Pages 55 - 70)

A verbal presentation will be given by Julie Gonda, Assistant Director, Strategy, Procurement and Finance. Report attached.

6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT (Pages 71 - 92)

Members of the Health Scrutiny Committee will be asked to consider the Director of Public Health Annual Report. Report attached.

7 URGENT BUSINESS

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

REPORT FOR DECISION

Agenda Item	
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DECISION OF:	Cabinet – 14th October 2015 Council – 21st October 2015	
SUBJECT:	Health & Wellbeing Board Annual Report and Refreshed Health & Wellbeing Strategy	
REPORT FROM:	Councillor Andrea Simpson, Cabinet Member for Health & Wellbeing	
CONTACT OFFICER:	Heather Crozier, Social Development Manager/ Health & Wellbeing Board Policy Lead	
TYPE OF DECISION:	Council	
FREEDOM OF INFORMATION/STATUS:	This paper is within the public domain	
SUMMARY:	An annual report for the Health & Wellbeing Board for 2014/15 has been produced along with a refreshed Health & Wellbeing Strategy. It is good practice for all Health & Wellbeing Boards to produce an Annual Report detailing key achievements from the year and summarising the work undertaken by the board. All Health & Wellbeing Boards have a statutory duty to produce a Joint Health & Wellbeing Strategy. The refreshed strategy has five overarching priorities and is now a condensed version of the original strategy and is presented as a 'Plan on a page' with Team Bury branding.	
OPTIONS & RECOMMENDED OPTION	<ol style="list-style-type: none"> 1. For Cabinet to recommend the annual report for the Health & Wellbeing Board for 2014/15 and the refreshed Health & Wellbeing Strategy to Council. 2. To not approve the annual report for the Health & Wellbeing Board for 2014/15 and the refreshed Health & Wellbeing Strategy. 	
IMPLICATIONS:	None	
Corporate Aims/Policy Framework:	Do the proposals accord with the Policy Framework? Yes	
Statement by the S151 Officer: Financial Implications and Risk Considerations:		
Health and Safety		
Statement by Executive Director of Resources:		

Equality/Diversity implications:	There are no equality or diversity issues identified by the Health & Wellbeing Board Annual Report. The Equality Analysis for the Refreshed Health & Wellbeing Strategy is attached and shows a positive impact.
Considered by Monitoring Officer:	
Wards Affected:	All wards
Scrutiny Interest:	Health Scrutiny

TRACKING/PROCESS**DIRECTOR: Executive Director of Communities and Well Being**

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
14 th September 2015			
Scrutiny Committee	Committee	Council	
22 nd September 2015			

1. INTRODUCTION

- 1.1 In 2014, Bury Wider Leadership Group identified three key priority areas which were:
- Safer, Stronger Communities
 - Health & Wellbeing
 - Stronger Economy
- 1.2 The Health & Wellbeing Board has taken responsibility for the Health & Wellbeing priority, Health & Wellbeing Board Annual Report and Health & Wellbeing Strategy.

2.0 The Health & Wellbeing Board

- 2.1 The Health & Wellbeing Board is a committee of the Council.

3.0 Health & Wellbeing Board Annual Report

- 3.1 It is best practice for all Health & Wellbeing Boards to produce an Annual Report.
- 3.2 The Annual Report for 2014/15 covers the Health & Wellbeing Boards first full year of operation and as such, there has been a focus on developing the architecture and up skilling members of the board.
- 3.3 Key achievements for the board in 2014/15 were:
- Relationships between members were strengthened by
 - Relationships between members were strengthened by holding regular Member Development Sessions, a member away day, and Chair development sessions

- The infrastructure of the board has been strengthened by:
 - Introducing a forward plan
 - Holding regular agenda set meetings
 - Revising the report submission process and the report template
 - Introducing a new meeting structure
 - Co-producing an Etiquette & Expectations document
- Being the first Health & Wellbeing Board across Greater Manchester to refresh their Health & Wellbeing Strategy
- Governance arrangements have been strengthened
- The Bury Directory has been successfully implemented
- Engagement mechanisms between Health & Wellbeing Board & providers have been reviewed
- Overseen the development of the health & wellbeing agenda under Devolution Greater Manchester

3.4 The Health & Wellbeing Board have been involved in the development and sign off of:

- The Pharmaceutical Needs Assessment for Bury (PNA)
- The Better Care Fund
- A Bid for funding to support Working Carers
- The Disability Strategy
- The Children & Young People's Plan
- Health & Social Care Integration agenda

3.5 The Health & Wellbeing Board have considered:

- The Annual Safeguarding Children's Report
- The 5 Year CCG Strategy
- The GM Strategy for Public Health
- The Primary Care Co-Commissioning Strategy
- Healthier Together
- 'Due North' report into geographical inequalities

3.6 As a result, the Health & Wellbeing Board are well placed to tackle key issues of Devolution, Health & Social Care Integration and inequalities.

4.0 The Refreshed Health & Wellbeing Strategy

4.1 The Health & Wellbeing Board have a duty to produce a Joint Health & Wellbeing Strategy and review the contents of the strategy on a regular basis. As such the Health & Wellbeing Board committed to refreshing the Strategy throughout 2014/15.

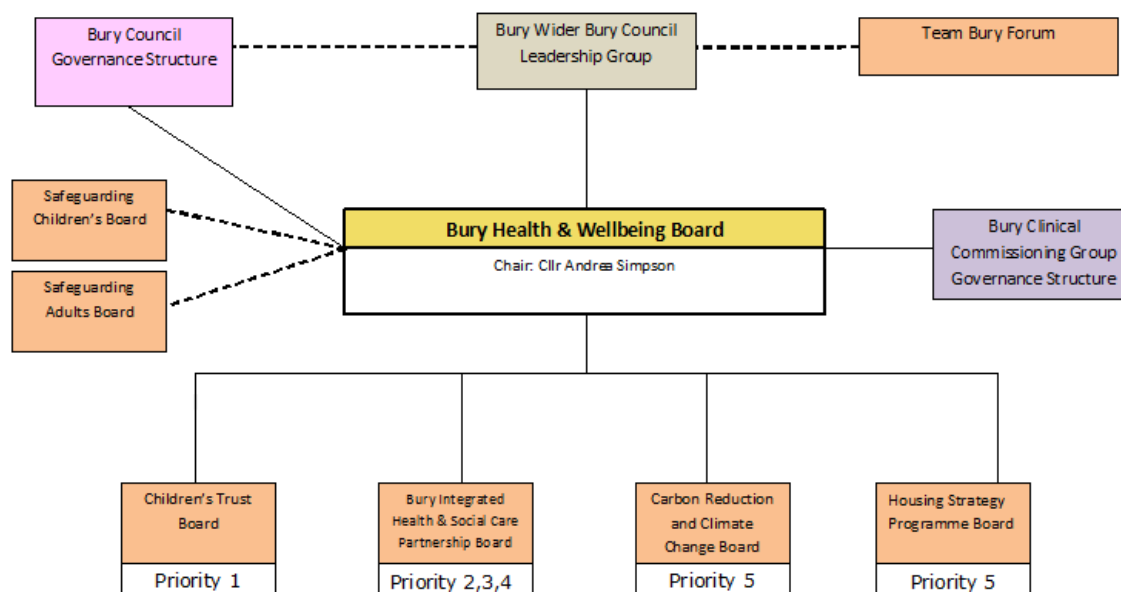
4.2 The refreshed Health & Wellbeing Strategy is now a condensed version of the original strategy and is presented as a 'Plan on a page'.

4.3 Priority Leads from the Health & Wellbeing Board have been identified for each priority:

- **Priority 1- Starting Well**, Mark Carriline (Executive Director, Department for Children, Young People and Culture)
- **Priority 2- Living Well**, Lesley Jones (Director of Public Health)
- **Priority 3- Living Well with a Long Term Condition or as a Carer**, Pat Jones-Greenhalgh (Executive Director, Department for Communities & Wellbeing)
- **Priority 4- Ageing Well**, Pat Jones-Greenhalgh (Executive Director, Department for Communities & Wellbeing)
- **Priority 5- Healthy Places**, Pat Jones-Greenhalgh (Executive Director, Department for Communities & Wellbeing)

4.4 A summary of the refreshed Priorities can be found in Appendix 1

4.5 The Bury Health & Wellbeing Strategy Governance Structure can be found below



5.0 ISSUES & RISKS

5.1 The issues and risks identified are that of capacity to undertake the work required to deliver the Health & Wellbeing Board work plan and Health & Wellbeing Strategy.

6.0 FINANCIAL IMPLICATIONS

6.1 There are no financial implications for the Health & Wellbeing Board Annual Report.

6.2 There are no financial implications for the Health & Wellbeing Strategy as the delivery of all actions will be contained within existing resources.

7.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no equality or diversity issues identified by the Health & Wellbeing Board Annual Report.

8.2 The Equality Analysis for the Refreshed Health & Wellbeing Strategy is attached in list of background papers. The Equality Analysis indicates that the overall effect of the Health & Wellbeing Strategy will be positive.

8.0 CONCLUSIONS AND RECOMMENDATIONS

It is recommend that:

Cabinet are requested to:

- Approve the vision and direction of the refreshed Health & Wellbeing Strategy
- Support the priorities
- Note the governance structure
- Review progress in the 2015/16 Annual Report

And recommend to full Council for Approval.

Note the contents of the Health and Wellbeing Board Annual Report

List of Background Papers:-

- Health & Wellbeing Board Annual Report
- Refreshed Health & Wellbeing Strategy- plan on a page
- Equality Analysis for the Refreshed Health & Wellbeing Strategy- plan on a page

Contact Details:-

Heather Crozier, Social Development Manager/ Policy Lead for the Health & Wellbeing Board. Tel: 0161 253 6684, Email: h.crozier@bury.gov.uk

Appendix 1- Summary of Refreshed Priorities

Priority 1- Starting Well

Refreshed Actions

- Improve health and developmental outcomes for Under 5s.
- Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs.
- Support positive and resilient parenting, especially for families in challenging circumstances
- Narrow the attainment gap amongst the vulnerable groups

Measures of Success

1. a) Improved health outcomes for under 5s
b) A higher proportion of children will be school ready
2. Implemented the SEND reforms
3. a) Fewer children making repeat entry into the social care system
b) Children move from care into high quality permanence
c) Children in care in stable placements
4. Improvements in the differences in levels of educational attainment across the borough and between groups

Priority 2- Living Well

Refreshed Actions

- Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle
- Establish a healthy schools and work and health programme
- Adopt a 'health in all policies' approach to policy and strategy Development

Measures of Success

1. People will adopt and maintain a healthy lifestyle and be physically active
2. All schools and workplaces in Bury will be 'health promoting' organisations
3. All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury

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

Refreshed Actions

- Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.
- Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.
- Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.

Measures of Success

1. a) An improved quality of life for people living with long term conditions
b) A reduction in hospital admissions for people with long term conditions

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2. Improved health and wellbeing of carers
3. Increased number of people with long term conditions in sustainable employment.

Priority 4- Ageing Well

Refreshed Actions

- Ensure older people play an active role within their community, tackling the impact of social isolation
- Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this
- Ensure people at the end of life are treated with dignity and respect

Measures of Success

1. A reduction in the number of older people feeling socially isolated
2.
 - a) A reduction in non elective admissions in older people
 - b) A reduction in permanent admissions to residential and nursing homes
 - c) An increase in the number of over 65's who remain at home following re-ablement services
3.
 - a) An increased number of people will have choice and control over where they die
 - b) An increased number of people will die with an end of life plan

Priority 5- Healthy Places

Refreshed Actions

- Create a clean and sustainable environment
- Ensure suitable and quality homes

Measures of Success

1.
 - a) Improved air quality
 - b) Reduced carbon emissions
 - c) Green spaces that are welcoming, safe and well maintained
 - d) High levels of recycling
2.
 - a) Access to affordable and appropriate tenure housing
 - b) Access to quality homes that meet people needs and secure their health and wellbeing
 - c) Reduced homelessness

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LIVING WELL IN BURY:

MAKING IT HAPPEN TOGETHER

Refreshed Bury Joint Health and Wellbeing Strategy 2015 - 2018



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**Team
Bury**

Working Together For A Better Bury

Foreword

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

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

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

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

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

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

**Chair of the Health
and Wellbeing Board**

**Cabinet Member for
Health and Wellbeing.**

Andrea Simpson



**Deputy Chair of the Health
and Wellbeing Board**

**Executive Director for the
Department of Communities
and Wellbeing**

Pat Jones-Greenhalgh



**Team
Bury**

Working Together For A Better Bury

Introduction

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

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

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

Bury Health and Wellbeing Board

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

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

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

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

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

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



The Joint Health and Wellbeing Strategy

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

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

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

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



Development of this strategy

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

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

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

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



Section 1: Our Principles

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

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

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

We will reduce inequalities in health and wellbeing

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

We will develop person centred services

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

We will plan for future demands

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



**Team
Bury**

Working Together For A Better Bury

Section 2: Our approach to improving health and wellbeing

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



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

Figure 1: Model of wider determinants of health and wellbeing

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

1. Connect (with others).
2. Be Active
3. Give
4. Take Notice
5. Learn



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

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

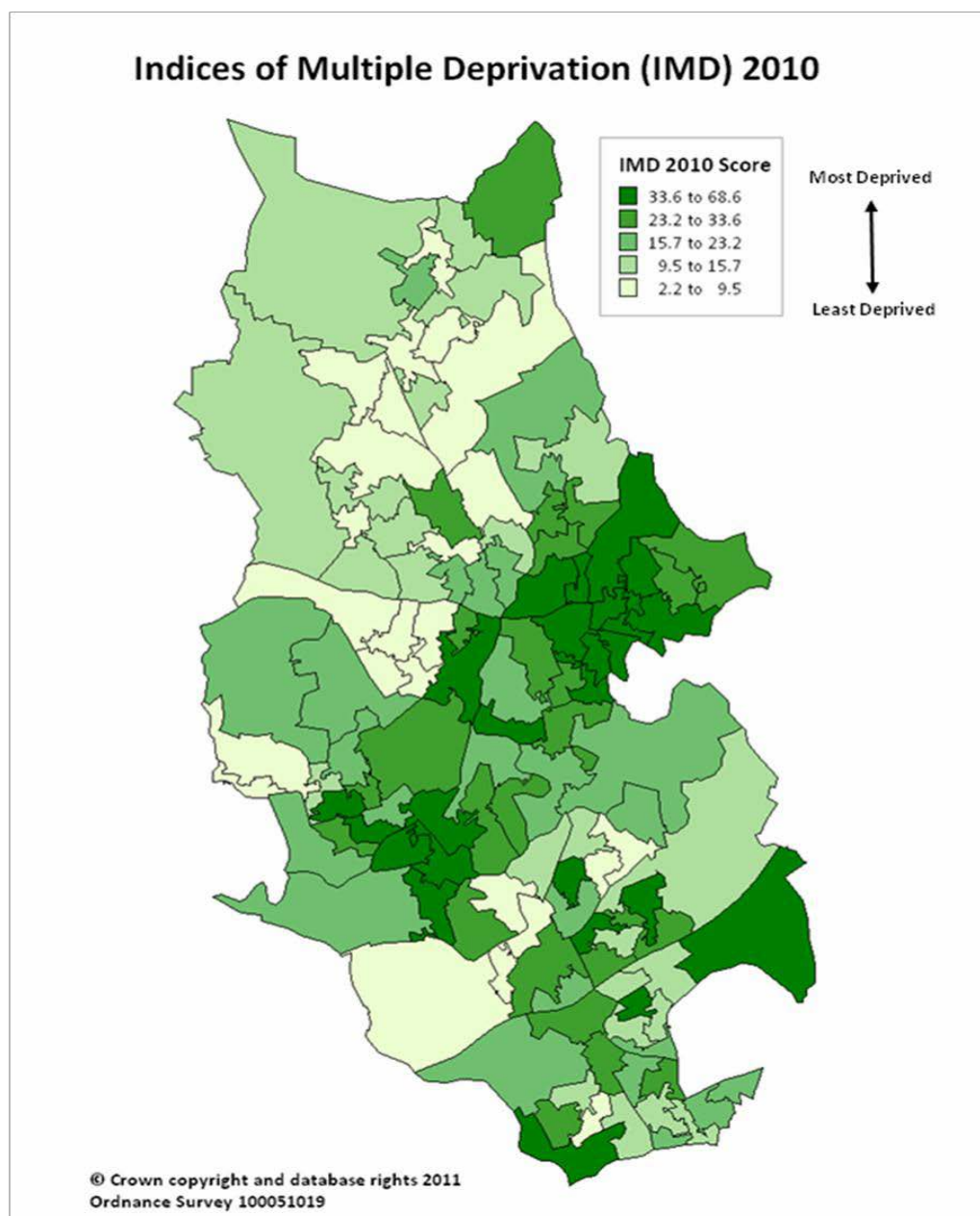


Figure 2: Indices of Multiple Deprivation (IMD) 2010



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

The strategy is also informed by the findings of the Marmot Review “Fair Society Healthy Lives” published in 2010. This review was requested by the then Secretary of State for Health and conducted by Prof. Michael Marmot. It looked at what were the most effective strategies and actions to reduce health inequalities across England. The review showed clear links between social and economic circumstances and health. It also highlighted that we accumulate positive and negative effects on health and wellbeing across the lifecourse. So, what we do earlier in life can strongly influence our health outcomes in later life. The review recommended that action was needed on the following six key policy objectives to effectively reduce health inequalities across England:

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

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



Section 3: Health and Wellbeing in Bury

Bury's population was estimated to be 186,500 in 2013¹. This is expected to rise to 198,800 by 2025^{1a}. Around 10.9% of Bury's population are from Black and minority ethnic (BME) Communities. Figure 3 shows the ethnic profile of Bury's population based on the 2011 Census.

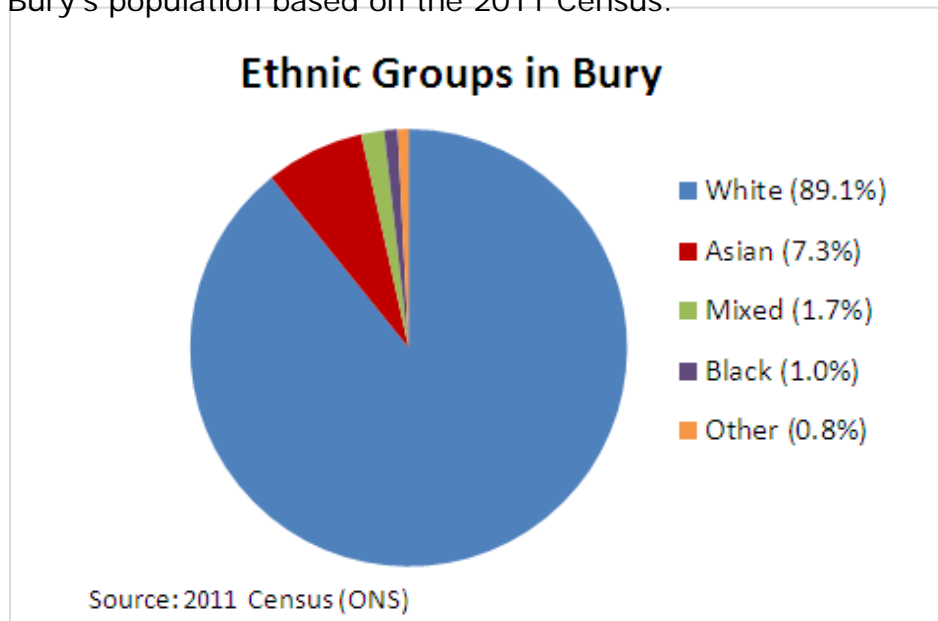
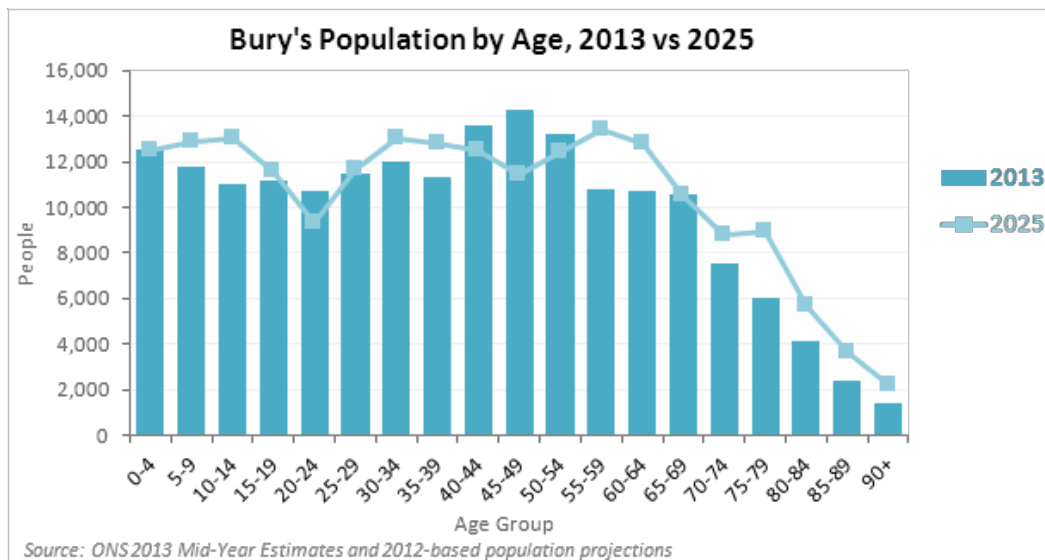


Figure 3: Ethnic Groups in Bury

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





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

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

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

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

In the early years, despite falling rates of teenage pregnancy, levels in Bury are still worse than the England average. Breastfeeding rates are below the national average, and there is significant drop off between initiation and 6-8 weeks.^{vi} Smoking in pregnancy is a key factor in low



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

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

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

¹ Public Health England, Public Health Outcomes Framework Indicators 0.1ii, 0.2iii and 0.2iv (as at April 2015)

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

¹ Public Health England, Public Health Outcomes Framework Indicators 4.04i and 4.05i (as at April 2015)

¹ Public Health England, Local Tobacco Control Profile (as at April 2015)

¹ Public Health England, Public Health Outcomes Framework Indicators 2.12, 2.06i and 2.06ii (as at April 2015)

¹ Public Health England, Public Health Outcomes Framework Indicators 2.02i and 2.02ii (as at April 2015)

¹ Public Health England, Public Health Outcomes Framework Indicator 2.03 (as at April 2015)

¹ Public Health England, 2012, Bury Health Profile

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

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

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



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Section 4: Our Priorities

Priority 1 – Starting Well

Why this is important

Focusing on pregnancy and the first few years of a child's life ensures that children can be given the best possible start for their physical, educational and emotional development which will help them realise their potential and flourish throughout their lives. Prevention, intervening early and supporting parents in the first phase of a child's life represents a key opportunity to break the cycle of deprivation, disadvantage and poor outcomes across the life course.

Strengthening the relationship between infants and parents/guardians has a strong impact on both physical and mental health. Parenting is the single largest factor implicated in a range of health and social outcomes for children, notably accident rates, substance misuse, teenage pregnancy, truancy, school exclusion and underachievement, child abuse, employability, juvenile crime and mental illness.^{ix}

Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life was the most important of all the policy recommendations for reducing health inequalities in The Marmot Review. It was also identified as the highest priority locally from the consultation on this strategy.

Bury is better than Statistical Neighbour average

- Almost 14% of women in Bury who give birth are smoking at the time of their delivery. This has improved from last year and is the second best rate in the statistical neighbour group, where the average is 17%
- Initiation of breastfeeding after birth has improved in Bury for the last three years to 70% of new mothers in 2013/14. This puts Bury as third highest in the statistical neighbour group (where the average 66%)
- Five year olds in Bury have an average of 1.3 decayed, missing or filled (dmf) teeth, which is the same as the average of our statistical neighbours
- 15% of children who left care in 2013/14 were subjects of Special Guardianship Orders, which is better than the statistical neighbour average of 12%

Bury is worse than Statistical Neighbour average

- The infant mortality rate in Bury has been on a worsening trend in recent years, and is currently 5.2 per 1000 live births. This is the third highest rate in the statistical neighbour group



- The percentage of children achieving a good level of development at the end of reception has improved from the previous year, but Bury is still slightly below the statistical neighbour average, at 56%
- The same is true for reception pupils who receive free school meals – in Bury, 39% achieve a good level of development, compared to the statistical neighbour average of 41%
- In Year 1, the percentage of pupils achieving the expected level in phonics screening check is the lowest in the statistical neighbour group, both overall and for pupils who receive free school meals
- Bury has a higher percentage of child protection plans that are repeats, compared to the average of our statistical neighbours – 20% (avg 17%)
- Fewer children leaving care in Bury are adopted – 17%, versus 19 Statistical Neighbour average
- Fewer children in care have long term placement stability in Bury (55%) than the average of our statistical neighbours (69%). Bury has the second lowest rate in the Statistical Neighbour group

Our Actions

We will:

1. Improve health and developmental outcomes for Under 5s.
2. Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs.
3. Support positive and resilient parenting, especially for families in challenging circumstances
4. Narrow the attainment gap amongst the vulnerable groups.

Measures of Success

If we are making a difference, we will have:

1.
 - a) Improved health outcomes for under 5s
 - b) A higher proportion of children will be school ready
2. Implemented the SEND reforms
3.
 - a) Fewer children making repeat entry into the social care system
 - b) Children move from care into high quality permanence
 - c) Children in care in stable placements
4. Improvements in the differences in levels of educational attainment across the borough and between groups



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Indicators

1. a) Improved health outcomes for under 5s
 - Number of mothers who smoking during pregnancy
 - Breastfeeding initiation and maintenance at 6-8 weeks after birth
 - Infant mortality
 - Tooth decay in children aged 5
 - Childhood obesity
- b) A higher proportion of children will be school ready
 - Children achieve a good level of development by the end of Reception
 - Children with free school meal status achieve a good level of development at the end of reception
 - Year 1 pupils will achieve the expected level in the phonics screening check
 - Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check
2. Implemented the SEND reforms
 - Number of Education, Health and Care Plans (EHC)
 - Number of families accessing personal budgets
3. a) Fewer children making repeat entry into the social care system
 - A reduction in the number of repeat child protection plans
- b) Children move from care into high quality permanence
 - Number of children moving out of care into permanence through adoption or Special Guardianship Orders
- c) Children in care in stable placements
 - Long term placement stability for Children and Young People in Care
4. Improvements in the differences in levels of educational attainment across the borough and between groups
 - Narrowing the gap indicators

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Improve health and developmental outcomes for Under 5s.	Improved health outcomes for under 5s	Number of mothers who smoking during pregnancy	Children's Trust Board
		Breastfeeding initiation and maintenance at 6-8 weeks after birth	



		Infant mortality	
		Tooth decay in children aged 5	
		Childhood obesity	
	A higher proportion of children will be school ready	Children achieve a good level of development by the end of Reception	
		Children with free school meal status achieve a good level of development at the end of reception	
		Year 1 pupils will achieve the expected level in the phonics screening check	
		Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check.	
Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs	Implementation of SEND reforms	Number of EHC plans in place	Children's Trust Board
		Number of families accessing personal budgets	
Support positive and resilient parenting, especially for families in challenging circumstances	Fewer children making repeat entry to social care system	A reduction in the number of repeat child protection plans	Bury Safeguarding Children's Board
	Children move from care into high quality permanence	Number of children moving out of care into permanence through adoption or Special Guardianship Orders	
	Children in care in stable placements	Long term placement stability for CYPIC	



Narrow the attainment gap amongst the vulnerable groups.	Improvements in the differences in levels of educational attainment across the borough and between groups	Narrowing the gap indicators	Children's Trust Board
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Priority 2 – Living Well

Why this is important

Maintaining a healthy lifestyle is essential for good health and wellbeing. Smoking, poor diet, physical inactivity, alcohol and drug misuse are risk factors for a range of long-term health conditions, such as, cardiovascular disease, diabetes, some cancers and dementia.

Unhealthy lifestyles contribute to the major causes of deaths in Bury of cardiovascular disease, cancer and respiratory diseases and to early deaths. Smoking-related illnesses are the main preventable cause of early death in Bury. The rate of smoking related deaths in Bury is worse than the average for England, representing around 334 deaths per year. (Bury Health Profile 2014). In Bury, life expectancy is lower than in England. Lifestyle factors are key drivers behind health inequalities.

There are links between unhealthy lifestyles and poor mental health with obesity, alcohol misuse and higher levels of smoking all linked to mental ill-health. Leading a healthy lifestyle can have positive impacts on all aspects of health and wellbeing - physical, mental and emotional – and can offer resilience to stressors in life. Physical activity is a good example of this and it can significantly improve confidence and self-esteem.

It is recognized, however, that it is not always easy to adopt a healthy lifestyle and there are many factors affecting that. These could range from lack of information to support individual choices to wider environmental factors, such as the availability and price of alcohol, unhealthy food and tobacco products. It is vital, therefore, that we maximise all opportunities at policy, service and individual levels to facilitate well-informed and supported individuals, able to influence and sustain their own health and wellbeing within healthy environments. We also know that many behaviours are set in childhood and it is important to target action that supports children and their families to start and sustain healthy lifestyles.

Bury is better than Statistical Neighbour average

- People in Bury have higher rates of self-reported wellbeing than for the average of our statistical neighbour group, and scores have improved on the previous year
- Fewer children are classed as having excess weight – 19% of reception pupils (vs 23% Statistical Neighbour average) and 34%



of children in Year 6 (vs 35%), although rates have increased for Year 6 pupils for the last two time periods

- Bury has more physically active adults than the statistical neighbour average (55% vs 51%), and has improved on the previous time point
- Smoking rates have decreased in recent years to 18% of adults – this is the second lowest rate in the Statistical Neighbour group

Bury is worse than Statistical Neighbour average

- Bury has more adults who are overweight than the Statistical Neighbour average (68% vs 66%)
- Bury has more adults who binge drink (25% vs 23%)

Our Actions

We will:

1. Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle
2. Establish a healthy schools and work and health programme
3. Adopt a 'health in all policies' approach to policy and strategy development

Measures of Success

If we are making a difference:

1. People will adopt and maintain a healthy lifestyle and be physically active
2. All schools and workplaces in Bury will be 'health promoting' organizations
3. All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury

Indicators

For all actions and measures of success will be:

- More people reporting positive mental wellbeing
- Increase in proportion of people who maintain a healthy weight
- Increase in proportion of people who are physically active
- Reduction in proportion of people who smoke



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- More people drinking alcohol within the recommended safe levels

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle	People will adopt and maintain a healthy lifestyle and be physically active	More people reporting positive mental wellbeing Increase in proportion of people who maintain a healthy weight	Health & Social Care Integration Partnership Board
Establish a healthy schools and work and health programme	All schools and workplaces in Bury will be 'health promoting' organisations	Increase in proportion of people who are physically active	Health & Social Care Integration Partnership Board
	All workplaces in Bury will be 'health promoting' organisations	Reduction in proportion of people who smoke	
Adopt a 'health in all policies' approach to policy and strategy development	All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury	More people drinking alcohol within the recommended safe levels	Health & Social Care Integration Partnership Board



Priority 3 – Supporting people to live well with a long term condition or as a carer

Why this is important

It is estimated that 45,000 adults in Bury have at least one long term condition. Long term conditions are those that cannot currently be cured but can be managed variously with medication, support services and therapies, and self care strategies, such as maintaining a healthy lifestyle. They include diabetes, heart disease, dementia, mental health conditions, chronic obstructive pulmonary disease (COPD) and some neurological conditions.

People living in more deprived communities are at greater risk of developing a number of conditions but are less likely to be diagnosed early thus having poorer health outcomes. Long term conditions are more likely in older age and some, such as diabetes, are more prevalent in ethnic minority communities. The number of people living with more than one condition also increases with age. Those with long term conditions are two to three times more likely to experience mental health problems than the general population.^x

The consequences of long term conditions can be life-changing and even devastating for some people and their families without the right support in place. Some people may struggle to seek or remain in work and they may become dependent on benefits. Roles they undertook within their family life and social activities may cease. Having the right support, retaining choice and control, confidence and self-esteem are all vital in self management of a condition, maintaining independence and coping with everyday life. Adopting self care approaches, such as maintaining a healthy lifestyle, utilising available technologies and meeting one's wellbeing needs are also important.

Carers are vital in providing physical, practical and emotional support. However, carers providing support for 50 hours a week or more are twice as likely to be in poor health as those not caring.

The Carers Trust defines a carer as 'someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'^{xi}. Data from the 2011 census tells us that, in Bury, there are 19,954 people providing some form of unpaid care. This is 11% of the population and is an increase of 723 individuals in the last 10 years.

To support unpaid carers within our borough, the Carers Strategy Group developed the Adult Carers Strategy for Bury 2013-2018. The four main aims of this strategy are to strengthen:

1. Identification and recognition;
2. Realising and releasing potential (continuing with career and/or educational attainment);
3. A life outside of caring;
4. Supporting carers to stay healthy.



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For more detailed information, go to

<http://www.bury.gov.uk/index.aspx?articleid=4903>

¹ NHS Inform, Long Term Health Conditions and Mental Health available at: <http://www.nhsinform.co.uk/MentalHealth/Wellbeing/Long-Term-Health-Conditions> ¹
www.carers.org.

Bury is better than Statistical Neighbour average

- Carers and people with long term conditions in Bury report a better health-related quality of life than the statistical neighbour average
- More adults with learning disabilities live in stable and appropriate accommodation in Bury than for the average of our statistical neighbours (86% vs 83%)
- In Bury, there are fewer unplanned admissions for chronic ambulatory care sensitive conditions than for the average of our statistical neighbours (1017 per 100,000 population vs 1057), although the trend has been worsening over the last three data points
- More adult carers have as much social contact as they would like (i.e. fewer are socially isolated) than the average of our statistical neighbours (47% vs 45%)
- The employment gap between the general population and people with a learning disability is about the same as the average of our statistical neighbours (64 percentage points), although this has worsened since the previous data point

Bury is worse than Statistical Neighbour average

- Bury has the largest gap in the employment gap between the general population and adults who are in contact with secondary mental health services in the statistical neighbour group (71 percentage points v 64 on average)
- Fewer adults who are in contact with secondary mental health services live in stable and appropriate accommodation than the average of our statistical neighbours (36% vs 59%). Bury has the second lowest rate in the statistical neighbour group.
- The employment gap between the general population and people with long-term conditions is slightly wider than for the average of our statistical neighbours (11.0 percentage points vs 10.7)

Our Actions

We will:

1. Ensure people with long term conditions (including mental health) are



supported to live as well as possible with their condition.

2. Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.
3. Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.

Measures of Success

If we are making a difference, we will have:

1. a) An improved quality of life for people living with long term conditions
 - b) A reduction in hospital admissions for people with long term conditions
 2. Improved health and wellbeing of careers
 3. Increased number of people with long term conditions in sustainable employment.
-
1. a) An improved quality of life for people living with long term conditions
 - Health related quality of life for people with long term conditions
 - Percentage of adults with a learning disability living in stable and appropriate accommodation
 - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation
 - b) A reduction in hospital admissions for people with long term conditions
 - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
 2. Improved health and wellbeing of careers
 - Percentage of adult carers who have as much social contact as they would like
 - Health related quality of life for carers
 3. Increased number of people with long term conditions in sustainable employment.
 - Gap in the employment rate between those with a long term health condition and the overall employment rate



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- Gap in the employment rate between those with a learning disability and the overall employment rate
- Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.	An improved quality of life for people living with long term conditions	Health related quality of life for people with long term conditions	Bury Integrated Health & Social Care Partnership Board
		Percentage of adults with a learning disability living in stable and appropriate accommodation	
		Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation	
Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.	A reduction in hospital admissions for people with long term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	Bury Integrated Health & Social Care Partnership Board
		Improved health and wellbeing of carers	
Support people with long term conditions (including	Increased number of people with long term conditions in sustainable employment.	Percentage of adult carers who have as much social contact as they would like	Economic Partnership Board
		Health related quality of life for carers	
Support people with long term conditions (including	Increased number of people with long term conditions in sustainable employment.	Employment of people with long term conditions	Economic Partnership Board



mental health) to achieve and maintain sustainable employment.		Gap in the employment rate between those with a long term health condition and the overall employment rate	
		Gap in the employment rate between those with a learning disability and the overall employment rate	
		Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate	

Priority 4 – Ageing Well

Why this is important

We live in an ageing society where the number of older people is set to increase. Many older people live independent and fulfilling lives, feel they are in good health and, on the whole, experience a good quality of life. For some, however, ageing will lead to an increased risk of multiple health problems, feeling lonely and isolated, and increased health and social care needs.

For some older people ensuring they are able to play an active role within their community, whilst tackling the impact of social isolation, will be all the support they need to lead an independent life. Where older people do have care and support needs, it is important that the impact of this is reduced and that they are supported to reduce the likelihood of this happening again. Without health and social care intervention, conditions and injuries such as stroke, falls and dementia can undermine a person's wish to remain in their own home and return to independent living. Effective prevention, reablement and support which promote independence are critical and reduce the need for hospital admission or long term care and support.

In addition to this, strong links with safeguarding services will ensure we protect the most vulnerable from being subject to anti-social behaviour, crime and abuse.

Having secure, appropriate and settled accommodation, with the right kind of support, plays a vital role in health, wellbeing and feeling safe and secure. It is important to have the right kind of housing that is accessible, can accommodate any necessary aids and adaptations, and is warm and energy efficient.

With an ageing population, the number of carers is likely to increase and there are likely to be more older carers. Carers often experience poor health outcomes as they focus on the needs of those they are caring



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for at the expense of their own health and wellbeing. We need to ensure their needs are met.

When people reach the end of their life, we need to ensure that people are treated with dignity and respect and that they are supported to die at a place of their choosing. Supporting people to plan for the end of their life will ensure that they, and their careers, are involved with this as much as possible.

Older people are at particular risk of falls which is one of the main reasons for hospital admissions and the need for social care support. Around 35% of people aged 65 and over living in the community fall each year and this increases with age. Hip fractures are the most serious consequences of a fall in the over 65s; around 20% of those who have a hip fracture (often due to a fall) will die within four months.

A stroke is the third most common cause of death in the UK and around 50% of strokes occur in people aged over 75. After a stroke, around 30% will die within a year. For those surviving a stroke, many are left with longer-term problems or permanent disability. Around 1 in 12 people over 65 in the UK have dementia and the chances of developing dementia increase with age. Those who have had a healthy lifestyle earlier in their life, reduce their risk of dementia.

Bury is better than Statistical Neighbour average

- Fewer people aged 65 and over are permanently admitted to care homes (702 per 100,000 people aged 65 and over, vs 723)
- Slightly more older people who have been discharged from hospital into reablement services are still at home 91 days later (81.4%) than for the average of our statistical neighbours (81.2%)
- More people die in their usual place of residence in Bury (22.4%) than for the average of our statistical neighbours (21.7%) – Bury has the third highest rate in the statistical neighbour group

Bury is worse than Statistical Neighbour average

- Out of the monitored indicators we are achieving better than our statistical neighbour average in them all

Our Actions

We will:

1. Ensure older people play an active role within their community, tackling the impact of social isolation
2. Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this
3. Ensure people at the end of life are treated with dignity and respect

Measures of Success

If we are making a difference, we will have:

4. a) A reduction in the number of older people that feel socially isolated



5. a) A reduction in non elective admissions in older people
b) A reduction in permanent admissions to residential and nursing homes
c) An increase in the number of over 65's who remain at home following re-ablement services
6. a) An increase in the number of people that have choice and control over where they die
b) An increase in the number of people that die with an end of life plan

Indicators

1. a) No older people will feel socially isolated
 - People aged 65 plus who have as much social contact as they would like
2. a) A reduction in non elective admissions in older people
 - Non elective admissions for people aged 65 plus
 b) A reduction in permanent admissions to residential and nursing homes
 - Permanent admissions to care homes people aged 65 and over
 c) An increase in the number of over 65's who remain at home following re-ablement services
 - Older people at home 91 days after leaving hospital into reablement
3. a) People will have choice and control over where they die
b) People will die with an end of life plan
 - Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure older people play an active role within their community, tackling the impact of social isolation	A reduction in the number of older people that feel socially isolated	People aged 65 plus who have as much social contact as they would like (Adult User Experience Survey)	Bury Integrated Health & Social Care Partnership Board
Reduce the likelihood of people experiencing a	A reduction in non elective admissions in older people to A&E	Non elective admissions for people aged 65 plus (AQA)	Bury Integrated Health & Social Care Partnership Board



crisis and when they do reduce the impact of this	A reduction in permanent admissions to residential and nursing homes	Permanent admissions to care homes people aged 65 and over (ASCOF indicator 2A,(2))	
	An increase in the number of over 65's who remain at home following re-ablement services	Older people at home 91 days after leaving hospital into reablement (ASCOF Indicator 2B(1))	
Ensure people at the end of life are treated with dignity and respect	An increase in the number of people that have choice and control over where they die	Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)	Bury Integrated Health & Social Care Partnership Board
	An increase in the number of people that die with an end of life plan		

Priority 5 – Healthy Places

Why this is important

Most people intuitively understand that where they live and the quality of their local environment has an impact on their health and well-being but there is also robust evidence from a wide range of sources which tells us about the direct effects of the environment on our health status and life-expectancy.

The layout of our built environment can help or hinder social connectivity, active travel, our safety and access to essential amenities. Having access to green space is essential for well-being, good quality housing helps prevent accidents and provides security and warmth.

Carbon reduction and recycling strategies also make an important positive contribution to the public's health. Carbon reduction and recycling of waste are important measures for conserving the natural resources and energy, reducing the amount of waste going to landfill and reducing greenhouse gases that contribute towards climate change.

The long term health of our population is dependent on the continued stability and effective functioning of our global environment. Continued pressure on the earth's resources through human activity is contributing to climate change which brings with it new risks and hazards to our health such as flooding and new infectious disease.

In short, what is good for the environment is good for our health

Bury is better than Statistical Neighbour average



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- Bury recycles more of its household waste (43%) than our statistical neighbours, on average (41%)
- Slightly fewer households are in fuel poverty (10.3% vs 10.4% Statistical Neighbour average)
- In the statistical neighbour group, Bury has the third lowest rate of households that live in temporary accommodation at 0.2 per 1000 households (Statistical Neighbour average is 0.4)

Bury is worse than Statistical Neighbour average

- Bury has a slightly worse rate of mortality due to air pollution (4.8% of deaths in people aged 30 and over, vs Statistical Neighbour average of 4.7%)
- In the statistical neighbour group, Bury has the third highest rate of homeless acceptances – 2.5 per 1,000 households (Statistical Neighbour average is 1.8)

Or Actions

We will:

1. Create a clean and sustainable environment
2. Ensure suitable and quality homes

Measures of Success

If we are making a difference, we will have:

1.
 - a) Improved air quality
 - b) Reduced carbon emissions
 - c) Green spaces that are welcoming, safe and well maintained
 - d) High levels of recycling
2.
 - a) Access to affordable and appropriate tenure housing
 - b) Access to quality homes that meet people needs and secure their health and wellbeing
 - c) Reduced homelessness

Indicators

1.
 - a) Improved air quality
 - Fraction of mortality attributable to particulate air pollution
 - Adapting to Climate Change (Local PI on PIMS)
 - Annual Greenhouse Gas Report (% change in Bury Council's Carbon emissions)



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- b) Reduced carbon emissions
 - Suite of Planning indicators proposed in Bury's core strategy (zero carbon, mitigating measures in new developments which have a negative effect on air quality)
 - c) Green spaces that are welcoming, safe and well maintained
 - 'Green flag' standard parks in the borough
 - Street cleanliness levels
 - d) High levels of recycling
 - Percentage of households recycling
2. Ensure people have suitable and quality homes
- Statutory homelessness - homelessness acceptances
 - Statutory homelessness - households in temporary accommodation
 - Percentage of households in fuel Poverty

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Create a clean and sustainable environment	Improved air quality	Fraction of mortality attributable to particulate air pollution	Carbon Reduction Board
	Reduced carbon emissions	Percentage change in Carbon emissions	
	Green spaces that are welcoming, safe and well maintained	'Green flag' standard parks in the borough	Carbon Reduction Board
		Street cleanliness levels	
	High levels of recycling	Percentage of households recycling	
Ensure suitable and quality homes	Access to affordable and appropriate tenure housing	Percentage of households in fuel	Housing Strategy Programme Board (HSPB)



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



Section 5: Next Steps

To translate this strategy into action, detailed implementation plans will be developed as part of an annual programme of work. The implementation plans will reflect some of the useful insights provided through the consultation process around barriers and opportunities for delivery.

The Health and Wellbeing Board is the principal body for making sure that the actions and outcomes set out in this strategy are delivered and that there is a whole system contribution to achieving its vision. This strategy enables the Board to assess the plans and strategies of its partner organisations to ensure there is alignment with the Health and Wellbeing Strategy.

The Board will also hold other organisations to account for delivery of the actions within this Strategy.

A newly created virtual Hub will act as a conduit for the Board to influence and direct those strategic groups which will support the delivery of this strategy. The Hub will have a clear understanding of existing partnership structures and will play a key role in building strong collaborative relationships and facilitating integrated working amongst stakeholders. The Hub will also increase community engagement by involving service users, their organisations and the public in working groups or task groups and in the prioritisation and delivery of the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy will be monitored and reviewed on a regular basis and revised annually. Bury Council's Health Scrutiny Committee will provide governance and it will receive regular progress reports from the Health and Wellbeing Board. The Board will also produce an annual report for the wider public.

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

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

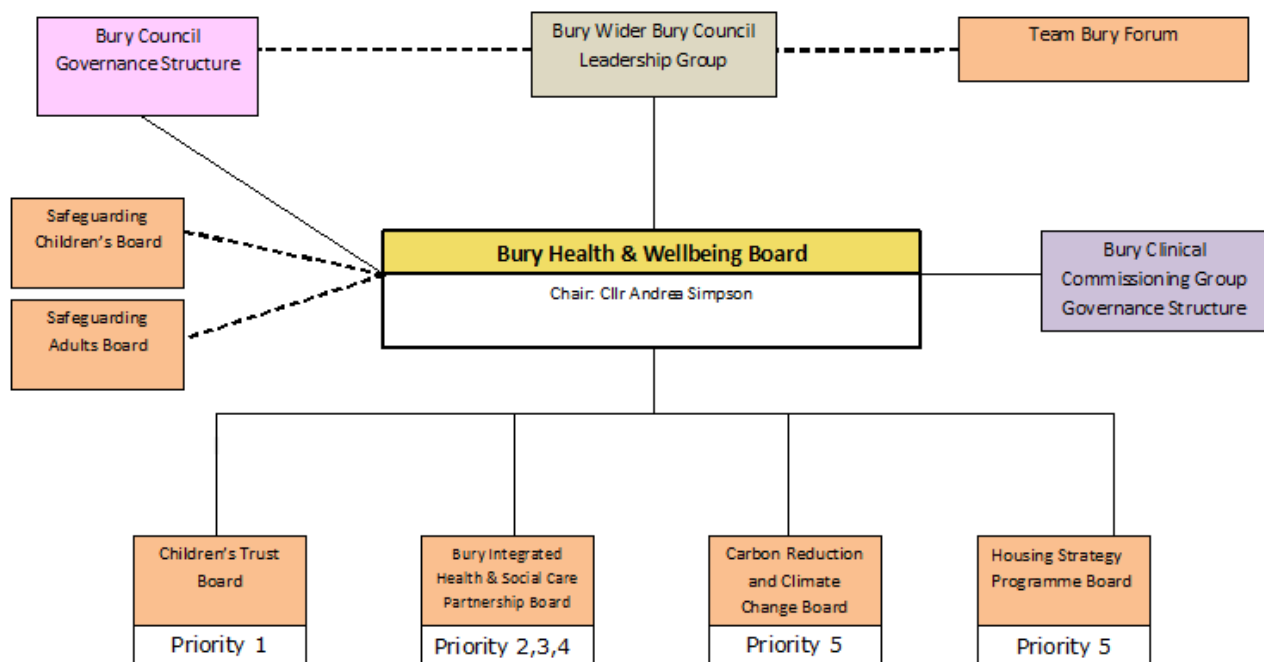
- Listen to our communities.
- As a priority, focus resources to improve health and wellbeing and reduce inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Actively use the powers of health scrutiny to ensure commitments are delivered and monitored.
- Embed and consider the impact on health and wellbeing when making policy, planning decisions and service developments.

These are our commitments that will enable us to improve the health and wellbeing of all in Bury.



Overarching Governance for HWB Strategy

Bury Health & Wellbeing Board Governance Structure



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Details

Self-reported wellbeing

Source: Public Health Outcomes Framework

Link to definition: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/22301/age/164/sex/4>

This data comes from four questions in the Annual Population Survey, published by the Office for National Statistics (ONS).

The data shows the percentage of respondents who answered 0-4 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23i "Overall, how satisfied are you with your life nowadays?"

2.23 ii "Overall, to what extent do you feel the things you do in your life are worthwhile?"

2.23 iii "Overall, how happy did you feel yesterday?"

For the fourth indicator (2.23iv – people with a high anxiety score), the data shows the percentage of respondents from Annual Population Survey who answered 6-10 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23iv "Overall, how anxious did you feel yesterday?"

Health-related quality of life

Source: NHS Indicators

Link to definition:

https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf

Health-related quality of life refers to the extent to which people:

1. have problems walking about;
2. have problems performing self-care activities (washing or dressing themselves);
3. have problems performing their usual activities (work, study etc.);
4. have pain or discomfort;
5. feel anxious or depressed.

The indicator is based on the GP Patient Survey - a very large survey of adults registered with a GP Practice in England.

Chronic ambulatory care sensitive conditions

Source: NHS Indicators

Link to definition:

https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_I00757_S_V7.pdf

This measures how many people with specific long-term conditions, which should not normally



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require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure

Fuel poverty

Source: Public Health Outcomes Framework

Link to definition: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/90356/age/1/sex/4>

Under the "Low Income, High Cost" measure, households are considered to be fuel poor where:

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

The key elements in determining whether a household is fuel poor or not are:

- Income
- Fuel prices
- Fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)

Homeless acceptances

Source: Public Health Outcomes Framework

Link to definition:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/11501/age/-1/sex/-1>

Count of households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation.

References

- Public Health Outcomes Framework (PHOF): www.phoutcomes.info
- Local Authority Interactive Tool (LAIT): <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
- Local Alcohol Profiles for England (LAPE): <http://www.lape.org.uk/>
- NHS Outcomes Framework (NHSOF): www.indicators.ic.nhs.uk
- Adult Social Care Outcomes Framework (ASCOF): <http://ascof.hscic.gov.uk/>
- End of Life Care Intelligence Network (EoLCIN): http://www.endoflifecare-intelligence.org.uk/data_sources/
- Department for Environment, Food & Rural Affairs (DEFRA): <https://www.gov.uk/government/statistical-data-sets/env18-local-authority-collected-waste-annual-results-tables>

Priority 1

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Local Authority Interactive Tool



5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework
9	Local Authority Interactive Tool
10	Local Authority Interactive Tool
11	Local Authority Interactive Tool

Priority 2

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Local Alcohol Profiles for England

Priority 3

Bullet	Data Source
1	NHS Outcomes Framework
2	Public Health Outcomes Framework
3	NHS Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework

Priority 4

Bullet	Data Source
1	Adult Social Care Outcomes Framework
2	Adult Social Care Outcomes Framework
3	End of Life Care Intelligence Network

Priority 5

Bullet	Data Source
1	Department for Environment, Food & Rural Affairs
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework



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Bury Health & Wellbeing Board

Annual Report 2014 - 2015



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Bury Health & Wellbeing Board
Annual Report 2014 - 2015

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1. Introduction

It gives me great pleasure to introduce the annual report of Bury's Health and Wellbeing Board for the period from April 2014 to March 2015.

I have recently taken on the role of Chair of the Health and Wellbeing Board. On behalf of everyone involved with the Board, I would like to thank the previous Chair, Councillor Rishi Shori, for his guidance and commitment in helping the Board develop and grow.

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

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

2014-15 has been an extremely busy year for the Board. The wider health and social care agenda is seeing a rapid change, with increasing expectations from service users and unprecedented pressure on funds. Nonetheless, we are firmly committed to ensuring that health and social care provision is planned and delivered to best meet the needs of all the residents of the Borough.

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

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

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

We are looking forward to the challenges and achievements that we will see in the year ahead.

Councillor Andrea Simpson
Chair of Health and Wellbeing Board



2. Background to the Health and Wellbeing Board

The Health and Social Care Act 2012 required local authorities to create Health and Wellbeing Boards as a forum where leaders from across the health and social care system work together to improve the health and wellbeing of local residents and reduce health inequalities. This was part of wider plans to modernise the NHS. The Boards are intended to help communities understand and have a greater say in how health and social care services meet their needs.

Health and Wellbeing Boards have a number of core responsibilities in relation to health, public health and social care. These include:

- strategic influence over commissioning decisions;
- bring together clinical commissioning groups (CCGs) and councils to develop a shared understanding of communities' health and wellbeing needs;
- lead the preparation of a Joint Strategic Needs Assessment (JSNA)
- develop a health and wellbeing strategy to address needs identified in the JSNA, including recommendations for joint commissioning;
- drive local commissioning of health care, social care and public health;
- consider and contribute to debate about issues which affect health and wellbeing, such as housing and education services.

Throughout the year, these responsibilities increased to include:

- overseeing the production of Pharmaceutical Needs Assessment;
- contributing to and approving the Better Care Fund.

The Board operated in shadow form from April 2012 to March 2013 and took on its statutory functions from April 2013. Between 1 April 2014 and 31 March 2015, Bury's Health and Wellbeing Board had the following members:

Bury Council	<p>Councillor Rishi Shori (Chair), Cabinet Member for Health and Wellbeing</p> <p>Councillor Andrea Simpson, Deputy Cabinet Member for Healthier Living</p> <p>Mark Carriline, Executive Director, Children, Young People and Culture</p> <p>Pat Jones-Greenhalgh (Vice-Chair), Executive Director, Communities and Wellbeing</p> <p>Lesley Jones, Director of Public Health</p>
Bury Third Sector Development Agency (B3SDA) representative	David Bevitt



CCG	Dr Kiran Patel, Chair Stuart North, Chief Operating Officer
Community Safety Partnership	Amber Waywell (until October 2014) Lee Parker (from October 2014 until January 2015) Jo Marshall (from January 2015)
Healthwatch	Carol Twist, Chair (from April to October 2014) Barbara Barlow, Chair (from October 2014)
NHS England	Rob Bellingham

The Board was supported by two Bury Council staff members - Julie Gallagher, Democratic Services Officer and Heather Crozier, Health and Wellbeing Board Policy Lead and Social Development Manager.

The health and wellbeing challenges that face the Borough are diverse. A full overview is set out in the Health and Wellbeing Strategy 2013-2108. Some key issues are:

- around one fifth of children in Bury live in poverty;
- the number of children in care in Bury is higher than the England average and the proportion of children who are considered school ready at the age of 5 is below the England average;
- around half of adults in Bury are overweight and only 11.6% of adults were undertaking recommended levels of physical activity, with correlation between areas of high deprivation and low levels of participation;
- Bury has a high cancer incidence rate and the early death rate from cancer is higher than the average for England;
- it was estimated that 18,300 adults aged 18-64 have a mental health problem;
- one in five of Bury's adult population is living with a long-term health condition;
- it was estimated that around 2,000 people in the Borough were living with dementia in 2012 and this figure is expected to increase to 3,400 by 2030;
- the 2011 Census indicated that there are about 20,000 adult carers living in Bury, but only 3,320 of these are known to the Council's Carer Service Team or the Carers' Centre;
- about 16% of Bury's population is aged over 65 and this is expected to rise above 18% by 2021.



3. Activities and Achievements

While Bury has a track record of successful partnership working in health and wellbeing, the statutory nature and responsibilities of the Health and Wellbeing Board involve new ways of working and new learning. The Board's role in prioritising health and social care needs and commissioning services based on these needs is significant and has to be underpinned by a high degree of commitment from all involved.

Governance and accountability structures - the Health and Wellbeing Board is a committee of the Council and is subject to the same requirements of openness and transparency as other Council committees. The Board took time during the year to understand the structures within which it operates and to ensure that it was fully aware of the extent and limitations of its powers and duties. In addition to training from the Council's legal and democratic services section, members received briefings on each other's organisations and their contributions to the health and wellbeing agenda.

In early 2014, the Team Bury Forum (made up of representatives of key stakeholder organisations across the breadth of services) agreed three priorities for the Borough - stronger economy; stronger, safer community; and health and wellbeing. Following this decision, the Forum decided that its structure would be revised around these key priorities. Bury Wider Leadership Group (BWLG) is accountable to the Forum and oversees three partnership groups, each with responsibility for determining and driving the actions necessary to achieve one of the three priorities. A Council policy lead was allocated to support each partnership group. Linked to this, Team Bury partners used Outcomes Based Accountability methodology to develop draft indicators for the priorities.

The restructuring involved merging and disbanding some groups and strengthening others. It promotes information sharing and joint working to reduce duplication and ensure that policies and strategies fit together. The Health and Wellbeing Board was nominated to drive the health and wellbeing theme and Heather Crozier was named as the policy lead. The Board reports regularly to BWLG to update on progress and achievements and provide assurance of robust governance arrangements.

Member and Board development - the Board agreed at an early stage that its success would depend on a high level of understanding, trust and collaboration. It wants to be agile enough to respond to challenges but also have clarity and robust protocols for conducting its business. Members committed to making time for individual and shared development so that the Board had strong foundations for the future. This included a member development day in September 2014, themed member development sessions prior to Board meetings, three Chair development sessions and agreement of an 'etiquette and expectations' guide.

In addition, the policy lead reviewed planning and reporting arrangements and introduced a number of improvements:

- the template for reports was refreshed to provide a summary, address key questions and inform the Board if noting, discussion or decision was required;
- a meeting scheduler was created to provide a consistent process for report submission;
- a forward plan was created;
- meetings were split to have member development, then



focused, interactive discussion, then items for information, decision and discussion.

Review of Health and Wellbeing Strategy - one of the key tasks assigned to each health and wellbeing board is to produce and regularly review a health and wellbeing strategy which sets out challenges, priorities and actions to frame the board's work. Bury Health and Wellbeing Board produced its first Health and Wellbeing Strategy in July 2013. The Strategy took account of findings of an extensive consultation exercise with people who live and work in the Borough, analysis of data from a range of sources and input from Board members and their respective organisations.

Following the review of the Health and Wellbeing Board and increasing strategic functions, it became clear that the Strategy would benefit from an update. The review was paced to allow for thorough and meaningful debate between members of the Board and wider conversations with service providers. From October 2014, each meeting of the Board examined one of the five priorities contained in the original strategy and five revised or new priorities were identified:

- **Priority 1 - Starting Well;**
- **Priority 2 - Living Well;**
- **Priority 3 - Living Well with a Long-term Condition or as a Carer;**
- **Priority 4 - Ageing well;**
- **Priority 5 - Healthy Places.**

It was agreed that the best way of ensuring success against these priorities was to have a clear connections between priorities, actions, performance indicators and measures of success. Work to strengthen governance mechanisms for the five priority areas was well underway at the end of the year and continued into 2015-16. As each priority was refreshed, governance was agreed to ensure successful delivery of associated actions and individual Board members were nominated to lead on priorities.

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

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

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

It also considered:

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



As well as the planned work programme of the Board, there were two unanticipated major tasks assigned to all health and wellbeing boards during the year.

The **Better Care Fund** was announced by Government in June 2013. The purpose of the Fund is to speed up the local integration of health and social care so that people can have personalised care closer to home. This should, in turn, reduce the number of unplanned admissions to hospitals. The Fund pools a number of separate budgets previously held by the CCG, NHS and local authorities for a range of health and social care provisions including reablement, carers' breaks and disabled facilities grants. When the Fund was announced, each health and wellbeing board was asked to produce a local plan by April 2014 (for rollout from April 2015) to demonstrate how health and social care partners would deliver personalised care. In July 2014, NHS England wrote to boards with revised planning guidance and a deadline of mid-September 2014 for submission of updated plans. The Fund provides for £3.8 billion of funding in 2015-16 for local spending on health and social care.

The Health and Social Care Act 2012 Act transferred responsibility for preparation of a **Pharmaceutical Needs Assessment** (PNA) to Health and Wellbeing Boards. The purpose of the PNA is to look at current demographics and future trends which may impact on the health of the local population, identify where pharmaceutical services are used to address needs and where gaps exist; and inform commissioners of current provision and possible improvements. During the year, Bury Health and Wellbeing Board's first PNA was prepared by Bury Council in conjunction with North West Commissioning Support Unit, the NHS England Greater Manchester Area Team, Bury CCG and the Local Pharmaceutical Committee. The PNA was completed in June 2014 and published in March 2015.

The PNA suggests that there is satisfactory access to NHS Pharmaceutical Services in most of Bury's wards but recommended that an additional pharmaceutical provider is established within the Hillock Estate area. In addition to NHS contracts, Bury's pharmacy services support the Health and Wellbeing Board in achieving the health priorities and outcomes outlined in its strategy. Their contributions include signposting, screening, awareness raising, management of medicines and support with monitoring and self-care. In the future, community pharmacists could become involved in more targeted care, working closely with other health and social care providers.

While these were very challenging for Bury's Health and Wellbeing Board at such an early stage in its development, the time that the Board had dedicated to learning and development enabled it to manage these issues on top of its existing workload and to create high-quality, coherent proposals.

The Board is very proud of the approach that it has taken. During the year, there was considerable investment of energy and time into building the Board and this has reinforced members' commitment and a culture of challenge and growth. Through careful planning and robust debate, the Board has a clear vision of how it wants to lead improvements in the health and wellbeing of Bury's residents.



4. Future Plans and Activities

In 2015-16, the Board will continue with its strategic role of influencing and leading delivery of health and social care in Bury. It will:

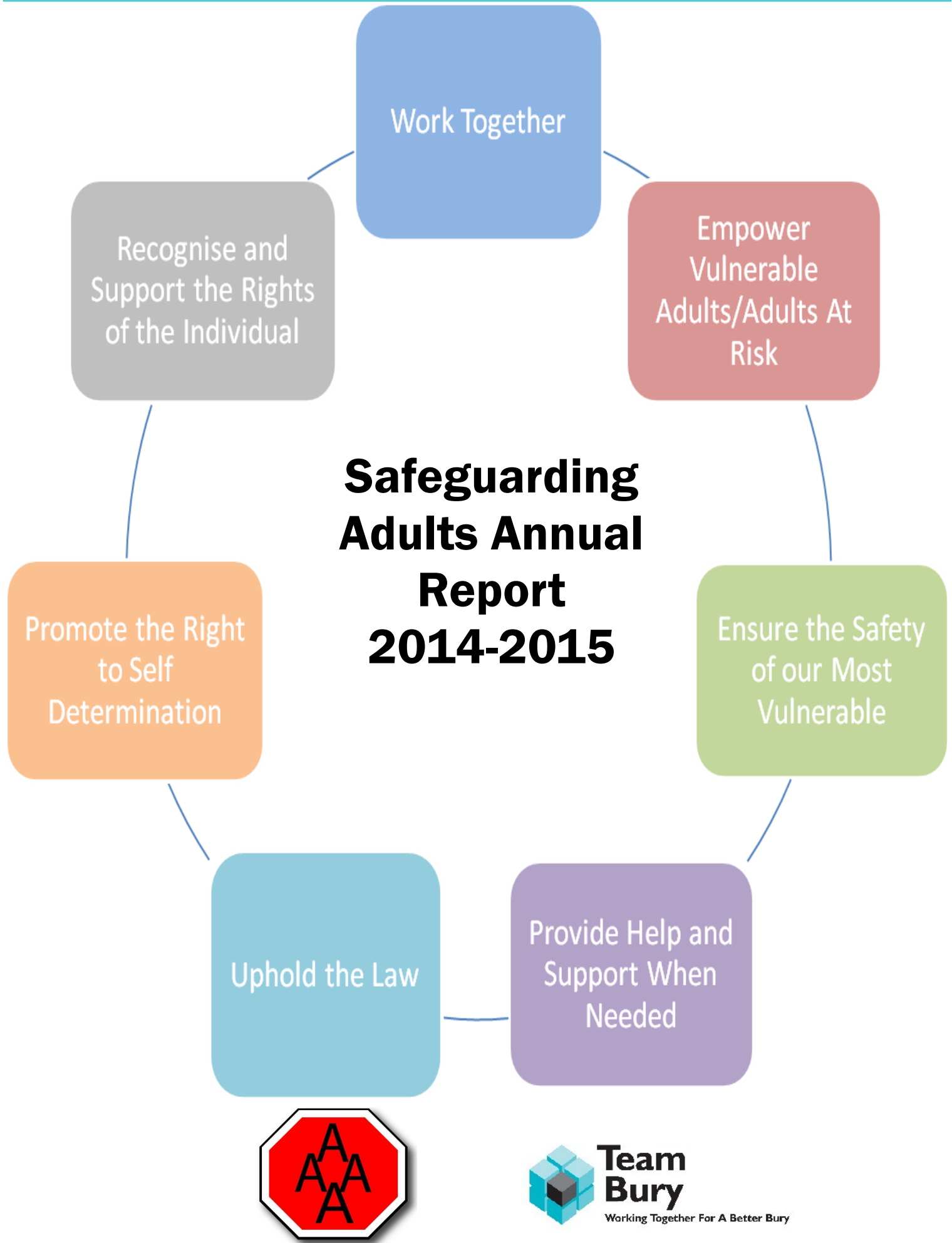
- finalise the governance arrangements for the Health and Wellbeing Strategy to ensure that its priorities are embedded within the work of all Team Bury partners; and monitor delivery and impact.
- lead and oversee implementation of the Better Care Fund.
- increase Councillor representation on the Board;
- maintain and strengthen operational- and strategic-level connections with other local authorities and networks to prepare for devolution of powers to Greater Manchester;
- continue its commitment to member and Board development through ongoing learning and reflection;
- revise the JSNA to ensure that it had up-to-date intelligence about health and social care needs in the Borough;
- create a webpage which informs residents about the work of the Board and enables them to influence and make choices about their health and social care services;
- promote an ethos of self-care and personalised care planning among residents;
- plan and monitor implementation of seven-day working patterns for GP surgeries and social care services;
- demonstrate and share its successes with other local authorities as part of the Devolution Greater Manchester process;
- drive for incorporation of Bury's models of delivery into the agenda for health and social care across Greater Manchester.

July 2015



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Putting a **STOP** to Adult Abuse



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Page 9	What's New?
Page 10	Care Act—Requirements of the Safeguarding Board
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2015 Adult Safeguarding Event

Look out for the flyers for the 2015 Annual Safeguarding Event.

Building on the success of the last 2 events, this year's event will be held in November (date to be confirmed).

Welcome!



My name is David Hanley and I am the Independent Chair for Bury Adult Safeguarding Strategic Board. On behalf of the Board I would like to present the 2014-2015 Bury Safeguarding Adults Annual Report.

This report outlines the work of the Board over the last year and how organisations have worked in partnership to improve the safety of vulnerable adults within Bury. It also sets out in brief our proposals for 2015-2016.

Again this has been a busy and year, during which all organisations across the Borough have faced many challenges. It is to everyone's credit that Adult Safeguarding has remained so well supported, and I am grateful to everyone for all their efforts.

This year brought an unexpected challenge, when the law around Deprivation of Liberty Orders underwent a significant change. This has seen an massive and unprecedented increase in the number of these cases requiring consideration, which up and down the country has placed major strains on Local Authorities and their partners. More information on this can be seen on pages 7 & 8 but this remains a major issue for 2015-16.

As mentioned in last year's report, our strategic focus for this year has been around preventing abuse. We have now developed a 3 year Prevention Strategy covering three main priorities:

- 1) People who use our services and their carers
- 2) The Community
- 3) Organisations

See page 6 for more information regarding our Prevention Strategy.

In November 2014 the Elizabethan Suite hosted our 2nd Adult Safeguarding Event. The event didn't disappoint with attendees from across the board providing lively and interesting debate. Again more details about the Event and its outcomes can be found in the body of the report.

2015-2016 will be a year of change for our Board. The Care Act has at last put Safeguarding Boards on a statutory footing, which 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 meeting the changing agenda around Adult Safeguarding. This will also demand yet more commitment for all concerned.

So with that in mind I would like to thank all those who have contributed to making 2014-2015 a successful year, and I look forward to the coming year confident in the on-going energy and commitment of everyone involved in Adult Safeguarding.

David

What is Adult Safeguarding?

Most people are vulnerable and at risk at some stage in their lives. It is crucial therefore that our services and communities are vigilant, understand, are aware and acknowledge that adult abuse occurs.

Bury Adult Safeguarding Board and its associated partners are committed to protecting adults at risk from abuse. This absolute commitment is based on the following, fundamental principles that all adults have a right to: -

1. Live free from violence, fear and abuse and neglect.
2. Be safeguarded from harm and exploitation.
3. Have independence and choice, which may involve a degree of risk.

Although some organisations have a direct responsibility to protect adults at risk, it is everyone's responsibility:

- To work towards preventing the abuse of adults at risk;
- To act promptly to report their suspicions; and
- To support the individual when they believe abuse is taking place.

Duty of the Local Authority to make enquires:

The Care Act 2014 places a duty on each local authority to:

- Start an enquiry if it is believed an adult is experiencing or is at risk of abuse and neglect.
- Ensure that the person is able to be involved as far as possible i.e. by providing an interpreter.
- Appoint an advocate if the person has substantial difficulty in being involved in the safeguarding enquiry or safeguarding adult review and there is no other appropriate person to support them.

Once enquires have been made, where appropriate organisations other than the local authority may take on the responsibility investigating the abuse i.e. Police, health services, Care Quality Commission etc.

The above duties apply to an adult who:

- ♦ Has needs for care and support
- ♦ Is experiencing or at risk of abuse or neglect: &
- ♦ As a result of those care and support needs is unable to protect themselves from either the risk, or the experience of abuse and neglect.

To report adult abuse please contact the Bury Council's Connect And Direct Hub on 0161 253 5151

Defining Abuse

Abuse is defined as:

... a violation of an individual's human and civil rights by any other person or persons which results in significant harm. (Department of Health, 2000)

Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act

Types of abuse can be broken down into a number of categories:

Physical	e.g. as hitting, slapping, misuse of medication or restraint.
Sexual	e.g. rape or sexual assault.
Financial	e.g. theft, fraud, pressure around property or inheritance.
Neglect	e.g. ignoring medical/physical care needs.
Psychological/Emotional	e.g. threats of harm or abandonment.
Institutional	A systematic failure of an organisation to provide appropriate care.
Discriminatory	e.g. racist, sexist behaviour or abuse because of someone's disability.



Bury Council has responsibility for collecting information about adult abuse within Bury.

Reports of abuse are split into 2 categories:

- 1) an "alert" which is an initial report of abuse and
- 2) a "referral" where the case goes on to be investigated under safeguarding procedures.

When a report of abuse is received the details are passed through to a team of professionals who look at the case in more detail and decide what action to take. That action can be to conduct a full adult safeguarding investigation, in which case the alert is now called a "safeguarding referral", or the case can be taken through a different route such as a review of the customers care plan or provision of support in some other way.

Previously Bury Council were required to report detailed information on all safeguarding "alerts" however from April 2013 the requirements changed in that data is only collected for those cases which are investigated. This was an extremely positive step as it meant that when data analysis took place it was only concerned with cases where abuse had occurred—giving us a far more clear picture of abuse in Bury.

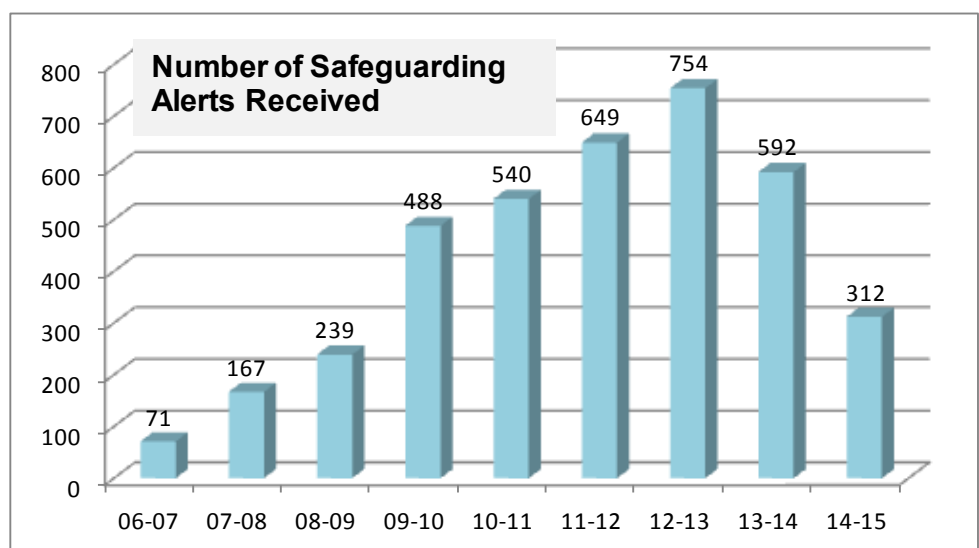
The following pages take you through the number of alerts received and then from there the breakdown of demographic and case outcome information for those cases which went through to investigation (i.e. the "referrals").

Number of Adult Safeguarding "Alerts" Received

As you can see from the chart, from 2013-14 we have seen a decrease in the number safeguarding alerts received. This drop in alerts has been experienced for the last 2 years running.

Why the decrease?

In 12-13 guidance confirming how and when to report adult abuse was pulled together via the Safeguarding Board. This guidance is called the "Safeguarding Thresholds" and came about as a result of a significant number of "inappropriate" safeguarding alerts being raised.



These inappropriate referrals had the effect of giving a false picture of abuse in Bury. For example alerts were raised where someone needed support with daily living tasks, such cases were clearly not abuse cases but are requests for support. However, these types of cases were initially recorded as safeguarding alerts skewing the overall figures.

Sept 2013 also saw the formation of Bury Council's Connect and Direct (CAD) Hub. These trained social workers and social care officers triage all safeguarding alerts coming into Bury Council. Where "inappropriate" safeguarding alerts come into this team, they are not recorded as such but are forwarded to the most appropriate organisation or service. This dedicated support has again considerably reduced the number of recorded alerts. Meaning that the quality of information regarding abuse is getting better. This is supported by the conversion rate to "referral" (i.e. where cases go forward to investigation).

Out of the 312 alerts received 126 cases were taken through to investigation (i.e. classed as a referral). This works out at a 40% conversion from alert to referral an increase from the 20% conversion rate in 2013-2014 and the 15% conversion rate in 2012-2013. This underpins the premise that number of inappropriate referrals is reducing.

The following facts and figures will now concentrate on those cases which were investigated and concluded under the adult safeguarding process: -

Investigations Concluded in 2014-2015

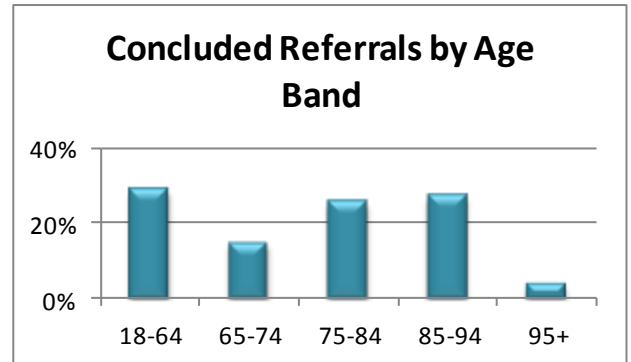
126 referrals were started in 2014-2015 of which 93 were concluded during the year. In additional 36 referrals which had begun in the previous financial year (2013-2014) were also concluded. Referrals started in this financial year but were ongoing at the end of the reporting period will be featured in the 2015-2016 report.

The following statistics will be based on the 129 referrals concluded in 2014-2015.

Age

Out of the 129 referrals 29% were involving people under the age of 65. However, the majority of referrals 71% involved people over the age of 65.

The higher figure of referrals involving people over the age of 65 is not unexpected, as it is this cohort of people who are more likely to suffer from physical or mental ill-health due to age related illness.



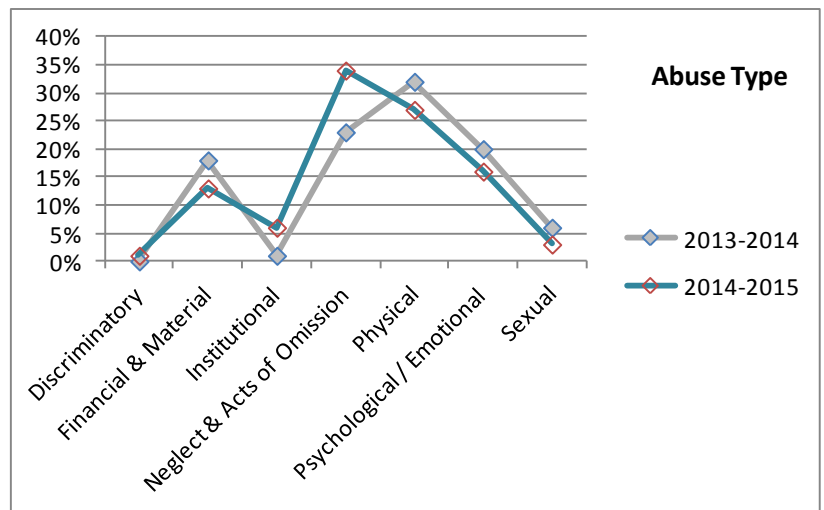
Type of Abuse Reported

The most prevalent form of abuse this year was "neglect & acts of omission" at 24% - an 11% rise from 2013-2014. This was followed by Physical abuse at 27% which has dropped slightly from 32% the previous year.

There has been very little change in the types of abuse when comparing the this year and last year.

However of note—Institutional abuse has risen from 1% in 2013-14 to 6% in 2014-2015. Institutional abuse cases are complex, however more awareness in

Bury of this type of abuse has come about due to training and media coverage. Meaning that we are starting to see a rise in the number of cases investigated.

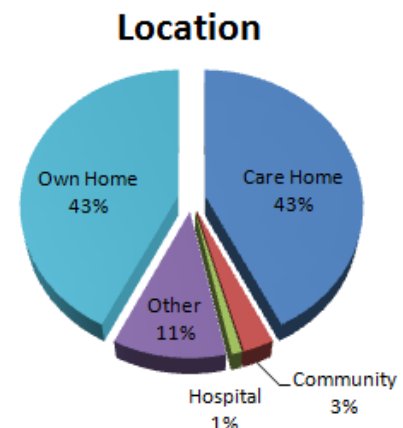


Location of Abuse

Comparative figures for 2013-2014 and 2014-2015 are similar. With 42% of cases reported to be within a care home setting in 2013-2014 compared to this years figure of 43% - a slight (1%) rise. Care homes are regulated services and have a duty of care to report incidents of abuse, therefore it is understandable that a great many of the abuse referrals originate from these settings.

The second most common location for abuse was reported as a person's "Own Home" at 35% in 2013-2014 rising to 43% this year which looks to be rising to fall in line with the number of cases reported with care homes.

This is thought to be due to more and more people being enabled to stay within their own home with support.



When someone discloses that they are being abused or abuse is found/thought to have happened it is important that services react quickly and professionally. In order to do this a standard adult safeguarding process is in place. This process considers firstly how protect the adult being abused and secondly investigates what happened and what action needs to be taken. The basic process is illustrated in the diagram to the side.

A person going through the safeguarding process will be asked what their views and wishes are and what they would like to see happen as a result of an investigation. This will be done at the beginning of an investigation and then reviewed as the investigation progresses. However, it is their absolute right to withdraw from the process if they wish to do so —the investigation will conclude unless it is in the public interest to continue (i.e. potential harm to other people).

Completion of an investigation is recorded under 1 of 5 categories:

1. **Substantiated**— where all allegations made were believed to have happened.
2. **Partially Substantiated**—where there are multiple types of abuse alleged and one or more, but not all types of abuse were believed to have happened.
3. **Inconclusive**—where there is insufficient evidence to allow a conclusion to be made.
4. **Unsubstantiated**— where allegations of abuse are believed not to have happened and believed to be unfounded or have been disproved.
5. **Ceased**—where no conclusion can be reached as the person involved has asked for the investigation to stop.



2014-2015 Figures

The figures below reflect the results of the 129 concluded investigations when compared to 2013-2014

In 57% of the cases abuse was found to have happened an increase of 7% from 2013-2014.

10% of cases were found to be “inconclusive” compared to 11% in 2013-2014. This figure shows a year on year improvement compared with 2012-2013 figures which reported that 27% of cases were found to be inconclusive.

This is a significant improvement which can be attributed to an increased knowledge of what constitutes abuse raised through specific training programmes, and also the effective screening of cases by the Connect and Direct Hub—linking in with the fact that the number of “inappropriate” referrals is reducing.

The above raising in awareness, training and effective screening also underpins the “Inconclusive” figure which shows decrease of 1% when compared to 2013-2014 and a decrease of 16% when compared with 2012-2013. Additionally illustrating that investigating teams to come to more decisive conclusions rather than having to determine cases as being inconclusive.

As mentioned previously a small proportion of customers (2%) requested that investigations ceased, and their wishes were respected. This figure has not changed.

However, no matter what the conclusion of a case the adult(s) at the centre of the investigation will be supported until risks to them are either completely removed or minimised.

Conclusion	13/14	14/15
Substantiated	35%	42%
Partially Substantiated	15%	15%
Inconclusive	11%	10%
Not Substantiated	37%	31%
Ceased	2%	2%

One of the core functions of Bury Adult Safeguarding Board is to ensure that vulnerable adults are supported should they ever suffer abuse. Family members, communities and organisations work hard every day to prevent adult abuse from happening. However as a Board we felt that we needed to consolidate this approach in the form of a strategy. Therefore this year we the launched the "Bury Adult Safeguarding Board Prevention Strategy 2014-2017".

Below gives you an overview of the strategy and what areas of work we will be looking at over the next year.

Bury's Prevention Strategy Priorities

After in-depth discussion 3 key priorities were identified within the Prevention Strategy these are:

1

People who use our services and their carers:

Ensure that individuals who need support have the right to personal autonomy, which is respected and underpinned by proportionate approach to risk management.

2

The Community:

Support, develop and champion safeguarding initiatives within Bury communities. Ensuring that members of our communities understand the role they play in preventing, detecting and reporting abuse and neglect.

3

Organisations:

Ensure that all organisations have a sound understanding of adult safeguarding, with high quality policies and procedures in place, which are: easily understood by the workforce, provide clarity about their roles and responsibilities and are aligned to local protocols and practice.

After discussion these priorities were then broken down into 3 key work areas. It is these work areas that the Board will progress over the next year, they are:

1) Tackling Loneliness

Our approach will be to:

- ♦ Map and understand what resources and information is available in the community.
- ♦ Engage with the voluntary sector to look at how they could support project development
- ♦ Recognise initiatives will need to be locally based, and hence should be undertaken, in the first place, at Township levels.
- ♦ Recognise that large organisations, such as hospitals, local authorities and large employers are also community assets and play a vital role in supporting/developing initiatives.

2) Supporting Carers

Our approach will be to:

- ♦ Engage with service commissioners to identify the role of health and social care services in providing on-going advice and support to people carers on their own.
- ♦ Work with carers and practitioners to develop a range of support that carers can access readily.

3) Customer and patient led assessment of quality of care

Our approach will be to:

- ♦ Engage with health and social care providers to gain their support in developing customer and patient led approaches to assessing the quality of care.
- ♦ Engage with the voluntary sector to develop an approach for engaging with customers and patients for drawing up quality measures that reflect their own experiences and aspirations around a positive experience of care.

If you are interested in finding out more please email : dolsteam@bury.gov.uk

Deprivation of Liberty What is it?

What are the Deprivation of Liberty Safeguards (DoLS)?

Sometimes care homes and hospitals have to limit people's freedom to keep them safe.

The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

The DoLS are part of the Mental Capacity Act 2005. They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests.

The DoLS were introduced in 2007 after a European Court of Human Rights ruling.

The ruling found that a man with autism had been unlawfully deprived of his liberty in Bournwood Hospital because the hospital had not used any legal framework to detain him. This had meant that his carers experienced real difficulty in trying to get him released from the hospital, as there was no system to appeal against his admission.

How do they work?

In 2014 the Supreme Court said that a person is deprived of their liberty if they are:

- 1) Under continuous supervision and control and are;
- 2) Not free to leave.

A person can be deprived of their liberty even if the restrictions are in their best interests - even when they or their families are not objecting.

Care/Nursing homes and hospitals must apply to their local authority for authorisation to deprive a person of their liberty.

The local authority will send out two independent assessors to assess whether the qualifying requirements for the DoLS are met, the assessors are:

Mental Health Assessor who is a specially trained doctor. They will clarify that the person lacks the mental capacity to agree to their place of residence and care.

Best Interest Assessor who will speak to the person and their family and friends about the person's best interests. They are also the person that identifies whether a deprivation of liberty is happening and whether it is a proportionate response to that person's care needs.

The above landmark ruling considerably extended the reach of who needs to be considered as being deprived of their liberty, meaning that people living within their own homes or within supported living facilities now needed to be assessed.

Two processes for assessment of deprivation of liberty now exist they are:

- 1) Deprivation of Liberty Safeguards (DoLS)
As mentioned above the DoLS process had been in place since 2009, therefore local authorities (who are responsible for managing this type of process) began to see a significant increase in DoLS applications.
- 2) Deprivation of Liberty Jurisdiction Cases
For people being deprived of their liberty in the community or within other non care home/hospital facilities the only way to assess whether a deprivation of liberty is occurring is through a hearing at the Court of Protection.

Deprivation of Liberty Safeguards (DoLS) Facts and Figures

The figures and narrative below show some basic information regarding the Deprivation of Liberty Safeguard applications made for 2014-2015 compared to the number of applications received in 2013-2014:

This equates to over a 600% increase in the number of applications.

Number of applications Received

2013-2014 = 31 applications

2014-2015 = 224 applications

Age

Youngest person for which an application was made:

2013-2014 = 24

2014-2015 = 19

Oldest person for which an application was made:

2013-2014 = 92

2014-2015 = 97

The age of customers for DoL applications tends to be above 65 yrs. This is because DoLs mainly originate from care homes, who's residents tend to be older.

Breakdown by Disability

Of note the figures between the 2 data sets are considerably different. What is immediately noticeable is that applications for people with dementia has increased by over 36%.

However, when considering the "Cheshire West" ruling which affects care home residents in particular, this increase was not unexpected.

It was also not unexpected that the % of applications for people with Mental Health needs other than dementia would decrease. People with other mental health needs can often be subject to more restrictions due to the complex nature of their needs, however as a group of people they are not as large as those with dementia. Pre-Cheshire West (2013-2014 figures) the figure for people with other mental health needs showed higher, however due to the volume of applications post Cheshire West for people with dementia the "% share" of applications has comparatively decreased.

Disability	2013-2014	2014-2015
Visual Impairment	3%	0%
Dual Sensory Loss	6%	0%
Other Physical Disability	10%	9%
Dementia	23%	59%
Other Mental Health Needs	39%	13%
Learning Disability	19%	16%
Other Disability	0%	3%

Figures for deprivation of liberty "jurisdiction" cases will be provided in the 2015-2016 annual report.

News from Bury Clinical Commissioning Group (CCG)

2014-2015 has been a busy year for health services and adult safeguarding in Bury highlights as follows:

- ♦ Appointment of Adult Safeguarding Lead for Pennine Care Foundation Trust
- ♦ CCG continues with a rolling programme of Adult Safeguarding training for General Practitioners
- ♦ NHS England have allocated additional funding to raise awareness of the Mental Capacity Act in primary care services. A training programme has been arranged to run through 2015.
- ♦ CCG have supported several safeguarding investigations and have been the lead the investigation in 18 cases which consist of - 9 cases of physical abuse , 4 cases of Neglect, 5 cases of Institutional abuse.
- ♦ Safeguarding and Quality Forum has been established and is working well. This Forum is a regular meeting with Nursing Home Managers which looks at monitoring quality of care in nursing homes and providing peer support.

Greater Manchester Police STRIVE Partnership Intervention Team

Bury STRIVE Partnership Intervention Team has this year been set up to support victims of domestic abuse in Bury. The team was formed following a successful pilot which ran in Bury, Bolton and Tameside. The Team consists of a combination of specialists, Police Community Support Officers and response officers.

The team re-visit victims of domestic abuse, ensuring that victims have all the information they need to recognise the "cycle of abuse", the impact domestic abuse can have on children and what in circumstances can trigger domestic abuse.

The main aim of the team is early intervention, in the hope that by working with people to recognise abuse very early on repeat instances will be avoided/reduced.

Bury Division will **STRIVE** to safeguard victims of crime



S **T** **R** **I** **V** **E**

SAFEGUARD VICTIMS OF CRIME
Identify the needs of the victim and flag to the appropriate team/agency.
When safeguarding we will consider...

THREAT ASSESSMENT
What capability does the offender have? What measures are in place to manage threat, ie: arrest, civil injunctions, threats to life process.

RISK ASSESSMENT
Has an appropriate risk assessment been conducted?, ie: DASH/RARA

INVESTIGATIVE OPPORTUNITIES
Has an offence been committed? Conduct a thorough primary investigation considering obtaining the initial call, H2H enquiries, forensic opportunities, identification of witnesses, CCTV etc

VULNERABILITY OF VICTIMS/PERSONS
Have we identified all vulnerable persons concerned in the incident and checked that they are safe and well? Is a safety plan and/or protective measures required? Are there factors that heighten the vulnerability such as Honour Based Violence, forced marriage etc.

ENGAGEMENT
What support has been offered to the victim? Could additional support and engagement with other agencies keep the person safe ie. health/drug/alcohol etc

Oxford Dictionary: "Strive - Make great efforts to achieve or obtain something".

GREATER MANCHESTER
POLICE



**Make "no decision about me
without me."**

Department of Health 2012

It has been over 60 years since the foundations of social care law were put in place. The need for new laws which reflect modern standards, expectations and practices has become more pressing.

Over the last 3 years the Law Commission have been working with Central Government to develop the Care Bill. This Bill has now been through scrutiny and received Royal Assent in June 2014 which transformed it into the Care Act (2014). Part 1 of the Act will come into effect in April 2015.

The main principle of this Act is to ensure that people needing care services can shape their own package of care round what they want rather than the state deciding what they need.

The Act aims to clarify care and support systems and will set a national minimum eligibility threshold to help people better understand whether they are eligible for local authority support. Crucially the Act will allow for older people to move areas without their care package being interrupted and will put carers on the same legal footing as the people they care for.

Specific key messages around safeguarding:

- Requirement for the Safeguarding Board to have an annual strategic Plan, publish an annual report (in plain English) and as a minimum consist of members from the Local Authority, Clinical Commissioning Group and Police.
- Requirement for the Safeguarding Board to carry out Safeguarding Adult Reviews into cases where someone who is experiencing abuse or neglect dies or there is concern about how authorities acted.
- Local Authorities to carry out enquires (or cause others to) where an adult is at risk of abuse or neglect.
- New ability for Local Authorities to require information sharing from other partners to support reviews or other functions.
- Removal of the existing power under the National Assistance Act (1948) for local authorities to remove people from their homes.

Additionally there is also an additional duty to provide independent advocacy services in order to support people involved in i.e. Assessments, reviews, safeguarding enquires and Safeguarding Adult Reviews.

Pat Jones-Greenhalgh Executive Director Bury Council, Department for Communities and Wellbeing

Safeguarding adults from abuse is a key priority for Bury Council. That is why this year I requested we underwent an independent "Peer Challenge" review as part of the Towards Excellence In Adult Social Care programme. The review concentrated specifically on Bury Council's approach to adult safeguarding and was staffed by senior local council officers from across the North West. I am pleased to report that the review found our approach to be comprehensive and that "Bury promotes a positive culture in terms of personalisation, choice and control". This positive commendation has allowed me to assure not only our Board but also our customers that whilst we still need to learn and continue to improve, we are moving in the right direction.

Next year will bring its challenges, in particular with regard to the significant increase in Deprivation of Liberty cases for which Bury Council is responsible for managing and scrutinising. In order to respond to this increase, and to ensure the continued safeguarding of our most vulnerable customers we have invested in increasing the "DoLS" team to meet these demands.

The Safeguarding Board hosted the second Adult Safeguarding Event in November 2014. The commitment to the event was outstanding with more people wanting to attend than we could accommodate, therefore the first order of business for the 2015 event is to find a bigger venue!

Delegates came from many different walks of life - customers of social care services, care providers, charity organisations, GP's, pharmacists, community health services and council officers. The mix was varied but added to the lively debate and brought a wealth of valuable knowledge.

The theme of the event was "Prevention" with the aim of the event was to update delegates on the work done by the Board around adult abuse prevention.

First on the agenda was a presentation launching the Customer /Patient" Charter, more details about the Charter on the next page.

Next was a presentation about the Bury Directory. This is an on-line directory which is a one-stop information point for advice support, activities and services. The Directory includes local as well as national initiatives. One of the more innovative ideas coming out of the event was the idea that local GP's and nurses could use the directory to pull together a "social prescription" for people i.e. giving their patients information about local or national interest groups.

Not letting our delegates get too comfy, the next session was a round table discussion about how we could prevent abuse in Bury. Another lively debate ensued, with some great ideas being tabled, all of which will be discussed as part of the Boards prevention strategy action plan.

Lastly, but certainly not least came the launch of the "Ambassadors Against Adult Abuse" initiative. This initiative was created following ideas coming from the 2013 event, again more details on the next page. However, thank you to the 30 people who signed up to become Ambassadors—training will be coming your way soon.

On behalf of the Board again a big thank you to all who attended and all those who supported the event, we look forward to seeing you again for the 2015 Event. Details to be posted soon!

Photo Gallery from the 2014 Adult Safeguarding Board Event



As mentioned on the previous page there were 2 items on the Annual Event agenda that we would like to tell you a bit more about, please find details below regarding the Customer/Patient Charter and the Ambassadors Against Abuse Initiative:

Customer/Patient Charter



The Charter sets out standards regarding customer/patient services. It acts as a guide for customers and patients about what they can expect from services and what services can expect from them.

The Charter was pulled together in consultation with customers who are involved with Bury adult social care services and customers who utilise Bury health services.

The Charter is split into 2 sections:

- 1) What services will do for customers:
 - ◆ Ensure the right treatment
 - ◆ Ensure the right information is given
 - ◆ Allocate a dedicated contact officer
 - ◆ Ensure a quick response.
- 2) What services require from customer/patients
 - ◆ Let services know when circumstances change
 - ◆ Be honest about views and wishes
 - ◆ Advise services if further support is needed
 - ◆ Advise if information is needed in a different way

Ambassadors Against Abuse Initiative



The need to raise the profile of adult safeguarding in Bury has been recognised for some time.

In particular there is a need to raise awareness with non adult care service professionals such as vulnerable adults themselves and their family and friends, neighbours and the wider community.

The idea for the Ambassador programme came from an Adult Safeguarding Event in November 2013 and was agreed by Bury Adult Safeguarding Strategic Board in January 2014.

The objective of the scheme is to provide a cohort of volunteers who will proactively promote awareness off adult abuse in Bury and who will actively participate in the identification and prevention of adult abuse.

The role of the Ambassador is not a passive one and commitment to training and keep yourself up-dated with relevant information is key. If you are interested in finding out more please email dolsteam@bury.gov.uk

Martin Barber, Greater Manchester Fire Service, Community Safety Manager (Bury, Rochdale and Oldham)

GMFRS continues to seek to safeguard vulnerable adults especially those at increased risk of fire through the implementation of the recently reviewed and up-dated Safeguarding Policy to provide and enhance support for our local staff delivering our services within the Borough. In order to effectively achieve this aim all staff now have access to the recently developed Safeguarding E-learning package and more specifically, those staff identified as "Designated Safeguarding Officers" (DSO) within the Borough have recently successfully completed their DSO "refresher" training.

In order to illustrate the type of cases that are reported to Bury in relation to adult abuse and deprivation of liberty we have pulled together 2 case studies.

Although the people in the case study are fictitious the circumstances are a reflection of the common type of cases received and the responses to them.

Jane's Story

Jane is an 87 year old woman who is physically frail but mentally alert. Jane has been living with her daughter who is her main carer.

On a home visit the GP notices some bruising on Jane's arms and asks how these were caused. Jane looks uncomfortable but discloses that her daughter has been struggling to cope with her care and sometimes gets angry at Jane and at these times handles her "roughly".

The GP then asked Jane what she wants to happen, and advises that she is concerned about Jane's welfare. Jane replies that she is concerned that her daughter is not coping but doesn't want to cause "waves". Jane advised that she did not want the police involved but would like to get some support.

The GP made a safeguarding referral to Bury Connect and Direct Hub (0161 253 5151).

Social workers went to visit Jane that day and spoke to her about what she wanted. Jane wanted the rough handling to stop and wanted support to speak to her daughter.

The following day both Jane and the social worker met with Jane's daughter. It became apparent that Jane's daughter was not coping with the physical and emotional demands of Jane's physical frailness.

After discussion a package of care was pulled together whereby home support workers visit Jane 3 times a day to get her up in a morning, make her lunch and get her ready for bed. Jane also agreed to go into a local care home for a few weeks a year so that her daughter could go on holiday and not worry about her.

Jane's daughter was also put forward for a carers assessment and now receives an amount of money to help her with her caring responsibilities.

Steven's Story

Steven is a 73 year old man who following a fall at home suffered a brain injury. Additionally, as a result of the fall Steven also has a number of physical impairments which make it difficult for him to walk independently. When agitated Steve will harm himself by hitting his face or biting his arms.

Steven does not have the mental capacity to understand his care needs, he also now lacks the ability to be able to care for and keep himself safe.

Family, with the support from Steven's social worker, made the decision to find a place for Steven within a local care home.

Before moving to the home Steven was assessed under the Deprivation of Liberty process and an "authorisation" was approved, ready for Steven's arrival at the care home. The authorisation detailed the techniques to be used by staff should Steven become agitated.

After Steven's arrival he did become agitated and started to harm himself, staff used approved holding techniques to prevent him from doing so and also reassured Steven until his agitation passed.

A few months into his placement staff began to recognise the triggers for Steven's agitation and were able to stop his self harming behaviour using distraction techniques and reassurance.

Steve now has fewer periods of agitation and has not harmed himself due to care staff pre-empting his distress. Therefore holding techniques are no longer needed. Steven's care was reviewed under DoLS and an authorisation was given which reflected the changes in his care plan.



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Director of Public Health Annual Report 2013 - 2014



Public Health at the
heart of our business



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Foreword

1.0

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

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

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

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

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

Lesley Jones
 Director of Public Health



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

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

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

Councillor Andrea Simpson
 Cabinet Member for Health and Wellbeing



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Introduction

2.0

Bury Council's Contribution to Public Health

3.0

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

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

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

Bury Council and its partners have delivered a wide range of services and programmes which have a direct and indirect impact on improving the health of the Borough's population.

The strengthened public health remit, an assets-based approach to community development and excellent partnership relationships present exciting opportunities to further improve the health of residents.

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

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



The Best Start in Life

3.1

Why is this important?

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

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

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

Facts and figures

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

- improving early access to antenatal services – currently only 63.5% of women access maternity services by week 12 of pregnancy (Bury Joint Strategic Needs Assessment, 2013);
- reducing smoking in pregnancy - although reducing, in 2012-13, 15.3% of mothers at time of delivery were classed as smokers (Bury Child Health Profile, Public Health England);
- increasing breastfeeding rates - 2012-13 breastfeeding rates were 68.9% at initiation and 41% after 6-8 weeks. These were below the England averages (73.9% and 47.2% respectively) but above the North West averages (62.2% initiation rate) (Bury Child Health Profile, Public Health England);
- improving oral health - in 2011-12, 33.5% of Bury children aged 5 years had one or more decayed, missing or filled teeth, compared to an England average of 27.9% (Bury Child Health Profile, Public Health England);
- reducing childhood obesity - Bury's rate of obesity at Year 6 ranges within wards from 9% to 33% (Bury Child Health Profile, Public Health England);
- increasing the proportion of children who achieve at least the expected level in early years learning - in 2014, this was 54%, compared to 55% in the North West and 58% in England (Department of Education).

The King's Fund suggests that local authorities:

- target the most disadvantaged children and families with intensive support, supplementing specific interventions with mainstream universal support.
- focus support on vulnerable mothers from pregnancy until the child reaches the age of two.



Healthy Schools and Pupils

3.2

What's already happening in Bury?

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

Health visiting

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

Pre-school education

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

Reform of Children's Centres

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

Family Nurse Partnership

The Family Nurse Partnership (FNP) is a free voluntary programme for women under 20 who are expecting their first baby. The programme focuses on parents planning their future and empowers parents to make lifestyle choices which will give their child the best possible start in life. Parents are also supported to achieve their aspirations of finding a job or returning to education.

Families with complex needs

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

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

Director of Public Health recommendations for the future:

- Maximise the full contribution of Bury's existing resources aligned to the implementation of the Greater Manchester Early Years New Delivery Model.
- Strengthen the relationships and mechanisms between all services involved in early years provision, including General Practitioners (GPs), to ensure all those eligible for services are offered them and receive timely, co-ordinated and effective support.
- Review the scale of provision of the Family Nurse Partnership in relation to local need.

Why is this important?

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

Facts and figures

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

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

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

- in 2012-13, 7.8% of Reception year children and 19.4% of Year 6 children were classed as obese. The figure for Reception year children is better than the England average but the level for Year 6 children is worse than the England average.
- in 2012-13, the rate of hospital admissions as a result of self-harm among young people aged 10-24 years was 382 per 100,000 compared to an England average of 346 per 100,000.
- during 2010-11 to 2012-13, the rate of alcohol-specific hospital admissions for under 16s was 53 per 100,000 compared to an England average of 43 per 100,000.
- in the same period, among young people aged 15-24, the rate of hospital admissions due to substance misuse was 115 compared to 75 per 100,000 for England as a whole.

The King's Fund suggests that local authorities:

- support schools to develop children's life skills such as problem solving, self-esteem and resilience to negative peer pressure.
- help schools include more opportunities for physical activity and promote healthy eating.
- develop 'whole school' approaches using resources such as the Department for Education's Healthy Schools Toolkit (2013).

What's already happening in Bury?

School nursing service

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

Healthy eating

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

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

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

Emotional health and resilience

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

Bury flu pilot

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

Director of Public Health recommendations for the future:

- In conjunction with schools and key partners design, develop and embed a local comprehensive healthy schools programme.
- Ensure alignment of the school health service with the new healthy schools programme.
- Introduce a regular school-aged children health survey to enable better identification of health needs and trends and support prioritisation of service delivery.
- Review the provision of advice and support available to help school-aged children make health-related behaviour changes.



Helping People Find Good Jobs and Stay in Work

3.3

Why is this important?

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

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

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

Facts and figures

- At the end of 2013, there were 400 16-18 year olds classed as not in education, employment or training (NEETs) (Department for Education). Young people who are classed as NEETs for a substantial period are less likely to find work later in life and more likely to experience poor long-term health.
- In 2014, 6.4% of Bury's working age population was unemployed compared to 7.1% in the North West. Amongst women, this was 5.8% in compared to 6.5% in the North West (ONS Annual Population Survey, 2014).
- People who experience long periods without work are more likely to suffer from poor physical and mental health. At November 2014, there were around 8,000 claimants of

Employment Support Allowance (ESA) which represents 7.6% of the working age population. This is lower than the North West rate of 8.1% but higher than the national average of 6.3%. 3,500 of these claimants had been in receipt of ESA for over two years. The two main health conditions experienced by claimants were mental health and musculoskeletal issues (NOMIS).

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

The King's Fund suggests that local authorities:

- use the Social Value Act to maximise equitable employment opportunities, for young people not in employment, education or training and those who are long-term unemployed.
- actively promote the health of their own staff by promoting health-enhancing cultures, delivering health promotion initiatives and effectively supporting those affected by ill health.
- support and challenge local businesses to implement national guidance on healthy workplaces.
- implement lessons learnt from national 'Fit for Work' pilots into local services and commissioning.

*Steps to Success apprentice,
image provided by Six Town Housing*

What's already happening in Bury?

Council Healthy Workplace Strategy

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

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

The strategy is due to be refreshed in September 2015.

Employment Gateway

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

By the end of June 2014, the following services were based in the Employment Gateway:

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

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

Working Well

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

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

Backing Young Bury

Bury Council set up the 'Backing Young Bury' Campaign in April 2010, to help improve learning and working opportunities for young people in the Borough, whilst simultaneously ensuring that the Council has a skilled future workforce.

It is delivered in partnership with local businesses and organisations from both the public and private sector to further increase opportunities for young people, through a range of initiatives. The campaign has already led to a significant increase in the number of young people accessing apprenticeship opportunities and has developed a co-ordinated strategy towards work experience opportunities.

Director of Public Health recommendations for the future:

- Embed commissioning for social value. The Public Services (Social Value) Act 2012 requires public authorities to have regard to economic, social and environmental wellbeing in connection with public services contracts and for connected purposes. Bury Council should publicise how it is applying the Act in its commissioning and encourage other local businesses and organisations to commit to the spirit of the Act. Bury Council should also use the Act to enhance employment opportunities for those classed as NEETs.
- Develop and implement a local workplace health programme to support local employers to implement the Good Work: Good Health Charter. This is the Workplace Wellbeing Charter for Greater Manchester. It is a toolkit and guide to help businesses on the issue of health, work and wellbeing.
- Implement the Greater Manchester 'Work and Health' programme. This programme aims to change the culture among health professionals, employers and individuals to move away from the assumption that sickness means absence from work and to recognise the rehabilitation benefits that remaining in or returning to work can bring.
- Bury Council should commit to becoming an exemplar healthy workplace for the Borough.
- Develop a strategy for economic growth which aims to reduce inequalities within the Borough.



Active and Safe Travel

3.4

Why is this important?

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

Facts and figures

- In 2012, only 39% of all urban trips under five miles made in England were by walking or cycling, with the average number of walking trips decreasing by 27% between 1995-96 and 2012 (Department of Transport National Travel Survey, 2012)
- At the end of 2013 there were 35 million vehicles licensed for use on the road in Great Britain. This was a 1.5% increase on 2012, the biggest annual increase since 2007. In the same year, 64% of all journeys were by car or van, 22% were by walking, 4.6% were by local bus (excluding London) and 1.5% were by bicycle (National Travel Survey, 2013).
- Although UK roads are considered to be among the safest in the world, cyclists and pedestrians remain particularly vulnerable road users. Between 2010 and 2012, the rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population was 21.5, compared to an England average of 20.7 (Bury Child Health Profile, Public Health England). Between 2011 and 2013, the rate of people killed or seriously injured in road traffic accidents was 26 per 100,000 population for Bury (Public Health Outcomes Framework). Although this is much lower than the rate for the North-West region (39 per 100,000) and for England (39 per 100,000), casualties affect individuals and their families and place a burden on local health services and efforts to minimise numbers are vital.
- In 2012 in Bury, about 5% of deaths in people aged 30 and over in were attributed to air pollution (Public Health Outcomes Framework). Assessment of the air quality in Bury has shown that it is below the national objective for nitrogen dioxide along primary road networks. The main local pollution source is road transport and the affected area has been designated as an Air Quality Management Area. As much of this is generated by motorway traffic, it is difficult for the Council to take steps to manage pollution levels. However, steps to encourage active travel through walking and cycling and reduced motor travel present potential benefits in terms of air quality, community safety, social inclusion, road safety and physical health.

The King's Fund suggests that local authorities:

- take positive action to promote and enable walking and cycling among their staff and local community.
- create safe, attractive and enjoyable local environments with roads that prioritise 'place' over cars to increase walkability.
- introduce 20mph speed zones where appropriate, prioritising densely populated areas with high accident rates, common urban destination areas and schools.

Warmer and Safer Homes

3.5

What's already happening in Bury?

Road safety

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

Safe cycling

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

Director of Public Health recommendations for the future:

- Develop and implement an Active Travel Strategy for Bury.
- Walking and cycling considerations should be embedded and prioritised within transport and landuse decision making. This could be furthered by committing to rejecting proposals whose impact on walking and cycling will not be positive.

Preventing Childhood Accidents

Why is this important?

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

Facts and figures

- Each year, thousands of children are injured or die as a result of accidents in the home. In Bury in 2012-13, the rate of hospital admissions for unintentional and deliberate injuries among 0-14 year olds was 134.9 per 10,000 of population, compared to an average rate of 103.8 per 10,000 for England (Bury Child Health Profile, Public Health England).
- The risk of unintentional injuries to children is greatest among those who are living in the most deprived circumstances. Influencing factors include overcrowded conditions, lack of safety equipment, socio-economic group, gender, ethnicity and a household's level of control over its home environment.

The King's Fund suggests that local authorities:

- implement guidance from the National Institute for Health and Care Excellence (NICE, 2010) and the 'Safe At Home' programme which includes provision and installation of safety equipment and training for staff.
- prioritise high-risk groups such as those with children under 5, those living in rented or overcrowded conditions and those on low incomes.

What's already happening in Bury?

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

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

Director of Public Health recommendations for the future:

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



Warm Homes and Energy Efficiency

Facts and figures

- Living in a cold home increases the risk of cardiovascular disease, respiratory illness and stroke and is a key factor in excess winter deaths. In the period from 2010-13, there were 16% more deaths during the winter months than the average during non-winter months (Public Health Outcomes Framework).
- People's ability to keep their homes warm is related to their income. Fuel poverty affects a range of low income groups including older people, lone parents, long-term unemployed, people with disabilities, families where there is chronic illness and minority ethnic communities. In 2012, around 10.3% of Bury households were classified as in fuel poverty (Public Health Outcomes Framework).



The King's Fund suggests that local authorities:

- support vulnerable residents to access and benefit from warm home funding and related schemes.
- reduce the number of homes with poor energy efficiency ratings by installing better insulation, focusing on private rented and owner-occupied sectors.
- provide homeowners and landlords with advice on keeping houses warmer.
- help people reduce their energy bills by organising collective switching schemes targeting poorer consumers.

What's already happening in Bury?

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

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

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

The Greater Manchester Little Bill Scheme has enabled the install of 216 energy efficiency measures (such as cavity wall, loft and external wall insulation and central heating) in 2014-15. This will save an estimated £45,000 annually off residents' energy bills which will help to reduce fuel poverty levels. Urban Renewal's Landlord Accreditation Officer promotes the Little Bill Scheme to registered landlords via newsletters and landlord forums. Urban Renewal Officers also make referrals directly to the Scheme.

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

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

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

Director of Public Health recommendations for the future:

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

Reducing the Risk of Falls among Older People

Facts and figures

- Nationally, more than one in five homes poses a risk to people living in them and the needs of a rapidly ageing population present specific challenges. The risk of falls increases in older age and it is estimated that in 2014, around 8,500 people aged 65 and over in Bury had a fall (Protecting Older People Population Information).
- Whilst Council housing is classed as 'decent' and other social housing is also likely to be 'decent', 85% of housing in Bury is either owner occupied or privately rented. In 2013, the BRE Housing Stock Modelling Service calculated that 21% of private sector housing in Bury had serious hazards and that the estimated cost to the NHS of poor private sector housing in Bury is over £5 million per annum.
- At retirement, older people on low incomes face a likely struggle for 20 years or more to repair and maintain their homes (Delivering Housing, Health and Social Care Priorities, Helping Vulnerable People and Local Communities, Chartered Institute of Environmental Health, 2011). Low cost work can make homes safe, secure and convenient to use and help reduce the strain on the NHS. For example, £35,000 can provide help with minor repairs or adaptations for 200 older people. It costs approximately the same amount for one older person to live in a care home for a year.

The King's Fund suggests that local authorities:

- work with NHS, social care, housing departments and other agencies to develop specific programmes to reduce falls.
- undertake targeted risk assessments and work with home improvement agencies to provide support to vulnerable people with aids and adaptations.
- provide handyperson schemes to help people improve the safety of their homes and link to hospital discharge schemes.

What's already happening in Bury?

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

Additionally, one of the objectives of the Housing Strategy 2014-2024 and requirements of the Care Act 2014 is to influence the market to recognise and support the specific housing needs of older people, people with disabilities and other groups.

As part of this, through a Joint Commissioning Partnership, joint work is undertaken with partner registered providers to help meet these needs, facilitating new specialist housing and where possible incorporating adaptations in new general housing developments.

Director of Public Health recommendations for the future:

- Ensure that the challenges around the Better Care Fund for adaptations and other assistance for safer homes are mitigated and that the opportunities presented by the Fund are realised.
- Significantly strengthen joint working around strategy and programmes relating to the reduction in falls associated with property condition.
- Map out the current services which tackle property condition linked to falls. Consider the development of services or programmes to tackle this issue, including in particular the development of handyperson schemes, and link these with hospital discharge schemes.
- Improve intelligence of specialist housing provision and projection of future needs across the Borough in order to identify and plan for future requirements.

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

3.6

Why is this important?

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

Facts and figures

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

The King's Fund suggests that local authorities:

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



What's already happening in Bury?

Sport and exercise

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

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

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

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

Strong Communities, Wellbeing and Resilience

3.7

Parks and open spaces

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

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

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

In September 2014, the Welly Café opened in Manchester Road Park, Bury. The Café has developed by Bury Employment Support and Training (Bury EST), a supported employment agency run by Bury Council. Bury EST helps people who find it difficult to find work or keep a job because of disability or disadvantage. Service users are from a variety of backgrounds

disabilities or autism, and those recovering from drug or alcohol dependencies. More than 35 service users and volunteers were involved in transforming an underused bowling green and pavilion into a community hub, café and training centre. The project now provides support and work experience and has been able to directly employ three service users. In addition to skills, qualifications and on-the-job training, the scheme has promoted improved health, mobility, confidence and self-esteem among service users.

Director of Public Health recommendations for the future:

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

Why is this important?

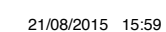
Maintaining health and wellbeing enables individuals to maximise their potential, lead active, fulfilled lives and participate fully in their local community. Social support increases resilience, promotes recovery from illness and improves the chances of avoiding lifestyle risks such as smoking.

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

Facts and figures

- In 2013-14, 37% of adult social care users in Bury reported that they have as much social contact as they would like. This is lower than the England average of 45% (Adult Social Care Outcomes Framework).
- The Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. During the period from 2010-12, the average score for the North West region was 36.2, compared to an England average of 37.7 (Public Health Outcomes Framework).





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

- successful bid for £7,800 of Home Office funding for a diversionary project in Bury East working with young people. This project was delivered by Early Break with support from Bury Council.
- Radcliffe's Township Plan was used to support the successful bid to the national 'Our Place' scheme described above.
- Whitefield and Unsworth Township Forum has overseen a number of projects aimed at improving health and wellbeing. In particular, the Forum is working with the Alzheimer's Society on a project entitled 'Dementia Friendly Communities' which is being piloted in Whitefield.
- Prestwich Township Plan identifies town centre regeneration as a priority. The Prestwich Township Forum has a regeneration sub-group to oversee and develop this work. This has been supported by Bury Council through the allocation of £500k to help fund work on the A56 corridor. Public consultation will begin in summer 2015.
- Bury West Township Forum's highways sub-group has helped shape and promote a number of initiatives to help improve road safety across the Township area. These include the Street Safe initiative and Safer School projects.
- Ramsbottom, Tottington and North Manor (RTNM) Township Forum has helped facilitate four successful community right-to-bid nominations for community assets within the RTNM area (under the provisions of the Localism Act 2011).

Tackling social isolation

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

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

Director of Public Health recommendations for the future:

- Adopt participatory budgeting methodology as a mainstream mechanism for allocating funds to local community initiatives and for engaging local people in resource allocation decisions.
- Ensure strong and sustainable support to maximise the role of the community and voluntary sector.
- Develop scaled and coherent mechanisms for community engagement and asset-based community development across all Team Bury partners.

Public Protection and Regulatory Services

3.8

Why is this important?

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

Facts and figures

- There are more than 1,500 registered food businesses in Bury and each is subject to an annual risk-based inspection programme. Bury also supports the National Food Hygiene Rating Scheme which informs the public about hygiene standards in food businesses.
- In 2013-14, there were 125 accidental dwelling fires in Bury. By far the most common cause of fire was cooking-related which accounted for 40% of incidents. In 2014-15 there were 112 accidental dwelling fires and cooking-related causes again accounted for 40% of incidents (Greater Manchester Fire and Rescue Service).

The King's Fund suggests that local authorities:

- reduce the negative impacts of takeaways and fast foods on health, through education, award schemes and planning restrictions.
- reduce the negative impact of air pollution through, for example, engagement with businesses, setting up car clubs, and promoting fuel-efficient driving, active travel and other carbon reduction measures.
- work with Fire and Rescue Services to reduce accidental dwelling fires.

What's already happening in Bury?

Healthy food

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

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



Health and Spatial Planning

3.9

Protecting the population

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



Bury is part of a multi-agency collaboration for Greater Manchester to tackle child sexual exploitation. Project Phoenix aims to be a national leader in its approach to protect young people and prosecute offenders.

The aims of the project are to raise awareness of child sexual exploitation; help people recognise the signs; encourage people to report it; and provide support to victims and those most at risk.

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

Air pollution

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

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

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

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

Regulations

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

The Council has led or participated in campaigns and programmes including a joint initiative with Greater Manchester Police to protect businesses from violence; advice and training on workplace health and safety; tobacco control and smoking cessation activities; and information, advice and monitoring about money lending, credit advertising and doorstep crime.

Director of Public Health recommendations for the future:

- Introduce restrictions to limit the provision and concentration of takeaways, particularly near schools.
- Bury's Air Quality Action Plan (2002) needs to be updated and linked to an Active Travel Strategy.
- Work with partners, businesses and communities to develop and implement a strategy to limit and mitigate the effects of climate change.
- Develop a multi-agency sustainable development strategy for the Borough

Why is this important?

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

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

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

Facts and figures

- Evidence in the Council's Community Facilities Topic Paper 2013 demonstrates that the Borough has a sufficient level and distribution of community facilities which support the existing settlement pattern and growth aspirations for focusing new development in Bury and Radcliffe. Demand for these facilities may increase as a consequence of housing growth and it will be important to monitor this and phase necessary improvements correctly.
- In the case of open space, sport and recreation facilities, the Greenspace Audit and Strategy 2015 records major deficiencies in particular types of open space in a number of

areas across the Borough, such as for natural greenspace and allotments. Quality of facilities is also below the required standard across much of the Borough and consequently the enhancement of open spaces represents the key focus for the spending of Section 106 monies as part of new housing developments.

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

Health and Social Care

3.10

The King's Fund suggests that local authorities:

- use the Spatial Planning and Health Group checklist (SPAHG, 2011) when scrutinising planning strategies, plans and proposals.
- employ accessibility criteria in planning policy, for example new homes are walkable distances from local shops.
- carry out robust health impact assessments.

What's already happening in Bury?

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

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

Director of Public Health recommendations for the future:

- Adopt the Spatial Planning and Health Group Checklist.
- Embed Health Impact Assessment within the planning process.

Why is this important?

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

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

Facts and figures

- Bury's JSNA states that the Borough has 31,000 residents aged 65 and over (17% of total population). Of these, 3,700 are aged 85 and over (2% of the total population). The numbers of older people and the proportion of the total population aged 65 and over are expected to increase over the coming years. It is expected that Bury's older population will increase to nearly 47,000 people by 2035. This will represent 21% of the projected total population in 2035. People aged 85 and over will more than double over the same period (from 3,900 to 8,900).
- The difference in life expectancy between the most and least deprived areas is almost 6 years. Premature mortality is higher than would be expected, given the levels of deprivation in Bury. This suggests that the health and social care system, particularly primary care, could have a significant impact on improving health.
- The JSNA also highlights that the likelihood of disease and disability increases with age. Disability prevalence increases from 6% in children to 16% in the working population and 45% in those of retirement age. It is estimated that there are 2,000 people aged over 65 living with dementia - this will rise as with the projected increase in population aged 65 and over. Fulfilling a caring role has a higher impact on older residents with the majority of carers in Bury aged 55 and over.
- Social isolation is known to be a significant risk to health. Older people are particularly vulnerable to isolation. 61% of over 65s in Bury live alone.

King's Fund suggestions:

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

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



What's already happening in Bury?

Better Care Fund

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

- people will live well, stay well, remain active and have better outcomes and experiences;
- there will be a focus on citizenship, prevention, self-care and independence with the aim of reducing the demand for services and making efficient and effective use of both health and social care resources;
- Better Care Fund Schemes will focus on integrated care delivery for the frail elderly and children with complex needs;
- Bury will provide better support for people at home with the provision of co-ordinated services in their own communities to prevent people needing emergency care in hospital or being inappropriately admitted to care homes;
- in order to achieve the cultural shift that will be necessary, Bury service providers will have to utilise their workforce more effectively, considering skill mix, reorientation and training opportunities for staff.

A Healthier Radcliffe

The township of Radcliffe is providing a test-bed for new ways of working. Having successfully secured funding to extend GP opening hours, the six GP practices in Radcliffe have collaborated to extend their opening hours up to 8pm on weekdays and 8am to 6pm on Saturdays and Sundays. To enable this, they have worked to create a shared patient record system.

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

Director of Public Health recommendations for the future:

- Review and redesign existing health improvement services to create a single, holistic, healthy lifestyle service.
- Develop and implement a system-wide cohesive digital self-care offer which supports individuals to adopt healthier lifestyles, self-treat minor ailments and self-manage long-term conditions.
- Embed systematic, scaled primary and secondary prevention within primary care.
- Further develop the Healthy Living Pharmacy scheme.
- Review intermediate care and reablement services to create a greater focus on promotion of independence and rehabilitation.
- Develop a place-based approach to provision of health and social care, linking to wider services and enabling closer engagement of communities.



Conclusion

4.0

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




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

negative; and finally we need to create the conditions which enable people to play a full and effective role in improving their own, their families' and their communities' health.

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

negative; and finally we need to create the conditions which enable people to play a full and effective role in improving their own, their families' and their communities' health.

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

A photograph of a person wearing a red jacket and dark trousers, seen from behind, walking up a wide set of stone steps. The steps are made of large, flat stones and lead up a hill. The surrounding area is filled with bare trees, suggesting a late autumn or winter setting. The sky is overcast.

Appendix 1 Update on Recommendations from 2012 Annual Report

The 2012 Public Health Annual Report focused on three key public health areas - **smoking, weight** and **alcohol**.

It set out a number of recommendations and progress against each is set out over the next 5 pages.

Smoking



Recommendation:	Encourage Government to introduce further measures to protect the public from second-hand smoke such as banning smoking in cars when children are present.
Update:	Parliament has passed regulations to end smoking in cars carrying children in England and these come into effect on 1st October 2015. The regulations make it an offence to smoke in a private vehicle with someone under 18 years old present, and for a driver to fail to prevent smoking in a private vehicle with someone under 18 years old present. People who fail to comply could be issued with a £50 fixed penalty notice.
Recommendation:	Greater Manchester Pension Fund should disinvest in the tobacco industry.
Update:	Greater Manchester Pension Fund currently has no direct holdings in tobacco companies.
Recommendation:	Give financial incentives for schools to achieve a target prevalence of smoking.
Update:	Financial incentives have not been offered. However, the Council funded an internet-based educational programme called Operation Smokestorm for use in the school year 2013-14. The programme highlights health harms associated with tobacco, ethical issues around illicit tobacco production and how tobacco companies market their products. After positive feedback from pilot schools, a further six schools accessed the programme in the 2014-15 academic year. The Council is now developing a broader 'Healthy Schools' programme to help improve the health of school-aged children.
Recommendation:	Offer rewards for information leading to the discovery of the sale of illicit tobacco.
Update:	<p>This has not been necessary. Bury Trading Standards receives intelligence from various sources around illicit tobacco. Supported by Public Health, Trading Standards seizures from commercial and residential properties amounted to:</p> <ul style="list-style-type: none"> • 2013/2014 - cigarettes £9,224, tobacco £5,502, blunts and cyclones £636 - total £15,362. • 2014/2015 - cigarettes - £22,088, tobacco £5,726, blunts and cyclones £510 - total £28,324. <p>This is based on values of £8 for a packet of cigarettes, £14 for a pouch of tobacco and £2 for a blunt or cyclone.</p> <p>Year on year, this is a 235% increase in seizures of cigarettes. The cigarettes and hand-rolling tobacco are a mixture of counterfeit and 'none duty'.</p>

Recommendation:	Offer nicotine patches to offenders who are detained for any length of time in police custody.
Update:	NHS England commissions comprehensive public health services for offenders including support to stop smoking.
Recommendation:	Re-establish the pregnancy reward scheme.
Update:	A review is underway to look at how smoking in pregnancy can be further reduced and a reward scheme will be considered within that review.
Recommendation:	Commission a stop-smoking service that allows people to make contact at any time to arrange an appointment.
Update:	Bury Stop Smoking Services are currently being redesigned and improving access to cessation support will be key to this.
Recommendation:	The clinician and patient should be able choose the stop smoking medication, if the evidence has shown its effectiveness, that they feel is most likely to succeed.
Update:	Choice of medication is governed by locally relevant policies, informed by NICE guidance.
Recommendation:	Introduce a text messaging service to support quitters.
Update:	A text messaging service has been piloted within alcohol and drug services. The learning from this will be used to support other aspects of health-related behaviour change including quitting smoking.
Recommendation:	Work with vets and pet shop owners to make pet owners more aware of the dangers of second-hand smoking to their pets.
Update:	This has not been progressed.
Recommendation:	Encourage primary care to make wider use of leaflets, aimed at parents, which explain the dangers of second-hand smoking when their children have glue ear, tonsillitis or asthma.
Update:	Health visitors proactively provide information and education to parents about the dangers of second-hand smoking.
Recommendation:	Recommission the Greater Manchester Health Bus.
Update:	The health bus was a vehicle for community awareness raising. Bury Council now has local capacity to undertake much more effective and targeted awareness raising and engagement with the public so the health bus is no longer required.

Weight

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



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

Alcohol

Recommendation:	Support the introduction of a minimum price for alcohol of at least 50p to be uplifted for inflation and increase in income, whichever is higher.
Update:	The North West Directors of Public Health Manifesto, 'Top Ten for Number Ten', called for Government to introduce minimum pricing to tackle alcohol-related harm and improve health and social outcomes.
Recommendation:	Use the licensing regulations to protect public health.
Update:	Under legislative changes and following NHS reforms, Public Health has increased its engagement and participation in the licensing process, lodging objections to a number of full licence applications or variations to the conditions of an existing licence.
Recommendation:	Build on work that has reduced alcohol consumption amongst children.
Update:	The recent North West Trading Standards survey shows consumption of alcohol and tobacco are falling among school-aged children. A holistic healthy schools programme is being developed which will focus on reducing alcohol consumption alongside other health issues.
Recommendation:	Promote the use of screening and brief intervention in General Practice.
Update:	NHS England commissions an alcohol-related risk reduction scheme (DES) from GP practices. A risk assessment around alcohol use is included in the NHS Health Checks programme aimed at those aged 45-74.
Recommendation:	Introduce routine screening for problem drinking in police custody.
Update:	There is a drug and alcohol worker based within the custody suite. As well as carrying out mandatory assessments to individuals testing positive for Class A drug use, workers also carry out 'cell sweeps' to identify people where alcohol may or may not have been a contributing factor and offer assessment, support and signposting.
Recommendation:	Increase secondary care work on alcohol, building on the service that is now in the Accident and Emergency Department.
Update:	Bury CCG reviewed the Accident and Emergency Alcohol Liaison Service, which identified and supported those needing help with alcohol misuse, along with the Rapid Assessment Interface and Discharge (RAID) Service. The CCG has now commissioned Accident and Emergency provision which incorporates elements of both services.
Recommendation:	Encourage the development of policies elsewhere to tackle alcohol problems, for example with the Fire and Rescue Service, Six Town Housing and employers.
Update:	Fire and Rescue Service delivers Alcohol Brief Interventions.



Appendix 2

List of Contributors



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