

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members: Keith Walker, Dave Bevitt, StUArt North, L Jones, J Marshall, Barbara Barlow, Kiran Patel, R Walker, S Briggs, R Shori, Aspinall, Taylor and Simpson, Julie Gonda, Karen Dolton

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Wednesday, 19 July 2017
Place:	Meeting Rooms A&B Bury Town Hall
Time:	2.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

Minutes of the meeting held on the 14th June 2017 are attached.

4 MATTERS ARISING (Pages 9 - 18)

- Update on the bid for the Transformation Monies
- Update on the Team Bury Workshop
- Update on PNA consultation

Forward plan is attached.

5 PUBLIC QUESTION TIME

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

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

6 PRIORITY ONE, STARTING WELL LEAD AND SYSTEM LEADER, INTEGRATED CHILDREN'S SERVICES (RAMSBOTTOM, TOTTINGTON AND NORTH MANOR)

Karen Whitehead, Strategic Lead (Children/Families Health Issues) will report at the meeting.

7 SUICIDE PREVENTION STRATEGY (Pages 19 - 28)

Jon Hobday, Public Health Consultant will report at the meeting. Report attached.

8 WIFI WITHIN GP SURGERIES (Pages 29 - 30)

Amy Lepiorz, Deputy Director of Primary Care, Bury CCG will report at the meeting. Report attached.

9 LOCALITY PLAN "ENABLERS"

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

10 GM DEVOLUTION

A verbal update from Chris Woodhouse, Corporate Improvement Advisor will be given at the meeting.

11 HEALTH AND WELLBEING BOARD ANNUAL REPORT (Pages 31 - 52)

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

12 ADDITIONAL FUNDING FOR SOCIAL CARE (*Pages 53 - 58*)

The Interim Executive Director of Communities and Wellbeing will report at the meeting. A report will be sent to follow.

13 HEALTHWATCH ANNUAL REPORT (*Pages 59 - 92*)

Barbara Barlow, Healthwatch Chair will report at the meeting. Report attached.

14 URGENT BUSINESS

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

15 FOR INFORMATION **SUB GROUP MINUTES** (Pages 93 - 114)

The following minutes are attached for information:

- Children's Trust Board
- Bury Safeguarding Adult's Board
- Carbon Reduction Board
- Housing Strategy Programme Board



Agenda Item 3

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: Wednesday 14th June 2017

Present: Cabinet Member Health and Wellbeing Andrea Simpson

(Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Dave Bevitt; Chair Bury CCG, Dr K. Patel; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Chief Operating Officer, CCG, Stuart North; Pennine Acute NHS Trust, Steve Taylor: Interim Executive Director Communities and Wellbeing, Julie

Gonda

Also in attendance:

Representing Keith Walker, Executive Director of

Operations, Stuart Richardson

Representing Jon Apsinall, Jax Affing

Dave Boulger, Programme Director, (Devolution) Bury

Council and Bury CCG

Tracy Flynn, Unit Manager (Economic Strategy and

European Policy)

Chris Woodhouse, Improvement Advisor, Bury Council

Chloe McCann - Assistant Improvement Advisor,

Corporate Policy Team

Julie Gallagher – Democratic Services

Apologies:

Leader of the Council, Councillor Rishi Shori;

Karen Dolton, Assistant Director of Social Care and

Safeguarding

Jon Aspinall (GMFRS) Jo Marshal, GMP

Heather Crozier – Health and Wellbeing Board Policy

Lead

Public attendance: 2 members of the public were in attendance

HWB. 07 DECLARATIONS OF INTEREST

Councillor Andrea Simpson, Chair and Cabinet Member for Health and Wellbeing declared a personal interest in all items under discussion as an employee of Salford Clinical Commissioning Group.

HWB. 08 MINUTES

Delegated decision:

That the minutes of the meeting held on the 9th March 2017 be approved as a correct record.

HWB.09 MATTERS ARISING

The Chief Operating Officer Bury CCG reported that the Urgent Care Redesign consultation has been paused in anticipation of receiving national guidance on urgent care systems from NHS England. During a period of purdah, NHSE does not issue any guidance, the guidance is now anticipated in late June or July. The CCG will have to make a judgement if there is to be further delays in issuing the guidance as to whether they commence the public consultation.

An update will be provided to the Board as soon as any guidance is received.

Councillor Walker informed the meeting that he and Councillor Holt had met with representatives from the CCG to sign off the Locality plan and the Local Transformation Plan (CAMHS) prior to submission.

HWB. 10 PUBLIC QUESTION TIME

There were no members of the public present to ask questions under this item.

HWB.11 LOCALITY PLAN

Dave Boulger, Programme Director attended the meeting to update members on the recently submitted Locality Plan. The Programme Director reported Bury, like every area of Greater Manchester, faces significant challenges in relation to Health and Social Care. The refreshed Bury Locality Plan articulates these challenges and identifies an approach to tackling them. The Plan has been collaboratively developed with key stakeholders from across the system. The Plan is the basis for an Investment Proposition to the Greater Manchester Health and Social Care Transformation Fund.

The refreshed Bury Locality Plan sets our wide-ranging transformational proposals in relation to health and social care which are intended to:

- Improve Outcomes for local people
- Reduce Inequality in Bury
- Increase the extent to which local people are active participants in their own health and the health and social care system
- Create future financial and clinical sustainability across the health and social care system.

The refreshed Bury Locality Plan sets out wide-ranging and transformational proposals that are intended to close a projected financial gap of £75.6million by 2020/21.

The refreshed Bury Locality Plan is the basis for an Investment Proposition to the Greater Manchester Health and Social Care Transformation Fund of c.£27million.

The scale and scope of the Locality Plan make it likely that future consultation will be required with the public and/or workforce in relation to specific proposals.

Dave Bevitt raised concerns about the lack of engagement with the third sector in respect of the development of the locality plan. In response, the Programme

Director reported that part of the focus of the plan is to shift investment into voluntary sector and they will continue to be key players going forward.

Delegated decision:

Members of the Board will receive regular updates in respect of the Locality Plan and the recently submitted bid to the Transformation Fund.

HWB.12 BETTER CARE FUND MONITORING REPORT

The Programme Director (Devolution) presented the recently submitted Better Care Fund Monitoring Report. The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The Programme Director reported that all of the national conditions are currently being met and there are no areas for concern.

There is no improvement in performance for Non elective admissions, Delayed Transfers of Care and permanent admissions to residential care. Admissions due to falls, patient satisfaction and reablement are on track to meet the target.

Reduction in non-elective admissions: There has been a steady increase in non-elective admissions for Bury patients throughout 16/17 however this has reduced in Q4.

<u>Delayed transfers of care</u>: Despite promising progress at the beginning of the year, target has not achieved at year end. There were 5980 delayed days in 16/17 compared with 5680 in 15/16 an increase of 5%.

Admissions due to falls: We have been on target for this measure through the year and have achieved target at year end with a decrease in falls over the past 2 quarters.

Were you involved in discussions on your care and treatment: This survey measure tends to be static and determine after releases of 3 different surveys throughout the year. The GP survey is now being published annually in July which when released will enable us to calculate the overall average for this measure.

<u>Permanent admissions to Residential care</u>: There has been an increase in residential admissions this year which after investigation seems to be due to the inclusion of full cost clients in the measure definition (clients who pay for their own care but who will continue to be reviewed annually by local authority) and a significant increase of those this year. On average there we 28 admissions per month but in February there were 44 and March 40. Without these full cost clients we would remain on target.

Reablement: We have achieved target for this measure at year end.

It was agreed:

That sign off of the Better Care Fund Monitoring Report will continue to be delegated to the Chair of the Health and Wellbeing Board, copies of the report, once submitted, will be forwarded for consideration by the Health and Wellbeing Board.

HWB. 13 WORKING WELL

The Unit Manager (Economic Strategy and European Policy) attended the meeting to provide members with an update in respect of continuing work of the working well scheme. The principles of the Working Well Expansion are based on learning from the Working Well Pilot Programme which was designed and co-funded by all the GM Local Authorities.

The Working Well Expansion programme has changed how skills, health and employment services function together, by offering a seamless, co-ordinated and sequenced package of support for eligible workless residents. Across Greater Manchester the programme has and will be delivered in three distinct phases:

- **Phase 1a Working Well Pilot** supporting 5,000 individuals who were attached to the programme between 1st October 2015 and 31st March 2016.
- **Phase 1b Working Well Expansion** supporting 13,500 individuals attached to the programme and receiving support through the Personalised Keyworker Service and referrals to the Mental Health IAPT Talking Therapies service between March 2016 and December 2017. It also includes 1000 referrals to the GP Pilot in 4 Greater Manchester districts.
- Phase 2a Working Well Work & Health Programme supporting c.18,000 individuals attached to the programme between early 2018 and March 2023.

DWP's current welfare to work programmes, that support the long term unemployed and those with a health condition/disability, will come to an end during 2017.

The Greater Manchester Working Well - Work and Health Programme is a core element of the Greater Manchester Combined Authority's (GMCA) devolution agreement with Central Government.

As with the national Work & Health Programme, GM's programme will support:-

- People who have a disability on a voluntary basis;
- Early access disadvantaged groups on a voluntary basis; and
- Long-term Unemployed on a mandatory basis

JobCentre Plus will be the primary referral agent to the programme. However, local signposting pathways to JobCentre Plus will be encouraged building upon the success of the GP referral route currently being piloted.

In response to a Member's question the Unit Manager reported that the first client appointment will be mandatory, it will then be the responsibility of the key worker to sell the benefits of the scheme to the client.

The Unit Manager reported that there will be one provider across all of the ten AGMA districts.

It was agreed

Further updates in respect of the working well programme will be considered at a future meeting of the Health and Wellbeing Board.

HWB.14 SINGLES OUTCOME FRAMEWORK

Chris Woodhouse, Improvement Advisor attended the meeting to provide members of the Board with a briefing paper in respect of the recently developed single outcomes framework.

In the last twelve months work has taken place across Team Bury to deliver on the ambition of Team Bury Wider Leadership Group to develop a shared outcomes framework across all partners, in order to embed an Outcome Based Accountability (OBA) approach across all partners.

The Single Outcomes Framework (SOF) has been developed as the shared outcome based approach for Bury. Within this five high level outcomes have been identified, that all partners have signed up to. These are:

- All people of Bury live healthier, resilient lives and have ownership of their wellbeing.
- Bury people live in a clean and sustainable environment.
- People of Bury at all ages have high level and appropriate skills.
- All Bury people achieve a decent standard of living (and are provided with opportunities through growth).
- Bury is a safe place to live with all people protected, and feel protected from harm.

An OBA approach involves looking at indicators under each outcome and gaining a true understanding of the past and current performance, the reasons behind any trends, the partners that are (or should be) involved in improving the indicator and only then do actions get identified to deliver improvement.

The Director of Public Health reported that there will be population level outcomes and the data will help partners to map where initiatives are making a difference.

The Interim Executive Director of Communities and Wellbeing reported the information will be able to identify priority areas for the Board.

It was agreed:

That the Health and Wellbeing Board note the developments that have taken place on the Single Outcomes Framework.

HWB.15 GOVERNANCE UPDATE

The Executive Director of Communities and Wellbeing provided members of the Board with a Governance update. The report sets out the rationale and arrangements, approved by the Integrated Health and Social Care Partnership Board, for the future governance requirements to underpin Health and Social Care transformation, and the development of appropriate governance arrangements for One Commissioning Organisation (OCO) and a Locality Care Organisation (LCO).

In response to a Member's question, the Executive Director of Communities and Wellbeing reported that there will be Elected Member representation of the Transformation Board. Representatives from the Voluntary Sector will be involved in the different enabling work streams.

It was agreed:

That the Health and Wellbeing Board note the content of the report.

HWB.16 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) CONSULTATION UPDATE

Chris Woodhouse, Improvement Advisor attended the meeting to provide a PNA consultation update. Bury Council and CCG, along with the other localities within Greater Manchester, have commissioned Greater Manchester Shared Services (GMSS) to undertake the development of the revised PNA.

The first stage of activity includes surveys for both the public and pharmacies in Bury to complete. The questions are consistent across the North East Sector.

Questions consider access to pharmacies, frequency of use, reasons for use and on satisfaction. This survey will be circulated through SurveyMonkey and it is for the Council/Health and Wellbeing Board to promote this. As part of this Healthwatch are working to ensure any hard to reach groups are engaged in this process. Of note when this exercise was previously conducted 70% of the respondents were female whilst 88% were 'White British'.

The pharmacy survey seeks information on existing services that are provided, whether they have Healthy Living Pharmacy status, access, resources (including workforce) and patient feedback.

Members of the Board raised concerns in respect of the format of the PNA consultation and sought assurances that the consultation would capture responses in respect of the evolving role of pharmacies going forward.

The Chair also raised concerns in respect of members of the public accessing the survey and asked that paper copies are made available in more places.

Delegated decision:

The Improvement Advisor reported that comments and concerns raised will be fed back to Greater Manchester Shared Services and an update will be presented at a future meeting.

HWB. 17 DEVOLUTION MANCHESTER UPDATE

Stuart North, Chief Operating Officer provided members with a brief update in respect of Devolution Manchester. The Chief Operating Officer wanted to place on record his thanks to all the organisations that had been involved in the recent incident at Manchester Arena.

Delegated decision:

The Greater Manchester Commissioning Review paper will be considered at the next meeting of the Health and Wellbeing Board.

HWB.18 COMMUNICATION AND MARKETING UPDATE

The Assistant Improvement Advisor reported that a calendar of events has been created outlining the up-coming board meetings along with relevant deadlines and development session. Calendar invites have been sent out to all board members,

The Principal Democratic Services Advisor asked that members of the Board need to ensure that they have completed and returned their register of interest forms.

HWB. 19 URGENT BUSINESS

There was no urgent business reported.

HWB.20 SUB GROUP MINUTES FOR INFORMATION

Children's Trust Board Minutes
Bury Safeguarding Adult's Board Minutes
Climate Change and Carbon Reduction Board Minutes
Housing Strategy Programme Board Minutes

Councillor Andrea Simpson Chair

(Note: The meeting started at 6pm and ended at 7.25pm)



 Impact of devolution/GM changes in pharmacies (in relation to question/comments from Dr. Kiran Patel and Stuart North) – response from GM Shared Services

Similar questions have been raised for the other PNAs we are/have been involved in. The main problem is that there isn't sufficient information as to what the changes will mean for pharmacy. There is a lot of talk about how they can support the developments that will occur but nothing concrete. So although the PNA mentions the devolution and changing local scene we can't really say much more. At the moment the pharmacy contract is likely to remain centrally governed as it would require a legislative change and the only option is for commissioners to commission local services. As yet I don't think anyone is too sure what they want to commission from pharmacy.

The PNA indicates areas where pharmacy can help support various sectors of the population through 'pharmaceutical service' like delivery; commissioners need to decide what they wish to commission and what supports their objectives. The PNA is intended to assess need in the here and now and whether services will meet 'known' future needs. So unless there are specific plans it would be impossible to know what need is being met, let alone whether it is being met.

There is an offer from the Senior Medicines Optimisation Pharmacist at the GM Shared Services to talk through any of this.

 Availability of paper pharmacies (in relation to Cllr. Simpson's request for copies to be more widely distributed)

Paper copies have been made available in all pharmacies and at the six main township libraries across the Borough, as well as the main Town Hall reception.



Board Date	Member Developme nt Session	Interactive discussion/ focus		Agenda Items
14 th June 2017 18:00- 20:00	Draft Agenda 15 minutes before Paperwork and Deputies	 Draft Agenda Locality Plan and Transformation Bid -David Boulger Pharmaceutical Needs Assessment (PNA) Consultation Update- Chris Woodhouse Single Outcomes Framework - Chris Woodhouse 	Discussion Standard Items Decision TBC Info	 Working well and the future GM Work and Health Programme. (Priority 2) Tracey Flynn Devolution update – Stuart North Communication and Marketing – Chloe McCann Better Care Fund Monitoring Report – David Boulger Governance Update – Julie Gonda Mins of Health & Wellbeing Board Sub Groups Children's Safeguarding Board Minutes – (Priority 1) Children's Trust Board Minutes (Priority 1) Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus		Agenda Items
19 th July 2017 14:00 – 16:00	 Draft Agenda Update on the Locality Plan and Transformation Money - David Boulger and Julie Gonda Locality Plan Theme, 'Enablers' - David Boulger Update on Team Bury Workshop Priority 1, Starting Well Lead and System 	Discussion Standard Items Decision TBC Info	 Suicide Prevention Strategy – Jon Hobday WIFI within GP – Stuart North Devolution update Health & Wellbeing Board Annual Report 2015/16 – Heather Crozier Healthwatch Annual Report Mins of Health & Wellbeing Board Sub Groups Children's Safeguarding Board Minutes - (Priority 1)
	Leader, Integrated Children's Services (Ramsbottom, Tottington and North Manor) - Karen Dolton/ Karen whitehead		 Children's Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive Discussion/ Focus		Agenda Items
28 th Sept 2017 18:00 - 20:00	Draft Agenda Locality Plan – David Boulger Discussion Topic – Living Well Priority 2, Living Well Lead – Lesley Jones	Discussion	 Help yourself to Well-Being/ 1 year progress update (all priorities) and RSPH Annual Report Cath Coward Pharmaceutical Needs Assessment GROUNDWORK AMBITION FOR AGEING – 6-9 Month update from March 2017 meeting. Gm Commissioning Strategy
	• System Leader, Integrated Health and Social Care Community Teams (Prestwich) – Stuart Richardson)		Devolution updateCommunication and Marketing
	 Locality Plan Theme `Staying Well for Longer' –Theme Lead 	Decision	 Director of Public Health Annual Report - Lesley Jones (Priority 2) Health Watch Annual Report - Barbara Barlow (Priority 2)
		TBC	
		Info	Mins of Health & Wellbeing Board Sub Groups Children's Safeguarding Board Minutes - (Priority 1) Children's Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus		Agenda Items
23 rd Nov 2017	<u>Draft Agenda</u>	Discussion Standard	Devolution update
14:00-	Discussion Tonic – Living Well with a Long	Items Decision	Communication and Marketing
16:00	Discussion Topic – Living Well with a Long Term Condition or as a Carer • Priority 3, Living Well with a Long Term Condition or as a Carer Lead – Julie Gonda		 Annual Safeguarding Adults report (priority 4) Presentation of Bury Safeguarding Children Board Annual Report (2016-17) (priority 1) Independent Chair of BSCB (Sharon Beattie)
	 System Leader, Promoting Wellness and Preventing LTCs (Whitefield) – Martin Clayton Locality Plan Theme `Building New Relationships' –Bev Worthington 	Info	Mins of Health & Wellbeing Board Sub Groups Children's Safeguarding Board Minutes - (Priority 1) Children's Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus		Agenda Items
21 st Dec 2017 18:00 - 20:00	Interactive discussion/ focus Draft Agenda Locality Plan - David Boulger Discussion Topic - Ageing Well Priority 4, Ageing Well Lead - Julie Gonda System Leader, Urgent Care (Bury West) - Steve Taylor Locality Plan Theme 'Reducing Failure Demand'	Discussion Decision TBC Info	Marketing Update Devolution Update Mins of Health & Wellbeing Board Sub Groups Children's Safeguarding Board Minutes - (Priority 1) Children's Trust Board Minutes (Priority 1) Adults Safeguarding Board Minutes (Priority 4) Carbon Reduction Board Minutes (Priority 5) Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus		Agenda Items
14 th Feb 2018	<u>Draft Agenda</u>	Discussion	
14:00 -	Discussion Topic – Healthy Places (Place Based – Physical Environment)	Decision	Pharmaceutical Needs Assessment – Final Sign Off
16:00	00 - Based - Physical Environment) • Priority 5, Health Places (Physical Environment) Lead -Lesley Jones	ТВС	Marketing UpdateDevolution Update
	 System Leader, Wider Council Provision (Radcliffe) – Julie Gonda Locality Plan Theme `Tackling Wider 	Information	Mins of Health & Wellbeing Board Sub Groups • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	Agenda Items
28 th March	<u>Draft Agenda</u>	Discussion	
2018	Locality Plan – David Boulger	Decision	
18:00- 20:00	Discussion Topic – Healthy Places (Place Based – Quality of life including skills)	ТВС	Marketing UpdateDevolution Update
	 Priority 5, Health Places (Social Environment and quality of life including skills) Lead – Julie Gonda System Leader, 'Wider PSR Reform' (Bury East) – Jo Marshall Bell Locality Plan Theme 'Tackling Wider Determinants' 	Info	Mins of Health & Wellbeing Board Sub Groups • (Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)
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Bury Health and Wellbeing Board

Title of the Report	Suicide briefing
Date	19/07/17
Contact Officer	Jon Hobday – Consultant in Public Health
HWB Lead in this area	Lesley Jones – Director of Public Health

1. Executive Summary

Is this report for?	Information	Discussion	Decision
· ·	x		
Why is this report being brought to the Board?	This report is being provided to raise awareness of the scale of the issue of suicide in Bury amongst Board members. In addition a supporting presentation and action plan will update the board on work which is happening around suicide prevention. The report and presentation are being tabled to ask the board to endorse the multi-agency action plan and continue work in this area.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	Pric	ority 2, 3, 4 ar	nd 5
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf			
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its	Endorse the	Note the repore multi-agency ing work by the	action plan

members? Please state recommendations for action.	prevention group
What requirement is there for internal or external communication around this area?	Once the action plan is endorsed the intention is to take it to Team Bury to ensure senior leadership engagement and backing and to further promote the action plan throughout Bury as part of suicide prevention day on the 10 th September.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.	This report and action plan has not been formally shared with other boards but the membership of the suicide prevention group includes all key partners.

2. Introduction / Background

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. The topic of suicide prevention cuts across a whole range of services and agencies. Until August 2016 Bury didn't have either a multi-agency group or a systematic approach to addressing suicide. In August 2016 Bury Public Health facilitated the first multi-agency suicide prevention meeting, which brought together a range of organisations including the Local Authority, Police, Fire, CCG, Pennine Acute, Pennine Care, 3rd sector Organisations, Samaritans and lay members. Since August the group has met four more and has audited current suicide prevention activities, reviewed and analysed the available data, linked in with the GM suicide prevention executive and has developed and agreed a multi-agency local action plan.

3. key issues for the Board to Consider

There has been a total of 104 suicides by residents of Bury between 2011 and 2016 - an average of 18 deaths per year. The Bury suicide rate over this period was 55 deaths per 100,000 residents.

Of the registered deaths from Bury residents, over three quarters (76%) were male, while just one quarter (24%) were female. This is similar to the national average with the male suicide rate in 2013-2015 (17.6 deaths per 100,000 population) being three times higher than the female rate (5.3 deaths per 100,000 population).

Almost half (43%) of all suicides were by residents aged 45-64 and just under one third (29%) were by 30-44 year olds.

Bury East township (63.7 deaths per 100,000) had the highest rate of suicides in Bury between the same period. In general more suicides happened in the more deprived deciles compared to the less deprived deciles.

In addition to the Bury data a Greater Manchester (GM) suicide audit has just been completed using 2015 data. The aim of the audit was to look in detail at all the suicides across GM to look for themes and patterns across a wider conurbation. The results look at 201 suicides and reveal a number of key themes which seem to make people more vulnerable to suicide – these include

- Social isolation
- Physical Health issues
- Contact with police
- Certain occupations
- Job loss and financial issues
- Bereavement and connection with suicide
- Relationship breakdown particularly in men

4. Recommendations for action

Note the contents of the report

Endorse the multi-agency action plan

Endorse the ongoing work of the suicide prevention group.

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

N/A

6. Equality/Diversity Implications

N/A

CONTACT DETAILS:

Contact Officer: Jon Hobday

Telephone number: 0161 253 6879

E-mail address: j.hobday@bury.gov.uk

Date: 19/07/17



Bury Suicide Prevention Action Plan

(June 17 - June 18)

Priority 1 - reduce the risk of suicide in key high risk groups and tailoring approaches to improve mental health in specific groups

No	Action / description	Start date	End date	Outcome	Lead officer	RAG rating
1.1	(Universal) Develop an appropriate and accessible systematic training offer for staff from agencies who regularly come into contact with these groups	01/06/17	31/10/17	Training needs analysis, Review of evidence based training, Recommendations for training for different agencies and the public	Ann Whittington Jon Hobday Dave Bevitt	
1.2	(Universal – including children and young people) Develop an appropriate and accessible training offer for family, friends and colleagues who are concerned about someone who may be at risk of suicide.	01/07/17	31/10/17	Review of training programmes available to the wider public. Development of guidance on which training courses are available locally and how the public can access these.	Terry Holland Michael Hargreaves	
1.3	(Young and middle aged men) Look to develop tailored resources which can be used and shared in a range of ways (e.g. men in financial difficulty) Develop/use campaigns at improving the wellbeing of men	01/06/17	31/12/17	Review existing resources, identify gaps, develop a plan of how these can be best shared. Conduct social marketing campaigns to support male mental well-being	Jacqui Waite SDU	
1.4	(Young and middle aged men) Coordinate activities that ensure there are community outreach programmes in place which link with areas men access	01/06/17	31/12/17	Identify outreach places presenting significant risks and mechanisms for men in Bury to access support and ensure these are adequately promoted. Develop an activity schedule to utilise these.	Jon Hobday Barbara Wright Karen Young Jacqui Waite Heather Crozier	

1.5	(Those who self harm) Review current care pathways in frontline health, social care and 3 rd sector agencies around dealing with people who self-harm and those who have attempted suicide – with a view to increasing knowledge and ensuring adherence with NICE guidance for treatment and follow up	01/07/17	31/12/17	Completed self audit against NICE guidance. Changes in practice to align with the guidance where necessary (documenting changes)	Dawn Parker Kelly Bowden Early Break CAMHS Healthy Young Minds Dr Falmai Binns Terry Holland	Document Pack Page
1.6	Continue to improve the health outcomes for people in contact with the criminal justice system, including reviewing the risk assessment process for offender health	01/06/17	31/12/17	Multi-agency review Risk assessment reviewed and updated Reduction in suicide cases within the criminal justice system	Glenn Parkes Sue Harris	ack Pag
1.7	Increase quality and relevant referrals to mental health and adult services	01/07/17	31/12/17	More individuals in the criminal justice system getting appropriate support	Natalie Dalby Dr Nadeen	e 24
1.8	(People in care of mental health services) Introduce a systematic way of identifying those most at risk of suicide within mental health services	01/07/17	31/12/17	Gap analysis Plan to ensure risk assessment is incorporated into mental health services	Dawn Parker	
1.9	(People who misuse drugs and alcohol) Ensure the drug and alcohol services have established guidelines and standards of practice relating to screening and supporting those potentially at risk of suicide	01/07/17	31/12/17	Agreed standards and guidance applied and adhered to across drug and alcohol service	Ann Noi Laura Walker Early Break	
1.10	(LGBT, BME, LTC) Ensure that sexual health services comply with best practice standards, including the use of appropriate screening tools	01/06/17	31/10/17	Pathways in place for actions if issues identified. Increased awareness of staff in services with people from potentially more vulnerable characteristic groups (e.g. socially isolated) and increased knowledge of how to risk assess	Shenna Paynter Jon Hobday Laura Walker	
1.11	(BME) Utilise safe and well visits to talk to the public about mental health	01/07/17	01/06/18	Increased awareness of mental health issues in BAMER population and hard to reach communities	Jon Hobday Paula Breeze Jax Effiong ADAB	
1.12	(People in receipt of employment benefits) Develop pathways with 3 rd sector providers for MH support	01/07/17	31/12/17	Clear simple pathways which all agencies including health professionals are aware of and use	Jon Hobday Dave Bevitt BIG	

1.13	(Universal) Developing an extensive and up to date directory of MH services / support that can be used by all members of the public and signposted to by all agencies	01/07/17	31/10/17	One place where all information around MH can be accessed in a quick and efficient manner e.g. The Bury Directory	Jacqui Waite Heather Crozier/ Social Development	Ţ
1.14	(Specific occupational groups) audit of internal workforce strategies to support positive mental health and wellbeing	01/07/17	31/10/17	A summary of actions taken by each organisation which supports positive health and well-being in their employees	Team Tom Gleaves ALL	
1.15	(Children and young people) engagement with the development of the local Children and Young People Mental Health Transformation Plan (CYPMHTP), to ensure it includes actions relating to reducing the risk of suicide and self harm in vulnerable children and young people.	01/03/17	30/04/17	Inclusion of children and young peoples views and specific actions related to reducing the risk of suicide in the CYPMHTP.	Michael Hargreaves	9

Priority 2 - Reduce access to means of suicide

	Action / description	Start date	End date	Outcome	Lead officer	RAG
						rating
2.1	6 monthly audits place of deaths and most common means of	01/03/17	01/03/18	Detailed view of suicides in Bury to provide	Jon Hobday	
	suicides for Bury cases to identify places presenting significant			recommendations for the most effective	Performance and	
	risks and patterns to help identify potential interventions to			approach to tackle these	intelligence team	
	reduce cases					
2.2	Work closely with road policing units to local bridges (M60)	01/06/17	01/06/18	Ensure information relating to this issue is	Natalie Dalby	
	and other high risk locations – to ensure all beat officers are			included in inductions and annual updates for		
	familiar with any areas known for suicide			police officers		

Priority 3 - Provide better information and support to those bereaved or affected by suicide

	Action / description	Start date	End date	Outcome	Lead officer	RAG rating C
3.1	Ensure effective signposting and postvention services to support the needs of family members/friends	01/06/17	31/12/17	Audit of current postvention support from each agency, GAP analysis and recommendations	Jon Hobday Dave Bevitt Anne Whittington Adult mental health commisioner	dinent Pack
3.2	Promote PHE 'Help is at hand' document to key partners and make available in public buildings including libraries	01/07/17	01/06/18	Increased awareness and use of the document by each agency and amongst those affected by suicide	ALL	rage
3.3	Provide training and resources for primary care staff to raise awareness of the vulnerability and support needs of family members when someone takes their own life	01/06/17	31/12/17	Consistent messages and resources provided to patients through Primary Care staff across Bury	Zoe Alderson Usman Darsott Michael Hargreaves	02

Priority 4 - Support the media in delivering sensitive approaches to suicide and suicidal behaviour

	Action / description	Start date	End date	Outcome	Lead officer	RAG
						rating
4.1	Work with local media outlets to foster a positive relationship and promote the responsible reporting guidelines	01/06/17	31/12/17	Local media outlets adopt and use the Samaritans media guidelines	Terry Holland Jon Hobday	
4.2	Utilise local and national campaigns and associated resources to challenge stigma	01/06/17	01/06/18	Review planned national and regional campaigns and ensure they get used and well promoted locally by all agencies	Jacqui Waite Terry Holland Michael Hargreaves	

Priority 5 - Support research and data collection

	Action / description	Start date	End date	Outcome	Lead officer	RAG rating
5.1	Endorse an annual GM suicide audit – then if completed do a local analysis and interpretation to look for patterns/themes/trends and share with wider members and organisations	01/04/17	01/04/18	Clear understanding of the rates of suicide in Bury and GM, any key themes, high risk location or trends and how resources can be best used	Jon Hobday GM lead – Andrea Fallon	
5.2	Keep up to date with suicide prevention research and circulate to key partners	01/04/17	01/04/18	Clear understanding of the most effective interventions to ensure resources can be used most effectively	Terry Holland Jon Hobday	· ·
5.3	Triangulate data from all avenues e.g. police, fire, public health to provide an annual report to inform future interventions	01/04/17	01/04/18	Early identification of any emerging issues to allow interventions to be put in place early	Jon Hobday	

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Bury Health and Wellbeing Board

Title of the Report	Roll out of WiFi in General Practice
Date	19 July 2017
Contact Officer	Amy Lepiorz
HWB Lead in this area	Stuart North

1. Executive Summary

Is this report for?	Information X	Discussion	Decision
Why is this report being brought to the Board?	has requeste	alth and Wellb d an update o n General Prac	n the roll out
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Living_well_in_Bury_ Making_it_happen_to	N/A		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf	N/A		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	This report is	for information	on only
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.	N/A		

2. Introduction / Background

NHS Digital is working to make sure that everyone can access free WiFi in NHS sites in England, as set out in the NHS England General Practice Forward View. NHS WiFi provides a secure, stable, and reliable WiFi capability, consistent across all NHS settings. It allows patients and the public to download health apps, browse the internet and access health and care information.

As part of this programme of work NHS Bury CCG applied to be an early adopter and successfully implemented a free WiFi solution for clinicians, staff and patients in April 2017, Bury were the first CCG in the country to go live with the full solution.

The presentation will cover the solution and the added extras Bury have done to increase patient engagement with Digital Services.

3. Key issues for the Board to Consider

This paper accompanies a presentation which is for the Board's information only.

4. Recommendations for action

Note the content of the presentation and the progress NHS Bury CCG has made with this national scheme

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

There are no financial or legal implications associated with this paper.

6. Equality/Diversity Implications

There are no equality or diversity implications associated with this paper.

CONTACT DETAILS:

Contact Officer: Amy Lepiorz

Telephone number: 0161 762 3063

E-mail address: amy.lepiorz@nhs.net

Date: July 2017

Agenda Item 11

Bury Health and Wellbeing Board

Title of the Report	Bury Health & Wellbeing Annual Report 2016/17.					
Date	19 th July 2017					
Contact Officer	Heather Crozier, Ju	ılie Gallagher a	and Chloe Mo	Cann		
HWB Lead in this area	Counci	llor Andrea Sir	mpson			
1. Executive Su	ımmary					
Is this i	report for?	Information	Discussion	Decision		
Why is this report Bo	The Health and Wellbeing Annual Report is being brought to the Board for decision. The report covers Bury's Health and Wellbeing Board for the period from April 2016 to March 2017.					
Please detail which Health and Wellbein the report relate Strawww.theburydirectobein	The Health and Wellbeing Annual Report relates to all priorities.					
Please detail which Strategic Needs Associates to. http://jsna.theburydimna/ho	This report Strategic priorities.		all Joint ssessment			
Key Actions for the Board to address – from the Board and state recommer	The report is for decision therefore the Board is requested to note its content and agree that it is a true record of Bury's Health and Wellbeing Board for the period from April 2016 to March 2017.					
What requirement external communication	None.					
external communication around this area? Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.		Comm Manag • 11/07/	/2016- Depar unities & We ement Board /2016- Senio ship Team (S	llbeing l r		

2. Introduction / Background

The Health and Wellbeing Annual Report is an overview of the Health and wellbeing Board from the period April 2016 – March 2017.

The Health and Wellbeing Board are requested to approve the annual report.

3. key issues for the Board to Consider

The Board is asked to consider if the report accurately reflects its key achievements, challenges and activities from April 2016 – March 2017.

4. Recommendations for action

The Board needs to consider the content of the report and agree it as a true reflection of the Health and Wellbeing Board from the period April 2016 – March 2017.

5. Financial and legal implications (if any)
If necessary please seek advice from the Acting Council
Monitoring Officer Janet Witkowski, (J.Witkowski@bury.gov.uk)
or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

None.

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

None.

CONTACT DETAILS:

Contact Officer: Heather Crozier

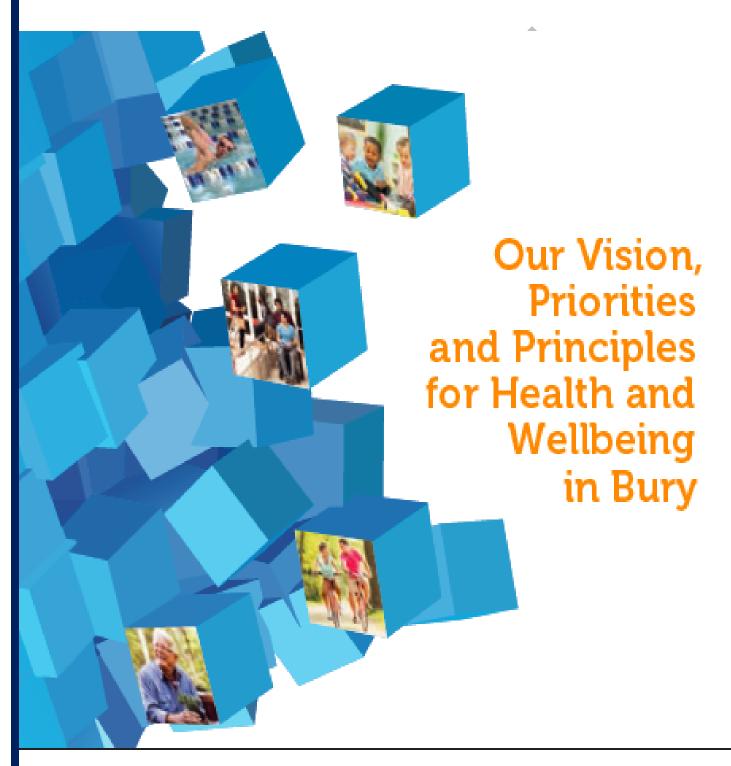
Telephone number: 0161 253 6684

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

Date: 19.07.2017

Bury Health and Wellbeing Board

Annual Report for 2016/17



2015-2018



Bury Health and Wellbeing Board Annual Report for 2016-17

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1. Introduction:

I am pleased to introduce the annual report of Bury's Health and Wellbeing Board, covering the period from April 2016 to March 2017 whilst I have been Chair. 2016-17 has been a busy year, the Board has overseen the development and signed off:

- The Bury Locality Plan
- The Health & Wellbeing Board Annual Report 2015/16
- The Better Care Fund Quarterly Performance Reporting

Key achievements and highlights are detailed below:

- We have received and agreed to support all recommendations within the Director Of Public Health Annual Report for 2015/16
- We have continued to strengthen our governance arrangements for the Health and Wellbeing Board and Strategy
- Aligned the work of the Board to the Single Outcomes Framework that has been adopted by the whole of Team Bury. Infographics have been produced to demonstrate progress for each of the five priority areas.
- In order to raise awareness about the work of the Board, including membership and our strategy, a Health and Wellbeing Section has been created on the Bury Directory. www.theburydirectory.co.uk/healthandwellbeingboard
- Information Boards have been created and the work of the Board has been promoted at a number of Team Bury and Community events.
- Member Development prior to each board meeting has continued and been strengthened by:
 - A Member Development away day to 'bring the Health & Wellbeing Strategy to life' that took place in the form of a series of market place sessions to showcase progress against each priority of the strategy. This event was opened up to wider partners alongside Members and Deputies of the Board.
 - A Member Development half day session took place that focussed specifically on 'Neighbourhood Working', which is the way in which Team Bury's whole system transformation will be mobilised across the borough. This event was also opened up to wider partners alongside Members and Deputies of the Board.
 - The membership has been expanded to include a greater range of partners on the Board. In January 2017, the Board welcomed Pennine Acute Hospitals Trust and Pennine Care NHS Foundation Trust as members of the Board.

All Members of the Board and Deputies have:

- Successfully obtained the Royal Institute of Public Health, Understanding Health Improvement Level 2 Qualification.
- Received Dementia Friends training and are now officially 'Dementia Friends'.
- Received a detailed Adult Safeguarding Briefing to improve their awareness and understanding of safeguarding reporting and processes.

The Board has overseen the development of:

- The work of Greater Manchester Devolution, with emphasis on Health and Social Care Devolution.
- The digital Joint Strategic Needs Assessment (JSNA) and integration with assets on The Bury Directory.

We are looking forward to working on the emerging key objectives for 2017/18.



Councillor Trevor Holt
Chair, Bury Health and Wellbeing Board

2. Background to the Health and Wellbeing Board:

2.1 Team Bury:

Team Bury is Bury's local strategic partnership – a network of geographic and thematic partnerships across the Borough which involves the public, private and voluntary sectors.

Team Bury has three priorities:

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

The Health and Wellbeing Board has responsibility for the Team Bury priority - Health and Wellbeing.

2.2 Bury Health and Wellbeing Board:

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

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

Bury's Health and Wellbeing Board's Vision:

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

2.3 Membership:

The membership has been expanded to include a greater range of partners on the board. In January 2017, the board welcomed Pennine Acute Hospitals Trust and Pennine Care NHS Foundation Trust as members of the Board.

Between April 2016 and March 2017, Bury's Health and Wellbeing Board had the following members:

Tonowing men	
	Membership
Chair	- Cabinet Member for Health and Wellbeing
Vice Chair	- Executive Director of Adult Social Care
Elected Members	 Leader of the Council, Cabinet Member for Business Engagement and Regeneration Cabinet Member for Children and Families Shadow Cabinet Member for Health and Wellbeing
Local Authority	 Executive Director for Children, Young People and Culture Director of Public Health
Partners	 Chair, Bury CCG Chief Operating Officer, Bury CCG Health Watch Community and Voluntary Sector GM Police GM Fire and Rescue Pennine Acute Hospitals Trust Pennine Care NHS Foundation Trust
Other	 Policy Lead, Head of Social Development Democratic Services Officer Assistant Improvement Advisor

2.4 Functions of the Board:

Health and Wellbeing Boards have a number of core responsibilities in relation to health, public health and social care. The responsibilities have been established under the Health and Social Care Act 2012. These include:

- Strategic influence over commissioning decisions.
- Bringing 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 debates about issues which affect health and wellbeing, such as housing and education services.
- Overseeing the production of the Pharmaceutical Needs Assessment.
- Contributing to and approving the Better Care Fund.
- Overseeing the development of the Joint Strategic Needs Assessment.

2.5 Structure and Governance:

The structure and governance has been refined for the Health and Wellbeing Strategy and Board. The sub groups identified below are responsible for overseeing and delivering the strategy.

2.6 Health and Wellbeing Board Strategy:

The Health and Wellbeing Board has a duty to ensure effective delivery of the Health and Wellbeing Strategy, which runs from 2015 - 2018.

The Priorities are:

- Priority 1, Starting well
- Priority 2, Living well
- Priority 3, Living well with a long term condition or as a carer
- Priority 4, Ageing well
- Priority 5, Healthy Places

Updates are provided on a yearly basis for all priority areas to demonstrate progress. As the current strategy is approaching a time when it is up for refresh it will then take into account whole system transformation and emerging local, regional and national policy changes.

3. Activities and Achievements:

3.1 Continued to strengthen our governance arrangements for the Health and Wellbeing Board and Strategy:

The Health and Wellbeing Board is a statutory committee of the Council and is subject to the same requirements of openness and transparency as other Council committees.

The governance for the Health and Wellbeing Board is finalised and on our webpage and the subgroups responsible for the successful delivery of the priorities provide their minutes to the Health and Wellbeing Board. Along with the minutes, an infographic has been produced that summarises key achievements and performance against each priority.

3.2 Utilised performance management tools (Clear Impact) and Outcome Based Accountability (OBA) to measure progress against the Health and Wellbeing Strategy and Priorities:

The performance tools used for monitoring the priorities has been refined and all indicators are now measured using the Clear Impact system, which is being used to manage performance against Team Bury's Single Outcome Framework. Infographics have been produced to demonstrate progress against each of the five priority areas.

3.3 Developments put in place to raise awareness of the work of the Health and Wellbeing Board, its membership and the Strategy we have developed:

- A) A Health and Wellbeing Board Section on the Bury Directory:
 - This has a shortened URL www.theburydirectory.co.uk/healthandwellbeingboard
 - This contains pages that promote the work and membership of the board; along with videos of the members, profiles of the members, links to partner organisations and the infographic's.

B) Events:

- Information Boards have been created and the work of the board has been promoted at a number of Team Bury and Community events.
- A Member Development Away Day to 'Bring the Health and Wellbeing Strategy to life' took place to showcase progress in each of the five priorities. This session was opened up to wider partners and Deputies.
- A Member Development half day session took place that focused on 'Neighbourhood Working, this session was also opened up to wider partners and Deputies.

B) Performance Infographics:

- This gives a high level overview of the progress against each priority.
- It is colour coded to have a consistency with the Plan on a Page Document
- It uses performance information from the Clear Impact performance management system.
- A brief overview of the six infographics has been produced and condensed into one overarching infographic for ease of reference below.
- A copy of the detailed infographics produced for each priority can be found in Appendix 1.

3.4 Membership

The membership has been expanded to include a greater range of partners on the Board. In January 2017 the Board welcomed Pennine Acute Hospitals Trust and Pennine Care as members of the Board.

3.5 Member and Board training

There has been a continued programme of member and chair training sessions. The members and deputies have successfully obtained the Royal Institute of Public Health, Understanding Health Improvement Level 2 Qualification. They have received Dementia Friends training and are now officially 'Dementia Friends'. The members have also received a detailed Adult Safeguarding Briefing to improve their awareness and understanding of safeguarding reporting and processes. This has been identified as good practice.

3.6 The Board has successfully overseen the development and/or signed off:

- The work of Greater Manchester Devolution.
- The digital Joint Strategic Needs Assessment (JSNA) and integration with assets on The Bury Directory.
- Bury Locality Plan.
- Whole System Transformation across Bury, mobilised by Neighbourhood Working.
- The Health & Wellbeing Board Annual Report 2015/16.
- The Director of Public Health's Annual Report 2015/16.
- The Better Care Fund Quarterly Performance Reporting.
- Communication and Marketing of the Board.

3.7 Matters brought to and considered by the Board during the year, split by Health & Wellbeing priority areas included:

Linked to Priority 1- Starting Well:

- Child Death Overview Panel Report
- Outline Business case Bury's Children and Young People Integrated Health and Wellbeing Service
- Bury Safeguarding Children Board Annual Report 2015/16
- Performance Infographic Priority 1 Starting Well

Linked to Priority 2- Living Well:

- Director of Public Health Annual Report
- City of Manchester Single Hospital Site
- The Bury Directory Annual Report
- Presentation on the work of GM Fire and Rescue Service
- GM Population Plan
- Suicide Update
- Health Watch Annual Report
- Performance Infographic Priority 2 Living Well

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

- Presentation on the work of the Pharmaceutical Committee
- Help Yourself to Wellbeing progress update
- Employment Summit Feedback
- Tobacco Control Annual Report
- Learning Disability Strategy and Action Plan 2016-19 Update
- Supporting People Service Review Update

- Carers Action Plan
- Understanding Advocacy
- Urgent Care Re-design
- Presentation on the work of Pennine Care Health and Well Being college
- Performance Infographic Priority 3 Living Well with a Long Term Condition or as a Carer

Linked to Priority 4- Ageing Well:

- Annual Safeguarding and Governance
- Urgent and Emergency Care Update
- Annual Safeguarding Adults report
- Presentation on the work of Groundwork Ambition for Ageing
- Performance Infographic Priority 4 Ageing Well

Linked to Priority 5- Healthy Places:

- Performance Infographic - Priority 5 - Healthy Places



4. Future Plans and Activities

In 2017-18, the Board will continue with its strategic role of influencing and leading delivery of health and social care in Bury. It will:

4.1 Further Develop the Health and Wellbeing Strategy:

- Continue to produce infographics for the priority updates.
- Regular priority themed meetings.
- Hold a member development day focusing on performance.
- Continue to map the Health and Wellbeing Board Performance with Team Bury's Single Outcome Framework.
- Refine and refresh the strategy as required in line with the Whole System Transformation agenda for Bury.

4.2 Governance:

- Refine and refresh board membership as required, in line with the Whole System Transformation agenda for Bury.
- Refine and refresh board governance and partnership arrangements as required, in line with the Whole System Transformation agenda for Bury.

4.3 Marketing and Communication:

- Continue to distribute all Plans on a Page and Business cards.
- Improve links though networking events with the wider community to promote the work of the Health and Wellbeing Board.
- Continue to develop webpage's in line with new members or developments to the board.

4.4 Meetings:

- Overseeing the production of the Pharmaceutical Needs Assessment.
- Oversee the development and work of the Bury Locality Plan
- Pre-board member development sessions will be replaced by more regular half day thematic sessions to reflect the priorities for the board throughout 2017/18.
- Develop the forward planner for 17/18

5. Executive Summary

5. Executive Summary Membership						
	Where have we come from (April 2015 – March 2016)	Where are we now (April 2016 – March 2017)	Where we want to be (April 2017 – March 2018)			
Chair	- Cabinet Member for Health and Wellbeing	- Cabinet Member for Health and Wellbeing	- Cabinet Member for Health and Wellbeing			
Vice Chair	- Executive Director for Communities and Wellbeing	- Executive Director for Communities and Wellbeing	- Executive Director for Communities and Wellbeing			
Elected Members	 Cabinet Member for Finance and Housing Cabinet Member for Children and Young People Shadow Cabinet 	 Leader of the Council (Business Engagement and Regeneration) Cabinet Member for Children and Families Shadow Cabinet Member 	 Leader of the Council (Business Engagement and Regeneration) Cabinet Member for Children and Families Shadow Cabinet Member 			
	Member for Health and Wellbeing	for Health and Wellbeing	for Health and Wellbeing			
Local Authority	 Executive Director for Children, Young People and Culture Director of Public 	 Executive Director for Children, Young People and Culture Director of Public Health 	 Executive Director for Children, Young People and Culture Director of Public Health 			
	Health					
Partners	Chair Bury CCGChief Operating Officer, Bury CCG	Chair Bury CCGChief Operating Officer, Bury CCG	Chair Bury CCGChief Operating Officer, Bury CCG			
	- Healthwatch	- Healthwatch	- Healthwatch			
	- Community and Voluntary Sector	- Community and Voluntary Sector	- Community and Voluntary Sector			
	- GM Police	- GM Police	- GM Police			
	- GM Fire and Rescue	- GM Fire and Rescue	- GM Fire and Rescue			
		- Pennine Acute Hospitals Trust	- Pennine Acute Hospitals Trust			
		 Pennine Care NHS Foundation Trust 	 Pennine Care NHS Foundation Trust 			
Other	Policy LeadDemocratic ServicesOfficer	Policy LeadDemocratic Services Officer	Policy LeadDemocratic ServicesOfficer			
	 Assistant Improvement Advisor 	 Assistant Improvement Advisor 	 Assistant Improvement Advisor 			

Board Management				
	Where have we come from (April 2015 – March 2016)	Where are we now (April 2016 – March 2017)	Where we want to be (April 2017 – March 2018)	
Board Meetings	7 Meetings per year	7 Meetings per year	7 Meetings per year	
Planning	Agenda	Agenda	Agenda	
	Regular agenda setting meetings	Standing agenda items introduced	Agenda to be timed to help the board run more efficiently.	
	Reports & Forward Planner	Reports	Reports	
	Template developed and split into key parts:	Align all agenda items to priorities of the H&WB Strategy update per meeting	Reports to be refined to include links to the Health and Wellbeing Web Pages and Strategy	
	 Interactive Discussion 	Forward Planner	Forward Planner	
	 Reports for Discussion Reports for Decision Reports for Information 	Forward Planner refined to include thematic meetings	Forward Planner to continue in the current format.	
Develop-	Meeting Scheduler	Meeting Scheduler	Meeting Scheduler	
ment Sessions	Developed to include: - Member Development full days	Refined to include: - Pre populated themes for all member development sessions and full member development days	Refined further to include: - Pre populated themes only when required for member development sessions, to ensure full engagement	
			 More frequent half day member development sessions which will have relevant sessions opened to wider partners 	
	Chair Development	Chair Development	Chair Development	
	Sessions Developed to evaluate progress of the Health and Wellbeing Board and set the future direction of travel – 3 per year	Sessions Refined to evaluate the progress of the Health and Wellbeing Board and set the future direction of travel – 3 per year	Sessions To regularly evaluate the progress of the Health and Wellbeing Board and set the future direction of travel.	
	Pre-Board Member	Pre-Board Member	Pre-Board Member	
	Development Sessions Developed to cover specific service areas – 7 per year prior to each board meeting	Development Sessions Refined to become thematic based on the boards priorities – 7 per year prior to each board meeting	Development Sessions To be replaced by more regular half day thematic sessions unless specific premeet required.	

Member Development Days

Developed to include Royal Society for Public Health (RSPH) Understanding Health Improvement, Level 2 qualification

Member Development Days

Refined and increased to two per year which included:

- Market place to make the H&WB Strategy 'come alive'
- Member Thematic
 Training
 *Royal Society for
 Public Health (RSPH)
 Understanding Health
 Improvement, Level 2
 qualification for new
 members *Dementia
 Friends Training
- *Whole system transformation Vision for 2020 (including Locality Plan and Neighborhood Working)

Member Development Days

Increased to 4 per year (half or full days as required) to include wider membership where appropriate.



Health and Wellbeing Strategy					
	Where have we come from (April 2015 - March 2016)	Where are we now (April 2016 – March 2017)	Where we want to be (April 2017 – March 2018)		
General Developed: Governance arrangements Performance indicators Reporting back to the board on successful delivery of the strategy		Refined: - Governance arrangements - Performance indicators - Reporting back to the board on successful delivery of the strategy	To refresh the strategy to ensure alignment with emerging Whole System Transformation in Bury		
Priorities	Ensured successful delivery of each priority area in Year one via a detailed work plan.	Ensured successful delivery of each priority area in Year two via an info graphic to support the work plan	Continue to monitor performance against the priorities in line with the Single Outcomes Framework		
Governance Framework to establish HWB Board Sub groups responsible for the development of a detailed work plan for each priority area.		Refined Governance Framework for each priority area to identify governance for each subgroup and refined work plan so the progress can be reported as a 'plan on a page' info graphic	To strengthen governance arrangements in line with Whole System Transformation in Bury. Extend Member Development Away Day to include Sub Group members.		
Performance	 Created Performance Dashboard Developed Local Indicators 	Outcome based accountability scorecard created for each priority also included on the 'plan on a page' infographic	To develop and enhance the information on Clear Impact (performance management system) to enable discussions to understand performance. Further align the performance of the strategy to the Team Bury Single Outcomes Framework and the wider Transformation agenda.		
Leads	Identified priority leads responsible for the successful delivery of a priority	Priority leads responsible for annual progress update to the board (one priority per meeting)	To review priority leads to ensure they are representative of the wider board membership.		
Promotion of the Strategy Indentified a 'plan on a page' to summarise the work of the board and strategy in one easy to read document		 Promoted the plan on a page and progress to date of the strategy Held an event focused around 	The Board will be refreshing the strategy in line with Whole System Transformation in Bury between now and 2018 when it expires.		

making the strategy 'come alive' as one of the member development	A communication and marketing plan will be developed as part of the refresh of the document.
day's - Distribution of the strategy at the following events:	
 Annual General Meeting – Exhibition of CCG work Love Bury East Community 	
Event - Love Radcliffe Community Event - Employment Summit Event	



		Work of the Board	
	Where have we come from (April 2015 – March 2016)	Where are we now (April 2016 – March 2017)	Where we want to be (April 2017 – March 2018)
Led in the successful development of:	 Refreshed Board Membership Board Management Member Development Chair Development Interactive JSNA The Bury Directory 	 The work of Greater Manchester Devolution Updates on the Joint Strategic Needs Assessment (JSNA) Bury Locality Plan Developments Health & Wellbeing Board Annual Report 2015/16 Communication and Marketing of the Board 	To continue with the development work undertaken within 2016/17
Overseen work areas relating to the Health and Wellbeing Strategy	Starting Well - Child Death Overview Panel Report - Children's Services Devolution update - Annual Safeguarding Children's Report	Starting Well - Child Death Overview Panel Report - Outline Business case Bury's C&YP Integrated Health and Wellbeing Service - Bury Safeguarding Children Board Annual Report 2015/16 - Performance Infographic	Continue to receive reports relating to the progress and development of work relating to the strategy.
	Living Well - Director of Public Health Annual Report 2014/15 - Physical Activity and Sport Strategy - Domestic Abuse Strategy - The new Healthy Lifestyle Service - Drug & Alcohol Strategy - Public Health Memorandum of Understanding	Living Well - We have received and agreed to support all recommendations within the Director Of Public Health Annual Report for 2015/16 - City of Manchester Single Hospital Site - The Bury Directory Annual Report - Presentation on the work of GM Fire and Rescue Service - GM Population Plan - Suicide Update - Performance Infographic - Health Watch Annual Report	
	Long Term Condition or as a Carer - Greater Manchester Working Well Expansion - Carers in Employment - Presentation on the work of the	 Condition or as a Carer Presentation on the work of the Pharmaceutical Committee Help Yourself to Well-Being progress update Employment Summit Feedback Tobacco Control Annual Report Learning Disability Strategy and Action Plan 2016-19 - Update Supporting People Service Review - Update 	

	A EN L	CM C : C :C ::	
	AFN (Armed Forces Network) Ageing Well - Annual Safeguarding Adults report	 GM Service Specification Carers Action Plan Understanding Advocacy Urgent Care Re-design Presentation on the work of Pennine Care Health and Well Being college Performance Infographic Ageing Well Annual Safeguarding and Governance Urgent and Emergency Care Update Annual Safeguarding Adults report Presentation on the work of Groundwork - Ambition for Ageing Performance Info graphic 	
	Healthy Places - Fuel Poverty and its effects presentation	Healthy Places - Performance Infographic - Priority 5 - Healthy Places	
Thematic	- Integration of Health and Social Care - GM Devolution - Greater Manchester Primary Care Strategy - NHS England - Development of a single commissioning unit	 Looking ahead to 2016/17 Briefing on the Pharmaceutical Committee and Priority 1 theme Presentation on Greater Manchester Fire and Rescue Service and Priority2 theme Greater Manchester Population Health Plan and Priority 3 Briefing on the Locality Plan Briefing on Whole System Transformation and Neighborhood Working phase 1 	To continue to develop the work of the Board in line with Whole System Transformation in Bury and GM priorities
Oversee Development of and/or Signed off:	 The Better Care Fund Pharmaceutical Needs Assessment Locality Plan Health & Wellbeing Board Annual Report 2014/15 	 The work of Greater Manchester Devolution The Better Care Fund (BCF) Whole System Transformation including Development of a Single commissioning unit and Neighbourhood Working phase 1 Bury Locality Plan Health & Wellbeing Board Annual Report 2015/16 Director Of Public Health's Annual Report for 2015/16 The Better Care Fund Quarterly performance reporting Quarterly NHS England Commissioning Reports Greater Manchester Primary Care Strategy – NHS England 	To sign off: - The Better Care Fund - Pharmaceutical Needs Assessment - Locality Plan - Health & Wellbeing Board Annual Report - Refreshed Health and Wellbeing Strategy - Relevant Whole System Transformation work for Bury - Re-aligned Governance Arrangements to transformation and

			GM priorities
Communicati on and Marketing	 Plan on a Page produced for the Board and strategy Development of a Health and Wellbeing Board Webpage on The Bury Directory www.theburydirectory.co.uk/healthandwellbeingboard Created Business Cards to promote the Board Promote the Board and members at key events 	 Raised the profile of board members via members section of the website including videos and member profiles Developed the content of the website further Engaged communities in the work of the board Continued to promote the board at events. 	 To develop the webpage to include new members of the board To include all performance and infographics on the website Continue to engage communities in the work of the board Continue to promote the board at events.

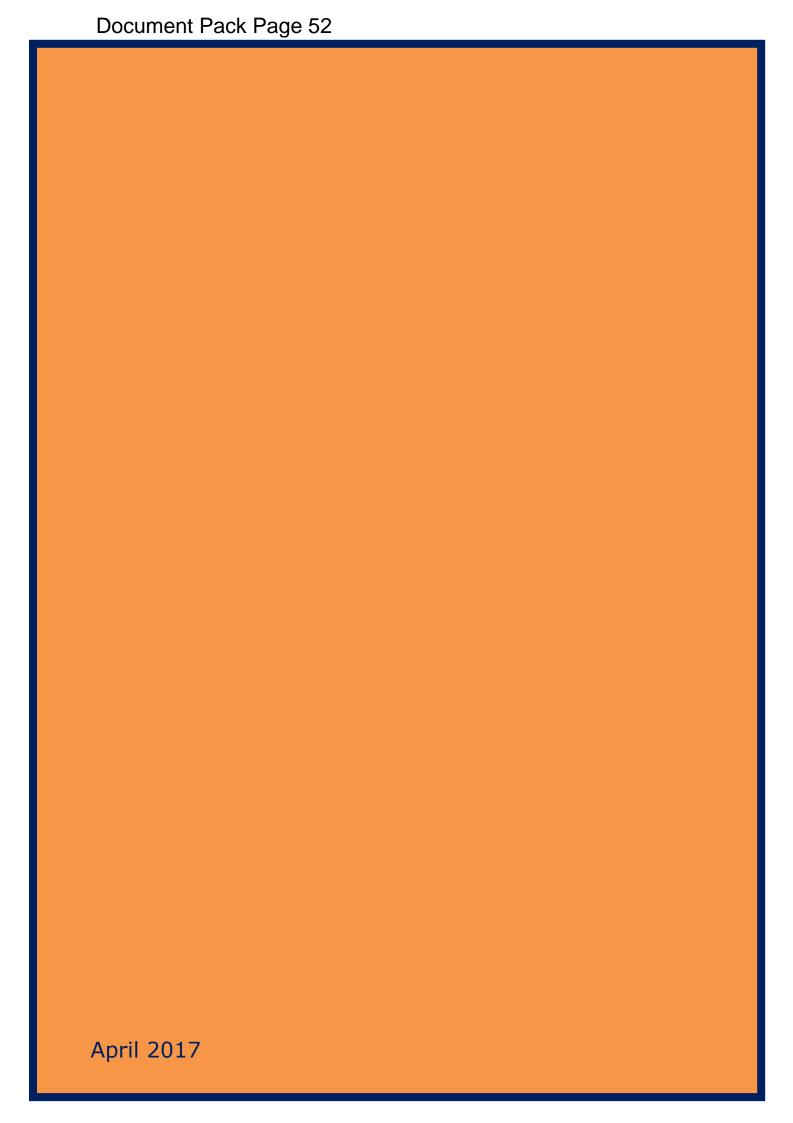
Appendix 1: 2016/17 Info-graphics:



Appendix 2: Health and Wellbeing Plan on a Page



For any queries relating to this report please email healthwellbeing@bury.gov.uk



Agenda Item 12

Bury Health and Wellbeing Board

Title of the Report	
	Update in respect of The Improved Better Care Fund Grant
Date	
	12 th July 2017
Contact Officer	·
	Tracy M Minshull (Acting Assistant Director)
	Paul Oakley (CWB Strategic Accountant)
HWB Lead in this	
area	Julie Gonda (Acting Executive Director)

1. Executive Summary

Is this report for?	Information X	Discussion X	Decision
Why is this report being brought to the Board?	For information and discussion.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwell beingboard	This report relates to a number of the Health and Wellbeing Board priorities but in particular it relates to priorities 3 and 4.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	This report is crosscutting and therefore relates to a number of the JSNA priorities.		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	This report is for information and		
What requirement is there for internal or external communication around this area?			be agreed, d shared ners, and Lead
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.	discussed with CCG colleagues. It is		

2. Introduction / Background

The Improved Better Care Fund (IBCF) Grant is a Department for Communities and Local Government (DCLG) grant paid to Bury council (In monthly instalments) for the specific purposes of:

- Meeting Adult Social Care Needs
- Reducing Pressures on the NHS (Including supporting more people to be discharged from hospital when they're ready)
- Ensuring the local social care provider market is supported

The Government has made it clear that part of this funding is intended to enable local authorities to quickly provided stability and extra capacity into the local care systems. Local authorities are therefore able to spend the grant (including to commission care) as soon as plans for spending the grant have been locally agreed with the local Clinical Commissioning Group (CCG). The CCG locally are actively involved in agreeing the Better Care Fund plan.

The Improved Better Care Fund (IBCF) is made up of two constituent parts:

<u>Improved Better Care Fund</u> confirmed at the Local Government Finance Settlement 2017/18

Additional Funding for Adult Social care announced at the March Budget 2017

Note: The funding confirmed at the Local Government Finance Settlement 2017/18 is <u>recurrent</u> (i.e. remains in the base budget for future years). However, the additional funding announced in the March Budget 2017 is <u>one off</u> (i.e. will be stripped out of future year budgets)

The amount of IBCF grant to be paid to Bury council in 2017/18, 2018/19 and 2019/20 is shown below.

	£'000			
	2017/18	2018/19	2019/20	Notes:
Improved Better Care Fund	270	2,939	5,704	Recurrent
Additional funding for Adult Social				
Care	3,577	2,324	1,154	One Off
Total	3,847	5,263	6,858	

1. key issues for the Board to Consider

The following section provides a strategic overview of how Bury council proposes to utilise the IBCF grant for 2017/18 and beyond. The proposals below are in line with grant conditions and are reflective of how other LA areas also intend to utilise the funding.

However, detailed performance measures and a wider understanding of supporting effective discharge still need to be worked through system wide with colleagues in the NHS, both community and NHS providers. As per the request from the GM Health & Social Care Partnership.

Note: Where possible (and to provide context) the 2017/18 cost impact values have been provided.

Areas where the IBCF resource will focus:

1.Support growing demand (in complexity and service user numbers) for local authority funded care and support.

The table below details the estimated cost impact to the councils' Care in the Community budget regarding the structural budget deficit and demographic (local) pressures.

	2017/18 Additional Cost
Pressure	Impact to Council
	budget (£000)
Historical demand within the Care in The Community Budget	2,000
Demographic pressure on Social Care	1,000
Total	3,000

2. Building resilience & capacity within the social care workforce.

An example of how this funding is being used to build resilience and capacity within the workforce is the development of the Reviewing Team (6 month Pilot).

Pressure	2017/18 Additional Cost Impact to Council budget (£000)
Reviewing Team	200
Total	200

The purpose of the Independent Reviewing Team is to carry out customer reviews in a person centred, needs led, objective manner. The Reviewing Team completes Annual Support Plan Reviews of commissioned and Direct Payment Domiciliary Care Packages, as well as 6-8 week reviews in the event of an unplanned change in circumstance. The development of the team coincides with the introduction of Statutory Care Act guidance places an expectation on councils to review Support Plans "no later than every 12 months".

As outlined in the Care Act Guidance promotion of wellbeing involves actively seeking improvement in customer experience, emotional and physical wellbeing. A robust approach to reviewing individual levels of need is essential in meeting such requirements. In addition to the principle of promoting wellbeing, another key principle which local authorities must have regard to is 'the importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist'. Effective intervention at the right time can prevent escalation and promote and extend independence.

The <u>one off</u> 2017/18 Adult Social Care Support Grant¹ is being utilised to ensure the adult social care operations workforce has the capacity to maintain a high quality of service delivery and also mitigates the risk of potential reductions in workforce capacity. However, this funding is solely for 2017/18 and therefore there is an expectation that the IBCF grant may be used to support future workforce resilience and capacity issues.

Pressure	2018/19 Onwards
Maintaining adult social care workforce capacity	820
Total	820

3 . <u>Support a new model of domiciliary care delivery focussing on flexibility and a person</u> centred approach.

Providers will work with customers to agree a more flexible, person centred approach based on the individuals needs and agreed hours over a four week period. This new delivery model will also incorporate contingency hours to enable care to be delivered over and above the agreed care plan in times of crisis and would reduce the burden on Assessment & Care Management teams. This flexible approach will create additional capacity within the Care at Home market, to support effective discharge from hospital as well as supporting people more effectively in the community.

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¹ The Adult Social Care Support Grant is not new money and is instead a reallocation of existing New Homes Bonus funding already earmarked for councils.

4. The Duty of Market Management for Social care, including consideration of fee levels

The council has a statutory duty under the Care Act 2014 to manage effectively the social care market, including understanding and supporting the financial sustainability of providers. Significant pressures for providers include; pressures around National Living Wage and legislation for sleep in rate for night staff etc. Whilst pressures around living wage have been met through Council Tax Precept some financial pressure is being met through this additional IBCF. This amounts to approximately £600k.

The table below provides a summary of the cost impact of 2017/18 provider fee increase regarding Supported Living.

Additional investment will also be targeted at market management, capacity creation and to support the pressure caused by delayed discharges, unplanned hospital admissions and reduced delayed transfers of care apportioned to social care.

4. Recommendations for action

It is recommended that the Bury Health and Wellbeing Board agrees in principle to Bury councils planned spending intentions regarding the Improved Better Care Fund highlighted in section 3 above.

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

Financial

Bury Council must maintain a sound system of internal financial controls. Bury Council has robust financial oversight of these matters and as such systems are in place to ensure that no financial irregularity occurs.

<u>6.</u> Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

N/A

CONTACT DETAILS:

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E-mail address: t.m.minshull@bury.gov.uk

Date: 12.07.2017



healthwetch



Healthwatch Bury Annual Report 2016/17



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Message from our Chair

Despite numerous challenges during the past year, for Healthwatch Bury it was still business as usual, thanks to the commitment and dedication of the staff team.

Following the departure of our former Chief Officer at the end of March 2016, I was required to adopt the role (on a voluntary basis) for an initial period of three months.

On top of the loss of our Chief Officer we had to contend with moving offices not once but twice! In April, we had high hopes, when we were able to visit St John's House to discuss various options with a retired architect who kindly volunteered to draw up the plans free of charge. However, it was disappointing to find that there was still no guaranteed date for the builders to start work.

In May, following a meeting with our contract managers from Bury MBC, the Board made the important decision for Healthwatch to move to Europa House in June, for an initial period of three months,

as the lease for the office in Manchester Road could not be extended for any longer.

The report gives more detailed information about our staff and activities during the year, so now for the good news.

We finally moved into St John's House on 3rd January 2017 and I continued to cover the chief officer role until 30th January 2017, when I was delighted to welcome Joanne Horrocks as our new Chief Officer.

Joanne has a wealth of experience and I am looking forward to working with her in the future.

Barbara J Barlow

Chairman

Healthwatch Bury 3

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Message from our Chief Officer

I am delighted to present to you our Annual Report for 2016-17. I started working for Healthwatch Bury at the end of January 2017. It has been a difficult year for Healthwatch Bury, having to move office twice alongside the loss of a number of key staff and Board members. Despite these difficulties the Board and staff have continued to deliver and be the voice for Bury on health and social care. As part of their work to improve and develop the work of Healthwatch Bury the Board undertook a 360° survey inviting their stakeholders to express their view on Healthwatch Bury, the results of which are outlined on page

Alongside developing local services it is clearly a time of great change and challenge for Greater Manchester (GM) following the landmark devolution agreement with Government in 2015, to take charge of health and social care spending across the conurbation. The agreement gives the region additional powers, and greater accountability through an elected mayor. GM faces an

unprecedented challenge now to deliver this agreement and the pace of change particularly across all areas of health and social care is staggering.

It will be more important than ever that all communities and individuals across Bury are fully engaged and able to influence this change and in how it is delivered, both at a local and conurbation level. I am excited about the role that Healthwatch Bury can play in supporting local people and communities to do this.

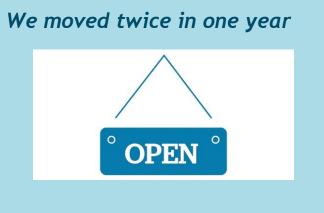
I have been warmly welcomed into Bury by the Board, members of the public, all organisations across the health and social care sector and my Healthwatch colleagues. I am looking forward to working on this exciting agenda over the coming year.

Joanne Horrocks

Chief Officer

Highlights from our year













Who we are

We are a consumer champion for health and social care, and have significant statutory powers to ensure the voice of local people is strengthened and heard by those who commission, deliver and regulate health and care services.

We are uniquely placed as part of a national network, with an independent local Healthwatch in every local authority area in England. We work closely with all key public sector and NHS organisations, charities, Bury Council and other Greater Manchester Healthwatch colleagues to ensure that decision makers put the experiences of people at the heart of their work both at a local and Greater Manchester wide level.



Our vision

Our vision is better health and social care services through public involvement.

Healthwatch Bury Guiding principles are:

- People First We listen carefully to users of health and social care.
- Partnership We work in partnership with other groups, seeking a stronger voice, together.
- Inclusion We seek the views of those who are not often heard.
- Critical Friendship We celebrate excellence; support service improvement and speak out on failings.

Our priorities

- Ensuring a positive start to life for children, young people and families
- Ensuring comprehensive advice and support is available to enable people to adopt healthy lifestyles and enjoy positive wellbeing
- Helping to build strong communities, wellbeing and mental health
- Promoting independence of people living with long term conditions & their carers
- Supporting the creation of healthy sustainable environments

Our Board



Barbara Barlow



Carol Wilson



Alan Norton (Appointed September 2016)



Robin Ward (Appointed September 2016)



Graham Evans Treasurer (resigned December 2016)



Sharon Brearley (Resigned September 2016)



Emma Waite (Resigned January 2017)

Our Healthwatch Team 2016/17 (from left to right):



Andrea Wilson - Administrator and Social Media Coordinator

Andrea provides administrative, customer services and communication support. A major part of her work involves developing and maintaining an active media presence on social media channels. She also plans and supports the delivery of Healthwatch Bury events.

Annemari Poldkivi - Research and Public Participation Coordinator

Annemari's role is to develop a framework for ensuring more involvement of local people in the commissioning, provision and scrutiny of local health and care services. Annemari welcomed her first child, Emma, in December 2016.

Sue Williams - Administrator and Social Media Coordinator

After a number of years working for Healthwatch Bury providing administrative, customer services and communication support Sue moved on to pastures new in November 2016 to be closer to family in Wales.



Listening to local people's views

Healthwatch Bury has been actively gathering people's experiences by engaging with the local communities. We have been using various methods for doing that:

- Attending large community events and Open Days
- Drop in sessions at Bury Market
- Drop in sessions at the local libraries
- Presentations to local community groups
- Healthwatch Bury members meetings
- Via social media sites
- Via the website
- Via newsletters and e-bulletins
- Joint events with Bury DiabeticSociety
- Carrying out various surveys
- Local colleges and schools
- Township forums



Young people (under 21) and older people (over 65).

Attended Bury College
Fresher's Fair - engaged
with young people aged 1618:

- Throughout the course of the day, the Healthwatch Bury stall was visited by new students looking to enrich their college and community experience. The event showcases the range of facilities available to students.
- Healthwatch Bury staff had conversations with young people about their own health and wellbeing, engaging with new students and asking them if they would be interested in becoming Healthwatch Bury members 21 students expressed an interest over the 3 days.

Engagement sessions with Bury Diabetic Group:

Session in April 2016 - engaged with 18 people to gain feedback from service users.

- Two Healthwatch Bury and Diabetic Support Group drop-in sessions in the Millgate, Bury in June 2016 - engaged with 84 people over the two sessions.
- Diabetes event in February 2017 at Bury Carers - engaged with 25 people.
- Presentation to the Jewish
 community at the Nicky Alliance
 Centre over 25 attendees

Healthwatch Bury engaged with 1036 people in 2016/17 through its public engagement.

Talking to the disadvantaged, seldom heard or vulnerable.

Healthwatch Bury regularly shares leaflets and copies of the signposting directory with other organisations across Bury to hand out to disadvantaged, seldom heard or vulnerable people. We also attended:

- Black History Month event at Chesham Primary School - engaged with 35 people
- HW Bury stand at Fairfield Hospitalengaged with 20 people.

- Two presentations at Sunnybank a registered residential care home for clients with mental health problems engaged with 21 residents plus 20 staff members.
- The team talked to Friendly Faces at Stainton Park (a group set up to tackle loneliness and social isolation amongst older people) engaged with 16
- Dementia Café event at ClarencePark in May 2016
- Creative Living Open Day (people experiencing mental/emotional distress) - engaged with 35



Healthwatch Bury drop-in session at Asda Pilsworth - 30th June 2016



Helping you find the answers

Healthwatch Bury Signposting and Information Service collates and gathers evidence on issues and concerns the public are experiencing locally with health and social care services.

The public can access the service via telephone, email, online form submission, post and outreach events. Below is a breakdown showing how the public has accessed the service during the previous year.

Type of contact:

Telephone 34%

@ Email 21%

Office 2%

Outreach 43%

Healthwatch Bury can help people in lots of different ways. Over the last year members of the public have contacted us to ask information about a number of issues. Some of the examples include information regarding diabetes, dental charges, care homes.

We have received and supported calls from people wanting to know how to make a complaint about a service they have received.

The pie chart on the next page highlights which types of enquiries received over the previous year.

Healthwatch Bury Health and Social Care Signposting Directory

Healthwatch Bury worked in partnership with Healthcare Publications and published the signposting directory in autumn 2016.



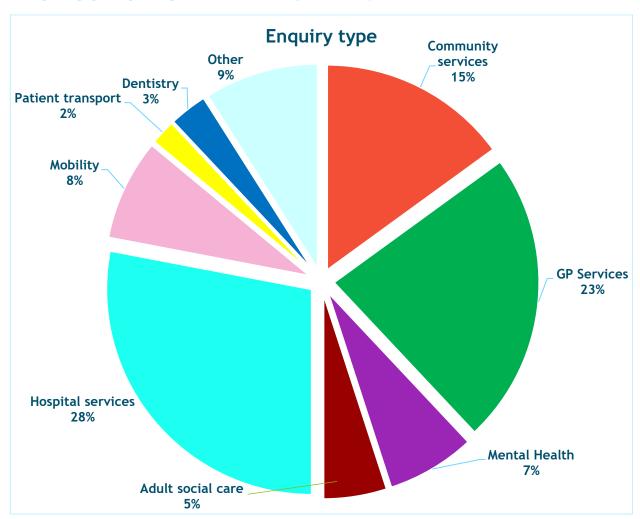
The directory contains information and contact details of the GP surgeries, pharmacies, dentists, opticians,

care homes and

other organisations in Bury. The copy is available in a paper format and has also been uploaded to Healthwatch Bury website.

Copies of the directories where distributed to various sites such as Age UK Bury, Bury MBC and other agencies drop in sessions and other engagement events

Helping people get what they need from local health services



Other enquiry types included:

- o Autism
- Foodbank
- Diabetes
- Befriending
- Children's services
- Library Services
- o Gluten-free prescribing
- Pharmacy



Making a difference together - Our work & recommendations

Healthwatch Bury work has focussed on priorities highlighted to us by the local people in 2015/16.

Healthwatch undertook pieces of work based on what local residents were telling us. Further information can be found below or on our website: www.healthwatchbury.co.uk

Dementia

We decided to hold this event because a number of people made contact with us to ask for help. They told us that they, or someone close to them, had been diagnosed with dementia but they didn't know who to talk to or where to find the support they needed.

We didn't have all the answers but we knew a man who would be able to provide, at least some of the answers, so we invited John Pearcey, Making Space Dementia Project Worker, to be our guest speaker.



Making Space is a Bury Dementia Action Alliance member and is committed to improving the lives of people living with dementia and those who care for them. The organisation works with people between the ages of 16 and 85 and is 'dedicated to providing high quality health and social care services that are innovative, responsive and flexible to each individual's needs and choices'.

Firstly, John spoke about the dementia pathway as this often means different things for different people. He explained the changes that have recently taken place in Bury regarding the diagnosis of dementia.

The process of diagnosis was moved from the Memory Clinics to GP practices from 1st April 2015. It means that approximately 90% of the patients are now getting their diagnosis from their own GP instead of from a psychiatrist, as in the past. Having an appointment with a psychiatrist was quite scary for many people and, as a consequence, the

diagnosis for some service users was often delayed.

In addition, GP's are able talk to people about their condition and help them to come to terms with it. The change to the pathway now provides quicker access for patients who are seen in a familiar environment.

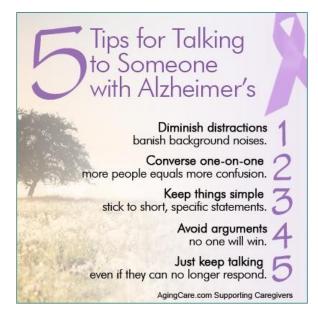
John pointed out that social interaction is very important for keeping healthy and research has proven that two of the best ways of keeping your brain active and helping to prevent dementia in later life are learning a foreign language or learning to play a musical instrument.

A service user was willing to share her experience of the two different pathways. She told us that her mother-in-law was diagnosed with dementia seven years ago when the waiting time was six weeks for an appointment at the Memory Clinic, before being referred to a psychiatrist for diagnosis. Her father was diagnosed last year and she found the new pathway to be 'so much better and faster'. Bury CCG is piloting the scheme, with the intention of it being rolled out nationally.

Secondly, John spoke generally about caring for someone with dementia but emphasised that dementia affects people in different ways, so one to one sessions give the best support.

His useful tips for caring for someone with dementia included:

- Create structure in people's lives
- Engage people, suffering with dementia, in meaningful activities on a daily basis
- Join community groups and activities
- Live in their world (reality reorientation)
- Producing a Life Story Book helps patients
- Engage with other carers
- Arrange a carers' assessment through Bury MBC after the diagnosis of your loved one
- Take the service users to 'Making Space' for a few hours, if and when you need a break



Finally, John gave information about the support available.

- Bury Carers Centre
- Home care agencies
- Mobility aids
- Internet House of Memories application
- A butterfly symbol which aims to improve patient safety and wellbeing by teaching staff in hospitals and care homes to offer a positive and appropriate response to patients with memory impairment, confusion or forgetfulness. Patients are able to request the discrete butterfly symbol on their notes

A forget-me-not symbol enables staff to recognise when someone is experiencing memory loss or confusion. This will allow them to take more time when communicating with patients and to offer additional help or support with such tasks as eating, drinking, going to the toilet or being accompanied outside of the ward area.





It is possible for organisations to become dementia friendly. A Dementia Friendly organisation (or a person who becomes a Dementia Friend) learns a little bit more about what it's like to live with dementia and then turns that understanding into action.

Working Together with other organisations

Pennine Acute Hospitals Trust

The Forum initiated with ourselves, North Manchester, Oldham, Rochdale and Pennine Acute provides a useful forum to share information and discuss concerns affecting the Trust. We have considered topics from Healthier Together, the CQC inspection and outcomes to women and children's *services*.

Pennine Care Foundation Trust

The forum including Healthwatch Bury, Oldham, Rochdale, Stockport, Tameside and Glossop and Trafford meets on a bimonthly basis allowing people to work together and share information.

Independent Complaints Advocacy (ICA)

The NHS Complaints Advocacy is there to provide practical support, advice and information, if you wish to make a complaint about an NHS service you or someone you know has received. An advocate works from our office on a fortnightly basis. Healthwatch Bury signpost and refer people in need of support to the *ICA*.

Bury Clinical Commissioning Group (CCG)

The Chair is a member of the Primary
Care Commissioning Committee and
attends CCG Board meetings as a member
of the public.

PAT Clinical Services Transformation Programme Board

The Board meets to discuss the future shape and location of our hospital and community services. These deliberations have been overseen by the Board, in a joint meeting between senior Trust and CCG directors, Healthier Together and Healthwatch North East sector representatives.

Maternity Listening and Action Group for the North East Sector

The Maternity Listening and Action Group (MLAG) was launched so that women and their family's views are heard as part of the planning and delivery of maternity care.

The Group is made up of representatives from the local community, maternity healthcare professionals, midwives, support workers and new mothers and fathers.

The group meets bimonthly, a representative from Healthwatch Bury attends these meetings on behalf of all the Healthwatch in the North East sector - Bury, North Manchester, Oldham and Rochdale.

What do they do?

- Carry out a programme of work to explore the experiences and needs of recent service users in order to improve services
- Monitor the range and quality of services available against the delivery plan, clinical guidance recommendations and developing best practice
- Monitor acceptability and equity of access services available for women locally

- Provide advice and feedback on maternity commissioning and service delivery
- Feed into the development of initiatives e.g. Joint Strategic Needs Assessment, early needs provision



Hot topics discussed at the meetings include:

- Breast feeding peer support
- Skin to skin
- Home birth
- Communication and induction
- Mental health
- Gentle caesareans

MLAG volunteers make regular visits to the maternity units in the North East Sector ('Walking the Patch') to collect feedback from service users.

Future plans for MLAG include having a Working Group that will meet up inbetween bi-monthly meetings. The proposal is to do this following 'Walk the Patch'.

The group would also like to recruit more women to attend MLAG from different communities. Any woman who is using or has used maternity services recently is invited to attend the meetings, as are fathers and other family members, including *young babies and children*.

Greater Manchester Healthwatch Mental Health Meetings

A new model for mental health has been proposed under the leadership of the Greater Manchester Health and Social Care Partnership Group. Many services will be provided on a conurbation basis, hence the need to strengthen the GM-wide Healthwatch response.

The national mental health strategy was published comprising fifty recommendations covering almost every aspect of public life. The national strategy was cascaded to the Greater Manchester Mental Health Strategy and further cascaded to each of the constituent GM areas by means of locality plans. A GM Healthwatch Mental Health Network was established and it was agreed to hold network meetings on a monthly basis.

The work stream focuses around the eight Healthwatch consumer principles of:

- Essential services
- Access
- Safe, dignified and high quality services
- Information and education
- Choice
- Being listened to
- Being involved
- A healthy environment

Topics for discussion include:

- 24/7 crisis care
- GM CAMHS transition plan
- Suicide prevention & self-harm
- Drug & alcohol services
- Dementia



PLACE Assessments

Last year, Healthwatch Bury responded to requests from Pennine Care Foundation Trust for people to take part in PLACE assessments (Patient-Led Assessments of the Care Environment) at different venues within the Trust.

PLACE are voluntary and were introduced in 2013. The programme is open to all NHS and independent sector hospitals, hospices and treatment centres. It was a government initiative, to ensure the assessment is impartial and based on patient perspective and experience, first created to enable organisations undertake an annual self-assessment to a standard format of their non-clinical services.

The results are a Trust indicator and are shared with the Care Quality Commission who use the information in discharging their responsibilities for monitoring and reporting on Trust performance.

PLACE is a visual assessment focusing on the environment in which care is provided, as well as supporting services. In addition to senior staff, the assessments **involve** local people (known as Patient Assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent

to which the organisation has also considered, where relevant, aspects of the environment in relation to patients suffering from dementia.



Assessment teams are a collaboration between staff and patient assessors, therefore patients must make up at least 50 per cent of the assessment team. Anyone who uses the service can be a patient assessor, including current patients, their family and visitors, carers, patient advocates or Healthwatch members. The only restriction, to becoming a patient assessor, is that current staff are not able to assess the hospital where they work.

PLACE assessments provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be improved. They give patients and the public a voice that can be heard in any discussion about local standards of care, in the drive to give people more influence over the way their local health and care services are run.

Our work in focus - case study

A member of the public contacted
Healthwatch Bury towards the end of last
year with regards to a friend who is house
bound. The lady in question (Rhona) was
seen by an Occupational Therapist (OT)
that had requested an urgent assessment
for a wheelchair. The friend was
concerned about the amount of time it
was taking to receive the chair and that
when they tried to contact the Posture
and Mobility Services they were having
difficulties getting through.

Following a telephone conversation with Rhona it was apparent that she was happy for her OT to chase this up with support from Healthwatch Bury. Rhona gave her permission for Healthwatch Bury to contact her OT and the Posture and Mobility services on her behalf.



The OT was advised by the Posture and Mobility Service to write a letter expressing the urgency of the wheelchair provision required.

Action: A member of staff at the Posture and Mobility Services explained to Healthwatch Bury that urgent priority 1 cases usually take 7-8 weeks to be accessed and priority 2 usually up to 28 weeks (at this point Rhona had been waiting 22 weeks). As the provision of equipment required for Rhona was not standard stock there would also be environmental restrictions that would need to be accessed. Healthwatch Bury were assured by the Posture and Mobility Service that Rhona would be accessed within the following 7 weeks.

Outcome: Rhona received her chair and spent time with her OT who helped her to get used to manoeuvring around her home.

Rhona's OT appreciated the support from Healthwatch Bury and believed this was of added benefit to Rhona's case.

The CCG are looking at funding for the Posture and Mobility Service in Bury and Healthwatch Bury will monitor this.

This case demonstrates that working in partnership with other organisations and services can really benefit people in Bury and help to find the best outcome for the patients.



360° Review

In October 2016 Healthwatch Bury undertook a 360° survey inviting their stakeholders to express their view on Healthwatch Bury. Twenty three stakeholders from across health and social care responded to the survey.

The key messages were:

Strategic context and relationships

The vast majority of stakeholders understood the rationale behind Healthwatch Bury's priorities and most also felt they were collaborative, added value and contributed to local decision making. There were a small number though who were less sure about Healthwatch Bury's involvement in local decision making.

Community, voice and influence

Broadly speaking, stakeholders agreed Healthwatch Bury bases its insight on the views of local people, adds value by doing so and is an organisation that they could confidently promote. While the majority of stakeholders felt that Healthwatch Bury involved local people, some felt that Healthwatch Bury could do more to work with seldom heard groups and local groups. Stakeholders acknowledged capacity issues within Healthwatch Bury.

Making a different locally

The overall picture indicated that stakeholders weren't always aware of the extent that Healthwatch Bury makes a difference with their reports.

Stakeholders in the main, also felt Healthwatch Bury did not involve them in the production of their reports.

• Information and signposting

Stakeholders felt more could be done to develop and promote this side of its service.

This was followed up by a workshop with Healthwatch Bury and eight stakeholders to agree the findings and actions based on the survey responses.



The outcomes from the workshop were:

Strengths

It was felt that Healthwatch Bury has good and largely productive relationships with its stakeholders, particularly with the Pennine Acute NHS Trust and Pennine Care Foundation Trust including Community Services.

Involving local people was recognised as a strength of Healthwatch Bury especially:

- ✓ Representing the public's views on key issues and working to base their insight on the views of local people
- ✓ Attendance at key meetings e.g.
 Health and Wellbeing Board and GM
 Quality Surveillance Group
- ✓ Representing an independent view

Areas for Improvement

Healthwatch Bury has been without a Chief Officer (CO) and key staff recently and the impact this has had on their capacity was recognised, especially with regards to reporting findings to key stakeholders to bring about change. The appointment of a new CO was seen as critical and there was general recognition that the team need to extend their reach and target new relationships with stakeholders at all levels.

The governance of Healthwatch Bury was discussed as an area that would benefit from a review.

Healthwatch Bury's work with seldom heard groups and the local voluntary sector was discussed as an area for improvement. The development and promotion of the information and signposting activity was also identified as an area to work on.



The key recommendations from the report were:

- ✓ Overall there was agreement that Healthwatch Bury needs to build its leadership capacity by appointing a new CO as soon as possible. Relatedly, Bury Council invited Healthwatch Bury to participate in their system leadership/manager training programmes. It was further suggested that Healthwatch Bury should look to establish clarity around the roles and responsibilities of Board members and members of staff.
- Healthwatch Bury Board to review, strengthen and agree their governance arrangements and publish decision making policies on their website.
- ✓ Healthwatch Bury should engage more with local voluntary groups. In addition it was recommended that the team extend their reach and target new relationships with key stakeholders at all levels.

The Healthwatch Board was pleased the report recognised that we value our independence and work hard to gather feedback from the local community, in order to reflect their views on key issues.



The Board fully appreciates the need to continue discussions with further 'seldom heard' groups, and will continue to develop and build on our work such as our engagement with the seven groups (96 people - face to face) during the 'conversations' funded by Greater Manchester Centre for Voluntary Organisation (GMCVO) which provided valuable insight into their specific problems.

Steps are already in place to start to take forward the recommendations from the review in particular:

New Chief Officer

Joanne Horrocks, joined Healthwatch
Bury as Chief Officer in January 2017,
after a career in local government
across Greater Manchester. Having
previously held management positions in
policy, governance, complaint
management and commissioning, Joanne
brings a wealth of experience that will

help Healthwatch Bury move forward.

One of Joanne's key tasks will be to address the recommendations from the 360° review and to support the Board to develop a strong Healthwatch organisation for the people of Bury.

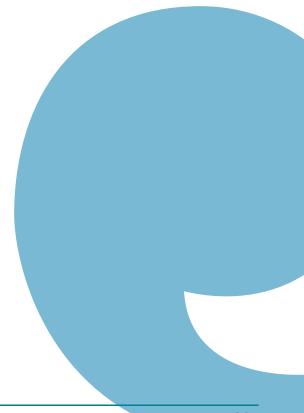
C Governance Review

In line with the recommendation to review, strengthen and agree our governance arrangements, Healthwatch Bury has engaged Peter Stone Consulting to undertake the review. The organisation was felt to have the right experience having worked with over 3000 voluntary and community sector organisations across the country and demonstrated a strong understanding of what was needed. The review is expected to be completed shortly and will include Board development training.

In January 2017 Healthwatch Bury also moved to new offices in St John's House, the Rock, a central location and an ideal base to enable the organisation to move forward.

To help in the re-energising of Healthwatch Bury, the website has been re-developed and will be going live in June 2017.

Feedback was sought from Healthwatch members who responded positively to the new site. The new web site also includes Browsealoud which will enhance its accessibility through easy speech, reading and translation tools. The site has been designed to be flexible and simple to develop alongside the needs of the organisation.





What next?

To address the priorities and challenges from our 360° review we will be prioritizing the following for the forthcoming year:

- To review, strengthen and agree the governance arrangements and publish decision making policies on our website. Ensure and build public trust and confidence through our democratic, transparent, accessible and inclusive approach
- To further develop and implement an engagement programme that will connect with more local voluntary and seldom heard groups and encourage more people to participate and tell us their stories
- Empower local voices of all ages to influence the design and delivery of local services and demonstrate that impact of sharing those experiences with Healthwatch can have in making a difference
- Improve relations with key stakeholders through increasing our influence at the right strategic and planning levels both locally and across Greater Manchester.

In particular our focused priorities for 2017/18 will be to:

- Recruit highly skilled Board members to drive Healthwatch Bury forward
- Organise Member and public information sharing events throughout the year
- Refresh & realign Healthwatch Bury policies to sit alongside the new governance arrangements
- Deliver a communication and engagement campaign that raises awareness of Healthwatch Bury across a minimum of 12 key voluntary groups
- Deliver a minimum of three key large scale research and engagement activities based on need and key areas of strategic importance
- Improve working relationships with stakeholders and attendance at key groups and meetings to ensure there is strong understanding of Healthwatch Bury internally, with partners and the public it serves
- Develop and deliver the new Healthwatch Bury Advocacy Service



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Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	£122,000
Additional income	
Total income	£122,000
Expenditure	
Operational costs	£18,410
Staffing costs	£42,744
Office costs	£21,144
Total expenditure	£82,298
Balance brought forward	£39,702



Contact us

To contact us for information or to tell us about your experiences of accessing Health or Social Care services within Bury, please see our contact details below.

Address:

Healthwatch Bury CIC

St Johns House

155 - 163 The Rock

Bury

BL9 OND

Tel: 0161 253 6300

Email: info@healthwatchbury.co.uk
Website: www.healthwatchbury.co.uk

Twitter: www.twitter.com/healthwatchbury

Facebook: https://www.facebook.com/Healthwatchbury

We will be making this annual report publicly available on 30th June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Bury Children's Trust

Minutes of the Joint Meeting of the Children's Trust Board and Children's Trust Operational Sub Group held on 22 March 2017

Attendance:

Karen Dolton Executive Director Children, Young People & Culture

(Designate) (Chair)

Cllr Eammon O'Brien Deputy Cabinet Member Children & Families
Michael Hargreaves Snr Commissioning Manager, Bury CCG
Pauline Roberts Interim Commissioning Manager, Bury CCG
Kim Marshall Operational Manager, Bury Healthy Young Minds
Vicky Maloney Chief Officer, Early Break, representing CYP Forum
Klare Rufo Assistant Director Learning & Culture, CYP & Culture

Supt Rick Jackson Greater Manchester Police, Bury Division

Emma Harding Principal Education Psychologist, Council CYP&C
Sue Reynolds Head of Early Years & Early Help, Council CYP&C

Mark Dennis Strategic Lead, SEND, Inclusion & Integrated Support,

Council CYP&C

Tom Gledhill Headteacher, Spring Lane School, representing BASH

Wendy Thompson Senior Manager, Community Services, PCFT

Dr Louise Holly Lead Consultant Psychiatrist, Bury Healthy Young Minds,

PCFT

Karen Whitehead Strategic Lead Health, Families, Partnerships & Complex

Care, Council CYP & Culture and CWB

Ann Noi Strategy Planning & Development Lead, Council Communities

& Wellbeing (on behalf of T Minshull)

Samantha Bamford Community Services, PCFT, on behalf of S Adamson

Susan Hadcroft Six Town Housing, on behalf of M Worthington

Jon Hobday Public Health, Council Communities & Wellbeing, on behalf of

Lesley Jones

Lindsay Dennis Children's Trust Development Officer, Council CYP & Culture

1. Introductions and Apologies (K Dolton)

KD welcomed everyone to the meeting. Apologies were received from Charlie Deane (Bury College), Helen Chadwick (BAPH), Anne Gent (DWP), Dr Bratati Bose-Hader (PAHT), Gemma Philburn (Streetwise) and Lesley Davidson (Council CYP&C). Attendance on behalf of other partners is listed above.

2. Minutes and Matters Arising

- 2.1 Minutes of the Children's Trust Board on 10-11-16 were approved.
- 2.2 Minutes of the Children's Trust Operational Group on 24-1-17 were approved.
- 2.3 Actions: In addition to information provided in the Summary of Actions or included as agenda items, the following points were raised:

- 2.3.1 Children's Trust Item 4 Circles of Influence report to go to BASH Actioned (MD/KR)
- 2.3.2 CT Ops Gp Item 2 P Roberts meeting with Gemma Philburn to ensure young people involved in Local Transformation Plan developments Actioned (PR)
- 2.3.3 CT Ops Group Item 3 Evaluation of HYM Link Worker evaluation has been sent to CCG for consideration and will be circulated prior to next CT Ops meeting (MH/KM)
- 2.3.4 P Roberts and E Harding to ensure link worker developments and Children's Services developments are aligned In progress (PR/EH)

3. Issues from children and young people (M Dennis)

3.1 Circles of Influence You Said We Did has been updated and circulated. Helen Chadwick e-mailed to say that she shared the document with the SEN Cluster Group and requested an update for their meeting on 22 May on some of the issues raised by young people, ie, teachers to have up to date training on the signs of mental health issues and how to respond; a quiet space in school for pupils to relax and reflect; schools to be wheelchair accessible.

Post meeting note/Actions:

- With regard to Wheelchair Access and Quiet Spaces, HC will take to BAPH to get a position statement from schools. Also to be sent to BASH (MD)
- Wheelchair access MD will ensure that the views of young people are sent to appropriate people leading on the SEND Review

With regard to the Mental Health training, this forms part of the LTP and Children's Services developments. Youth Cabinet are also looking at ways to promote positive mental health in their schools and an HYM representative is attending the next Youth Cabinet to support with this.

3.2 Take Over Day – there were 2 take-overs - one focused on the IRO service with young people in care looking at how it could be improved; and the other looking at what young people would prioritise in the Council.

Action: Report to be circulated (LD/MD)

- 3.3 UK Youth Parliament (9 February) 7402 young people voted (42% turnout). The 3 newly elected members came from Parrenthorn, St Monicas and Prestwick Arts College. Their priorities are public transport, mental health and using restorative practice in schools.
- 3.4 H Walton and L Davidson ran an E-safety conference for 32 pupils from 5 high schools to gather views on e-safety and how to better educate young people. The report will be circulated in due course.

Action: When complete, report to be circulated (LD)

4. Key strategic issues which are impacting or will impact on children and young people/services

4.1 **Schools Landscape – Update** (K Rufo)

KR updated on the development of the school clusters. All the Primary Schools are now in 4 clusters (A,B,C and D), and there are 3 Secondary School clusters. Currently putting together eligibility criteria for the cluster lead head teachers. Working towards the development of a peer-to-peer model with 'in-kind' support for schools of concern, eg, peer support, training, sharing good practice.

KR also updated on the work to align local authority services around schools, especially for vulnerable children. Workshops with Primary Heads and Pastoral leads are looking at difficulties in the system, eg, how to reduce cost, reduce duplication and ensure support to a child when needed. Workshops will also be held with Secondary Schools.

In consultation with schools, the focus is being shifted from services working with individual children towards them working with and training schools to provide appropriate support. Working towards schools having a 'facilitator' who will work with them to support this approach, develop training plans and bring appropriate challenge to strengthen inclusion and good practice.

KD requested that the model be circulated for information.

Integrated Health & Social Care - Update (K Dolton)

KD explained that there has been work to bid for GM Transformation funding to develop Health and Social Care Integration in Bury. Bids have to provide a cost-benefit analysis to show how the funding will create significant savings (2:1) and this has been very difficult. The bid is primarily looking at health and social care for adults, but the model and learning can be applied to children and young people.

To develop integrated model(s), each of the 6 areas of Bury now has a System Leader. KD is system leader for Ramsbottom and North Manor. Currently trying to articulate what a single health and social care system model would look like in Ramsbottom for children and young people. MH is working with Cathy Fines to look at the HomeFirst model (to reduce hospital admissions). KD noted that whilst there is general agreement with the concept of integration, making it into a reality is much more difficult. This work is being mirrored across other LA areas.

4.3 **GM Devolution** (K Dolton)

4.2

With regard to the Children's Services Review across 7 themes, there is no update on the lack of response from the DfE to the business cases submitted in April 2016. In February GM Chief Execs agreed that they will all make a contribution of £10k each to progress the work until DfE make a decision.

KD agreed to provide an overview of the business cases and what is proposed at the next CT Board meeting.

Action: KD/LD

Action: KR/LD

5. **Early Help Toolkit** (S Reynolds)

(Paper provided) SR updated on the work undertaken by SR, LD and GP to develop an Early Help toolkit. This would enable Practitioners, Parents/Carers and Young People to be able to easily find online the necessary information, expertise, learning opportunities, assessment and referral pathways and good practice example to enable them to provide early help on a wide range of issues. The proposal is to start with the Practitioners toolkit and work on one of the topics, and then use this as a blue print for other topics. Looking at how this can be developed through the Bury Directory and aligned to the Quality of Life Wheel in discussion with Charli Headley and Janet Watts.

KR said that this will help to identify gaps and asked how the topics had been selected. SR explained that we started with the lunchtime learning as this has been very popular with practitioners and gives us a good base to start from. KR noted the good feedback she has received from schools, including how responsive lunchtime learning is, eg, adapting to schools' requests for breakfast learning.

VM offered to assist with developing Substance Misuse as the 'tester.

Action: SR/LD/VM

6. **Training Portal** (L Dennis)

Work is progressing to develop a training portal in the Children & Families section of Bury Directory providing links to training opportunities on the Bury Directory (including links to planned Early Help toolkit) and a meeting has been set to take forward the work to date. When further developed, LD will circulate for comment.

Action: LD

7. **Participation** (L Dennis)

(Paper provided) LD gave feedback from the 6-monthly multi-agency Participation meeting to drive implementation of the Participation Strategy. The group agreed that Participation Strategy and What's Changed model have been instrumental to the culture of cyp participation across the Children's Trust. However, very few What's Changed forms being returned in spite of Trust Board backing. The aim is to evidence meaningful consultation, reduce duplication and share good practice. The group agreed that agencies requesting consultation support from consultation from the Youth Participation Officer* or Youth Cabinet will be required to complete a What's Changed form to show what difference has been made. (* MD noted that Heather Walton is going on maternity leave and Adele Crowshaw will cover the Youth Participation work.)

The group had discussed the importance of embedding Participation into all commissioning that affects children, young people and families as set out in the Children's Trust Commissioning Principles. KD noted the importance of ensuring that the Children's Trust does not have separate Commissioning Principles but is joined up with all commissioning and the Local Commissioning Organisation.

It was agreed to re-circulate the Commissioning Principles and to look at how they feed into the 'bigger scheme', ie, from birth – death and that the Trust has an important role in advocating on behalf of children and young people

Action: LD/KD

The Participation group were consulted on Circles and You Said We Did, and proposed that service providers be involved in feeding back to young people to show that services listen to what young people say and what difference(s) it makes.

8. To steer development of the LTP for Children & Young People's Mental Health & Wellbeing

8.1 **LTP Refresh for sign off** (M Hargreaves)

(Papers provided) MH thanked everyone for their responses to the Refresh document which have now been included and the focus on Children's Trust has been strengthened. It was agreed that the Refresh is a very useful document which reads well and the Board agreed sign off.

With regard to delivering the LTP, MH updated on priority areas of work, ie,

- HYM Link Workers have been in place for 6 months and this is working well.
 There will be a small meeting on 31 March to look at how to enhance this model (learning from the Leeds conference on the Schools pilots). This meeting to include M Hargreaves, K Whitehead, K Marshall, A Whitwham, P Roberts and E Harding and ensure aligning with Schools Early Help developments.
- Transition Team proposing to set up a small task & finish group to carry out an
 options appraisal and bring this back to the CT Ops Group. It was noted that
 this will be looking at all transitions, eg, age-related transition, between schools,
 across services, etc. Developments will include increasing referral age to HYM
 to 18, working towards 25 in future years.
- Enhanced Services business plan being developed.
- Workforce Development also being looked at at GM level. MD asked why Connexions is highlighted in the Workforce Development actions. PR will check on this.

Action: PR

With regard to IAPT training, it was noted that this needs to be wider than HYM staff.

- Locality Planning delivery of the LTP will mirror the neighbourhood model, but as yet it is unclear how this will work in practice.
- 3rd Sector Grants A report is due on the Homestart project shortly. With regard to the Early Break & Parents Forum project, the Early Break part is progressing well and looking at how to capture and report evidence on the parenting element of the project.

With regard to the Peer Support project (initially awarded to Young Advisors), a brief to re-commission this is ready to go out through CT channels once signed off by the CCG.

 Self Help scoping - report due to come to CT Board was deferred until it has gone to the CCG implementation group on 10 April.

Action: LD - item for next agenda

SR had recently attended a conference about the GM I-Thrive developments, and suggested that it has wide potential, eg, to strengthen early help. KM agreed that the fundamental principles of the Thrive model fit anywhere, eg, for CAMHS this means moving away from thresholds and tiers to working with agencies so that children and young people (who previously would have been referred into HYM for 'normal' mental health conditions) can be supported in their usual environment (eg, school) and moving away from an overly medical/clinical model of support. KM added that currently HYM receive a lot of low level referrals which take children out of school and increase pressure on resources.

It was noted that this fits well with the early help/inclusive approach and KR stated the importance of ensuring clarity and agreement on developments to ensure that there is capacity and that there isn't duplication and confusion. She stressed the need to keep in contact on developments and suggested to meet up to discuss.

Action: KR/KM and as part of LTP Workforce Development

8.2 **Psychological Wellbeing Practitioner(s)** – **Update** (MH)

Further to the discussion with Jason Smith at the last meeting, KM has requested 2 Practitioners for Bury – one school-based and one third sector-based.

It was agreed that further consideration needs to be given as to how these can make the most impact, eg around building capacity rather than 1:1; or providing 1:1 support in the highest place of need (eg the PRU)? The importance about taking a consistent approach of building resilience into the system, rather than additional resources was noted.

Action: MH to keep CT updated and ensure joint planning

8.5 **Training Plan and EHWB Event** (L Dennis)

LD outlined the plans for the Children's Trust Network Event on Emotional Health & Wellbeing on 11 May. This half day event follows up on the event held in November 2015 which launched the LTP. It will bring people up to date on the LTP, and in response to feedback from the last event will provide information, strategies and techniques that people can use to support their own emotional wellbeing and that of children and young people they work with. Planning is going well and flyers will be going out in the next few days. The event falls in Mental Health Awareness week and will be promoted by the Council as one in a series of initiatives that are taking place.

As with the last event, it is proposed to ask people what training they require on ehwb which will information the LTP Training Plan. KW stressed the importance of ensuring that the training plan meets agreed training needs, and it was agreed that this is the priority of the training group, and that feedback from staff at the last event had been in line with identified training needs and had been met through lunchtime learning as well as commissioned training workshops.

Action: LD/Training Group

9. **Open Forum and Any other business**

9.1 **CYP Forum** (VM) Amy Melbourne attended the February CYP Forum, and the Forum flagged up concerns about 3rd sector organizations access to safeguarding training. These concerns will be taken up with the Safeguarding Board. Jon Hobday had also attended and led a discussion about the consultation on the Transformation of Services for children, young people and families in Bury and inputting into the Health Needs Assessment.

VM noted that the Forum is well attended by 3rd sector organisations with good involvement of external speakers.

In addition the 3rd sector Chief Officers Group meet with Heather Crozier's team and are currently developing a proposal for a 3rd sector coalition/federation.

- 9.2 **Review of Board and CT Ops Group** KD proposed that the Board and Ops Group carry out a review and refresh to ensure best practice. This was agreed. **Action: KD/LD to take forward**
- 9.3 **SEND update** KR updated that Bury is due for on Ofsted Inspection of SEND. The SEND developments are overseen by a Partnership Board and developing a SEND Strategy setting out high level priorities, starting with a self-evaluation. There is £85k DfE funding to review services and implement findings. The first step is to undertake to commission a review of the systems and provision supporting children and young people with SEND, and this is being advertised on the Chest until 21 April, with a view work being conducted during the summer.
- 9.4 **Domestic Violence needs assessment** JH advised that the Community Safety Partnership have flagged up domestic violence as being a significant issue and JH is leading a working group to carry out a wide ranging DV needs assessment covering all aspects of need and provision, so that a better planned approach to domestic violence can be agreed and in readiness for any funding opportunities.

KD asked if this will look at the cost of domestic violence to all partners. As an example EH advised that a recent analysis found that DV is a factor in approx 80% school exclusions. JH advised that the DV Steering Group is involved in this work. KD stated her concern that Children's Social Care are not represented on the DV Steering Group or sufficiently cited in the DV Strategy and that this needs to be addressed as DV is a huge cost to Social Care in terms of impact on services.

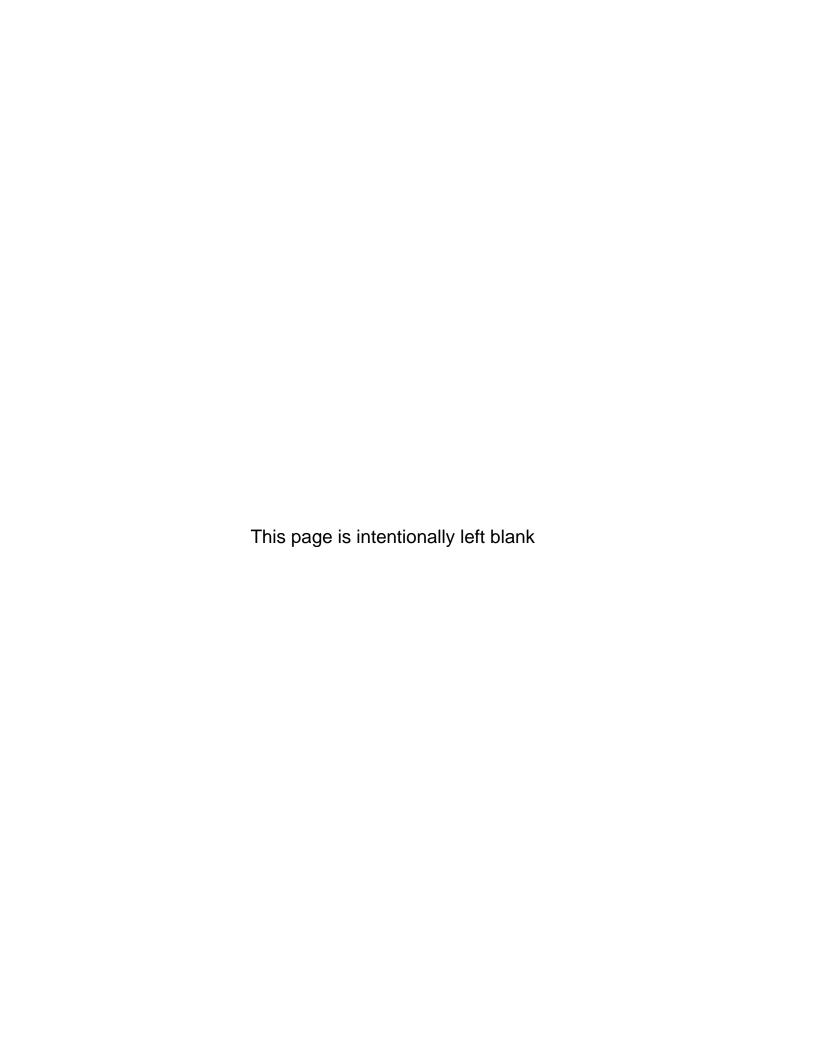
JH will circulate the scope and brief of the assessment so partners can contribute.

Action: JH

9.5 **Early Warning System** VM advised that the (Drug) Early Warning System is being re-launched across the whole of Greater Manchester on 29 March.

10. Close of meeting

The next Children's Trust Operational Sub Group meeting is on 23 May, and the next Board meeting on 29 June. In the meantime a review of both groups will be carried out.



BURY SAFEGUARDING ADULTS PARTNERSHIP



MEETING NOTES SAFEGUARDING ADULTS STRATEGIC BOARD MEETING

HELD ON Tuesday 19 April 2017 14:00- 16:00 Lancashire Fusiliers Meeting Room, Bury Town Hall

Present:	Sharon Beattie (SB)	Independent Chair
	Stuart Richardson (SR)	Pennine Care
	Jo Marshall-Bell (JMB)	Greater Manchester Police
	Dr Cathy Fines (CF)	Clinical Commissioning Group
	Maxine Lomax (ML)	Clinical Commissioning Group
	Tracy Minshull (TM)	Bury Council
	Jax Effiong (JE)	Greater Manchester Fire and Rescue
		Service
	Gail Churchill (GC)	CRC
	Tracy Shaw (TS)	Pennine Acute Hospital Trust
	Mandy Symes (MS) Facilitator	
Apologies:	Sharon McCambridge (SM)	Six Town Housing (update sent)
	Nisha Bakshi (NB)	National Offender Management
	Tyrone Roberts (TR)	Pennine Acute Hospital Trust (rep
		sent)
Distribution	Board Members and representing PA	A's

1	INTRODUCTIONS	
1.1	SB welcomed everyone.	
1.2	Noted that TM will be attending Board in the place of Pat Jones-	
	Greenhalgh and Julie Gonda until further notice.	
2	Minutes of last meeting and matters arising	
2.1	Minutes agreed no alterations.	
2.2	All actions either completed or discussed on the agenda.	
3	Address by the New Chair of the Board	
3.1	SB advised the group with regard to her background. She trained as a psychologist, has worked for the Royal Ulster Constabulary following the Omagh bombings.	
3.2	Following that SB worked as the Head of Strategic Partnerships again for the Northern Ireland police force – overseeing DVA, child and adult protection and the setting up and development of custody health care. SB has also had experience in developing the sexual assault referral system and worked also to set up several Safeguarding Boards both for children and adults.	
3.3	She also has experience as an expert witness working for families and within the criminal justice system.	

	ACITON
Additionally SB is the Independent Chair of the Bury Children's Safeguarding Board.	
SB advised that she will get to know the Board before looking at any development, however advised that one of her key objectives is to ensure the voice of the service user is heard.	
Main Item: Update on the Strategic plan and workstream areas:	
End of year update document discussed. No issues or queries raised.	
SM and the MIHG (Making It Happen Group) commended for their hard work over the course of the year, MS to pass on thanks from the Board.	MS
Strategic Plan - alterations suggested by the MIHG were discussed and accepted. MS to finalise the alterations, note the version change, distribute to the Board and MIHG and replace on the Bury Directory.	MS
Risk Register – SB advised that the risk register model used had now also been adopted by the Children's Board. Amendments and alterations suggested by the MIHG were discussed and accepted. MS to send out final version with meeting notes.	MS
Agreed that the MIHG will continue to monitor and manage the risk register, bringing any changes/alterations to the attention of the Strategic Board.	SM
Inter-Agency Risk Management Protocol. MS advised that the protocol was being tested and appears to be working well. However more testing will be done which will be monitored by the MIHG, updates/outcomes and risk will be brought to the Board.	
Policy and Procedure – each Board member asked to give update on how organisations have progressed/implemented. As follows:	
 Acting Chief Executive is aware of and has signed up to the policy and procedures. Health and Wellbeing Board have received briefing sessions Some elected members have received briefing sessions. Providers have been sent the documentation and offered briefing session. Briefing sessions are currently ongoing. Internal paperwork has been changed to reflect changes as has electronic case management system. E-learning Adult Safeguarding sessions have been altered in line with new policy and procedures. Face to face training session has also been altered in line with the changes. Staff training has been delivered, further role out is being done via team meetings/briefing sessions. Front door service (CAD hub) have altered their pathways in line with Section 42 enquiries. Developing more detailed internal written guidance for staff. 	
	Safeguarding Board. SB advised that she will get to know the Board before looking at any development, however advised that one of her key objectives is to ensure the voice of the service user is heard. Main Item: Update on the Strategic plan and workstream areas: End of year update document discussed. No issues or queries raised. SM and the MIHG (Making It Happen Group) commended for their hard work over the course of the year, MS to pass on thanks from the Board. Strategic Plan - alterations suggested by the MIHG were discussed and accepted. MS to finalise the alterations, note the version change, distribute to the Board and MIHG and replace on the Bury Directory. Risk Register - SB advised that the risk register model used had now also been adopted by the Children's Board. Amendments and alterations suggested by the MIHG were discussed and accepted. MS to send out final version with meeting notes. Agreed that the MIHG will continue to monitor and manage the risk register, bringing any changes/alterations to the attention of the Strategic Board. Inter-Agency Risk Management Protocol. MS advised that the protocol was being tested and appears to be working well. However more testing will be done which will be monitored by the MIHG, updates/outcomes and risk will be brought to the Board. Policy and Procedure - each Board member asked to give update on how organisations have progressed/implemented. As follows: Bury Council - Acting Chief Executive is aware of and has signed up to the policy and procedures. Health and Wellbeing Board have received briefing sessions. Providers have been sent the documentation and offered briefing sessions. Briefing sessions are currently ongoing. Internal paperwork has been changed to reflect changes as has electronic case management system. E-learning Adult Safeguarding sessions have been altered in line with the changes. Staff training has been delivered, further role out is being done via team meetings/briefing sessions. Front door service (CAD hub) have altere

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4.2.2	 Pennine Care – Has been through Governance process to the Board. Looking to incorporate into refreshed training sessions. Developing localised version for staff. 	
4.2.3	GMP – no development as yet. MS to meet with JMB.	
4.2.4	CCG – Large Mental Health providers have been advised. Looking to put through Governing Body for information.	
4.2.5	Pennine Acute, NOMS and Six Town Housing, CRC, GMFRS to update.	
4.2.6	All Board members to provide update to July meeting.	All Board Members
4.2.7	MS to resend policy and procedure document to GMP, CRC, GMFRS.	MS
4.3	Case Review Group Information in this section has been removed due to the sensitive nature of the discussion.	
5	NW Policy (no need to print document for information only)	
5.1	MS brought the NW Safeguarding Adults Policy to the group. The document had been produced through a working group via ADASS. However there had been low take up with regard to accepting the policy on a NW and Greater Manchester level.	
5.2	The ADASS group had asked for the document to be presented to the Board for consideration.	
5.3	 Board acknowledged the document and commented: In principle the idea was sound, potentially would reduce the burdens on Boards with writing their own separate policies and would promote consistency. Concern due to the low sign up – and therefore reluctance to sign up to a document that hasn't been accepted by all. Noted that the Bury policy had only just been written therefore the timing of the NW document was unfortunate. Agreed that if the NW document were to be adopted it would have to replace the Bury document rather than run alongside it. 	
5.4	Board agreed that would reconsider the NW document in 6 months (October's Board) time in line with the refresh of the document by the NW ADASS group.	Agenda for Oct.
5.5	Query also raised about why there couldn't be a national Policy.	
5.6	MS to feedback the above to the ADASS lead.	MS
6	Police and Crime Commissioner Funding for Safeguarding Adults Board.	
6.1	Still awaiting funding from the PCC. MS advised that there had been	
	letters sent to Chief Executive's of local authorities by the PCC regarding	

	the funding and, in response, the GM ADASS leads were replying advising of their support of the original comments made by the independent chairs.	
6.2	SB advised that the above mirrors the situation around the funding for the Children's Boards.	
7	Annual Report	
7.1	Board agreed that the format would be kept the same as last year. MS to ensure that the content meets statutory requirements.	
7.2	CCG and Pennine Care to look to provide support for the working group. ML and SR to arrange contact with MS.	ML/SR
7.3	MS to approach SM to again ask for support with the document presentation and graphics.	MS
7.4	Agreed all Board members will again provide pieces around achievements, plans for the forthcoming year and any new and innovative projects/schemes that have been launched. MS will send out requests.	MS
8	Mental Capacity Amendment Bill	
8.1	MS updated re: the changes to the Bill. Should anyone want a copy of the summary document, contact MS.	
	Next Meeting dates	
	Please note new meeting dates below: All meetings will be held from 2pm to 4pm.	
	11 th July 2017 – Bury Town Hall, Irwell Room - Stuart Richardson Chair. 10 th October 2017 – Bury Town Hall, Meeting Room A 16 th January 2018 – Bury Town Hall, Meeting Room A	



Climate Change and Carbon Reduction Board Minutes

Date: Tuesday 30th May 2017

Time: 1.30pm – 3.00pm

Venue: Room 1.3 Knowsley Place

Present: Lorraine Chamberlin (LC) – Chair

Chris Horth (CH)
Clinton Judge (CJ)
Jason Kelly (JK)
Paul Webb (PW)
Chris Wilkinson (CW)
Ashleigh Williams (AW)

Paul Cooke (PC)

Minutes: Maureen Foden (MF)

Minutes		
1	APOLOGIES	
•	Neil Long, Lesley Jones, Alex Holland, Alistair Dalzel-Job, Sharon Hanbury	
	MINUTES AND ACTION LOG FROM THE PREVIOUS MEETING HELD ON THE 28 th MARCH 2017	
	The minutes were agreed to be a true and accurate record.	
2	Updated Action Log - 28.03.17.docx	
	MATTERS ARISING	
	ACTION 1: CJ to provide CH with an up to date list of council properties	

	CRC RISK REGISTER
3	The CRC forward purchases have been made for next year.
3	The audit of the current year has been reported on and has been finalised for submission.
	CRC will finish in 2019.
	GM LIAISON GROUP
4	A joint workshop for further action on climate change took place, as yet no report has been received once it has it will be circulated to the Board.
	There is an action plan for GM with fixed targets that have been set at a GM level, Elected members and officers took part in a number of discussion groups to share good practice and suggest further areas for progress.
	NEDO PROJECT
	PW presented a report to the Board which gave an update on the NEDO Project and this was discussed in detail. The following points were highlighted:
	 90 units were installed Tenants found it hard to come to terms with that the temperature is on all the time Aesthetically they are not the nicest piece of equipment and the radiators are larger than the standard ones There were noise issues with blocks of flats, so this restricted it to 4 to 6 per block All properties had broadband connected to the heat pump which measured heat humidity and demand response
5	 One cycle has been completed, project will monitor another one and half cycles Some tenants realised savings of £50 - £60 per month Salford university has undertaken a telephone survey with early adopters and the indications are that it is doing what it is meant to do Cllr Quin has expressed interest in the project and is keen to see the show house as
	 is LC It is not an option to share units between dwellings Units can be placed at the back of gardens A solution the noise in flats could having something similar to bin stores for the units
	 All lot of the properties considered had electric storage heaters which resulted in all needing de coupling A report will be completed for the end of June showing where we are up to It was questioned if this could be applied to commercial properties Derby High school has one in their new drama block
	ACTION 2: MF to share an electronic version of the report with the Board
	CLIMATE CHANGE PLAN UPDATE
6	This has now nearly been completed. CH has still not heard anything from Waste with regards to their actions and he does not have any data on water usage.

Since the last meeting the Labour council approved a motion in relation to this plan requiring that it includes the following actions:

- Flood defences
- Energy
- Housing new and retrofit
- Transport and planning
- Tackle ash dieback and other tree pests
- Aggressive plan for planting trees across GM
- Increase recycling by working with government to introduce a deposit return scheme for bottles and cans

All of these are in the draft except the Ash die back tree planting and deposit scheme therefore an e-mail has been sent to Neil Long to ask for his thoughts on the Ask Die back and tree planting and also Glenn Stuart re the deposit scheme.

ACTION 3: LC & LJo to chase up information required with Neil Long and Glenn Stuart

The council motion also requires that the document is completed in six months ready to be presented to members it was also asked that it takes an all member approach and involves residents to ensure that there is public participation in development of the action plan. A draft document will be available for comments via the website.

Once information on Ash die back and waste with regards to their proposed actions the plan will be ready for consultation however it will need to go to SLT first. There may not be any water use data but this can be commented on, and maybe this will be available for the final document.

CH asked for feedback on the Climate Change Plan and thanked all of those who had already provided it.

AIR QUALITY STEERING GROUP

It was agreed that this group will be the steering group for air quality to drive and deliver actions in the GM air Quality Action Plan locally and drive a joined up approach locally.

At the last meeting it was felt that the Healthy Workforce Group would be a good group to deliver some of the air quality actions relating to how the council operates as a workplace. CH attended this group on Tuesday and it was agreed that a Task and Finish Group (T&FG) would be set up to develop actions that relate to the council as a workplace. It was proposed that the T&FG group looks into the following:

- Introduce a car club
- Introduce pool bikes
- Look at installing EV charge points at workplaces
- Examining car allowance system to discourage car use
- Implementing a travel hierarchy
- Introduce workplace car park charging

CH also raised an action to promote travel plans at schools to reduce private car use for

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the school run; this is being dealt with already by Natalie Bray. There is also an action to use Transport for Greater Manchester (TfGM) Delivery and Service Planning toolkit to better manage deliveries to reduce goods vehicle mileage, CH will be liaising with Sarah Janusz on this.

Other actions that are needed to be consider are:

- 20 mphs zones TfGM will work with Local Authorities to see where these maybe beneficial
- Encourage travel planning to stimulate modal shift in local businesses, for this one CH is asking what resources TfGM have and then will be meeting up with Amanda Huntbach to see how she can disseminate the message.
- This also includes Councils looking at parking in town centres to encourage cleaner methods of travel.

Before the Local Authority makes any changes to car allowances or charging people at work for parking they need to have something in place to encourage behaviour change. The T&FG will be looking at this and what options are available such as car clubs and bikes. It was mentioned that Salford have a car club the cars are available to the Local Authority through the day and the public in the evening, Salford have advised that they are happy to share the information on this.

DEFRA have recently brought out their consultation document on tackling nitrogen dioxide to meet national and EU limit values. They were directed to produce a more radical far reaching plan by the Supreme Court. There is a new consultation document provides a list of Local Authorities with roads with NO2 levels above legal limits based on DEFRA;'s initial modelling. This list includes eight areas within Greater Manchester including Bury that are likely to require additional measures to achieve the target levels by 2020. One of these measures could be Clean Air Zones where those vehicles producing more pollution would have to pay to go into the area. However the doc points out that they are undertaking further modelling with updated data before they release the final plan so the list of Local Authorities may change. The final published plan will confirm the Local authorities required to develop innovative proposals for their local area that will bring pollution levels within the legal limits within the shortest time possible.

A meeting was supposed to have taken place with DEFRA last week with regards to this but they cancelled until after the election.

Behaviour change is moving toward electric vehicles as diesel cars are causing a big problem, there are so many of them due to the fact that they were taxed at a lower rate. To move towards electric vehicles there needs to be a vast improvement in the infrastructure of charge points to meet the demand, this will require increasing the number and improving accessibility. There are a number of electric vehicles in the Local Authority that are all charged at Bradley fold it was questioned if other fleets could be changed to electric vehicles. This has been considered for example with Pest Control however there are a number of issues that need to be addressed for example charging at home, this could be allayed by having charging points in schools and other council locations.

Regulation of the busses is another option that would help low emissions. There needs to be an air quality workshop where people from different areas of work come together to share ideas as this issue is not just about congestion it includes health too.

ACTIVE TRAVEL

Bradley Fold applied for a grant from TfGM which has been agreed and are now at the stage of purchasing equipment for installation. This comprises of lockable bike storage at Bradley Fold and locker facilities. Tom Gleaves who is the new Workforce Wellbeing Advisor is overseeing the delivery of this.

Cycle Hub

There is work being undertaken to get pooled bikes, a decision needs to be made on whether they will be for town centre buildings or all of the Local Authorities corporate buildings. A questionnaire will be sent out by global e-mail to all Local Authority buildings and staff to gather data, a 30% response is required back to access funding. Initially it was agreed to introduce the scheme at Knowsley Place after receiving permission from the landlord, any equipment that will be purchased will not be used to improve the facilities of the building but will be removable and portable.

Corporate HR is looking at reinstating the bike to work salary sacrifice.

Cycling by prescription scheme

It is intended to develop the Cycling by Prescription project in Radcliffe for older people, this will entail cycling for approximately 90 minutes per week, this will be done in partnership with the Nationwide Cycling Academy. It has been advised that there may be funding from TfGM for £12,000, a proposal has been put in, if successful a fleet of 10 bikes including 2 e-bikes will be purchased. Once the bikes are bought there will be groups of 10 – 12 people doing a 10 week programme four times a year.

There are plans for TfGM to go into schools on road safety.

The group acknowledged that the benefits on health by encouraging cycling and walking to school and the impact on air quality is immeasurable and need to be promoted as a lot of parents drive to school. Fewer children cycle now and this is due to a number of reasons which are time and danger on the roads. The Local Authority used to provide subsidises for school transport but that is no longer feasible however both Bury Grammar and Bury College do provide transport for their pupils and students, this is to attract interest from outlying areas and is purely for commercial reasons.

BUILDINGS UPDATE

The LED scheme at Bury Market, Bradley Fold Depot and Villa, and BALC are all completed. Dependent on the review of the libraries which is going to Cabinet at the end of June, the next building proposed is Bury Library.

Bury Market outdoor market has shown interest in LED lights and this would be a significant project

Solar PV at Bradley Fold

A business case has been submitted to Steve Kenyon which looks at four options varying in price form £117,000 to £534,000 paybacks vary from 12 – 15 years. These paybacks calculated using an interest rate oft 4.2 % however we should be able to get it cheaper.

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Waiting to hear from Steve Kenyon.

Battery Storage at Bradley Fold

Property Services have asked for an assessment of the feasibility of battery storage at Bradley Fold as an income stream. Companies will lease land for battery storage and there are some vacant plots on Bradley Fold that would be ideal for this if there are local connection points so that the stored electricity can be supplied into the gird, it will need suitably sized connection points. This could be operated by the Local Authority or be leased; it has great potential for income generation. Quotes have been received and the cheapest is £1,500, waiting to hear from properties sent this to Kausar Thorp for her thoughts

Killelea House has a PV scheme in place and a Combined Heat and Power (CHP) plant is going in there, there is also a sustainable drainage system in place it should all be completed for December.

ENERGY PATH NETWORK UPDATE

There is a pilot project that will use a modelling tool to show what the Bury domestic energy supply and usage will look like as the energy supply grid aims for decarbonisation by 2050. It will show what types of heating systems will be more appropriate and where we should target energy efficiency retrofit schemes. It will also look at what the implications will be for the energy supply companies in terms of the impact on their distribution network. We will end up with a few options for how our domestic energy use and supply could develop to 2050 which should be very useful in planning actions in the community.

It is good to see the gas and electricity companies working alongside this and it will be important for the Local Authority to have a finger on the pulse and looking at where they can have some influence and for opportunities.

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This is progressing nicely and all information is now in, at the next meeting we will see the initial results from their modelling.

It was suggested including recycling as part of this remit as that is the way forward in this building and all others.

Water is another area where there is a great opportunity to make significant savings as it will be deregulated in June, GM could look at procuring water as a collective. Drainage again is another opportunity to potentially save money; this also needs to be looked into.

AGMA Energy Group discussed water in detail JK to share the presentation.

ACTION 4: JK to share the presentation with the Board

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AOB

None

	DATE AND TIME OF NEXT MEETINGS
	<u>2017</u>
}	19 th July, 1.30pm – 3pm 20 th September, 3pm – 4.30pm 28 th November, 9.30am – 11am

ACTI	ACTION LOG 28 TH MARCH 2017	
No	Action	Progress
1	MATTERS ARISING - 31/01/17	
•	CJ to provide CH with an up to date list of council properties	
	NEDO PROJECT	
2	MF to share an electronic version of the NEDO report with the Board.	Completed 2 nd June 2017
	CLIMATE CHANGE PLAN UPDATE	
3	LC & LJo to chase up information required on water usage and waste with Neil Long and Glenn Stuart.	
	ENERGY PATH NETWORK UPDATE	
4	JK to share the presentation on water from the AGMA Energy Group with the Board.	

Document Pack Page 113 DEPARTMENT FOR COMMUNITIES & WELLBEING



MINUTES OF HOUSING STRATEGY PROGRAMME BOARD HELD ON THURSDAY 20th APRIL 2017

Present: Steve Kenyon - Interim Executive Director of Resources and Regulation **SK** (Chair)

Emma Joos - Administration Support Officer, Bury Council **EJ** (Minutes)

Marcus Connor - Corporate Policy Manager, Bury Council **MCC** Sharon Hanbury - Head of Urban Renewal, Bury Council **SH**

Karen Young - Strategic Lead, Bury Council KY

Sharon McCambridge - Chief Executive of Six Town Housing **SMc** John Merrick - Director of Neighbourhoods, Six Town Housing **JM**

Emma Richman - Director of Assets, Six Town Housing ER

1.0	Apologies:	ACTION
1.1	Julie Gonda – Acting Executive Director of Communities and Wellbeing JG	
1.2	Tracey Hunt - Financial Services Business Manager, Six Town Housing TH	
2.0	Minutes of 23 rd March 2017 Meeting:	
2.1	The minutes of the meeting, held on Thursday 23 rd March 2017 were approved as a correct record. These will be provided to the Health and Wellbeing Board.	
3.0	Matters Arising:	
3.1	HSPB would like to thank Emma Richman for her hard work over the years and would like to wish her well in the future.	
3.2	Item 5.1.1 corrected as Council and Six Town Housing are continuing to explore opportunities for regeneration funds.	
3.3	All other matters arising will be picked up on the agenda.	
4.0	New Items:	
4.1	Gas Servicing	
4.1.1	HSPB approved and now to be signed off via an Op Dec.	
5.0	Existing Items:	
5.1	Annual Reports to Tenants	
5.1.1	HSPB signed off the summary report of style and content. The final document to come back to HSPB 22 nd August meeting.	
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		ACITON
5.2	Target Setting	
5.2.1	HSPB made a few queries on some of the indicators.	
6.0	Standard Items:	
6.1	Neighbourhood Working	
6.1.1	The Mental Health Team has started working with the hubs at Bury East and Radcliffe.	
6.2	Housing Operations Board (HOB) Action Plan to HSPB	
6.2.1	A summary of items discussed at the last HOB was provided.	
7.0	Date of Next Meeting.	
7.1	Wednesday 31 st May 2017, 11am – 12pm, SMc Office 1st Floor, Six Town Housing.	