

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Members : Julie Gonda, Keith Walker, Dave Bevitt, Stuart North, Lesley Jones, Barbara Barlow, Karen Dolton, Dr Kiran Patel, Councillor R Walker, Councillor S Briggs, Councillor R Shori, Jon Aspinall, Steve Taylor, Councillor A Simpson (Chair) and Maria Donaldson.

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday, 23 November 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 - 6)*

Minutes of the meeting held on the 28th September 2017 are attached.

4 MATTERS ARISING *(Pages 7 - 22)*

Transferring Public Health Functions to Greater Manchester Combined Authority.
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 URGENT AND EMERGENCY CARE UPDATE *(Pages 23 - 34)*

Representative from Bury Clinical Commissioning Group and Pennine Acute will report at the meeting.

7 BETTER CARE FUND AND IMPROVED BETTER CARE FUND *(Pages 35 - 58)*

8 BURY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT *(Pages 59 - 102)*

Karen Whitehead, Strategic Lead, will report at the meeting. Report is attached.

9 BURY ADULTS SAFEGUARDING REPORT *(Pages 103 - 142)*

Julie Gonda, Interim Executive Director Communities and Wellbeing will report at the Meeting. Report is attached.

10 MENTAL HEALTH UPDATE *(Pages 143 - 166)*

Karen Whitehead, Strategic Lead and Jon Hobday, Public Health Consultant will report at the meeting. A report is attached.

**11 GREATER MANCHESTER WORKING WELL EARLY HELP
PROGRAMME: TOWARDS A POPULATION APPROACH TO WORK
AND HEALTH** *(Pages 167 - 174)*

Lesley Jones, Director of Public Health will report at the meeting. Report is attached.

12 URGENT BUSINESS

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

13 FOR INFORMATION SUB GROUP MINUTES *(Pages 175 - 196)*

Minutes from the sub groups are attached:

Bury Adults Safeguarding Board

Climate Change Board

HSPB

Children's Trust

**14 PRIVATE SESSION - HEALTH AND WELLBEING BOARD STRATEGY
REFRESH**

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Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: Thursday 28th September 2017

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Dave Bevitt; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Chief Operating Officer, CCG, Stuart North; Interim Executive Director Communities and Wellbeing, Julie Gonda; Jon Aspinall (GMFRS); Maria Donaldson, GMP; Chair Bury CCG, Dr K. Patel
Leader of the Council, Councillor Rishi Shori
Interim Director of Children's Services, Karen Dolton; Pennine Acute NHS Trust, Steve Taylor; Cabinet Member for Children and families, Councillor Sharon Briggs

Also in attendance:

Chris Woodhouse – Improvement Advisor, Corporate Policy Team
Katie Wood – Bury Directory Development Officer
Steven Woods – GM Commissioning Support Unit
Julie Gallagher – Democratic Services
Heather Crozier – Health and Wellbeing Board Policy Lead
Chloe McCann – Assistant Improvement Officer

Apologies:

Keith Walker, Pennine Care Foundation Trust

Public attendance: 2 members of the public were in attendance

HWB.187 DECLARATIONS OF INTEREST

Councillor Rishi Shori, Council Leader declared a personal interest in all items under consideration as his partner is an employed by Bury Council.

HWB.188 MINUTES OF PREVIOUS MEETING

There were no questions from those members of the public present at the meeting.

HWB.189 MATTERS ARISING

• **Team Bury Update**

The Improvement Advisor reported that the Team Bury Leadership Group Terms of Reference have been updated and refreshed and the single

outcomes framework has been developed. Work is ongoing in respect of the governance arrangements.

- **Transformation Monies Update**

These have been agreed in principle and a further announcement will be issued imminently.

- **Better Care Fund**

The Interim Executive Director, Communities and Wellbeing reported that the Better Care Fund report has been submitted and further information will be considered at a future Board meeting.

- **Suicide Update**

Clarified and updated figures in respect of the number of suicides were circulated following discussions at the last Board meeting.

It was agreed:

A report would be considered at the next meeting of the HWB scheduled to take place on the 23rd November which will provide details of Mental Health spend across the Borough.

HWB. 190 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HWB. 191 THE BURY DIRECTORY ANNUAL REPORT

Katie Wood, Bury Directory Development Officer attended the meeting to provide an update on the work of the Bury Directory.

An accompanying report had been circulated in advance of the meeting which contained the following information:

Key achievements in 2016/17 were:

- Increased marketing, training and social media presence of The Bury Directory.
- Improved functionality across the website in several different areas
- Further strengthened the governance of The Bury Directory and added new accreditation schemes to certain services
- Increased usage and percentages increases in all statistical areas
- As a key enabler for transformation and delivery of the Locality Plan, the next financial year of 2017/18 will see a number of developments to ensure that The Bury Directory is fit for purpose and future delivery.

The pace and scale of the implementation of future developments is dependent on the financial input from the Locality Plan Transformation Fund bid. Ongoing investment in the technology of the directory will be required over time to ensure it is fit for purpose for continual delivery of the Locality Plan.

Those present were invited to ask questions and the following issues were raised:

In response to a Member's question the Development Officer confirmed that the website contains a language translate function and is accessible for those that are visually impaired.

The HWB Policy Lead reported that work is ongoing with NHS colleagues to train digital champions within GP surgeries on how to use the Bury Directory.

The Development Officer confirmed that the re-designed site will include information in respect of the support provided in respect of SEND.

It was agreed:

1. The Bury Directory Development Officer be thanked for her attendance.
2. The Health and Wellbeing Board Policy Lead will provide updated figures in respect of the future funding arrangements for the Bury Directory.

HWB.192 UPDATE ON THE WORK OF THE SYSTEM LEADERS

Julie Gonda, Interim Executive Director Communities and Wellbeing attended the meeting to provide an update on Bury's approach to place based working for whole system transformation. The redesign services will reduce reliance on public services and improve population health & wellbeing.

Six system leaders have been appointed to lead, shape and influence the delivery of neighbourhood working across Bury using local intelligence to coordinate an asset based approach to strengthen and increase resilience in communities.

A role profile for the System Leader role in the Bury locality context has been created, resource of £150,000 has been secured from the GM Reform Board to support Township Hub Co-ordinator role and wider system leadership capacity and development.

The Interim Director reported the work of the system leaders will align the Public Service Reform agenda with Health and Social Care Integration while driving emergent change and developing and delivering services to meet the needs and priorities of the Townships.

The system leaders will adopt a programme approach to whole system transformation, with a focus on data and information sharing between partner organisations.

The Leader of the Council welcomed the work that has been undertaken to empower local communities. The Health and Wellbeing Policy Lead reported that a branding strategy is being developed in respect of the

locality plan. The main focus of the work is help people to help themselves and build up resilience with local communities.

The Health and Wellbeing Board Policy Lead reported that the Participatory Budget pitch events will be widely publicised and the locality plan will be launched in November.

It was agreed:

Updates will be considered from each of the system leaders at future meetings of the Health and Wellbeing Board.

HWB.193 PHARMACEUTICAL NEEDS ASSESSMENT

Steven Woods, Greater Manchester Commissioning Support Unit representative attended the meeting to present the draft pharmaceutical needs assessment.

Members discussed the financial constraints facing pharmacies across the Borough as a result of changes to the funding arrangements. This may result in some pharmacies deciding that it is no longer financially viable to operate some services in some areas.

In response to a Member's question, the GM CSU representative reported that the PNA does not provide a commentary on whether there is too much pharmacy provision within the Borough but only where there is gaps in that provision.

In response to a question in relation to out of area/internet pharmacies, the GM CSU representative reported that this information is not included within the PNA. These pharmacies are a very small proportion of the total number and tend to be used for high intensity prescribing, for example, residential homes.

It was agreed:

That the Pharmaceutical Needs Assessment Consultation Report be approved for consultation with public.

HWB.194 TRANSFORMATION UPDATE

- **Transformation Programme Board Terms of Reference**

Stuart North, Chief Operating Officer Bury CCG presented the Transformation Programme Board Terms of Reference for approval.

It was agreed:

The Transformation Board Terms of Reference were approved.

- **Transformation Programme Board and Mobilisation Update**

Stuart North, Chief Operating Officer Bury CCG reported that a decision with regards to the £19 million transformation funds is imminent. The focus going forward will be in respect of establishing the programme management for the implementation phase. A bid is being progressed in respect of additional funding to support IT infrastructure.

Members of the Board discussed the involvement of the voluntary sector in relation to the mobilisation of the locality plan.

Councillor Shori left the meeting.

- **Update on the Communications and Engagement elements of the Locality Plan**

Heather Crozier, Health and Wellbeing Board Policy Lead reported that the communications and engagement workstream is being progressed. The brand, narrative and logo for the Locality Plan is being designed and will be launched in November.

The Health and Wellbeing Strategy is currently being refreshed and will work alongside the Locality Plan.

The Chair of the Health and Wellbeing Board reported that this work must be seen to be co-produced and the involvement of local people must be meaningful.

- **Greater Manchester Population Health Plan**

Lesley Jones, Director of Public Health attended the meeting to provide an update on the work being undertaken in respect of the population health plan. The Director of Public Health provided an overview of some of the work being undertaken including; early years, oral health, smoking in pregnancy, health and employment, tobacco control, obesity, housing and falls.

In response to a Member's question with regards to the decision not to include Bury in the Oral Health pilot, the Director of Public Health reported that Bury is no longer one of the worst performing in GM for oral health. Information and good practice and lessons learnt from the pilot will be shared across GM.

With regards to E-cigarettes the Director of Public Health reported that Public Health England reviewing the long term effects of E-cigarettes. The Director of Public Health reported that vaping would be encouraged as an aid to help people quit smoking.

- **Greater Manchester Children's Health and Wellbeing Board**

Karen Dolton, Interim Executive Director, Children's Services informed the meeting that a GM Children's Health and Wellbeing Board has been established. Bury Council is not represented on the Board. The focus of the Board is to co-ordinate improvements in children's health. The Interim Executive Director reported that clarity is required in respect of the governance arrangements.

- **Greater Manchester Meetings Mapping**

Chris Woodhouse, Improvement Advisor shared with members a template of a mapping exercise undertaken to try and ascertain what meetings are going on at GM level, who attends them and reporting mechanisms. The purpose of this exercise is to inform the development of the health and wellbeing strategy and future governance arrangements.

It was agreed:

The meetings mapping template would be recirculated to members of the Health and Wellbeing Board

HWB.195 UPDATE FROM THE DIRECTOR OF PUBLIC HEALTH

Lesley Jones, Director of Public Health provide an update on the work being undertaken by herself and the public health team following on from her public health annual report. The Director of Public Health identified key areas which included intelligence gathering via the Joint Strategic Needs Assessment (JSNA), building strength and resilience in the localities and information sharing.

HWB. 196 COMMUNICATIONS AND MARKETING UPDATE

The Health and Wellbeing Board Policy Lead reported that a summary document has been produced following the member development session and this has been shared with members of the Board.

Going forward the focus will be on refreshing the Health and Wellbeing Strategy, reviewing the website and Board Member training.

HWB. 197 URGENT BUSINESS

There was no urgent business reported.

HWB.198 FOR INFORMATION SUB GROUP MINUTES

The following minutes were included for information:

- GM Health and Social Care Strategic Partnership Board
- Children's Trust
- Housing Strategy Board
- Adult Safeguarding Board

Councillor Andrea Simpson
Chair

(Note: The meeting started at 6pm and finished at 8pm)

Transferring public health functions to Greater Manchester Combined Authority
(GMCA)

1. Introduction

- 1.1 Despite the transfer of key public health functions back to Local Government in April 2013 (under the Health and Social Care Act 2012), the public health system has a split of responsibilities relating to health protection, health improvement and health intelligence across Public Health England (PHE), NHS England (NHSE) and Local Authorities (LAs).
- 1.2 This has led to duplication of services in some areas and gaps in others. The Greater Manchester Devolution Agreement and the Health and Social Care Memorandum of Understanding presents an opportunity to create a more unified health and public health system within the Greater Manchester (GM) area.

2. Greater Manchester Strategy

- 2.1 A unified health and social care system has been a long term aim of GM. The Greater Manchester Strategy 2013 identified the need and desire for the 10 GM LAs to develop integrated health and social models and to reduce demand for health and social care services through targeted public health interventions:

“We also need to respond to the increasing pressure on services for the elderly, frail and vulnerable by exploring new models of integrated health and social care, and securing the best outcomes from acute services. And we need to target public health care interventions to reduce the number of people requiring those services in the first place and stem the flow of demand.”

- 2.2 The Strategy referred to Local Implementation Plans that were developed in each of the ten GM LA districts that covered four priority themes:
- 2.2.1 Start Well: helping all 0-5 year olds to get the best start in life, to be ready for and successful at school through integration of health visits, immunisations, dental checks and targeted support where appropriate.
- 2.2.2 Live Well: a whole family approach to integrate all public services into bespoke packages of support for ‘troubled’ families, reducing anti-social behaviour, improving school attendance, and helping parents overcome barriers to work.
- 2.2.3 Transforming justice: reducing offending and re-offending levels by integrating packages of support for individuals when they are arrested, sentenced and before they are released from custody.
- 2.2.4 Community Care: improving out of hospital care by developing integrated health and social care services built around primary care

and focused on reducing avoidable hospital admissions and nursing/residential care.

3. Greater Manchester Agreement

- 3.1 On 3 November 2014, the Chancellor of the Exchequer and the GMCA signed the 'Greater Manchester Agreement: devolution to the GMCA & transition to a directly elected mayor' which agreed that GMCA would receive a number of powers.
- 3.2 As part of that agreement the Government also invited the GMCA and the GM Clinical Commissioning Groups to develop a business plan for the integration of health and social care across GM, based on control of existing health and social care budgets.
- 3.3 This led in February 2015 to the 37 NHS organisations and local authorities in GM signing an agreement with the Government to bring together £6 billion of NHS and social care budgets so that joint planning of these services could deliver better health outcomes and social care for the residents of GM.

4. GM Health & Social Care Memorandum of Understanding

- 4.1 On 27 February 2015 the Greater Manchester Health and Social Care Devolution Memorandum of Understanding (MoU) was signed. It set out the shared objectives of the signatories. It focused on the elements of devolution relating to NHSE, GM CCGs and AGMA, and their relationship with the GM provider community.
- 4.2 The MoU essentially constituted a roadmap, which identified initial steps and undertakings to be agreed by each constituent party and the further steps anticipated to be required in future to achieve full devolution of GM health and social care.
- 4.3 The objective to see the greatest and fastest improvement to the health and wellbeing of 2.8 million people in GM supports the priorities in the Greater Manchester Strategy. The overall GM Strategy places reform of services to the public at the heart of our own strategic ambition. A commitment to reshape services supporting as many people as possible to contribute to and benefit from the opportunities economic growth brings.

This has required an integrated partnership approach to design and implement new service delivery models supporting early intervention and prevention programmes to save lives, promote health and wellbeing and create environments where individuals, families and communities can feel informed, empowered, healthier and happier.

- 4.3.1 To improve the health and wellbeing of all of the residents of GM from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing.
- 4.3.2 To tackle the health inequalities gap within GM and between GM and the rest of the UK faster.
- 4.3.3 To deliver effective integrated health and social care across GM.
- 4.3.4 To continue to redress the balance of care to move it closer to home where possible.
- 4.3.5 To strengthen the focus on wellbeing, including greater focus on prevention and public health.
- 4.3.6 To contribute to growth and to connect people to growth, e.g. supporting employment and early years services.
- 4.3.7 To forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

5. Public Health MoU

- 5.1 With regard to public health, a Public Health Memorandum of Understanding (Public Health MoU) was signed on 10 July 2015 by the 10 GM LAs, Public Health England (PHE), NHS England (NHSE), the Association of GM CCGs, GM NHS providers and GM 'blue light' services.
- 5.2 The Public Health MoU seeks to reform public health across Greater Manchester and create a single unified system that *"complements the wider devolution deal by setting out how public health leadership in the place can come together to support the necessary rebalancing of our health and care system towards prevention and early intervention. The MoU creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and wellbeing of the population."*
- 5.3 The MoU is reflective of the pre-eminent argument in the NHS Five Year Forward View (October 2014) – *"that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded - and the NHS is on the hook for the consequences."*
- 5.4 The MoU creates a framework by which partners will create a single unified public health leadership system capable of contributing to a transformational and sustainable shift in the health and wellbeing of the population and to improve the lives of residents, capitalise on its economic potential and deliver a sustainable health and care system.

- 5.5 To this end GM intends to secure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of the conurbation to:
 - 5.5.1 ensure all residents are connected to the current and future economic growth in the conurbation, including quality work, improved housing, and strengthened education and skills attainment;
 - 5.5.2 deliver effective integrated health and social care across GM, with a much stronger prioritisation of wellbeing, prevention and early intervention;
 - 5.5.3 close the health inequalities gap faster, within GM and between GM and the rest of the UK;
 - 5.5.4 take every opportunity across the life course to support residents to be in control of their lives and their care; and
 - 5.5.5 forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.
- 5.6 The Public Health MoU describes how public health leadership in PHE, NHSE, GM and other partners will work together to secure accelerated improvement in the health and wellbeing of the GM population and exploit the opportunity of the overarching devolution package for GM. The Public Health MoU seeks also to innovate and deliver new approaches to tackling the wider determinants of health including employment, worklessness, educational attainment, housing and income levels.
- 5.7 The key operational principles are set out as:
 - 5.7.1 a robust and evidence-based public health contribution to growth and reform priorities of GM;
 - 5.7.2 a focus on wellbeing, prevention and targeted early intervention;
 - 5.7.3 a recognition that the citizens of GM will be key agents in supporting and achieving better health outcomes;
 - 5.7.4 a rebalancing of investment towards prevention; and
 - 5.7.5 a commitment that no decisions on public health leadership, investment or commissioning that relate to GM residents are made without GM.
- 5.8 The Public Health MoU sets out five major transformational programmes, and twelve early implementation priorities that demonstrate how a single unified public health leadership system can develop interdependencies between health, jobs and better family outcomes. The transformational programmes demonstrate how a single unified public health leadership system can embed the linkage between health, jobs and better family outcomes:

- 5.8.1 Public health, reform and growth – making the most powerful case yet for the ‘economics of prevention’ demonstrating the link between public health, employment and early intervention outcomes.
 - 5.8.2 Nurturing a social movement for change - enabling people to make their own informed life-style choices and creating new platforms for full engagement of GM resident.
 - 5.8.3 Starting well (early years) - the scaled implementation of the GM early years model to improve school readiness and addressing long term determinants of public service demand.
 - 5.8.4 Living well (work and health) - aligning public health intervention to wider public service reform tackling complex dependency and supporting residents to be in sustainable and good quality work.
 - 5.8.5 Ageing well - setting up a GM Ageing Hub to support age-friendly communities and environments, and scaling work on dementia friendly communities, supporting those with dementia to remain connected to their communities and in control of their lives for as long as possible.
- 5.9 The Public Health MoU also looks to develop proposals for new commissioning models for the national public health programmes covered by Section 7a NHS Act 2006 where NHSE, supported by PHE, commission a range of public health interventions on behalf of the Secretary of State under the terms of a ‘Section 7a’ agreement and receive funding to do so.

6. GM Strategic Sustainability Plan

- 6.1 In December 2016 after extensive public engagement and consultation, under the related Health and Social Care Devolution framework, GM partners have developed a Strategic Sustainability Plan (“Taking Charge of Health and Social Care in Greater Manchester”) to show how it will deliver better health outcomes and a clinically and financially sustainable set of health and social care services for the people of GM. The GM plan is underpinned by Locality Plans in each of the ten GM districts.
- 6.2 The Plan sets out GM’s wider ambitions for the radical transformation of health and social care under the devolution agreement.
- 6.3 The Plan sets out an ambition to improve outcomes for the residents of GM, increasing independence and reducing demand on public services.
- 6.4 The GM Population Health Plan 2017-2021 sets out our approach to deliver a radical upgrade in population health, working with people rather than dictating to them as in the past. It is informed by the best empirical evidence and by the views of people in GM. We believe that better population health is to focus on prevention and early intervention.

7. Local authority public health functions

7.1 The current statutory public health responsibilities of LAs are understood to be as follows:

- 7.1.1 Duty to improve public health (a duty under s.2B NHS Act 2006 for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. The Secretary of State continues to have overall responsibility for improving health with national public health functions delegated to PHE).
- 7.1.2 Regulations on the exercise of local authority public health functions (Regulations made under Section 6C of the NHS Act 2006 require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions under which local authorities are mandated to Local Government is mandated to: (i) take steps to protect the health of the local population; (ii) ensure NHS commissioners receive the public health advice they need; (iii) ensure appropriate access to sexual health services; (iv) deliver the National Child Measurement Programme; (v) deliver the NHS Health Check assessment; and (i) to provide health visiting services in five key areas via commissioning the services.
- 7.1.3 Charges for local authority public health functions (where Regulations cover the making and recovery of charges in respect the exercise of local authorities' public health functions)
- 7.1.4 Duties of directors of public health (where section 30 of the Health and Social Care Act 2012 requires each upper-tier local authority, acting jointly with the Secretary of State, to appoint a director of public health whose role, duties and responsibilities are set out in the Act and include: (i) responsibility for all of their local authority's duties to take steps to improve public health; (ii) any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations; (iii) exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health; (iv) their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders; and (v) such other public health functions as the Secretary of State specifies in regulations.
- 7.1.5 Duty to have regard to guidance (where Section 31 of the 2012 Act requires local authorities to have regard to guidance from the Secretary of State when exercising their public health functions)
- 7.1.6 Responsibility for dental services and services for prisoners (where section 29 of the Health and Social Care Act 2012 amended the NHS

Act 2006 so as to transfer primary care trusts' functions around oral public health to local authorities).

- 7.1.7 Responsibility for sexual health services (where local authorities commission testing of sexually transmitted infections, including HIV together with sexual health advice, prevention and promotion)

8. GMCA consultation

- 8.1 Public consultation took place across GM on the proposals.

9. GM governance arrangements

- 9.1 GM has recently reviewed its governance structures and agreed to keep in place the current GM Health and Social Care Strategic Partnership Board, chaired by Lord Peter Smith and attended by representatives of all public sector health and social care bodies across the CA area, including Primary Care. Its function is to oversee the development of GM Health and Social Care through the GM Strategic Sustainability Plan with an enhanced scrutiny role in relation to the health needs of Greater Manchester. Its meetings are public and live streamed.
- 9.2 We have also strengthened the role of the Partnership Executive Committee made up of representatives from local authorities, CCGs, Acute and Community Trusts and Primary Care to focus on the delivery of our plans overseeing a holistic approach integrating health, care with economic and social well being of our residents.
- 9.3 To support GM ambitions to broaden its joint commissioning activity beyond health and social care, and to integrate transformation initiatives with those required to deliver a comprehensive programme of public service reform, GM has amalgamated the governance structures that have supported its prevention and public service reform agendas, creating a GM Reform Board. The Reform Board replaces the GM System Prevention and Early Intervention Board that was envisaged in the Public Health MOU.
- 9.4 The GM Reform Board is chaired by the Mayor and is responsible for overseeing the unified public health leadership system for GM. The key operational principles will be:
- 9.4.1 a robust and evidence-based public health contribution to growth and reform priorities of Greater Manchester;
 - 9.4.2 a relentless focus on wellbeing, prevention and targeted early intervention;
 - 9.4.3 a recognition that the citizens of GM will be key agents in supporting and achieving better health outcomes;
 - 9.4.4 a rebalancing of investment towards prevention; and

- 9.4.5 a commitment that no decisions on public health leadership, investment or commissioning that relate to GM residents are made without GM.

10. In Summary

- GMCA does not wish for LA or NHSE public health functions to be transferred to it.
- GMCA wishes to be part of a Joint Commissioning Board so that it can participate in achieving the GM goals and vision.
- GMCA wishes to participate in commissioning of GM wide services.
- Currently GMCA has no health functions. It cannot therefore sit on or with the JCB as it has no locus, health powers or duties. GMCA is therefore looking for GMCA to be given the same duty to “take such steps as it considers appropriate for improving the health of the people” in the Greater Manchester area as are given to individual local authorities pursuant to section 2B of the National Health Service Act 2006.
- In accordance with that duty, the steps that may then be taken by GMCA would include: providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness.
- It is proposed that the duty to improve public health will be a non mayoral function and that the GMCA will exercise this duty concurrently with the constituent Councils and the Secretary of State.
- Although GM can already commission GM wide public health services by agreement once GMCA has the power to participate in the commissioning of GM wide health or public health services it will develop its role as necessary and appropriate in consultation with DH and constituent members of GMCA.

Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
14 th June 2017 18:00-20:00	<u>Draft Agenda</u> 15 minutes before Paperwork and Deputies	<u>Draft Agenda</u> • Locality Plan and Transformation Bid –David Boulger • Pharmaceutical Needs Assessment (PNA) Consultation Update– Chris Woodhouse • Single Outcomes Framework – Chris Woodhouse	Discussion	<ul style="list-style-type: none"> Working well and the future GM Work and Health Programme. (Priority 2) Tracey Flynn
			Standard Items	<ul style="list-style-type: none"> Devolution update – Stuart North Communication and Marketing – Chloe McCann
			Decision	<ul style="list-style-type: none"> Better Care Fund Monitoring Report – David Boulger Governance Update – Julie Gonda
			TBC	
			Info	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> 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	<u>Draft Agenda</u> <ul style="list-style-type: none"> 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 Leader, Integrated Children's Services (Ramsbottom, Tottington and North Manor) - Karen whitehead 	Discussion	<ul style="list-style-type: none"> Suicide Prevention Strategy – Jon Hobday Greater Manchester Commissioning Review – Stuart North WIFI within GP's – Amy Lepiorz supported by Stuart North GM Children's Health and Wellbeing Board – Karen Whitehead GM Population Health Plan Programme Board – Lesley Jones
		Standard Items	<ul style="list-style-type: none"> Devolution update Communication and Marketing – (Covered in other items) GM Health and Wellbeing Board
		Decision	<ul style="list-style-type: none"> Health & Wellbeing Board Annual Report 2015/16 – Heather Crozier
		TBC	
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> 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	
28 th Sept 2017 18:00 – 20:00	<u>Draft Agenda</u> Discussion Topic – Living Well <ul style="list-style-type: none"> System Leader, Integrated Health and Social Care Community Teams (Prestwich) – Julie Gonda 	Discussion	<ul style="list-style-type: none"> Pharmaceutical Needs Assessment – Stephen Woods
		Standard Items	<ul style="list-style-type: none"> Devolution update <ul style="list-style-type: none"> Report from the Transformation Board, specifically on the LCO and OCO plan and what is happening to mobilise this including roles and functions– Stuart North Bury Health and Social Care Transformation Programme Board Terms of Reference (Final) – Stuart North GM and local developments with the GM PH Plan – Lesley Jones GM Children’s Health and Wellbeing Board – Karen Dolton GM Meetings Document – Chris Woodhouse Communication and Marketing – Summary Report from the September 01st 2017 Half Day Member Development Session.
		Decision	<ul style="list-style-type: none"> Director of Public Health Annual Report - Lesley Jones (Priority 2) The Bury Directory Annual Report -. (all Priorities) – Katie Wood.
		Info	<ul style="list-style-type: none"> 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) GM Health and Wellbeing Board GM Reform Board

	Interactive discussion/ focus	Agenda Items	
23 rd Nov 2017 14:00- 16:00	<u>Draft Agenda</u>	Discussion	
		Standard Items	<ul style="list-style-type: none"> • Devolution update <ul style="list-style-type: none"> - Urgent and Emergency Care – Steve Taylor - Report back on spend on Mental Health (Karen Dolton – Children and Julie Gonda – Adult) - BCF Sign off – Julie Gonda
		Decision	<ul style="list-style-type: none"> • Safeguarding Annual Report (adults) – Julie Gonda • Safeguarding Annual Report (Childrens)Independent Chair of BSCB (Sharon Beattie)
		TBC	
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • 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) • GM Health and Wellbeing Board • GM Reform Board

	Interactive discussion/ focus	Agenda Items	
21 st Dec 2017 18:00 – 20:00	<u>Draft Agenda</u> Locality Plan – David Boulger Discussion Topic – Ageing Well <ul style="list-style-type: none"> • Priority 4, Ageing Well Lead – Julie Gonda • System Leader, Urgent Care (Bury West) – Steve Taylor • Locality Plan Theme 'Reducing Failure Demand' 	Discussion	<ul style="list-style-type: none"> • Ground Work Ambition For Ageing – 6-9 Month update from March 2017 meeting. • Greater Manchester Early Help model – Tracey Flynn • Healthy Schools Programme – Klare Natalie and Lesley Jones. • Help yourself to Well-Being/ 1 year progress update (all priorities) and RSPH Annual Report – Cath Coward •
		Decision	
		TBC	<ul style="list-style-type: none"> • Marketing Update • Devolution Update • Locality Plan Branding Designs
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • 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)

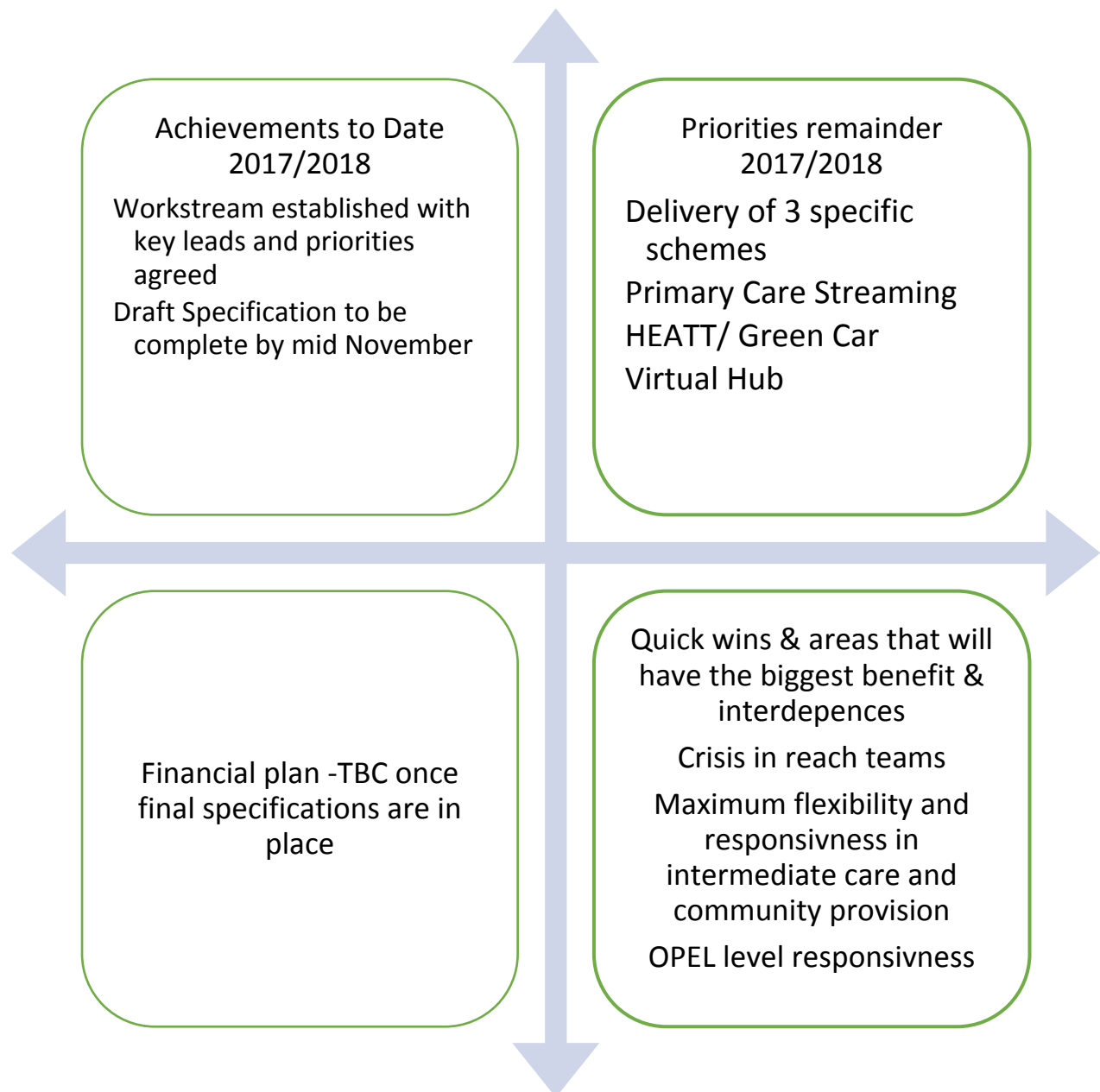
	Interactive discussion/ focus	Agenda Items	
14 th Feb 2018 14:00 – 16:00	<u>Draft Agenda</u> Discussion Topic – Healthy Places (Place Based – Physical Environment) <ul style="list-style-type: none"> • Priority 5, Health Places (Physical Environment) Lead – Lesley Jones • System Leader, Wider Council Provision (Radcliffe) – Julie Gonda • Locality Plan Theme 'Tackling Wider Determinants 	Discussion	
		Decision	<ul style="list-style-type: none"> • Pharmaceutical Needs Assessment – Final Sign Off BCF Sign off Q3 (template submitted 20.01.2018) • Adult Autism Strategy and action plan – Jacqui Waite
		TBC	<ul style="list-style-type: none"> • Marketing Update • Devolution Update
		Information	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none"> • (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 2018 18:00- 20:00	<u>Draft Agenda</u> Locality Plan – David Boulger	Discussion	
	Discussion Topic – Healthy Places (Place Based – Quality of life including skills) <ul style="list-style-type: none">• 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’	Decision	
		TBC	<ul style="list-style-type: none">• Marketing Update• Devolution Update
		Info	Mins of Health & Wellbeing Board Sub Groups <ul style="list-style-type: none">• (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)
<u>Items TBC</u> <ul style="list-style-type: none">• BCF Q4 – template to be returned by 21 April 2018			

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Updated position on Transforming Emergency Care workstream

November 17



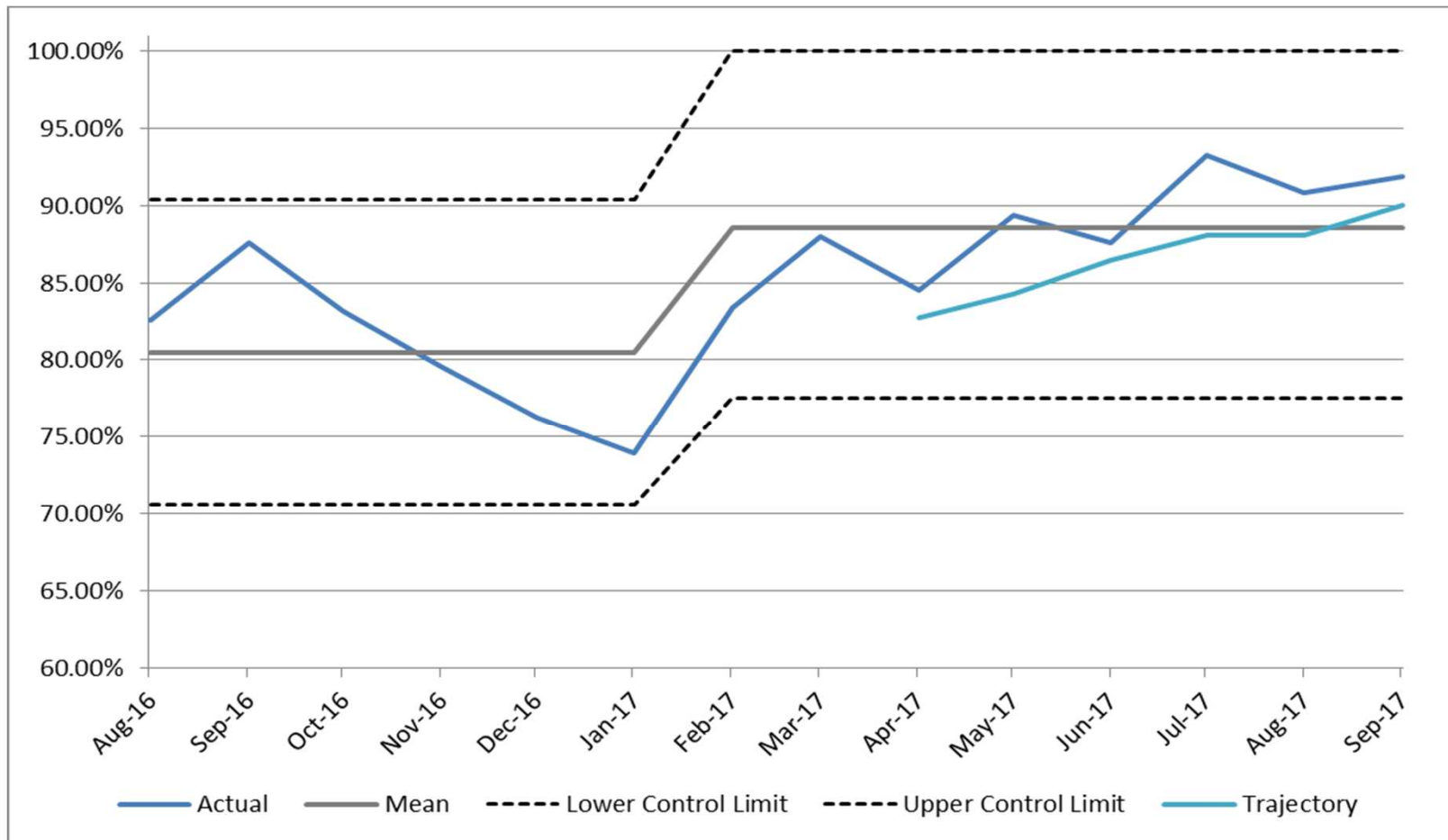
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Fairfield Urgent Care Update on Improvement Actions

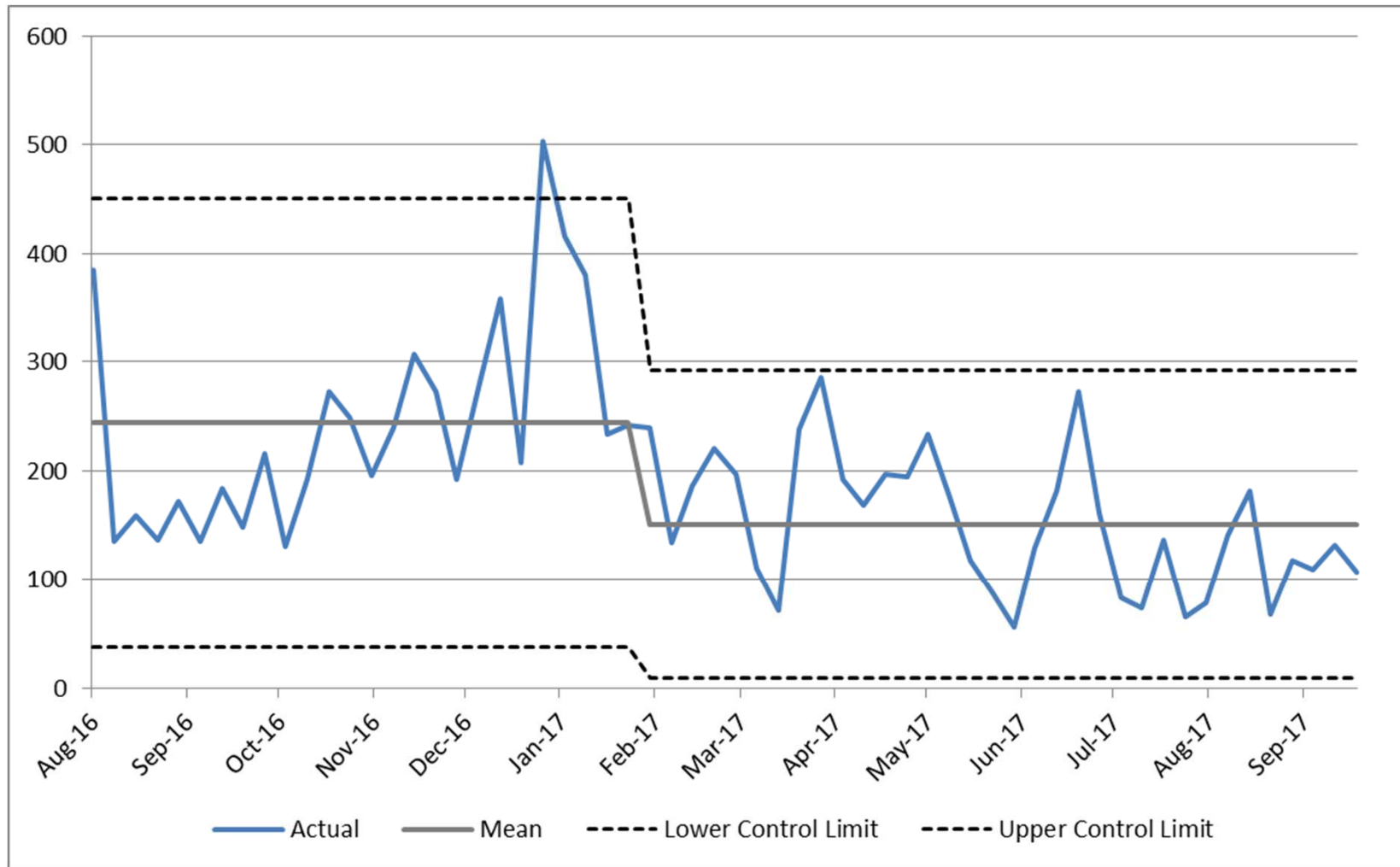
**Steve Taylor/ Keeley Gibbons
Chief Officer / Divisional Managing Director
October 17**



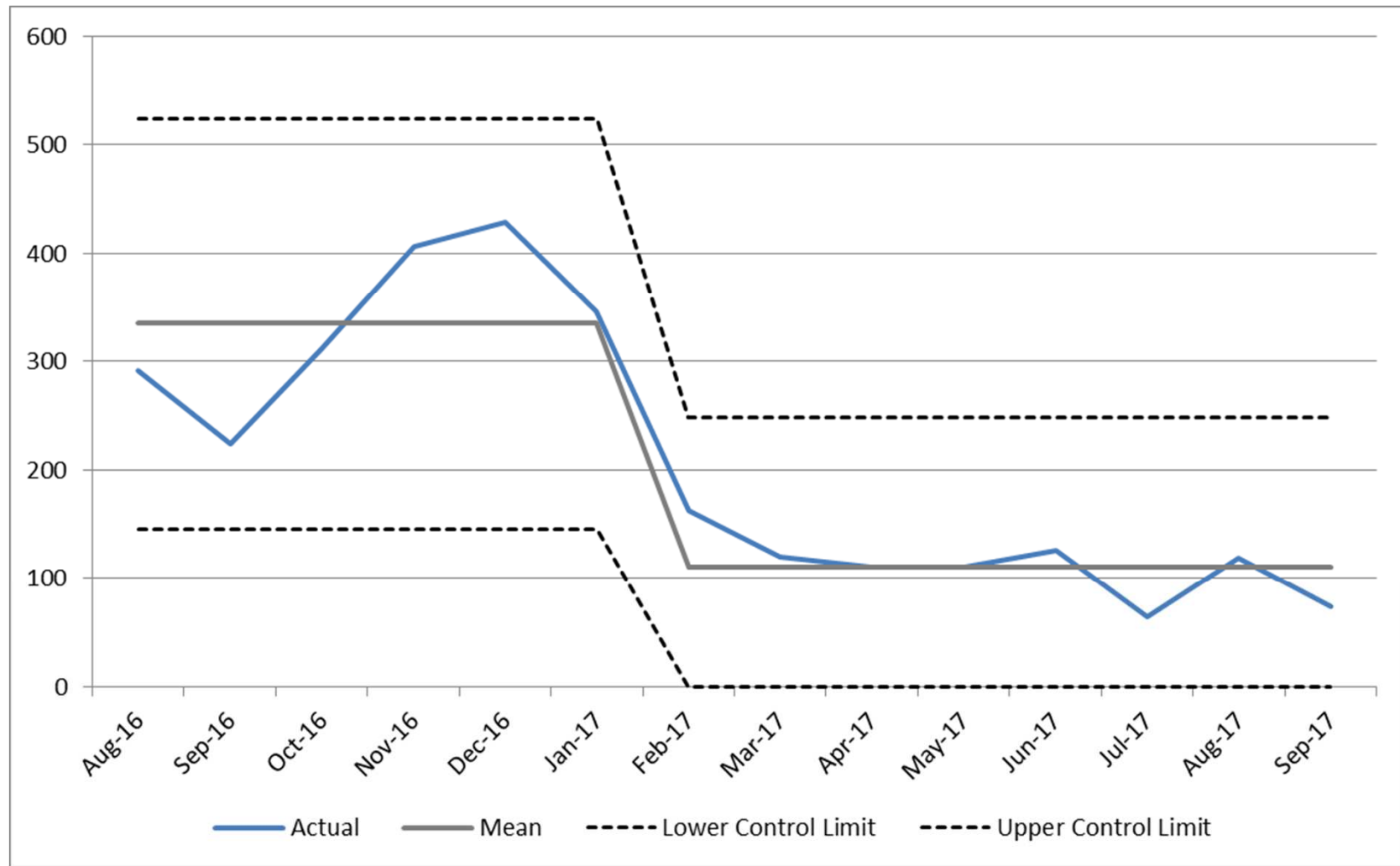
ED 4 Hour Performance %



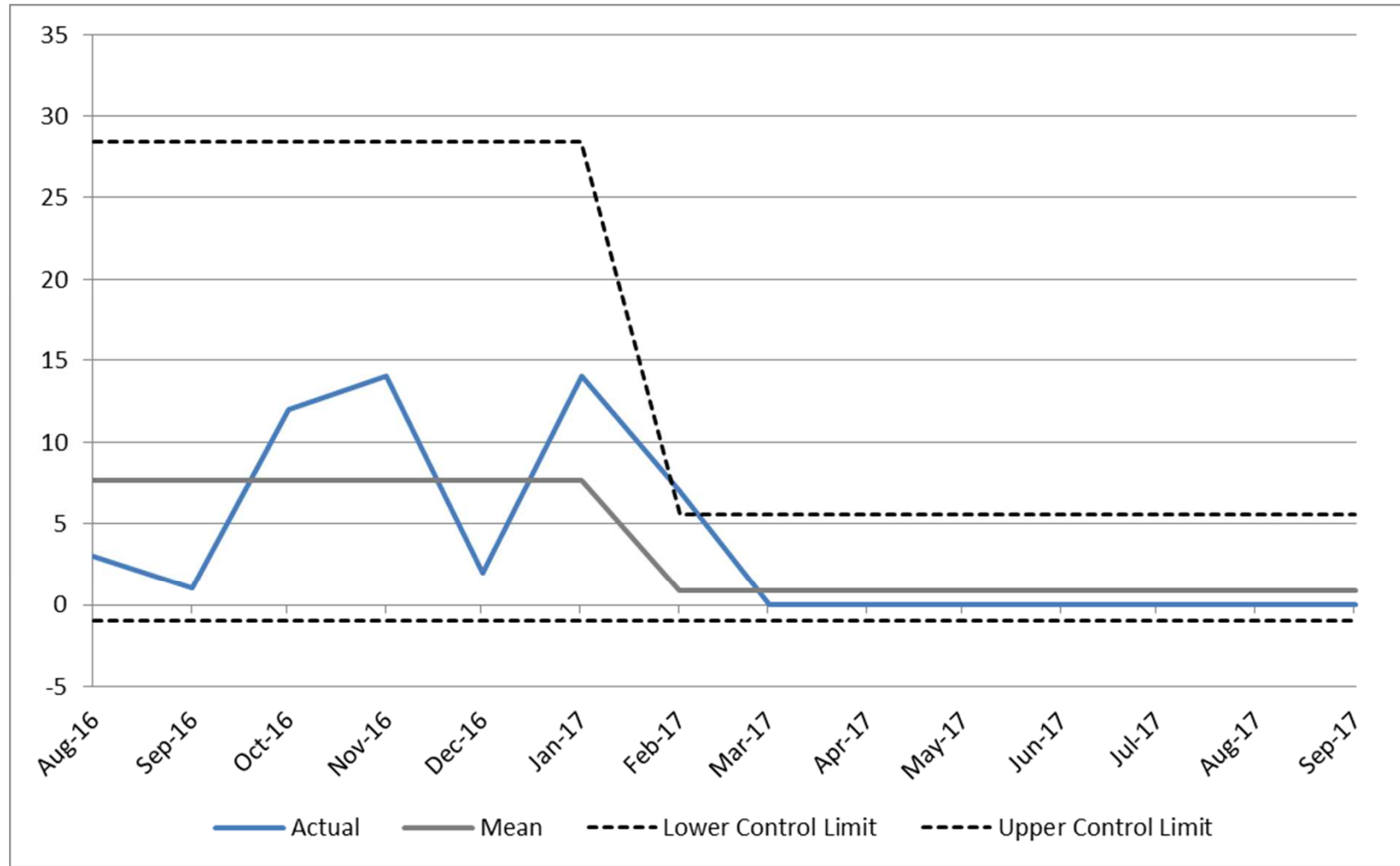
4 Hour Breaches



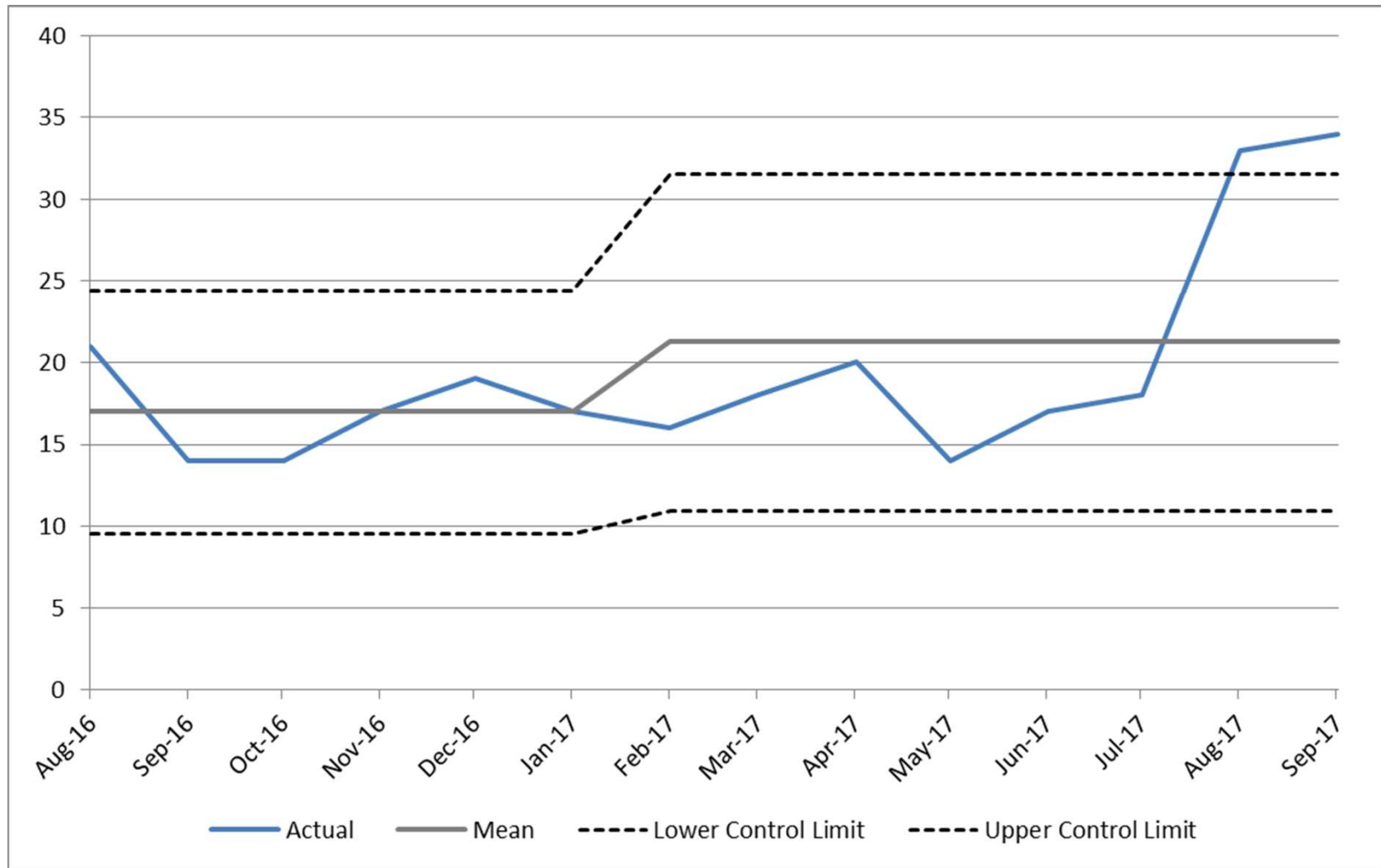
4-12 Hour Trolley Waits



12 Hour Trolley Waits



MOATs (month end census)



Update on Actions

- **Primary Care Streaming**
 - Bury leading LCO on transforming Emergency Care
 - Draft PSC spec – to be progressed through LCO
 - Capital bid approval – February 2018
- **QI methodology & tests of change**
 - PTS vehicle 7 days per week 10am-6pm – now business as usual
 - Discharge Lounge opening hours 7 days per week – now business as usual
 - Pharmacy Technician dedicated to AMU – 3 posts now funded to become part of the AMU establishment
- **Winter plan and Outcomes Framework**
 - Work continues with V4, draft outcomes framework due for completion ?
- **Re mapping WiC Activity**
 - Contract variation in place, activity to be included from October

Update on Actions cont..

- **Fully embed Ambulatory Care**
 - Ambulatory care pathways expanded approximately 30 patients per day through ambulatory care with <5% admission rate
- **Reduction in MOATS by 50%**
 - IDT has improved the focus on flow, additional work is required to re-design the system to facilitate more timely discharge

Areas for Focus



- **MOAT reduction**
 - Flexibility and re-design of the current community provision is required to reduce MOATs bed occupancy of community hospital Q3/Q4 2016
 - 64% - 89% versus 35 -40 MOATs same time period
- **Fit to sit**
- **Fill roll out of Ambulatory Care**
- **Expansion of Amy bed base and CAFÉ model**
- **Development of co located Urgent Treatment Centre**
- **Continued visible leadership and improved morale across the site**

Questions?

Bury Health and Wellbeing Board

Title of the Report	Better Care Fund 2017-19
Date	31/10/2017
Contact Officer	Deborah Yates/ Justine Palin
HWB Lead in this area	Julie Gonda, Acting Executive Director Communities & Wellbeing

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To seek Health and Wellbeing Board sign off for the Bury submission to the Better Care Fund 2017-19.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_Making_it_happen_to	The Better Care Fund primarily focuses upon: <ul style="list-style-type: none"> • Living Well with a Long Term Condition • Ageing Well 		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	<ul style="list-style-type: none"> • Living Well with a Long Term Condition • Ageing Well 		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Note the content of the report.		
What requirement is there for internal or external communication around this area?	None		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please	The Q2 iBCF submission has been signed off by both the Interim Assistant Director and Interim Director of Communities & Wellbeing, along with Cllr Simpson.		

provide details.	
------------------	--

2. Introduction / Background

The iBCF looks at how the pooled budget between the CCG and local authority is contributing performance and projects. This funding was given on top of the national BCF funding. It was agreed that Bury's Locality plan is being used instead of completing a formal BCF submission for 2017 - 2019. This is tied into the GM Transformation projects and the metrics which are currently under development.

The areas stated in Q1 have continued to progress in Q2 and further work will continue to ensure this budget is used effectively.

3. key issues for the Board to Consider

Some of the measures requested cannot be provided as required by the DCLG. A narrative comment has been provided in the iBCF submission.



2017-18 iBCF
monitoring template C

We will endeavour to provide numbers and metrics for the Q3 submission as the GM Transformation metrics are finalised.

4. Recommendations for action

Note the content of the report.

5. Financial and legal implications (if any)

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

None

6. Equality/Diversity Implications



None

CONTACT DETAILS:

Contact Officer: Deborah Yates

Telephone number: 0161 253 5856

E-mail address: D.Yates@bury.gov.uk

Date: 31/10/2017

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QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please **DO NOT** alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

- Instructions:**
- 1. Select your local authority from the drop-down menu in **Cell C11**.
 - 2. Enter the password provided in your email from DCLG into **Cell C13**
 - 2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
 - 3. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.
 - 4. Once completed and saved, please e-mail this MS Excel file by **20 October 2017** to: **CareandReform2@communities.gsi.gov.uk**

Local authority: (Select from drop-down menu)	Bury
Enter password (as provided in email from DCLG)	PSDW72
E-code	E4202
Period	Quarter 2 (July 2017 – September 2017)

Section A

A1. Provide a narrative summary for Quarter 2 which follows up the information you provided in Section A at Quarter 1. What are the key successes experienced? What are the challenges encountered?

Bury Council continues to use the additional 2017-18 funding for adult social care to support adult social care services across a range of areas:

- 1. Support a new model of person-centred domiciliary care delivery which is individually tailored, flexible and with contingency hours to enable care to be delivered over and above the agreed care plan in times of crisis. - This has moved to the next phase and new providers are recruiting however recruitment of staff proves challenging. Issues have also arisen with cooperation from outgoing providers delaying the transfer of customers packages.
- 2. Support the cost pressures in the system (including unavoidable inflation and the National Living Wage) - ongoing
- 3. Support Growing demand (in complexity and service user numbers) for local authority funded care and support- ongoing
- 4. Building Resilience & capacity within the Social Care Workforce - ongoing
- 5. Fund Investment into community services to support the pressure caused by delayed discharges, unplanned hospital admissions and reduced delayed transfers of care apportioned to social care - We have included additional staff within integrated discharge teams at hospitals, introduced daily meetings, acheived the finalisation of discharge to assess beds, completed the development of a winter plan, and held discussions with potention providers to provide additional EMI/EMD capacity.

A2. Provide progress updates on the individual initiatives/projects you identified in Section A3 at Quarter 1. You can provide information on any additional initiatives/projects not cited at Quarter 1 to the right of the boxes below.

A2a. Individual title for each initiative/project (Automatically populated based on information provided in Quarter 1. Please ensure your password is entered correctly in cell C13).	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
	Care at Home	Residential Care	Supported Living Services	Reablement	
	In progress: showing results	In progress: no results yet	Planning stage	In Progress: showing results	
A2b. Use the drop-down options provided to report on progress since Quarter 1.					
A2c. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	This has moved to the next phase and new providers are recruiting however recruitment of staff proves challenging. Issues have also arisen with cooperation from outgoing providers delaying the transfer of customers packages.	Discussions ongoing, in planning phase	Discussions ongoing, in planning phase	Maximising a persons level of independence and minimising the the need for ongoing support and dependence on public services. Timely discharge and improved patient flow.	

Section B

Report the actual impact of the additional funding on:

B1. Provide figures to illustrate your plans for the whole of 2017/18 prior to the announcement of the additional funding for adult social care at Spring Budget 2017. PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	a) The total number of home care packages provided for the whole of 2017/18:	b) The total number of hours of home care provided for the whole of 2017/18:	c) The total number of care home placements for the whole of 2017/18:
B2. Provide figures to illustrate your current plans for the whole of 2017/18 (i.e. after the announcement of the additional funding for adult social care at Spring Budget 2017). PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.			
B3. Difference between pre- and post-Spring Budget announcement plans: B2 - B1 (automatically calculated).			
B4. You can add some brief commentary on the figures provided above if you wish.	The increase in funding is being used to pay for the upift. This is due to the rise in costs due to inflation and the national living wage. We do not have planned figures for pre and post the additional funding. Bury Council are keen to confirm funding is being used to support people to staying well and independent for as long as possible in their own home.		

Section C

C1a. List up to 10 additional metrics you are measuring yourself against, as mentioned in Section C of the Q1 returns.

Metric 1	Metric 2	Metric 3	Metric 4	Metric 5

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Better Care Fund Template Q2 2017/18

Guidance

Overview

The Better Care Fund (BCF) quarterly monitoring template is used to ensure that Health and Wellbeing Board areas continue to meet the requirements of the BCF over the lifetime of their plan and enable areas to provide insight on health and social integration.

The local governance mechanism for the BCF is the Health and Wellbeing Board, which should sign off the report or make appropriate arrangements to delegate this.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

If required, the row heights can be adjusted to fit and view text more comfortably for the cells that require narrative information. Please note that the column widths are not flexible.

The details of each sheet within the template are outlined below.

Checklist

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

1. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net

2. National Conditions & s75 Pooled Budget

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2017-19 continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager.

In summary, the four national conditions are as below:

National condition 1: A jointly agreed plan

Please note: This also includes onfirming the continued agreement on the jointly agreed plan for DFG spending

National condition 2: NHS contribution to social care is maintained in line with inflation

National condition 3: Agreement to invest in NHS-commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

3. National Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. As part of the BCF plan for 17/19, planned targets have been agreed for these metrics.

This section captures a confidence assessment on meeting these BCF planned targets for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in meeting the BCF targets, any achievements realised and an opportunity to flag any Support Needs the local system may have recognised where assistance may be required to facilitate or accelerate the achievement of the BCF targets.

As a reminder, if the BCF planned targets should be referenced as below:

- Residential Admissions and Reablement: BCF plan targets were set out on the BCF Planning Template
- Non Elective Admissions (NEA): The BCF plan mirrors the CCG Operating Plans for Non Elective Admissions except where areas have put in additional reductions over and above these plans in the BCF planning template. Where areas have done so and require a confirmation of their BCF NEA plan targets, please write into england.bettercaresupport@nhs.net
- DToC: The BCF plan targets for DToC for the current year 17/18 should be referenced against the agreed trajectory submitted on the separate DToC monthly collection template for 17/18.

The progress narrative should be reported against this agreed monthly trajectory as part of the HWB's plan

When providing the narrative on challenges and achievements, please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

4. High Impact Change Model

The BCF National Condition 4 requires areas to implement the High Impact Change Model for Managing Transfer of Care. Please identify your local system's current level of maturity for each of the eight change areas for the reported quarter and the planned / expected level of maturity for the subsequent quarters in this year.

The maturity levels utilised are the ones described in the High Impact Changes Model (link below) and an explanation for each is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide further detail on the initiatives implemented and related actions that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter and any impact to highlight, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

Hospital Transfer Protocol (or the Red Bag Scheme):

The template also collects updates on areas' implementation of the optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of the Better Care Fund, but we have agreed to collect information on its implementation locally via the BCF quarterly reporting template.

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

Where there are no plans to implement such a scheme please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.

Further information on the Red Bag / Hospital Transfer Protocol:

A quick guide is currently in draft format. Further guidance is available on the Kahootz system or on request from the NHS England Hospital to Home team. The link to the Sutton Homes of Care Vanguard – Hospital Transfer Pathway (Red Bag) scheme is as below:

<https://www.youtube.com/watch?v=XoYZPXmULHE>

5. Narrative

This section captures information to provide the wider context around health and social integration.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Bury
Completed by:	Tracy Minshull
E-mail:	T.M.Minshull@bury.gov.uk
Contact number:	0161 253 6844
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr Simpson

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Better Care Fund Template Q2 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board:

Bury

Confirmation of National Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

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Better Care Fund Template Q2 2017/18

3. Metrics

Selected Health and Well Being Board:

Bury

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Data analysis shows an increase in the number of NELs against the 4,807 Q2 target. This has recently been discussed with GMH&SCP during the CCG Assurance visit. PAHT are failing the 95% A&E target and A&E attendances are increasing. PAHT report an increasing acuity of patients attending. The NES CCGs are continuing to negotiate with PAHT the 're-coding' of Ambulatory Care short stay NELs admissions. This will help to achieve the target when implemented.	GP Streaming Pilot at FGH implemented. WIC services stabilised after a number of unplanned closures in Q1. FGH A&E department operating above planned trajectory for the 95% target. Increased IMC community bed base at Bealeys. Ambulance scheme targeting the four highest homes for conveyance to A&E. Increased focus on Flow within the hospital. delivery of NHSE compliment EWHs continues across Bury. Development of a Vulnerable Patient Scheme to support patients at home over the weekend and prevent admissions. Agreement locally to implement the GM Urgent Primary Care priorities.	Continued pressure on PAHT with regards to the coding of Ambulatory Care admissions.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	Commencement of the design phase of the 'Home First' transformation model. The vision is to bring together all services which focus on out of hospital	Care at home retender and new model implemented.	• None required at This time
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Working towards a fully integrated model of bring Reablement and IMC together to provide a enhanced therapy lead service which is streamline to all residents in Bury. Recruiting Therapists could be a challenge due to a National shortage.	Refurbishment of a new IMC unit ready Jan 2018 where the IMC and Reablement team will be coming together as 1 service.	• None required at This time
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	Data analysis shows an increase in the number of DTOC against the 1,300 Q2 target. This has recently been discussed with GMH&SCP during the CCG Assurance visit. The CCG monitor DTOC on a monthly basis. The two most significant reasons for delays on acute sites relate to patients awaiting a care package at home and family choice. In terms of the latter, the implementation of the new GM policy in this regard should deliver improvements. For PCFT, family choice is also cited as an issue along with access to a nursing home placement. It is recognised that there are insufficient EMI beds in the borough and the CCG has invited the LCO to look at options to increase capacity.	The CCG has opened up discussions with a local provider block purchase some EMI capacity. Increased IMC community bed base at Bealeys. IDTs have been in place at both FGH and NMGH since May 17. Working at a NES level, (TOCAD) on GM Family Choice/Trusted Assessor and D2A policies. Additional Reablement capacity has been implemented focused in the south of Bury (and recently increased this) and the Trusted Assessor pathway is in place for IMC pathways. Care at Home has been retendered. The next stage is to move to phased implementation during Oct/Nov 17; operating on a zoned basis across the town, to increase capacity. Monthly conference call established between Bury LA and NMGH to support discharge. CCG has commissioned beds at OAK lodge fore CHC D2A.	Continued focus at senior Level to support patient flow. Continued focus locally on the implementation the GM Policies.

* Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DTOC trajectory template

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Bedside Care Panel Template Q2 2017/18									
A. High Impact Change Model									
Technical needs and what being said									
		Measuring assessment			Narrative				
		Q2 17/18 Current	Q4 17/18 Proposed	Q4 17/18 Proposed	What's at 'Transition' phase (what's needed to support this)	Challenges	Measures met during the quarter / proposed input	Support needs	
17g.1	Early discharge plans	Plans in place				<ul style="list-style-type: none">• In hospital proactively invites from ward to ward• Currently active if GPs or GPs/ Nurses etc. are consistently involved in discharge planning and at what stage	<ul style="list-style-type: none">• The Bury Locality Plan includes plans for the involvement of Integrated + Neighbourhood Teams. These Teams will support early discharge planning for local admissions with primary and secondary health and social care involvement• Assessment: Teams is involved in discharge planning for local admissions - this means open where admission is short term• Including the gap review placed as part of the first visit made to patients - this means open where admission is short term	<ul style="list-style-type: none">• Consider potential value of social work input in GPs and hospital involvement look as part of wider Home Care developments	
17g.2	Systems to monitor patient flow	Established				<ul style="list-style-type: none">• System wide analysis has not been undertaken• Further gap analysis is being planned in relation to GPs / GPs/ Nurses and patient flow• Opportunities for greater flexibility (eg. in workforce deployment) to form part of future fire design• Implement electronic patient flow tool to provide real time updates on patients who are waiting (updated and working version (BHS))	<ul style="list-style-type: none">• Lower 'turnover' rate analysis has been done which has identified contributing factors eg. the increase A&E bed capacity in Bury Community Hospital and Neighbourhood• There is awareness of where current capacity limitations eg. transition to GPs / GPs/ Nurses and discharge to GPs / GPs/ Nurses• Continued digital development to assess beds to support patient flow• GPs / GPs/ Nurses and patient flow increased capacity in A&E beds in Bury Community Hospital and Neighbourhood• Available beds available and equipped at GPs when required• Senior clinical decision maker and GPs staff currently involved through 'Bury Board' on each ward at GPs to support identification of patients who are fit for discharge and discharge planning	<ul style="list-style-type: none">• Further work needed to assess current need of gaps in capacity in GPs / GPs/ Nurses• Understanding of footprints to inform design and development of Home Care model as part of Bury Locality Plan• Role of professionals with community on GPs needs to understand beds and care staff resources	
17g.3	Multi disciplinary teams agency discharge teams	Mature			<ul style="list-style-type: none">• Co located team but not fully integrated, however staff across nursing and social work are working effectively	<ul style="list-style-type: none">• Cross boundary working needs to be established• Implement new Discharge Policy & Model care• High level and GPs/ Nurses for local work assessment• The current Neighbourhood Community Partner involvement	<ul style="list-style-type: none">• Integrated GPs and Adult Social Care Discharge Teams in place at GPs across all different boroughs• New discharge policy for PAAT sites established• GPs training on different site system	<ul style="list-style-type: none">• Different funding arrangements and access to different systems• Different IT systems• GPs training on different site system	
17g.4	Home Based Discharge Teams	Plans in place				<ul style="list-style-type: none">• Requirements of Care homes developed• Home provision is considered need to explore options for discharge location (location standards for assessments)• Although additional capacity has been put into development it is still waiting for	<ul style="list-style-type: none">• Integrated discharge Teams are in place for the main hospital care, this includes ongoing time management for Home Based and mobile Home Based Workers• Models for intermediate care and integrated discharge have been developed• Continued progress in development is place to support additional community capacity as part of the implementation of discharge Teams, residents are to be involved in development to ensure patients and their families to contribute to a comprehensive assessment and avoid unnecessary trips to care and waiting for the service of choice• Care at home extend and new requirements• Single point of access for bed based GPs		<ul style="list-style-type: none">• Home required at this time
17g.5	Seven day service	Established				<ul style="list-style-type: none">• This is a robust service at weekends, 10am and 10am-5pm at GPs, this has been developed in line with integration of A&E and disciplinary assessment teams with ability to take planned discharge 7 days a week	<ul style="list-style-type: none">• Discharge teams Home input to GPs and community input at the weekends• This capacity provided at weekends by Transfer of Care Teams• Negotiation currently underway around new contracts and rates for the staff• A patient's request of a package of care has been developed to support for the discharge of the patient's care (or referral)• Planned discharge to A&E beds from 7 days a week		<ul style="list-style-type: none">• Home required at this time
17g.6	Trailed assessment	Plans in place				<ul style="list-style-type: none">• Cross boundary working and integrating through the area aspects of care• Training staff available• Working better - different funding arrangements and roles in different boroughs and different IT systems	<ul style="list-style-type: none">• Shared contract 'Response' to support discharge to A&E in place	<ul style="list-style-type: none">• Staff currently being trained in each other systems• Equipment across boroughs - Assessment approach incorporating different and knowledge with different and knowledge staff part of GPs GPs	
17g.7	Focus on change	Plans in place				<ul style="list-style-type: none">• Implement new PAAT discharge policy including staff training• Reduction of GPs/ Nurses by GPs/ Nurses & Social care Partnership Board• Implementation of Trust / site• Development of new information for primary / tertiary• Staff communication & training• Implementation of integrated neighbourhood Teams as part of current fire Model to support care beyond traditional discharge planning & discharge following emergency admission, GPs will form part of integrated neighbourhood team model	<ul style="list-style-type: none">• Advice and information booklet for primary / tertiary• Staff staff and integrated Discharge Teams have been trained with patients and visitors		<ul style="list-style-type: none">• Home required at this time
17g.8	Enhancing Health in care	Established				<ul style="list-style-type: none">• The GPs and adult social care commissioners working closely with care providers to ensure the quality of provision through a robust Quality Assurance process• A&E established Residential Care Provider Forum and visitors to other services, A&E Teams to be able to provide support to patients with physical and physical activity training• Continued support to support care beyond traditional discharge planning & discharge following emergency admission, GPs will form part of integrated neighbourhood team model	<ul style="list-style-type: none">• The need for A&E English Nursing has been reduced of the development of the integrated and to know that the Trust works collaboratively with care homes and residential homes to assist staff with decision making during care periods. As such, the trust is now working to ensure care homes as possible across the North West. The overall aim of the development and implementation of the integrated is to reduce the amount of inappropriate 999 calls and subsequent admissions to hospital		
Targeted Transfer Proposed for the Best Bag Scheme									
Information on the Best Bag Scheme (Targeted Transfer) is available on the website and information sharing with residents and visitors (see website and hospital)									
		Q2 17/18 Current	Q4 17/18 Proposed	Q4 17/18 Proposed	<ul style="list-style-type: none">• If there are no plans to implement such a scheme, please provide a written or verbal explanation of the reasons for not implementing such a scheme	Challenges	Achievements / Impact	Support needs	
18C	Best Bag Scheme	Plans in place			<ul style="list-style-type: none">• There is a plan to implement such a scheme	<ul style="list-style-type: none">• There is a plan to implement such a scheme	<ul style="list-style-type: none">• Working on a consultation to be circulated to providers which will be followed up by the next Residential Care Provider Forum	<ul style="list-style-type: none">• Home required at this time	

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Better Care Fund Template Q2 2017/18

5. Narrative

Selected Health and Wellbeing Board:

Bury

Remaining Characters:

19,167

Progress against local plan for integration of health and social care

Bury has completed a full locality plan refresh to establish a new transformational model, underpinned by a series of transformation programmes that will close the projected 2020/21 financial gap, whilst also improving outcomes for local people.

The new transformational model is structured around four strategic domains and aligns and compliments our BCF outcomes: (1) Building New Relationships (with the public / between organisations); (2) Staying Well for Longer; (3) Reducing Failure Demand; (4) Tackling the Wider Determinants of Health.

Proposals for organisational redesign including One Commissioning Organisation (OCO), Locality Care Organisation (LCO), and Integrated Neighborhood Working. These are developing well particular in relation to the LCO and neighborhood working with work well underway regarding the OCO.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:

19,526

Integration success story highlight over the past quarter

The Transformation Fund Investment Proposition was recently ratified by the GMHSCP Board.

The LCO has successfully recruited to the role of Interim Exec Director for LCO. They have also commissioned the services of an external PMO company to support the LCO and the OCO. In terms of the OCO we now have in place an Interim Programme Director who will work alongside system leaders to support the further development of the locality plan and the transformation proposals.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

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Better Care Fund Template Q2 2017/18

Checklist

[<< Link to Guidance tab](#)

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes
-----------------	-----

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes
-----------------	-----

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes
-----------------	-----

4. HICM

	Cell Reference	Checker
Early discharge planning Q2	D8	Yes
Systems to monitor patient flow Q2	D9	Yes
Multi-disciplinary/multi-agency discharge teams Q2	D10	Yes
Home first/discharge to assess Q2	D11	Yes
Seven-day service Q2	D12	Yes
Trusted assessors Q2	D13	Yes
Focus on choice Q2	D14	Yes
Enhancing health in care homes Q2	D15	Yes
Red Bag scheme Q2	D19	Yes
Early discharge planning, if Mature or Exemplary please explain	G8	Yes
Systems to monitor patient flow, if Mature or Exemplary please explain	G9	Yes
Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	G10	Yes
Home first/discharge to assess, if Mature or Exemplary please explain	G11	Yes
Seven-day service, if Mature or Exemplary please explain	G12	Yes
Trusted assessors, if Mature or Exemplary please explain	G13	Yes
Focus on choice, if Mature or Exemplary please explain	G14	Yes
Enhancing health in care homes, if Mature or Exemplary please explain	G15	Yes
Red Bag scheme, if Mature or Exemplary please explain	G19	Yes
Early discharge planning Challenges	H8	Yes
Systems to monitor patient flow Challenges	H9	Yes
Multi-disciplinary/multi-agency discharge teams Challenges	H10	Yes
Home first/discharge to assess Challenges	H11	Yes
Seven-day service Challenges	H12	Yes
Trusted assessors Challenges	H13	Yes
Focus on choice Challenges	H14	Yes
Enhancing health in care homes Challenges	H15	Yes
Red Bag Scheme Challenges	H19	Yes
Early discharge planning Additional achievements	I8	Yes
Systems to monitor patient flow Additional achievements	I9	Yes
Multi-disciplinary/multi-agency discharge teams Additional achievements	I10	Yes
Home first/discharge to assess Additional achievements	I11	Yes
Seven-day service Additional achievements	I12	Yes
Trusted assessors Additional achievements	I13	Yes
Focus on choice Additional achievements	I14	Yes
Enhancing health in care homes Additional achievements	I15	Yes
Red Bag Scheme Additional achievements	I19	Yes
Early discharge planning Support needs	J8	Yes
Systems to monitor patient flow Support needs	J9	Yes
Multi-disciplinary/multi-agency discharge teams Support needs	J10	Yes
Home first/discharge to assess Support needs	J11	Yes
Seven-day service Support needs	J12	Yes
Trusted assessors Support needs	J13	Yes
Focus on choice Support needs	J14	Yes
Enhancing health in care homes Support needs	J15	Yes
Red Bag Scheme Support needs	J19	Yes
Sheet Complete:		Yes

5. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes
Sheet Complete:		Yes

Bury Health and Wellbeing Board

Title of the Report	Bury Safeguarding Children Board
Date	10/11/2017
Contact Officer	Donna Green
HWB Lead in this area	Karen Dolton/Karen Whitehead

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	Requirement Working Together 2015		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Starting Well Priority 1		
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			
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.	<p>Organisations working with children and young people can use this report to develop their understanding of safeguarding in Bury and the work that Bury Safeguarding Children Board is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation.</p> <p>The public can use this document to develop their understanding and see how there can be wider community engagement in safeguarding issues.</p>		

What requirement is there for internal or external communication around this area?	None. It is a requirement of Working Together 2015 that the annual report is published. The report is published on the LSCB website www.safeguardingburychildren.org
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	BSCB 13 th September 2017

2. Introduction / Background

The LSCB Independent Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to child sexual exploitation and include in the report information on the outcome of these assessments. This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual

abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue.

3. key issues for the Board to Consider

See point 2 above

4. Recommendations for action

The Board notes the report.

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

None identified.

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

None identified.

CONTACT DETAILS:

Contact Officer: Donna Green

Telephone number: 0161 2537329

E-mail address: donna.green@bury.gov.uk

Date: 10/11/2017



Annual Report on the Effectiveness of Safeguarding Children in Bury 2016/17



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Web : www.safeguardingburychildren.org

Contents



1. Foreword.....	3
2. The role of the LSCB.....	4
3. LSCB partners.....	5
4. How the BSCB undertakes its work	6
5. Promoting effective partnership working.....	9
6. Communicating and raising awareness.....	10
7. Holding partners to account.....	12
8. The effectiveness of safeguarding in Bury	14
9. Reviewing Child Deaths	20
10. Managing allegations against professionals	21
11. Partner compliance with statutory safeguarding requirements.....	23
12. Evaluating the child's journey through the safeguarding system	25
13. The effectiveness of Bury Safeguarding Children Board	33
14. Progress against challenges the BSCB set itself in 2016/17.....	34
15. Conclusion.....	36
16. Challenges the BSCB has set for itself for 2017/18	37
Appendix 1.....	39
Appendix 2.....	40
Appendix 3.....	40
Appendix 4.....	40

1. Foreword

At the end of the financial year 2015/16 BSCB members said goodbye to Gill Rigg after seven years as the BSCB Independent Chair. In 2016/17 we welcomed Sharon Beattie as our new Independent Chair when she took over the role at the beginning of April 2016. Due to unforeseen circumstances Sharon has been unable to continue in the role going forward into the new financial year. At the time of writing this report efforts are underway to recruit a new BSCB Independent Chair. Working with our partners in the Adult Safeguarding Board and recognising the shared benefits of closer co-operation we will be recruiting a joint Independent Chair for both Boards. The Annual Report foreword is usually produced by the BSCB Independent Chair. LSCB members have agreed that this foreword is a collaboration on behalf of all our partners.

This BSCB Annual Report is a requirement of Working Together 2015, the statutory guidance and the report is expected to identify the effectiveness of child safeguarding and promoting the welfare of children in Bury. It is required to provide a rigorous and transparent assessment of the performance and effectiveness of local services. It is our aspiration that this report does that and it will be of relevance and useful to anyone with an interest in safeguarding in Bury. In the previous financial year the Board benefited from external scrutiny when Ofsted conducted its review of the effectiveness of the Board, and judged it to be good. However, in no way was the Board complacent, and whilst this report describes the activity of the Board in 2016-17, plans were developed to continue to improve safeguarding activity in 2017 and beyond. Over the past year, a priority for us has been to ensure that the combined impact of a change of Chair and the significant

developments regarding the future of Local Safeguarding Children Boards (brought about by the Wood Review and the Government response) have not adversely affected our enthusiasm and commitment to improve.

The report details the activity of the Board, which is made up of the main Board, the Business Group, and the sub groups. It describes a significant amount of highly effective work by partner agencies, who work tirelessly to keep children and young people as safe as possible in Bury. We have been grateful for all the work which constituent agencies undertake on behalf of the Board.

The report describes an analysis of how effective safeguarding is in Bury, the auditing activity and the performance data. It describes performance against the Business Plan, and some key areas of activity, the continued implementation of findings from our audit work and learning reviews, and the ongoing development of Child Sexual Exploitation activity.



**Bury Safeguarding Children Board members
September 2017**

2. The role of the LSCB

Bury Safeguarding Children Board (BSCB) is a statutory body established under the Children Act 2004. It is independently chaired and consists of senior representatives of all the statutory partners working together to safeguard children and young people in Bury. Its statutory responsibilities are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work

The remit of this Annual Report

This report sets out progress made by Bury LSCB in 2016/17 with its partners, and analyses the effectiveness of

- Safeguarding arrangements in Bury
- The BSCB in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.

The report has been circulated to BSCB Business Group members and to BSCB members for comment and finalised

during September 2017. It will be submitted to the Bury Council Chief Executive and Lead member. It will be presented to the Bury Health and Well-Being Board on 11 December 2017. It will be submitted to the Greater Manchester Mayor together with a combine Greater Manchester LSCBs Annual Report.

The BSCB structure can be found on page 8.

The annual BSCB Business Plan sets out objectives and tasks within the BSCB's strategic priorities, identifying which sub groups will lead and timescales for completion.

The BSCB engages with other strategic bodies in Bury.



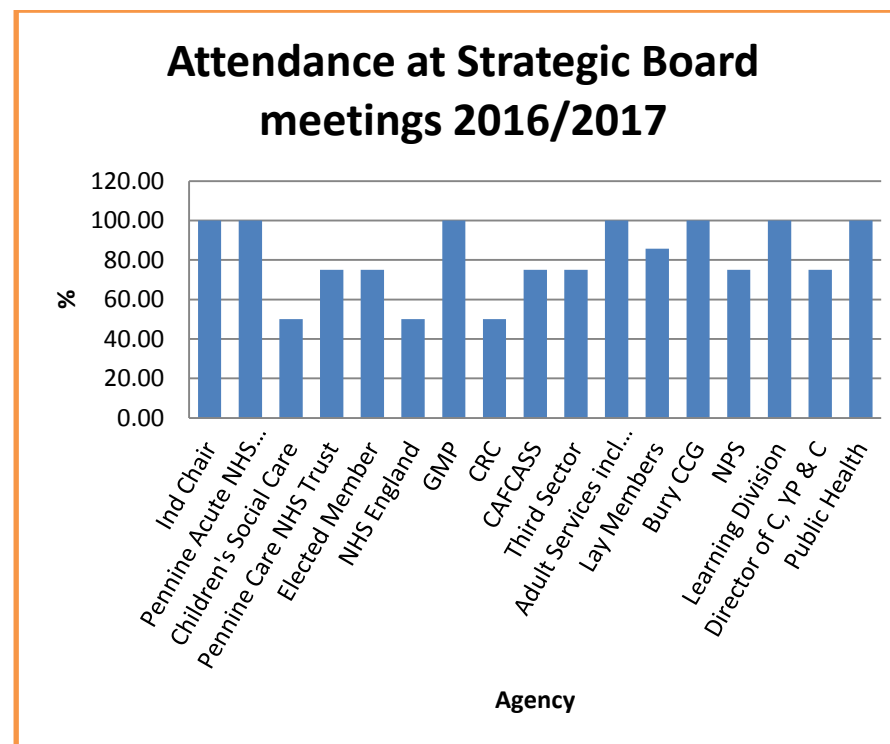
3. LSCB partners

BSCB partners continue to demonstrate their commitment to safeguarding by good attendance and by providing the resources that are needed to ensure an effective LSCB. Continuing financial restrictions on the public sector did result in reduced contributions in 2016/17 from both the Community Rehabilitation Company and the National Probation Service.

BSCB Budget

Local Authority Children's Services	£42,145.00
Bury CCG	£37,142.00
Greater Manchester Police	£11,850.00
CAFCASS	£550.00
National Probation Service	£896.40
Community Rehabilitation Company	£2,080.80
Direct Schools Grant	£40,000.00
Total	£134,664.20

A summary of projected income and expenditure can be found in [appendix 1](#).



4. How the BSCB undertakes its work

BSCB meets quarterly with Business Group meetings taking place six weekly in the intervening months.

The work of the BSCB is undertaken through its sub groups (see structure on page 8) and is reliant on input from staff from partner agencies supported by the BSCB Team. This year we welcomed a new Independent Chair to the BSCB Sharon Beattie.

In response to the Wood review of LSCBs the Independent Chair commissioned a Development Day facilitated by Professor Nick Frost, Independent Chair of North Yorkshire LSCB. Our partners were invited to discuss the Wood report and consider the question **"WHAT SHOULD 'POST LSCB' LOOK LIKE IN BURY?"** The Development Day provided an opportunity to review our structures and processes. The challenge we set ourselves was to better hold our partners to account for improving safeguarding practice.

Members reported that capacity issues meant that it was proving challenging to attend every sub group. After a formal review it was agreed to reduce any duplication by reducing and/or merging the number of sub groups. We agreed that the Business Group will be maintained and should continue to focus on reviewing the Business Plan. Sub groups continue to report to the Business Group.



The strategic board continues to meet four times per year and this year we have also employed a different approach holding themed discussions at meetings in line with BSCB priority areas.

It was agreed that sub group activity should continue to focus on BSCB priority areas. We have agreed to:

To retain:

- CSE & Missing Sub Group (membership unchanged)
- Safeguarding Schools & Colleges Sub Group (membership unchanged)
- Monitoring & Evaluation (proposed rename to Quality Assurance Sub Group (membership unchanged)
- Child Death Overview Panel (CDOP)

Merge:

- Learning & Development & Case Review & Learning Sub Group (membership to be reviewed)

Disestablished:

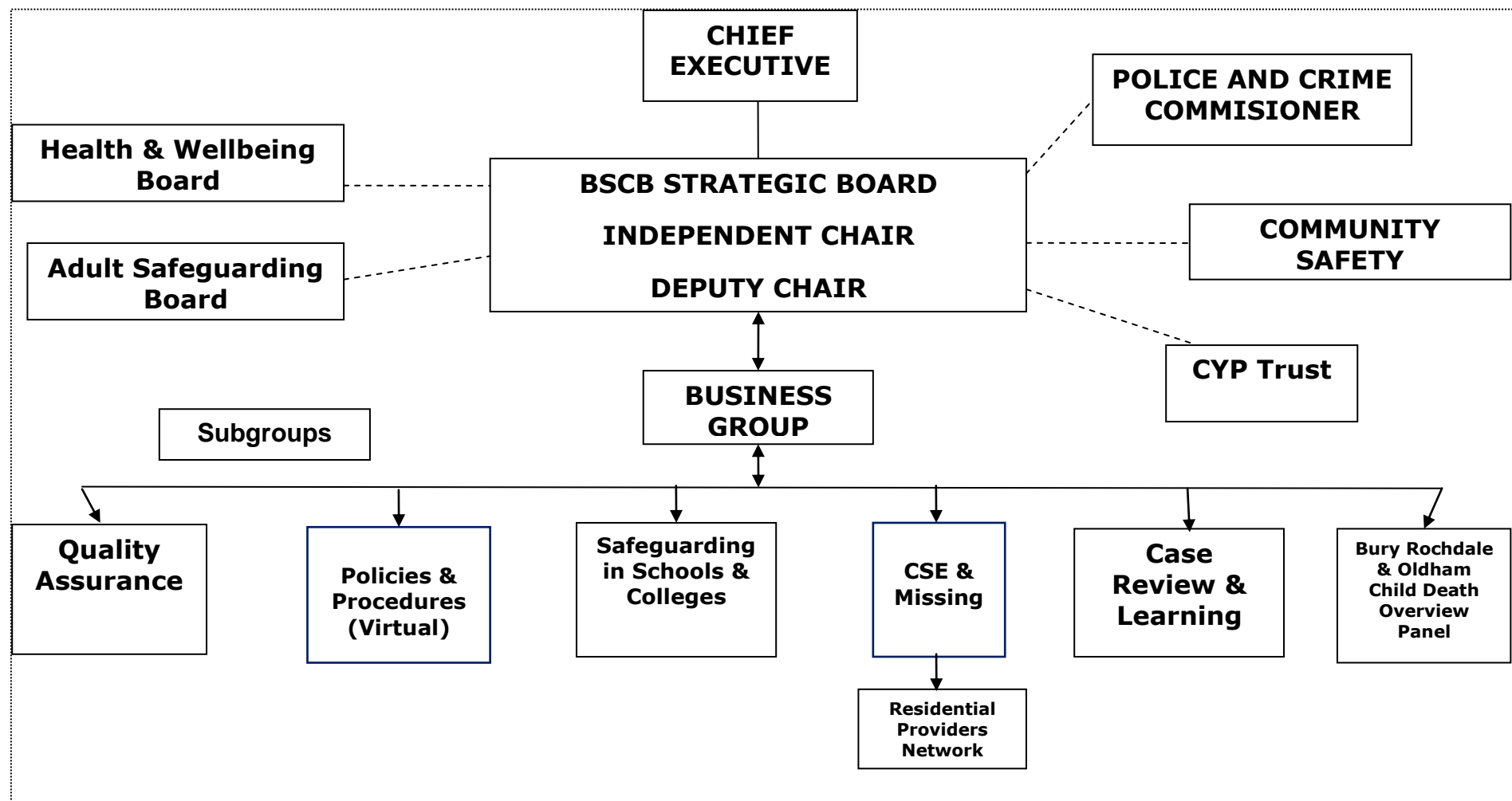
- Children Living Away from Home Sub Group. It was agreed that the BSCB should hold the Corporate Parenting Board to account for improved outcomes for Looked After Children. The Private Fostering Action Plan will be scrutinised by the Business Group. The welfare of children living in secure/long stay mental health establishments will be scrutinised under Priority 4 in the BSCB Business Plan 2017/18 'safeguarding children who have mental health needs'.

Working Groups:

- **On line safety**-this work will be led by and scrutinised via the Safeguarding Schools and Colleges Sub Group.
- **Residential Providers**-this is a networking meeting held twice per year by the LADO reporting to the CSE & Missing Sub Group.

The commitment shown by our partners to the work of the BSCB and their staff in the context of continuing austerity is testament to shared intent across the partnership to improve multi-agency working and outcomes for children and young people.

BSCB Structure Chart (as of 2017)



5. Promoting effective partnership working

Widening partnerships on a regional basis has been a priority for the BSCB over the last twelve months. BSCB collaborates on a Greater Manchester basis with other Greater Manchester Local Safeguarding Children Boards and is represented on the Greater Manchester Safeguarding Partnership (GMSP).



The GMSP consists of representatives from all Local Safeguarding Children Boards and key agencies across Greater Manchester and coordinates collaborative projects and promotes a consistency of approach.

Recent examples of BSCB collaboration include the development of a Greater Manchester wide neglect strategy. We continue to collaborate on a GM wide basis with our neighbouring LSCBs to produce and revise the pan Greater Manchester multi-agency Safeguarding Procedures. In 2016/17 two successful updates of the procedures were completed ensuring that procedures are up to date, comprehensive and reflect local and national priorities.

This year the BSCB also participated with neighbouring LSCBs and with our colleagues from the Adult Safeguarding Board in the Greater Manchester wide strategic approach to complex safeguarding including Human Trafficking, Modern Slavery and a coordinated strategic response to missing children. Recent practice developments include the 'Footsteps' project funded by the Police & Crime Commissioner that provides an enhanced service to a cohort of children who go missing between 2 to 5 times. We will be scrutinising the impact of this service on children from Bury over 2017/18.

Collaboration is also taking place on regional basis to improve practice responses to abusive head trauma in babies. This follows on from the learning from a number of local Serious Case Reviews. BSCB members are part of a North West sector steering group to develop a local campaign to promote and support parents to respond safely to crying babies.

6. Communicating and raising awareness

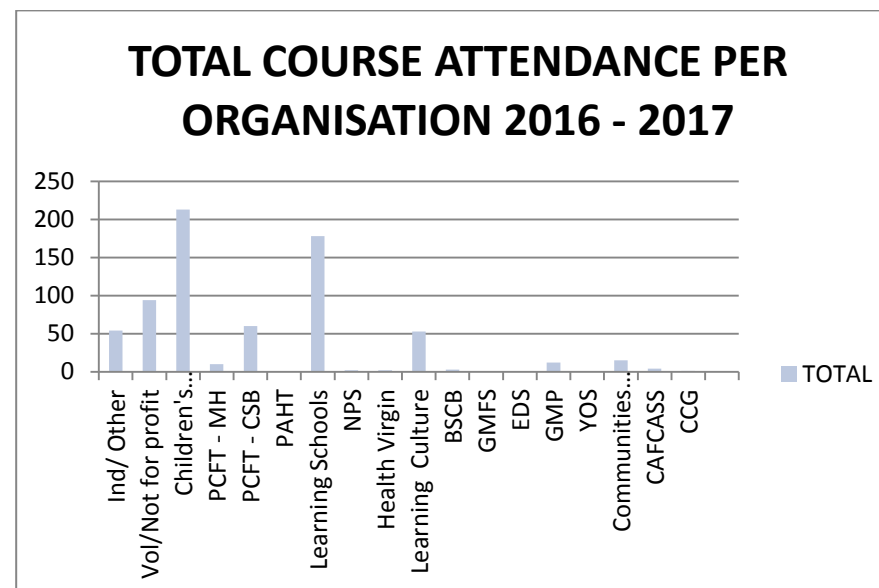
A key function of the BSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership.

Learning and improvement is undertaken in Bury in a number of ways, including reviews of practice, auditing, quality assurance and external learning.

The BSCB Case Review & Learning Sub Group is responsible for coordinating serious case reviews and learning reviews and for monitoring the implementation of all of the review action plans on behalf of the BSCB. The sub group is chaired by the Head of Safeguarding Bury CCG.

Leading from the BSCB Development Day in October the sub group reviewed its terms of reference and merged with the Learning and Development sub group.

All case review learning is incorporated into the BSCB [multi-agency training programme](#). Last year the BSCB delivered a total of 34 courses to 701 participants. The sub group now has responsibility for the quality assurance of multi-agency training and for the evaluation of their impact on practice.



As part of the dissemination of learning from reviews and audit activity the BSCB also produces a quarterly [e-bulletin](#).


The sub group also leads on the delivery of a BSCB Practitioners' Forum that is held quarterly and enables further exploration of the learning. This year we have held discussions on FGM, Fabricated Illness, Forced Marriage and Harmful Sexual Behaviour. The discussion sessions seek to raise the profile of the BSCB and its work with front line practitioners. They also provide practitioners with the opportunity to feedback any practice issues to strategic decision makers for action. Our practitioner forums have been very successful and have been attended by 115 staff.



Bury LSCB_@BuryLSCB

BSCB Practitioner's Forum (Theme: Honour Based Violence) at 12 to 2 pm tomorrow (15/03/17) at DTC. Further info on <http://www.safeguardingburychildren.org.uk>.

In 2016/17 we embraced the use of social media to raise awareness of our work. In April 2016 we began to use

twitter  [twitter @BuryLSCB](#) to raise awareness of BSCB activity, promote safeguarding messages and participate in local and national campaigns. Today we have over 340 followers and aim to raise this number in the next twelve months.

7. Holding partners to account

The BSCB's understanding of and scrutiny of safeguarding practice is informed by the work of the BSCB Quality Assurance sub group. The sub group is chaired by the Strategic Lead for Quality Assurance Children's Social Care. The sub group undertakes its quality assurance functions by two key processes: a programme of multi-agency audit and the monitoring and reporting to the BSCB of a multi-agency data set.

1. Auditing

The BSCB employs a range of methodologies to carry out multi-agency audits. These include audits of case records by partners, feedback from parents/carers to the BSCB Quality Assurance & Performance Officer, feedback from professionals involved, external peer review and direct observations of practice. All learning from audits is followed by an action plan/tracker that is monitored by the most appropriate BSCB sub group. Audits have considered the following practice areas:

- Child protection case conferences
- Step-down processes
- CSE Peer Review (Project Phoenix)
- Core group working

Following on from the learning from the Ofsted Review of the LSCB undertaken in 2015/6 we have required our partners to provide evidence and outcomes in terms of their own single agency audits. Areas for improvement from both our multi-agency and single agency audits have included:

- Timely distribution of CIN/CP minutes
- More focused review of child protection plans in core groups and conferences
- Voice of the child and the participation of children and young people

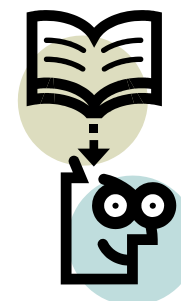


2. BSCB multi-agency data set

Through the recruitment of a permanent Quality Assurance & Performance Officer we have produced a comprehensive multi-agency data set and exception report for the financial year 2016/17. Concerns have been escalated throughout the year to BSCB partners for response and clarification. Concerns have also been reviewed by partners via the BSCB risk register.

Challenges have included:

- a perceived high number of rejected referrals to Healthy Young Minds. This resulted in clarification regarding sign posting and triage of referrals.
- The Marac and attendance at meetings from partners in mental health was raised as a concern. This was escalated to the Community Safety Partnership.
- Following consideration of the GM Phoenix Peer Review members were provided with reassurance from the Assistant Director Safeguarding Children's Social Care regarding the reported high caseloads in the Phoenix Team.
- The lack of data and effective mechanisms for analysing 'missing' data, & the requirement for the identification of a Local Authority Lead for Missing have been escalated to the Assistant Director Safeguarding Children's Social Care. An internal review of practice is being undertaken.
- The capacity of the police to attend multi-agency child protection conferences and reviews has been escalated to Greater Manchester Police representatives and via the Greater Manchester Independent Chairs' group.
- A delay in referrals for intervention for young people presenting to A&E with harmful alcohol misuse. High turnover of staff was identified as a factor. BSCB members were provided with assurances from the provider and information was provided regarding challenges presented by recruitment and staffing difficulties at A&E.



8. The effectiveness of safeguarding in Bury

To evaluate the effectiveness of the safeguarding arrangements in Bury evidence is drawn from a range of sources to form an evaluation of the whole system. This includes:

- Learning from both internal and external reviews and inspections
- Section 11, Section 175 & Section 157 audits
- The Child Death Overview Panel
- Performance management and quality assurance
- Young people, parents and carers
- Audit activity



External Inspections and Reviews

Ofsted Inspection of Schools

In 2016/17 92% of Bury secondary schools are judged to be good or outstanding. Of the eleven secondary schools in Bury, just one requires improvement.

The overall effectiveness profile for primary schools declined in 2016/17 and now stands at 85% good or outstanding. Targeted support is provided by the Local Authority school improvement team to those schools that have declined.

The BSCB Safeguarding in Schools and Colleges sub group has supported Bury High schools in undertaking a Section 175 self assessment. The self assessment is intended to ensure that schools have the right safeguarding governance in place. We received a positive response in 2016/17 with 64% of schools responding. The sub group will be responsible for reviewing compliance identifying any themes and actions plans going forward into 2017/18.

This year we have scrutinised the inspection reports undertaken with four of our statutory partners. We have also scrutinised the Local Authority action plan developed following the Ofsted Local Authority single inspection published in May 2016.

Care Quality Commission (CQC)

The Pennine Acute Hospitals NHS Trust (PAHT)

During February 2016 the CQC inspected services at the Pennine Acute Hospitals NHS Trust. Immediate patient safety concerns that required decisive immediate actions to stabilise services and assure patient safety were notified by the Inspectors on 1 March 2016. These were across four main service areas, Maternity, Children, Urgent Care and Critical Care.

The CQC published their full inspection report in August 2016. It rated Pennine Acute Hospitals NHS Trust overall as inadequate. The CQC overall ratings for the PAHT were:

• Overall rating for the trust	Inadequate
• Are services at this trust safe?	Inadequate
• Are services at this trust effective?	Requires improvement
• Are services at this trust caring?	Good
• Are services at this trust responsive?	Requires improvement
• Are services at this trust well-led?	Inadequate

The CQC identified 77 'must dos' and 144 'should dos' to ensure sustainable improvement. The BSCB has been provided with reassurances that action plans have been developed to address these and progress is monitored on a weekly basis.

The BSCB has received assurances from both the PAHT and the Bury CCG that the inspection findings are now subject to an improvement plan which is regularly being monitored to improve services to patients. We have been reassured that:

- A significant amount of work has been undertaken in respect of the site based leadership across Pennine Acute Hospitals NHS Trust sites.
- We have been reassured that there is combined leadership of Rochdale Infirmary and Fairfield General Hospital.
- There have been significant changes to the maternity services, which will lead to a Central Manchester service, where North Manchester General Hospital will join St Mary's Hospital in October 2017.
- Work force capability is being addressed in paediatric and maternity services. The new leadership has a new focus on staff education and are driving through measures for mandatory and job related specific training. Professional accountability is also now being monitored more robustly.

- The variation in midwifery staffing levels has stabilised to normal levels.
- Governance for the Children and Women's Division has been strengthened.

Pennine Care NHS Foundation Trust

The inspection was carried out in July 2016 across mental health services in six boroughs and community health services in six boroughs. Pennine Care NHS Foundation Trust provides mental health, community and specialist services to people living in the Bury, Heywood, Middleton, Rochdale, Oldham, Tameside, Stockport, Glossop and Trafford areas of Greater Manchester. The full inspection report was published in December 2016. The CQC overall ratings for the PCFT were:

• Overall rating for the PCFT	Requires improvement
• Are services at this trust safe?	Requires improvement
• Are services at this trust effective ?	Requires improvement
• Are services at this trust caring ?	Good
• Are services at this trust responsive ?	Good
• Are services at this trust well-led ?	Requires improvement

Healthy Young Minds
CQC rating (Dec 2016)
Good

As the PCFT covers such a wide foot print, the BSCB has requested further information from the Trust following the inspection asking what this means for Bury children, young people and their carers.

Her Majesty's Inspection of Probation Report (HMIP)

The HMIP published their Quality & Impact Inspection report into the work of Greater Manchester (GM) National Probation Service in February 2017. The report also includes the work of the Community Rehabilitation Company (CRC). HMIP make judgements and comments using three headings and their overall ratings for the NPS are:

• Protecting the Public	NPS Performance was good
• Reducing Re-offending	the quality of work to reduce re-offending was generally acceptable but with room for improvement
• Abiding by the Sentence	Overall performance was good

For the Bury cases selected as part of the inspection from the Bury, Rochdale and Oldham cluster were considered in the inspection, no cases were found to have any issues or

cause for concern. This is a positive outcome for Bury NPS service users & staff when considered in the wider organisational context as the service has carried a high number of vacancies since the split between the NPS and CRC in 2015/16.

Cheshire & Greater Manchester Community Rehabilitation Company (CRC)

Protecting the Public

Public protection policies and procedures were assessed as robust but they were not being applied consistently, and so the impact of the work to protect actual and potential victims was limited. Inspectors found a degree of detachment between the strategy and practice on the ground, in particular joint work at the front-line. The quality of communication between responsible officers and social workers was inconsistent and communication was often slow. Relationships at a strategic level with children's social care services within Greater Manchester were good. There was a clear commitment from the CRC to playing an effective role in the Local Safeguarding Children Board.

Reducing Re-Offending

Progress in the delivery of interventions to support desistance had been made in too few of the cases in our sample. The quality of the work and its impact was not consistent. Assessments had largely been carried out well but planning for work to support desistance was weaker. A number of cases were found where there had been a noticeable disruption to the continuity of supervision due to frequent changes in responsible officers. In these cases,

service users had struggled to build meaningful relationships.

Abiding by the Sentence

The CRC was generally effective in supporting service users to abide by their sentence. The frequency, quality, enforcement and the number of appointments offered was generally good and consequently, service users usually complied. The diversity needs of service users were not always integrated into the supervisory process in a meaningful way.

The senior management teams in the CRC and NPS were committed to partnership activities to support desistance work. Senior managers from both organisations chaired a number of groups in order to drive change that would achieve better outcomes for service users. Communication on both sides was not always effective and the two agencies were working hard to improve information exchange especially in courts. Women's services were a clear strength. The CRC was resourcing women's services effectively across Greater Manchester with the assistance of the Police and Crime Commissioner. Female service users from the CRC and the NPS were benefiting greatly from these services. The co-location of CRC and NPS staff in Integrated Offender Management teams was a significant strength. Staff were working collectively and learning from one another.

HMIP Recommendations

The Community Rehabilitation Company should:

- Fully Implement then evaluate the impact of its operating model
- Provide all staff, especially those new to the company, with regular supervision and training in effective offender management, in order to increase the focus on the quality of work
- Improve the effectiveness of the management of Unpaid Work

Action Plan

The BSCB has been reassured that there is a comprehensive CRC Action Plan in place that aims to address the themes and recommendations of the inspection. This is reviewed regularly by the CRC Senior Management Team.

Learning from Serious Incidents involving and Serious Case Reviews.

This year the Case Review and Learning sub group has considered the circumstances of 7 children. Two of those cases have been screened by an extraordinary panel to determine if the criteria was met for a Serious Case Review. In both cases it was deemed that the criteria were not met. These recommendations were supported by the BSCB Independent Chair and the National Panel.

In the first case although the panel felt that the SCR criteria were not met panel members were of the view that that there was wider learning to be gained from the case. A

request was made to lead reviewer of the parallel Domestic Homicide Review (DHR) to widen the terms of reference to include children's safeguarding. Panel members framed additional questions to be considered as part of the DHR process. The request was accepted and the report has now been published.

Key lessons identified included:

- how agencies can work together to know when a reconciliation between a victim and perpetrator has, or is thought to have taken place.
- review whether agencies training on assessing risk in domestic abuse cases needs enhancing to ensure all risk factors are identified before setting the final risk level.
- seek reassurances regarding the timely process of domestic abuse notifications.

BSCB members have worked with colleagues in the Community Safety Partnership to ensure that multi-agency Domestic Abuse training is updated to incorporate the learning.

The second case concerned professional responses to a vulnerable pregnant woman whose life was chaotic and who was unwilling or unable to engage with professionals. The case was not considered to meet the criteria for a Serious Case Review and again this was supported by the National Panel. However the issues and dilemmas faced by the professionals in this case were also found in further

cases referred to the sub group indicating that these are recurring challenges and dilemmas being encountered by a range of professionals in Bury.

The sub group recommended that the case warranted further scrutiny and a joint learning review has been commissioned with the Adult Safeguarding Board. This will be undertaken by the Social Care Institute for Excellence (SCIE). The findings are due to be published in 2017/18 and will be reported in the BSCB Annual Report of the year.

9. Reviewing Child Deaths



The Bury, Oldham and Rochdale Child Death Overview Panel (CDOP) has been undertaking its role to review the death of every child aged under 18 who is resident in the area, since April 2008, with data analysed cumulatively since reviewing began.

The CDOP works to a national methodology which enables it to clarify the cause and circumstances of a child death, identify whether there were modifiable factors which contributed to the death and what, if any, actions could be taken to prevent future deaths.

An Annual Report is published every year and presented to the LSCB. The overall number of child deaths in Bury has remained largely unchanged over the last 4 years: 17 deaths in 2012/13; as compared with 17 deaths in 2015-16. However, the number of deaths fell in 2013/2014 to its lowest level (14 deaths), but has subsequently risen again over the past 3 years.

The numbers are small, and fluctuate year on year. Child death rates for Bury, both infant mortality (under 1s) and older children (1-17 years), are very similar to national rates, but lower than regional rates. However, the UK continues to have child death rates which are higher than much of Europe.

Between 2012 and 2016, 6 Bury Infants have died suddenly and unexpectedly in their sleep, without an established underlying medical cause. This represents 11.5% of all Infant deaths. Most of these infants (4) had one or more modifiable risk factors present. The prominent risk factors were household smoking (3), co-sleeping (3), loose bedding (1) sleeping on a sofa (1) and overheating (3). It is not possible to ascertain any trend in this type of death because the numbers are small, but national data suggests that Bury has an average number of such deaths compared to other areas.

10. Managing allegations against professionals

Allegations management is undertaken in Bury by a part-time Local Authority Designated Officer (LADO) employed by Children's Social Care. Processes in Bury are embedded with a high level of awareness of the role by professionals across the partnership demonstrated by increasing enquiries.

This year we saw a 45% increase in LADO related enquiries from 224 in 2015/16 to 325 in 2016/17. Of this total, 45 reached the LADO threshold, an increase of 14% from 2015/2016 (see Table 1).

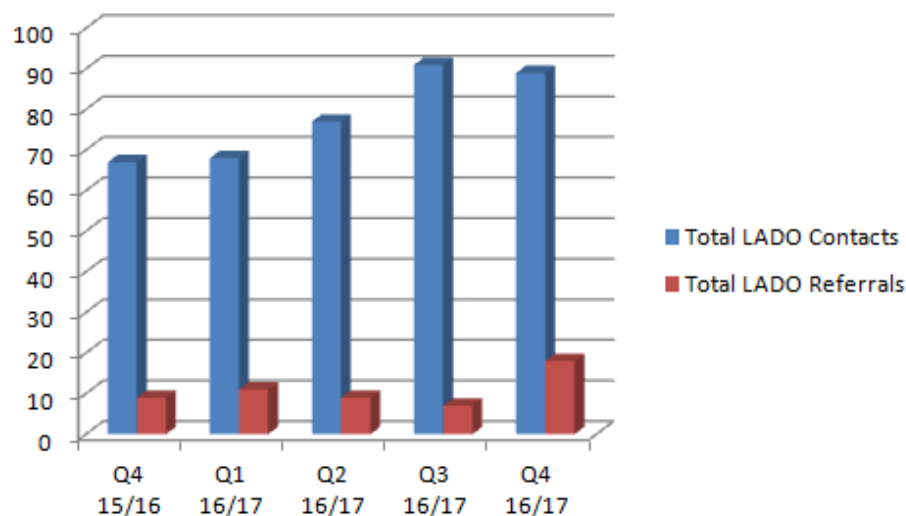


Table 1: Total number of LADO Contacts against the total numbers which reached LADO threshold.

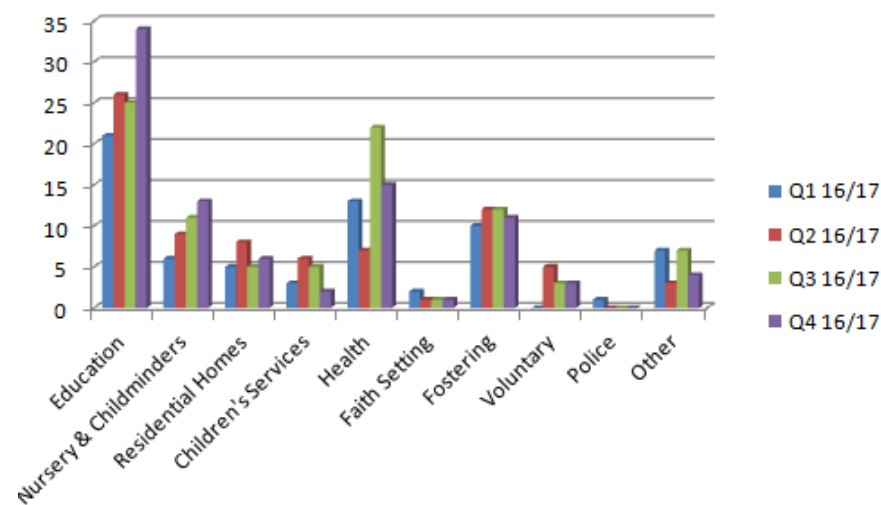


Table 2: Total number of LADO Contacts made for each sector.

The highest number of LADO Contacts made during 2016/17 related to Education settings (see Table 2). A total of 106 contacts were made, an increase of 63%, and 21 reached LADO threshold, an increase of 43%. Of those 21, 16 were categorised as 'physical' and went on for further investigation (see Table 3).

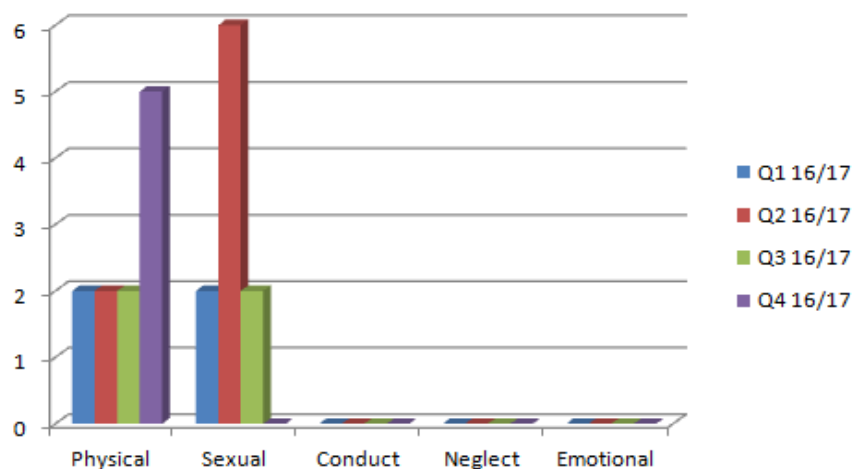


Table 3: Categories of LADO Referrals for Education settings

Training/Development activity

- Due to an increase in allegations of inappropriate physical handling of pupils by school staff, the Bury LADO is working to develop a learning/development session for School Heads and safeguarding leads in all Bury Schools about the use of "Reasonable Force" as set out in DfE Guidance.
- Concerns continue to be raised with the LADO regarding school staff inappropriately engaging with pupils/students on social media/personal mobile phones and their behaviour on-line at home. In response the LADO has delivered awareness sessions to all but 3 Bury High Schools educating

them about the dangers of such engagement. The LADO also specifically discusses such inappropriate interactions in all multi-agency training delivered (Managing Allegations/Safer Recruitment and E-safety training).

- Safer Recruitment training is delivered by the BSCB three times per year (72 participants in 2016/17). Safer Recruitment processes have been developed to deter a potential offender's entry into a setting where that have easy access to children and young people.
- Partners are encouraged to 'Think the unthinkable' and implement a rigorous set of safer recruitment and reviewing procedures and maintain a culture of vigilance.
- Due to a rise in LADO contacts from the 3 Secure Mental Health Hospitals in Bury, the LADO has engaged with management of all 3 and has now delivered specific targeted LADO/managing allegations awareness sessions to management and/or staff of all 3 units.

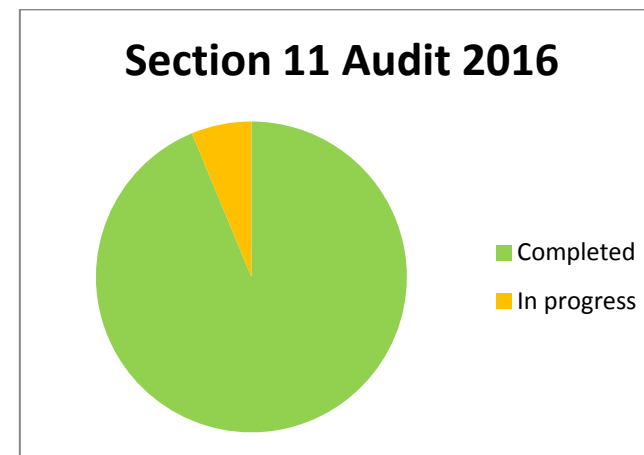
11. Partner compliance with statutory safeguarding requirements

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 forms the basis of regular self-auditing of compliance.

BSCB partners undertake a section 11 audit every two years. The audit is a multi-agency process consisting of two steps, a self assessment process and challenge sessions.

- 1. Self-assessment process – each organisation has completed an on-line assessment tool under three headings:**
 - a. A culture of safeguarding children in the organisation
 - b. A safe organisation
 - c. Voice of the child, staff and community

These three headings are further broken down into 11 sections. Each organisation has provided an explanation of the services or arrangements in place under the 11 sections and evidence to prove they fulfil each requirement. A self-assessed grading was given for each section of red (not met), amber (partially met), green (fully met) or grey (not applicable). Agencies used the sections that were not met or partially met to create an action plan using the on-line tool to demonstrate how they intended to achieve these criteria.



2. Challenge Sessions

This is the first Challenge Day organised by the BSCB and was a recommendation from the 2016 OfSTED LA Inspection. The role of each agency during the Challenge Day was to present both highlights of their successes and areas requiring improvement, whilst referring to their action plan. The completed audit and action plan was viewed during the session via the Virtual College website. Presentations were followed by questions from the panel.

The aim of the challenge session was to ensure that each action plan accurately reflects the agency. Following the sessions, each agency was sent a challenge log which provided details of recommended actions and changes to audits. Analysis for the period 2016/17 suggests that overall the outcome of the Section 11 Audit has been very positive with a large majority of organisations receiving predominantly green ratings for each question. There were relatively low number of ambers and no organisations self-assessed themselves with a red rating.

Section 175/157 of the Education Act outlines the safeguarding governance that must be in place within all schools. The BSCB undertakes a section 175/157 audit every two years. The BSCB will commence its Section 175/157 process in 2017/18 with analysis and comment of these being provided within the 2017/18 BSCB Annual Report.

12. Evaluating the child's journey through the safeguarding system

The development of an integrated Bury Early Help offer began in 2014 and has been driven by the Children's Trust through the Children and Young People's Plan. The 2015-18 plan sets out the 'Children's Trust Ambitions' for children and young people, the Priorities which partners will work together to address over the next 3 years and the Children's Trust working arrangements. The Ambitions and Priorities have been developed based upon local and national data and the expertise and knowledge of the workforce and of children, young people and families.

Early Help activity cannot be easily captured as much is undertaken within single agency settings. The emphasis in Bury has however been in ensuring that '**Children and young people will have access to early help: right help, right time, right person**' Priority 1 Bury Children and Young people's Plan.

Bury's Starting Well Partnership Board provides strategic overview of progress and development of Bury's vision for 'starting well'. It focuses primarily on the Early Years agenda (antenatal to school age but also takes consideration of the wider children and young people health improvement agenda (up to age 19 years).

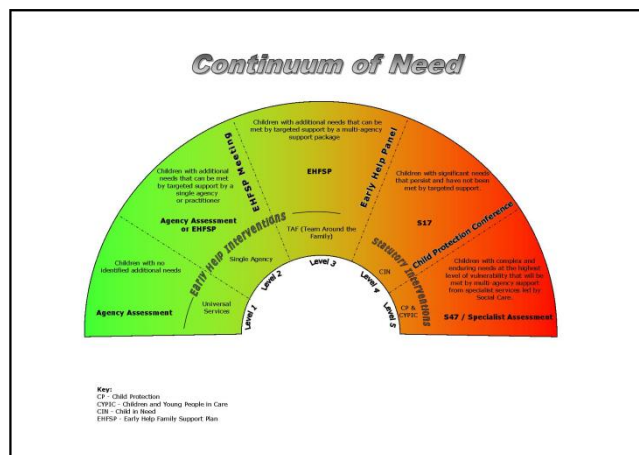
The Board has developed a Children and Young Peoples Outcomes Framework aligned with Bury's Single Outcomes Framework.

The Framework has a focus on 4 key areas:

- Improving Parental and Child Health
- Improving Education for all Children
- Promoting the economic prospects of families
- Effective early intervention in Safeguarding

A primary focus of the Early Years agenda is the implementation of the Early Years Delivery Model in Bury. A self assessment of our delivery against the model has been completed and the Greater Manchester team have undertaken an analysis of all Local Authority areas. A gap analysis has been completed and the Partnership Board are working towards the delivery of the full model as part of the Early Years Implementation Plan.

Working Together to Safeguard Children (2015) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need. The Bury Continuum of Need guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time.



Early Help Family Support Plans

Wider early help provision in Bury is identified via an assessment of need that is called the Early Help Family support plan. Prior to April 2016, the early help assessment was called the CAF. However, due to feedback from partners and service users, this was changed in name to the Early Help Family Support Plan. The principle of the CAF process remains the same but the forms have been changed to meet the needs of Bury families with more focus around working in partnership with the family and the voice of the child.

Early Help Family Support Plans; Performance and Activity

Between 1 April 2015 and 31 March 2016 there were 1044 new CAF/EHFS's registered, this was a total 12% reduction to the previous 12 months (14/15). However, between 1 April 2016 and March 2017 we are seeing a very different picture with only 645 Early Help Family Support episodes being commenced/registered which is a 40% reduction from 2015/2016. The figures show that in Quarters 1, 2&3 (2016) there is a significant decrease in EHFS's between 43%-49% to the same period the previous year. Although this reduction has reduced to 23% in Quarter 4 2016 which could mark a change in trajectory and further analysis of EHFS's in quarter 1 2017 will assist to understand this further.

Team Oasis was established in October 2013 and is a part of the Children's Social Care early help offer in Bury. The main principle of Team Oasis is to prevent children, young people and their families from needing more specialist intervention and to support and empower families in accessing universal provision.

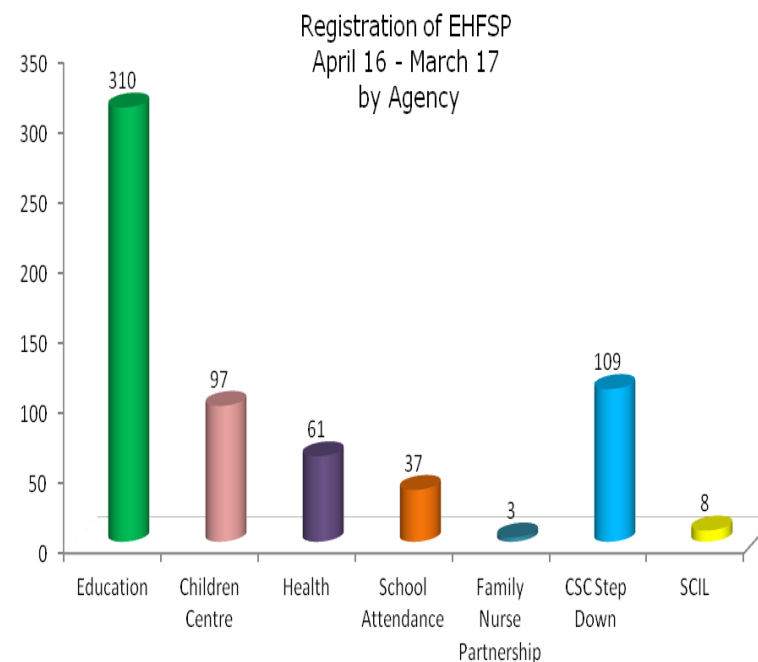
This approach ensures that there is a co-ordinated, multi-agency "Team around the Family" (TAF) plan in place with Specific, Measurable, Attainable, Realistic and Timely goals.

2014 -2015 CAF/EHFSP Total 1184			
Q1 Apr-Jun 14	Q2 Jul-Sep 14	Q3 Oct-Dec 14	Q4 Jan-Mar 15
174	290	344	376

2015 -2016 CAF/EHFSP Total 1044			
Q1 Apr-Jun 15	Q2 Jul-Sep 15	Q3 Oct-Dec 15	Q4 Jan-Mar 16
233 (34% increase on Q1 2014)	270 (7% decrease on Q2 2014)	278 (19% decrease on Q3 2014)	263 (30% decrease on Q4 2015)

1.04.16 - 24.01.17 EHFSP Total 625			
Q1 Apr-Jun 16	Q2 Jul-Sep 16	Q3 Oct-Dec 16	Q4 Jan-Mar 16
127 (45% decrease on Q1 2015)	138 (49% decrease on Q2 2015)	158 (43% decrease on Q3 2015)	202 (23% decrease on Q4 2016)

Agencies completing Early Help Family Support Plans:



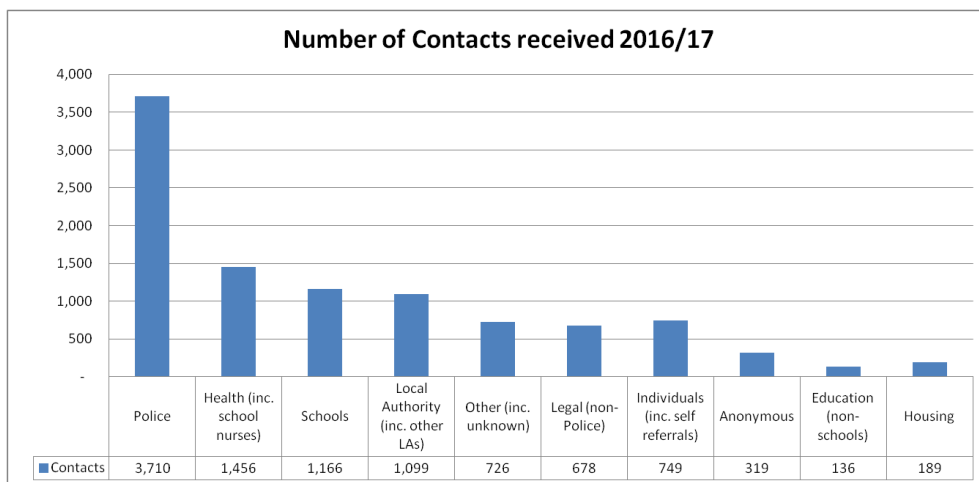
Education remain the largest contributor of EHFSPs with the next highest being step down from Childrens Social Care following an assessment that didn't require further statutory social care intervention.

A comprehensive Early Help reporting detailing early help domestic abuse initiatives such the Strive Team can be found as [appendix 2](#) to this report.

Multi Agency Safeguarding Hub

The Multi Agency Safeguarding Hub (MASH) receives contact and referrals from partner agencies and progresses these according to the BSCB threshold criteria. A total of 10,228 contacts were received during 2016/17.

A breakdown contacts per agency is shown in the graph below:



Where it is deemed that the 'threshold' criteria are met, a 'contact' is progressed to a 'referral' to Children's Social Care. Of the 10,228 contacts received last year, 2,253 were converted into a referral. This equates to a conversion rate of 21.8%.

It is of note that when compared with the previous year the number of contacts has increased significantly; the number of referrals has seen an increased too albeit proportionally smaller.

	2015/16	2016/17
Number of Contacts	8,539	10,288
Number of Referrals	2,078	2,253
Conversion Rate	24.3%	21.8%

Broken down per agency the following percentage increase can be observed when comparing contacts to the MASH made during the previous year. All partner agencies increased their contacts to the MASH with the notable exception of Non-school Education:

Agency	Increase versus 2015/16
Individuals (inc. self referrals)	58.35%
Health (inc. school nurses)	43.59%
Schools	39.14%
Local Authority (inc. other LAs)	36.18%
Other (inc. unknown)	34.20%
Legal (non-Police)	33.20%
Housing	6.78%
Anonymous	1.59%
Police	0.76%
Education (non-schools)	-26.09%

Assessments

Of all referrals to Children's Social Care, 88.1% result in a Child and Family (C&F) assessment being completed. The suggested timescales for completion for such assessments is 45 working days.

2016-17	Apr	May	Jun	Jul	Aug	Sep
Within 45 Days	176	127	141	176	152	106
Over 45 days	40	72	81	99	84	66
% Within 45 Days	81.50%	63.80%	63.50%	63.50%	64.40%	61.60%

2016-17	Oct	Nov	Dec	Jan	Feb	Mar
Within 45 Days	181	152	163	142	179	185
Over 45 Days	81	52	77	60	40	36
% Within 45 Days	69.10%	74.50%	67.90%	70.30%	81.70%	83.70%

For a period the timeliness of C&F Assessments significantly declined during 2016/17. For the preceding year (15/16) the average assessments completed within 45 working days was 83.3%. A focussed piece of work was undertaken to bring increase the timeliness of C&F assessments whilst at the same time ensuring that the quality of the assessments was maintained.

Increase in the timeliness of C&F Assessments has continued into 2017/18.

Child Protection

In September 2016, the functions of Independent Reviewing Officer (IRO) and Child Protection Chair (CP Chair) were separated to enable each role to create a more consistent practice environment. In relation to Child Protection this resulted in an initial decline of children subject to multi agency Child Protection Plans due to a focus to prevent potential drift within the system.

2016-17	Apr	May	Jun	Jul	Aug	Sep
Child Protection	237	235	238	231	248	222
Rate per 10,000	55.6	55.1	55.8	54.2	58.1	52.0

2016-17	Oct	Nov	Dec	Jan	Feb	Mar
Child Protection	223	197	187	170	178	166
Rate per 10,000	52.3	46.2	43.8	39.9	41.7	38.9

The number of children subject to Child Protection Plans per 10,000 (the rate) has declined during the year from 55.6 per 10,000 children to 38.9. This compares with an England rate of 43.1 or a North West rate of 55.2. It had initially been envisaged that a further upwards correction would be due and this can indeed be seen when looking at the 2017/18 data this slight upwards trend can be seen.

In relation to multi agency attendance at Initial Child Protection Conferences (ICPCs) there have been some challenges in the collection and collation of this data. It is therefore noteworthy that the data below can only be seen as approximate. However, it was felt beneficial to include this as a broad indicator nevertheless.

Agency	ICPCs Invited to	ICPCs Attended	% in attendance
Case holding SW	136	136	100.0%
Parents	136	127	93.4%
Health Profs	161	148	91.9%
Children's Centres	16	13	81.3%
Education	136	100	73.5%
One Recovery	16	11	68.8%

Agency	ICPCs Invited to	ICPCs Attended	% in attendance
Other	147	101	68.7%
Midwifery	38	26	68.4%
Probation	25	15	60.0%
Police	136	78	57.4%
CAMHS	10	3	30.0%
Mental Health	28	7	25.0%

Looked After Children

The Looked After Children (LAC) population has remained fairly stable for much of 2016/17 with exception of the last quarter during which a substantial increase in the LAC cohort can be observed; in the last 3 months of 2016/17 the LAC numbers increased by 40 children.

	Apr	May	Jun	Jul	Aug	Sep
Looked After Children	311	321	317	315	325	317
Rate per 10,000	72.9	75.3	74.3	73.9	76.2	74.3

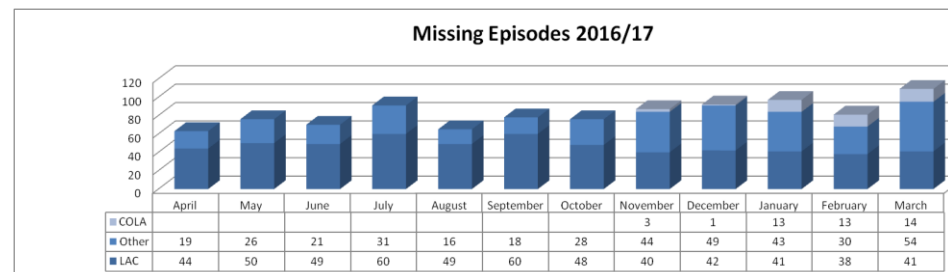
	Oct	Nov	Dec	Jan	Feb	Mar
Looked After Children	318	312	314	326	342	354
Rate per 10,000	74.6	73.1	73.6	76.4	80.2	83.0

In percentage points Bury's LAC population has increased by 19.4% since 2014/15; for the Greater Manchester Region during the same period the increase was 0.5% and for the North West 5.9%. In 2014/15, per 10,000 children living in Bury, 66 were Looked After Children, by 2016/17 this had increased to 83. For Stockport, a statistical neighbour, the rate per 10,000 children for 2016/17 was 53. An investigative piece of work is currently being undertaken to determine the story behind the sharp increase in Looked After Children.

It is of note that Bury, as the rest of the North West has proportionately higher numbers of Looked After Children who are subject to Placement with Parents regulations (i.e. looked after children who remain in the day-to-day care of their parent(s)). 41.2% of LAC placed with parents in 2016 nationally were in the North West, more than double the region's proportion of all LAC (17.8%). Discussions are taking place at a regional level to better understand this trend.

Missing Children and Child Sexual Exploitation (CSE)

Throughout 2016/17 a total of 985 missing episodes were recorded which related to 252 young people. One hundred and sixteen young people had more than one missing episode within the year. The graph below indicates the missing episodes broken down for those young people Looked After by Bury; 'Other' young people who may be subject to a CP or CIN Plan and those not known to Social Care and 'COLA': young people Looked after by another Local Authority but whose placement is within Bury.



It is noteworthy that throughout 2016/17 it has come to light that the data capture in relation to children who go missing was not always accurate. Improvements in recording processes have been implemented and the policy in relation to Missing is currently being reviewed to seek further efficiencies within the system.

The weaknesses in relation to data is also likely to have impacted on the reporting of Return Home Interviews. For the year 359 Return Home Interviews were recorded as having been carried out. A further 281 Return Home Interviews have been recorded as being offered but refused by the young person. Statutory Guidance seeks a Return Home Interview to be completed within 72 hours of the young person having returned to home/to the placement. In 2016/17, 157 of Return Home Interviews were completed within 72 hours (44% of all Return Home Interviews). The average time for a Return Home Interview being completed was 5.8 days.

The number of young people open to the CSE Team has remained largely static throughout the year as the table below indicates.

Young people at risk of Child Sexual Exploitation (CSE)					
Apr	May	Jun	Jul	Aug	Sep
43	47	45	44	40	48

Young people at risk of Child Sexual Exploitation (CSE)					
Oct	Nov	Dec	Jan	Feb	Mar
46	40	44	40	38	33

A comprehensive report from the Bury Phoenix Team can be found as an [appendix 3](#) to this report.

13. The effectiveness of Bury Safeguarding Children Board

In the preceding financial year the BCSB benefited from external scrutiny. In the autumn of 2015, the BSCB commissioned a Peer Review of its work, and in May 2016, Ofsted published its review of the effectiveness of the BSCB, and judged it to be good. The details of their findings were contained within in the state of safeguarding section of last year's report. However, in no way was the BCSB complacent with plans developed to continue to improve safeguarding activity in 2016/17 and beyond. The BSCB has monitored its progress against its objectives, self-challenges and responsibilities through a variety methods:

- The Business Plan which indicates that the majority of tasks were completed or proceeding on time
- The Quality Assurance Framework, which indicates continuing partner compliance with safeguarding requirements and assurance that the quality of multi-agency interventions with children and young people is steadily improving
- The review of work to address self-challenges, which indicates that progress had been made all the challenges set for 2016/17

What Impact is the Board having?

The BSCB Learning and Improvement Framework brings together a structure of continuous learning which improves practitioner responses to children and young people at risk. This is undertaken thorough:

Findings and lessons from the broad range of work undertaken by the LSCB and partners are effectively disseminated across the partnership using a range of methods such as:

- Training and development programmes of work for staff across Bury
- Learning from Learning Reviews SCRs and audit activity shared across the partnership.
- Bulletins and website

Monitoring actions that are being undertaken to improve services such as:

- Section 11, 175/157
- External Inspections
- Risk register
- Challenge log
- The monitoring of action plans
- The impact on practice, multi-agency working and outcomes for children and young people.

Multi-agency policies and procedures that continue to underpin practice and multi-agency working. This significantly helps to consolidate and improve the functioning of the children's safeguarding system in order to better support vulnerable children and young people.

14. Progress against challenges the BSCB set itself in 2016/17

In our annual report 2015/16 we set ourselves a number of challenges to support and improve multi-agency working. These challenges were informed by the Ofsted Single Inspection and review of the BSCB published in May 2016. We reported that the BSCB needs to improve:-

1. Its oversight and challenge in respect of the outcomes for all looked after children.
2. The identification and assessment of children living in private fostering arrangements.
3. Its scrutiny and challenge of multi-agency performance data.
4. Actively listening to the voices of children and young people, particularly children from diverse backgrounds.

How we did?

1. The published Ofsted report identified that 'Services for children and young people who are looked after require further work to ensure good outcomes for all children and young people' Ofsted May 2016. In response we revised and improved our scrutiny of the services provided to Looked After Children in a number of ways. We have scrutinised and received six monthly progress reports of the Local Authority Ofsted action plan, we have sought reassurances regarding the services provided to Looked After Children who go missing, we have received

performance reports from our health partners regarding children who are detained in local secure psychiatric hospitals. The regular reporting from the Corporate Parenting Board better enables us to monitor outcomes for Looked After Children and to hold our partners to account. Examples of challenge include the welfare of looked after children in custody, numbers of young people detained in police custody and educational outcomes for some pupils (key stage 4, attainment 8 and progress 8 scores) are below the national average for looked after children. We have received reassurances from the Local Authority through scrutiny of Ofsted action plans that progress is being made to raise educational attainment and a new appointment has been made to the post of virtual head teacher (VHT).

2. Numbers of children identified as living in Private Fostering arrangements in Bury has historically been low. This is despite ongoing campaigns to raise awareness. In 2016/17 we adopted a different approach to awareness raising using social media platforms and hosting a Private Fostering week campaign. This resulted in an increase in the number of arrangements being identified (from 1 in 2015/16 to 5 in 2016/17). The BSCB Business Group continues to scrutinise the Private Fostering action plan and receives six monthly reports of practice and

updates on action plans for improvement. We have been reassured through single agency audit that practice is improving to support children once these arrangements have been identified. A comprehensive Private Fostering Annual report can be found as [appendix 4](#) to this report.

3. In the BSCB Annual Report 2015/16 we reported that the BSCB multi-agency data set was not sufficiently well developed and was focused too narrowly on Children's Social Care. Partner commitment to the multi-agency data set was also variable. This analysis was also supported by Ofsted.

In 2016/17 BSCB partners agreed to recruit to a dedicated BSCB Quality Assurance and Performance Officer post. A part time officer joined the BSCB in Q4 of 2015/16. In 2016/17 we successfully focused our efforts to improve the quality of multi-agency performance data so that the rigour of our scrutiny of frontline practice across all partner agencies improved.

We have completed exception reports throughout the year and have been able to challenge our partners through the Business Group where it is felt that practice may fall short these issues have been escalated to the BSCB for resolution where

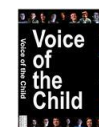
appropriate examples are discussed in more detail in section 6.

We also strengthened the BSCB's understanding of the effectiveness of frontline services by requesting that our partners provide a clearer picture of single agency quality assurance activity sharing local lessons learned and improvement actions being taken across the system.

4. Hearing the voice of children and young people.

In October 2016 a focus group of children and young people contributed to the BSCB Development Day. The young people led a discussion regarding social media and e-safety. Their views proved very valuable and contributed to the development and actions for the BSCB Business Plan 2017-18.

This year we have incorporated the views of children and young people in BSCB audit activity. A consistent message in all our audits has been that the experience of children and young people is insufficiently heard. In 2017/18 we will be working with the Children's Trust and partners to deliver training for practitioners across the children's workforce in this area. Young people will be involved in the delivery of that training. The Voice of the Child continues to be an agenda item at BSCB meetings.



15. Conclusion

The data presented above evidences the progress that has been made with the challenges set in 2016/17 for the BSCB. The BSCB continues to be ambitious and sets high expectations of its partners. This has been met with good support and contribution.

The BSCB continues to be ambitious in expectations of its partners. This has been met with good support and contribution.

Overall, looking back over 2016/17 the BSCB through all its partners delivered a strong, effective and challenging programme of work designed to consistently and continuously improve what it is like to be a child growing up in Bury.

Whilst there is, as always, a lot to still to do perhaps the greatest challenge for the next twelve months is maintaining progress in a challenging public sector environment, through a time of policy changes and new national priorities without losing sight of what matters – the safety and welfare of the children and young people of Bury.



16. Challenges the BSCB has set for itself for 2017/18

The BSCB has identified the four priority areas for action for the forthcoming year (2017/18). This year the BSCB will focus on monitoring and responding to:

1. Children and young people impacted by domestic violence

We have already begun to work with our partners in the Community Safety Partnership to improve practice and outcomes for this vulnerable group of children. We have been working with our partners to scrutinise the Bury Domestic Abuse strategy and we will receive regular reports of progress and impact over the next twelve months.



#SittingRightWithYou

2. Complex safeguarding issues, including CSE, FGM & radicalisation

We have already begun to work with our partners regionally and to hold them to account for the strategic work being undertaken across Greater Manchester to address these complex areas of safeguarding practice. We have sought data and reassurance regarding the local picture for Bury children and we have held a series of awareness raising events and training activities to improve recognition and response from professionals.



3. Safeguarding in the context of technology and social media

The online world is now an integral part of everyday life for young people. The internet brings great opportunity to communicate and learn.

Unfortunately there are individuals who misuse the internet to make inappropriate contact with young people for the purposes of scams, bullying, sexual grooming or abuse. Throughout 2017/18 we will be seeking assurance from our partners that e-safety is integral to the work that they do and that members are appraised of the work being done locally to keep them safe.



4. Mental/health/emotional well-being needs

We will be working with our partners in the Children's Trust to co-deliver training activities to ensure that the children and young people's workforce will understand the signs and symptoms of mental health or emotional wellbeing issues, what to do and when/where to refer.

Success and impact will be measured by the Children's Trust and reported to the BSCB via scrutiny of the local Transformation Plan.

Appendix 1

Projected Income & Expenditure **2017-18**

Contributions/Income	£
Children's Services	72,181.00
Prior Year Underspend Brought Forward	23,800.00
Bury CCG	37,142.00
Greater Manchester Police	11,850.00
CAFCASS	550.00
National Probation Service	896.00
Community Rehabilitation Company	2,081.00
Training Income	7,500.00
DSG Contribution	40,000.00
TOTAL INCOME	196,000.00

Expenditure	£
Employee Costs	154,300.00
Multi-Agency Training Costs	14,100.00
Serious/Critical Case Reviews	6,000.00
Independent Chair of BSCB	12,000.00
Travel & Substance	1,200.00
Advertising - Staff	0.00
Postage	400.00
Telephone	1,000.00
Office Overheads incl Equipment, Tools & Materials	8,400.00
Printing & Stationary	1,500.00
Central Recharges (Admin Buildings etc)	13,000.00
Staff Training	0.00
Contribution to CDOP Centralised Budget (Oldham MBC)	10,600.00
Miscellaneous	0.00
Employers Liability & 3rd Party Insurance	600.00
TOTAL EXPENDITURE	223,100.00

Total Net Budget 2016/17		27,100.00
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Appendix 2



Team Oasis April
2017.docx

Appendix 3



CSE Annual Report
2016 - 2017.docx

Appendix 4



Private Fostering
BSCB Annual Report :

Bury Health and Wellbeing Board

Title of the Report	Adult Safeguarding Board Annual Report 2016-2017
Date	21/12/2017
Contact Officer	Amanda Symes
HWB Lead in this area	Julie Gonda

1. Executive Summary

Is this report for?	Information x	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To ensure that the HWB is appraised of the activity of the Adult Safeguarding Board – as per Care Act statutory guidelines.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Priority 2 – Living Well		
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	Health and Wellbeing		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	For information only		
What requirement is there for internal or external communication around this area?	None – communication is managed through the Safeguarding Adults Board		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	This document is the property of the Adult Safeguarding Board and has been agreed and ratified at this Board – the document has also been presented to the Community Safety Partnership, and with Bury Council the Communities and Wellbeing Departmental Senior Management Team and Senior Leadership Team.		

2. Introduction / Background

The Bury Safeguarding Adults Board (BSAB) Annual Report has been produced as per the statutory requirements set out in the Care Act 2014.

The report provides an opportunity to look back on the achievements of the previous year and plan for the challenges of the forthcoming year.

3. key issues for the Board to Consider

The report is for information only.

However what may be of interest to the Board are the strategic priorities for the Adult Safeguarding Board for the forthcoming year, 2017-2018.

Goal	What is our aim?	Key Actions 2017/18
Prevent	To prevent the abuse of adults at risk	<ul style="list-style-type: none"> • Develop a greater understanding of who is most at risk and manage those risks effectively. • Seek to empower adults at risk of abuse to recognise risks and to safeguard themselves through effective risk management and personal prevention plans. • Support communities to become the eyes and ears of safeguarding. • Listen to people who have been affected, learn from them and share the learning. • Explore linkages and relationship of Board with place based working.
Protect	To protect adults at risk from being victims of abuse.	<ul style="list-style-type: none"> • Empower people to protect themselves by offering sound and timely advice • Listen to what people are telling us about the risks they face, working with them to reduce that risk. • Support organisations to have a well developed clear response to adult abuse and reporting. • Develop a greater understanding of what is already in place to ensure adult safety and that it is effective.
Communicate	To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.	<ul style="list-style-type: none"> • Develop a robust communication and public engagement plan. • Work to ensure that there is a wide awareness that Safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.
Assure	To be assured that in Bury Adults are	<ul style="list-style-type: none"> • Embed the assurance framework and delivery plan. • Use available information and data to evidence that we are making a positive difference. • Ensure that we learn from and share our mistakes and our successes especially in relation to case reviews.

	safe from abuse.	<ul style="list-style-type: none"> • Annually review the current multi-agency Policy and Procedure ensure that they are fit for purpose. • Further explore the linkages and relationships with other related local Boards around wider abuse agendas such as domestic violence, FGM and Channel. • Develop accountability framework for the Board.
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4. Recommendations for action

For the Board to note and acknowledge receipt.

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).

No Financial implications

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

No equality and diversity implications

CONTACT DETAILS:

Contact Officer: Amanda Symes

Telephone number: 0161 253 5644

E-mail address: a.symes@bury.gov.uk

Date: 02-10-2017

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Putting a **STOP** to Adult Abuse

Bury Safeguarding Adults Board Report 2016-2017

STAND UP TO **ABUSE**

IF SOMETHING DOESN'T SEEM RIGHT,
DON'T IGNORE IT - REPORT IT!



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A

Contents

Please click on the blue hyperlink in the content list below to go straight to the section you wish to look at.

Page	Content
3	Welcome and Introduction
4	Who Does Adult Safeguarding Apply to?
5	Defining Abuse
6	Who Can I Contact If I See or Suspect Abuse
7-25	Bury Safeguarding Adults Board (BSAB) Activity Report 2016-2017 <ul style="list-style-type: none"> • 2016-2017 BASB Achievement Update • 2017-2018 BASB Forward Plan • Bury Clinical Commissioning Group • Bury Council • Community Rehabilitation Company • Greater Manchester Fire and Rescue Service • Greater Manchester Police – Bury Division • National Offender Management Service • Pennine Acute Hospital Trust • Pennine Care NHS Foundation Trust, Bury • Six Town Housing
26-32	Facts and Figures for 2016 – 2017 <ul style="list-style-type: none"> • Adult Safeguarding Concerns and Enquiries • Deprivation of Liberty Safeguards •
33-36	Who and What's New <ul style="list-style-type: none"> • Tahira Zulfikar – Community Safety Officer • Rebecca Woods – Specialist Practitioner, Safeguarding Families • Jeanette Meadowcroft and Julie Wan-Sai-Cheong – Named Nurses for Safeguarding Adults • React to Red • Inner Strength Programme.

Welcome and Introduction

“Hearing our customer voice”



As Deputy Chair of the Bury Safeguarding Adults Board, I am very pleased to introduce our annual report for 2016-2017.

As you will see the achievements of the Bury Board have been significant and reflect the strength of commitment across the partnership to deliver a strong response to prevent abuse and protect the most vulnerable adults in our community.

There are many factors which determine the success of a Board. For example, committed and productive Board members, a willingness to innovate and think creatively and, open and transparent services. However, the fundamental element that will determine the success of this Board is knowing what our customers/clients want and then providing an appropriate response. Therefore, this year I will be concentrating efforts on ensuring that we continue to respond proactively to our “customer voices” and use their feedback to positively develop and direct the business of the Board.

This is my first report as Deputy Chair and I am looking forward to the challenges and opportunities that working in Bury will bring over the next year.

I would like to close with thanks to all those who have contributed to the work of the Board over the last year and who have contributed to the production of this report. May the hard work continue!

A handwritten signature in black ink that reads "Stuart Richardson".

Stuart Richardson
Deputy Chair Bury Safeguarding Adults Board

Who Does Adult Safeguarding Apply To?

People's wellbeing is at the heart of the Care Act 2014, and prevention of adult abuse and neglect is one of the elements identified as making up a person's feeling of "wellbeing".

Adult safeguarding means protecting an adult's (age 18 or over) right to live in safety, free from abuse and neglect. It is about making people, or their carers/representatives, aware of their rights, protecting them and preventing or stopping abuse.

When a concern of abuse or neglect is reported, Bury Council has a legal duty under the Care Act to ensure that enquiries are made where the adult concerned:

- Has care and support needs and
- Is experiencing, or is at risk of, abuse or neglect and
- Is unable to protect themselves because of their care and support needs.

Additionally local authorities now have safeguarding responsibilities for carers.

Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

Abuse is an act whether intentional or unintentional which harms an adult. Abuse can happen anywhere and be carried out by anyone and it can take many different forms. See the next page which explains a bit more about abuse categories and their possible indicators.



Defining Abuse

Please note the descriptors and indicators below are not a definitive list but are to give you an idea of how to potentially recognise abuse:

Type of Abuse	Description and examples	Possible indicators
Physical abuse	Hitting, slapping, misuse of medication or restraint, involuntary isolation or confinement.	Unexplained injury, subdued behaviour, failure to seek medical assistance.
Sexual abuse	For example rape or sexual assault, inappropriate touching, sexual activity where the person lacks the capacity to consent, sexual teasing.	Bruising to thighs, buttocks, upper arms. Reluctance to be alone with a particular person, bleeding from genital area.
Psychological or emotional abuse	Could include enforced social isolation, removing mobility or communication aids, not meeting cultural or religious needs, failure to respect privacy.	Wariness toward particular person, low self-esteem, change in appetite, uncooperative/aggressive behaviour.
Financial or material abuse	Theft, fraud, pressure around property or inheritance, misuse of power of attorney.	Missing possessions, unexplained lack of money, failure to account for spent money, disparity between persons living conditions and resources.
Discriminatory abuse	Racist, sexist behaviour or abuse because of someone's disability.	Person withdrawn and isolated, expressions of anger/fear, support does not take into account persons individual needs.
Organisational or institutional abuse	Incidents of abuse that derive from an organisation's practice, culture, policies and/or procedures.	Neglect, poor care, culture of poor professional practice.
Neglect or acts of omission	Ignoring medical/physical care needs, failure to ensure privacy and dignity, lack of personal choice.	Pressure ulcers, unexplained weight loss, inappropriate clothing, poor environment, untreated injuries.
Domestic violence or abuse	Psychological, physical, sexual, financial, emotional. Domestic violence or abuse includes any incident of coercive, threatening or violent behaviour between people aged 16yrs and over who have been intimate partners or family members.	Low self esteem, physical evidence i.e. cuts/bruises, isolation from friends and family, limited access to money.
Sexual Exploitation	Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.	Signs of physical or emotional abuse, disengagement from existing relationships, low self-image, volatile or secretive behaviour.
Modern slavery	Human trafficking, forced labour, domestic servitude, sexual exploitation.	Signs of physical or emotional abuse, unkempt/withdrawn, isolation, poor living conditions, lack of personal effects.
Self-neglect	Lack of self care, poor personal hygiene, self harm, failure to access services.	Unkempt appearance, lack of essential food/clothing/shelter, hoarding, malnutrition, living in unsanitary conditions.

Who Can I Contact If I See or Suspect Abuse?

Concern for an Adult

Stand up to abuse

Abuse can happen anywhere to anyone, and it's everyone's responsibility to stand up and stop it happening. If you think someone is being harmed physically or emotionally, don't ignore it - report it! Contact Bury Council's Social Care Services

What happens when abuse is reported?

Social Care Services will listen to your concerns, offer guidance and can take action on your behalf if someone is in danger. You can remain anonymous, or ask us not to share your details with the police or others if you have any concerns about this.

IF YOU THINK SOMEONE IS BEING HARMED IN ANY WAY BUT ARE NOT SURE, DO NOT HESITATE TO RAISE THE ALARM.

If you are concerned for yourself or another adult, contact Bury Council social care services Connect And Direct Hub on :



0161 253 5151 during office hours (8.45am to 5.00pm Monday to Friday) or



adultcareservices@bury.gov.uk .

If you need to make contact outside of office hours use **0161 253 6606** or again use the email address as above.

Concern for a Child

If you have a concern or query about a child or young person (under 18), please contact children's services on 0161 253 5678 during office hours or 0161 253 6606 outside normal office hours or email childwellbeing@bury.gcsx.gov.uk

Whether for an adult or a child if your call is urgent please contact the emergency services on 999.

Bury Safeguarding Adults Board(BSAB)

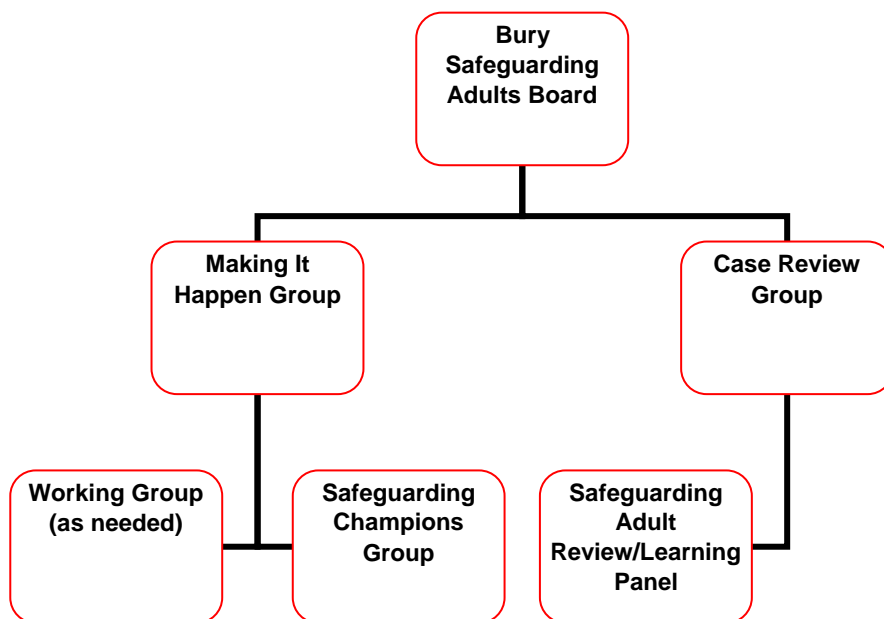
Activity Report 2016-2017

The main function of the BSAB is to help and safeguard adults with care and support needs by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- Assuring itself that safeguarding practice is person-centred and focused on the outcomes of the adult;
- Working collaboratively to prevent abuse and neglect where possible;
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- Assuring itself that safeguarding practice is continuously improving and enhancing the needs of adults in the Bury area.

The BSAB meets four times a year and consists of a group of representatives from a number of local and regional services. The BSAB is also supported by a number of other subgroups as illustrated by the diagram below:

Structure and Subgroups



Bury Safeguarding Adults Board The strategic steering group with statutory responsibility for adult safeguarding activity in Bury.

Making It Happen Group

The operational arm of the BSAB with the responsibility for progressing the action plans underpinning the BSAB strategic plan.

Safeguarding Champions Group

This is a Group of practitioners who act as Champions within their own organisation to improve safeguarding practice.

Working Group

These groups are established for specific task and finish pieces of work which are too big to be managed as part of the Making It Happen Group's normal business.

Case Review Group

This group is responsible for disseminating learning from adult safeguarding cases and scoping/monitoring any **Safeguarding Adult Reviews/Learning Reviews**.

The next section explains a bit more about the BSAB and its activities during 2016-2017 and its plans for 2017-2018. The first section outlines the BSAB collective achievements followed by updates from each individual BSAB member organisation.

2016-2017 BSAB Achievement Update

Our Achievements

In line with the strategic plan, which runs from 2016 to 2019, the BSAB agreed to concentrate on 10 key work areas. Below is the progress against these areas.

Work Area 1 – Data Collection and, development of a comprehensive risk register.

Aim - It was initially agreed that core BSAB organisations would amalgamate safeguarding data in order to provide a picture of who is most at risk in Bury. However, following an initial scoping exercise it was found that there are not currently the resources or the systems to facilitate this. Therefore, alternative arrangements have been made.

Position

- ½ yearly data reports are supplied via the Bury Council's Performance Intelligence Team.
- Benchmarking data will be brought in via the North West Performance Group.
- Data from the national Safeguarding Adults Collection and the Adult Social Care Outcomes Framework will also provide information around performance targets set in the Strategic Plan.
- Risk assessment model designed and content agreed.

Work Area 2 – Develop organisational self assessment framework.

Aim

This workstream aimed to ensure that the organisations represented at the BSAB have a well developed, clear response to adult abuse and reporting.

Position

- Assurance framework has been developed and agreed.
- 2 officers trained as peer assessors.
- Bury Police service undertook the first self-assessment. The results were shared with the BSAB.
- Agreement made that that peer assessments would be conducted by BSAB organisations where no other adult safeguarding assurance processes were in place/inspections conducted (i.e. CQC and Ofsted)

Work Area 3 – Develop and deliver an effective engagement and communication plan.

Aim

To develop a robust communication and public engagement plan to ensure that there is a wide awareness that adult safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.

Position

- Safeguarding leaflet/banners developed and disseminated.
- Customer questionnaire developed and disseminated – to be used at public events to gauge knowledge and understanding of Adult Safeguarding, and promote "safeguarding is everyone's business".
- BSAB website page developed and is now live on the Bury Directory.

Work Area 4 - Develop and deliver an effective collaborative learning and development plan.

Aim

To support organisations to have a well developed and clear response to adult abuse and reporting.

Position

- Safeguarding Champions Group set up.
- Representatives from each BSAB organisation identified and invited to attend the Safeguarding Champions Group.
- Standards of learning and knowledge agreed in accordance with organisational roles and responsibilities.
- Gaps re: training and knowledge identified.

Work Area 5 - Create an effective forum for all safeguarding managers (officers to work collaboratively)

Aim

To work to ensure that there is a wide awareness that safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.
(please note this links with the above work area)

Position

- Safeguarding Champions group was approach to scope the possibility of altering their membership to include a wider cohort of organisations. This resulted in a new Terms of reference for the Group and additional members were added.
- Regular meetings are now in place.

Work Area 6 - Take forward "Making Safeguarding Personal Agenda" and roll out Eyes Wide Open approach for all services.

Aim

To ensure that we listen to people who have been affected by abuse, learn from them and share the learning.

To ensure that we listen to what people are telling us about the risks they face, working with them to reduce the risk.

Position

This work area only been partially developed this year due to commitment needed in other work areas. Work will continue in 2017-2018.

Work Area 7 – Production of Annual Report

Aim

To produce annual report in line with Care Act guidelines.

Position

Mechanisms have been put in place to ensure the report is produce and ready for dissemination in July each year.

Work Area 8 - Use data to benchmark ourselves against other Safeguarding Boards and ensure that we are collecting data for key measures of success

This workstream area was absorbed into work area 1.

Work Area 9 - Review of the Bury adult safeguarding policies and protocols

Aim

To produce Care Act compliant Inter-Agency Policy and procedures which will support organisations to have a well developed and clear response to adult abuse and reporting. To build in regular review of the policy and procedures and commission additional supporting documentation as required.

Position

- Policy and procedure developed and agreed by the BSAB.
- Documentation disseminated to key agencies.
- Inter Agency Risk Management protocol (IARM) (complex case protocol) produced and 1st testing completed.

Work Area 10 – Develop Case Review Group.

Aim

To develop a group to manage Safeguarding Adult Review's (SAR's), learning reviews and general organisational learning in order to develop a greater capacity to learn and share learning.

Position

- Group has been established and meets regularly.
- Terms of reference completed.
- SAR procedure produced.
- 1st learning review completed.

Safeguarding Adult Review (SAR)

Safeguarding Adult Reviews or SAR's take place when an adult at risk of abuse dies or has experienced serious neglect or abuse and, there is concern that agencies could have worked more effectively to protect them.

The purpose of a SAR is to learn lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future.

There were no SAR's in Bury during 2016-2017.

Two cases were considered however, neither met the SAR criteria.

2017-2018 BSAB Forward Plan

Below please find the table highlighting the work areas for the Strategic Plan for 2017-2018.

Goal	What is our aim?	Key Actions 2017/18
Prevent	To prevent the abuse of adults at risk	<ul style="list-style-type: none"> • Develop a greater understanding of who is most at risk and manage those risks effectively. • Seek to empower adults at risk of abuse to recognise risks and to safeguard themselves through effective risk management and personal prevention plans. • Support communities to become the eyes and ears of safeguarding. • Listen to people who have been affected, learn from them and share the learning. • Explore linkages and relationship of Board with place based working.
Protect	To protect adults at risk from being victims of abuse.	<ul style="list-style-type: none"> • Empower people to protect themselves by offering sound and timely advice • Listen to what people are telling us about the risks they face, working with them to reduce that risk. • Support organisations to have a well developed clear response to adult abuse and reporting. • Develop a greater understanding of what is already in place to ensure adult safety and that it is effective.
Communicate	To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.	<ul style="list-style-type: none"> • Develop a robust communication and public engagement plan. • Work to ensure that there is a wide awareness that Safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.
Assure	To be assured that in Bury Adults are safe from abuse.	<ul style="list-style-type: none"> • Embed the assurance framework and delivery plan. • Use available information and data to evidence that we are making a positive difference. • Ensure that we learn from and share our mistakes and our successes especially in relation to case reviews. • Annually review the current multi-agency Policy and Procedure ensure that they are fit for purpose. • Further explore the linkages and relationships with other related local Boards around wider abuse agendas such as domestic violence, FGM and Channel. • Develop accountability framework for the Board.

Bury Clinical Commissioning Group (CCG)



NHS
Bury Clinical Commissioning Group

Cathy Fines

Clinical Director Bury
Clinical Commissioning
Group & Deputy Chair of
Case Review Group



NHS
Bury Clinical Commissioning Group

Maxine Lomax

Head of Safeguarding
NHS Bury Clinical
Commissioning Group

Our Achievements

During the last year, we have successfully built on the work of previous years. We continue to assure the providers who we commission to ensure that they provide good quality, safe services for the residents of Bury. This work includes working with large providers, such as Pennine Care Foundation Trust and Pennine Acute Trust, but, we also work with nursing and residential homes where Bury residents live. The Quality and Safeguarding forum for nursing homes meets every two months and promotes the sharing of ideas, good practice and a place to share challenges. The last 12 months has seen us facilitate group clinical supervision for registered nurses working in nursing homes. As far as we know, we are the first CCG to facilitate this type of initiative.

The CCG safeguarding team provide clinical supervision and safeguarding supervision to a number of local providers who deliver care to vulnerable patients; this includes the team working with Military Veterans and senior staff working at Bury Hospice, Cygnet Hospital and the Priory.

Another new initiative these last few months has been the development of a process for GP's and practice nurses to be provided rapid access to support for victims of domestic abuse. The CCG, working with the community safety officer from the LA and with the support of the Domestic Violence Steering Group, have launched a pathway which will enable victims of domestic abuse to contact support services and be seen in safe place on the same day if required.

The CCG safeguarding team nurses support the work of the Adult Safeguarding Board by leading on safeguarding investigations where the CCG directly fund the care of the adult at risk and by providing advice and clinical expertise where the funding is led by the Local Authority. The Designated Nurse for Adult Safeguarding is a member of the *Making It Happen* and the CCG Head of Safeguarding is a member of case review group. Both Head of Safeguarding and Designated Nurse for Adult Safeguarding are members of a number of NHS England regional forums; which influence and challenge the work streams within NHS England Safeguarding.

The Executive Lead for Safeguarding is a member of the Strategic Board and co-chairs the case review group.

Alongside our rolling training programme to Primary Care and other parts of the health economy we have delivered recognition and response to adult abuse and child protection. Additionally, we have delivered a range of training on a variety of topics, such as, Female Genital Mutilation (FGM), Child Sexual Exploitation, domestic violence, Prevent (preventing radicalisation of vulnerable people) and the emerging concerns around modern slavery.

Our Plans for 2017-2018

The CCG will continue to work with the Local Authority and the wider partners in Bury to reduce the risk of abuse to vulnerable adults. We will achieve this by undertaking assurance visits to a wide range of health providers, delivering training on existing and newly emerging safeguarding topics and bringing new learning and understanding into Bury from our work across Greater Manchester, and, from the north region. (see page 35 for React to Red campaign)

Bury Council



Julie Gonda
Acting Executive
Director
Communities and
Wellbeing.

Chair of the Case
Review Group



Tracy Minshull
Acting Assistant
Director of
Strategy,
Procurement &
Finance.

Our Achievements

We are pleased to report that we have delivered on all the plans we set out for 2016-2017. To update:

Our Adult Safeguarding Operations Group, established in April 2016 and, consisting of officers from various teams within Bury Council, has taken the lead for developing our adult safeguarding response this year. This Group have:

- Commissioned and delivered Care Act, Making Safeguarding Personal and Organisational Abuse training to all our social care staff.
- Developed a customer “outcome” recording system within our electronic case management system.
- Improved data recording systems to ensure that the information collected about safeguarding concerns and enquiries is robust.
- Further developed our safeguarding audit process which has allowed us to better identify issues/gaps, good practice and learning.
- Developed a range of guidance documentation for our staff covering Adult Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards ensure that changes brought about by the Care Act are reflected.
- Improved communication with our social care staff by launching a new dedicated intranet site and regular staff bulletin.
- Employed additional safeguarding support staff and developed a comprehensive set of standards which have improved the administrative function that sits behind safeguarding enquiries.
- Begun working with colleagues in Children’s Safeguarding in order to deliver joint training packages which are common to staff working in both child and adult services.

In addition to this we have:

- Devised and delivered Mental Capacity Act training by up-skilling staff from within Bury Council.
- Provided training to councillors and care providers.
- Devised and launched the Adult Safeguarding Board webpage on the Bury Directory.

Challenges:

As reported last year one of the biggest challenges we have faced is the increase in the number of Deprivation of Liberty (DoL) cases.


This continues to be a challenge for us although our small team continue to work extremely hard and have, this year, processed over 1100 applications (compared to 835 last year and 224 in 2014-2015). This team have also supported other local authorities by sharing their knowledge and experience by organising and leading the North West “DoLS” forum, visiting other local authority teams and visiting care and residential homes to provide on-site support and training.

In order to further drive forward quality we have also set up assessor forums which provide peer support and guidance for assessors working within the DoLS field.

Our Plans for 2017-2018

Next year promises to again be a busy with our Safeguarding Operations Group leading the charge. In line with the goals of the BSAB strategic plan we will:

- Look to develop links with placed based working teams.
- Explore further ways of incorporating “the customer voice” into practice in order to improve the experience for people going through the adult safeguarding process.
- Re-design our internal safeguarding learning review process so that we can improve experiences for not only our customers but also for involved professionals.
- Drive forward learning and understanding of the Making Safeguarding personal agenda.
- Review and revise our practice with regard to Mental Capacity and Best Interest decision making – in order to improve outcomes for our customers.
- Re-design our safeguarding information reports so that we are better equipped to quickly spot trends and issues.
- Work with partners to drive up the quality of safeguarding information coming into our front door.
- Develop, with our Greater Manchester peers, practice guidance for staff around how to support people who self-neglect.
- Explore further integration of electronic case management systems between departments to enhance quick and accurate information sharing.



**For more information /advice about services,
activities and support in Bury please visit the
Bury Directory Website:**

www.theburydirectory.co.uk

Community Rehabilitation Company (CRC)



Gail Churchill
Community Director

Cheshire
& Greater Manchester
Community Rehabilitation Company



We are pleased to welcome Gail Churchill BSAB as a new member this year. Gail represents the Community Rehabilitation Company (CRC) and is the Community Director for Wigan, Bolton and Bury.

The CRC provide supervision and support of low and medium risk offenders with overarching aims to protect the public, reduce re-offending and victims and to rehabilitate and integrate services users positively in their local communities

Our Achievements

Cheshire and Greater Manchester CRC have supported 12,608 services users throughout the 2 regions.

In February 2017 we were commended by Her Majesty's Inspectorate of Probation in relation to areas of:

- Effective policies, procedures and senior leadership
- Services for women offenders
- Commitment to Integrated Offender Management.

We also continued to delivered a number of Accredited Programmes during the course of this year which include:

- **Building Better Relationships** - aimed at male perpetrators of domestic abuse. 29 sessions were delivered which address patterns of abusive behaviours within intimate partner relationships
- **Resolve** – targets male offenders of violent offences by exploring lifestyle, peer influence and challenges core beliefs supporting violence during 26 sessions
- **Drink Impaired Drivers Programme** – works with individuals convicted of drink driving offences. 15 sessions focus on the offence, coping with disqualification and planning for the future

Our Plans for 2017-2018

1. Deliver high quality services that protect the public and enable our service users, our communities and other Stakeholders to achieve rehabilitation outcomes that reduce re-offending.
2. Operate an agile workforce.
3. Build on our reputation as an innovative market leader to efficiently deliver rehabilitation.
4. Embed Core Values of Everyone Has a Voice; Taking Pride in What We Do; Bringing Better to Life; Doing The Right Thing to enable our staff, service users and delivery partners to achieve positive outcomes.
5. Integrate our sustainabilities strategy to deliver a positive impact on communities beyond our contractual commitments.
6. Achieve long- term rehabilitation outcomes through local leadership to develop a supply chain, partner and stakeholder networks that create organisational and sector resilience.
7. The CRC is also due to launch a new Accredited Programmes that focus on substance use called Breaking Free in September 2017. This is a new and innovative programme that utilise technology to address drug and alcohol misuse.

Greater Manchester Fire and Rescue Service (GMFRS)



Jax Effiong

Community Safety Manager, Greater Manchester and Rescue Service



Covering Bury, Rochdale and Oldham

Our Achievements

- **Safe and Well Scheme** – reducing the risk of fire for vulnerable people.
 - 118 Priority Safe & Well Visits. (Completed within 24 hours)
 - 660 Safe & Well Visits in total
 - 415 Vulnerable people supported with fire interventions or referred into other organisations.
 - 422 Defective alarms replaced
 - 21 Firesmart interventions with young fire setters
 - 1796 targeted letters posted promoting Safe & Well visits in areas affected by fire incidents, or harder to reach.

- **Winter Warmth project**

Working successfully in partnership with Six Town Housing and our Fuel Poverty partners in Bury saw an increase in the number Safe & Well visits to people over 65 who have specific vulnerabilities linked to the cold weather.



A Winter Warmth Pack was included in our visits. (Thermal socks, gloves, fleece blanket, hot water bottle and thermal cup).

- **Safeguarding Training**

The Prevention Team in Bury continue to update their Safeguarding training, through the support of GMFRS online training modules and Local Authority Safeguarding training.

- Trafficking and Modern Slavery
- Referrals, Case Conferences & Core groups for Multi Agency Child.
- Child Sexual exploitation
- Prevent
- Toxic Trio
- Neglect
- The Care Act
- Making safeguarding Personal

- **Placed Based Working**

As part of our commitment to the Public Sector Reform agenda the Bury Prevention Team are working very closely with the Radcliffe and Bury East multi-agency hubs. Early indications show joint working is having a positive impact in the area, with an increase in Safe & Well visits by the preventions team.

This year also saw our involvement in a number of local events and campaigns.

- Collabor8 Cohesion event at Bury College
- Fire Safeguarding In The Home Talk, Greenmount Village Community Centre
- Dementia Care x 2 Fire Safety Presentations
- Fire Safety In The Home Talk Jewish Federation at Moorview
- Bury Walking Rainbow event
- Partnership Event with Bury Carers
- One Recover Bury open day for one recovery month
- Openshaw park community consultation event
- Bolton Rd Park community consultation event
- Black History Month event.

- **New Training and Safety Site, Bury**

And lastly on the 24th March 2017 an immersive safety centre and cutting-edge emergency service training facility was officially opened.

The centre offers visitors a unique immersive experience, featuring various accidents and emergencies that have been built around a real-size terraced street in the facility.

Visitors can explore a car crash scene where expert guides offer road safety advice as well as a hazard-filled terraced house that has been destroyed by fire.

The safety centre is a unique facility that will be used by school children and families from across Greater Manchester and beyond, with all welcome to visit and learn about the dangers of fire and much more.



Our Plans for 2017-2018

We will continue to support the work of the BSAB.

- Ensuring staff are regularly updated, attending events and campaigns to increase awareness and help reduce risk across Bury.
- Continually identifying opportunities to co-design partnerships.
- Listening to the people of Bury, ensuring they are at the heart of the services we provide across Bury neighbourhoods.



Greater Manchester Police – Bury Division



Rick Jackson
Superintendent
Bury Police.



Jo Marshall-Bell
Chief Inspector,
Bury Police



Our Achievements

2016-17 has been a busy year for Bury Police in terms of developing our staff in the understanding and application of safeguarding procedures. The Public Protection Investigation Unit (PPIU) is a team of detectives with specialist training in this area of expertise. Detective Inspector Natalie Dalby and her team investigate serious offences where vulnerable adults are the victims. Offences range from physical abuse to coercive control and financial abuse. GMP have been training staff on supporting vulnerable adults so that they are equipped to deal with the complexities of such cases.

DI Dalby chairs Bury Multi Agency Risk Assessment Conference (MARAC - domestic abuse and violence cases) and is working hard to improve the standards of risk assessment around domestic violence and abuse. Two training days were hosted by Bury Police this year with over 60 representatives from external partners received inputs around the domestic violence risk assessment process and MARAC. This generated a positive response in terms of improved information sharing and more effective risk management.

Bury PPIU also led a joint initiative with the Samaritans called 'Operation Lifesaver' – where training was given to officers around the emerging issue of suicide. Officers are now more proactive when they meet with adults experiencing personal crisis and actively refer them to the Samaritans rather than simply verbally sign-post them to the service. Bury Police also sit on the Suicide Prevention Group; the aim being to review the current picture around suicides in Bury, review service provision and identify and address any gaps in services via an action plan.

DI Dalby works closely with the CCG and the CQC during her investigations, particularly when deaths in care home settings require a multi-agency approach. She also contributes to Serious Case Reviews and local reviews whereby adult safeguarding cases are identified for review and lessons learned.

Our Plans for 2017-2018

- We will continue to work with partners within placed based working teams to ensure our vulnerable community members have the help they need and have "a voice" in being able to self-care and live better safer lives.
- We will, through place based working, look at how we improve the experience of those needing support and assistance from services and how we revise or redesign practise in line with the learning
- We will continue to raise the profile of adult safeguarding within GMP and within the community to ensure we are better able to tackle those at risk of crime through vulnerability
- We will continue to work with partners on the most complex cases.

National Probation Service (NPS)

National
Probation
Service



Nisha Bakshi

Assistant Chief Officer, National probation Service

We are pleased also to welcome Nisha Bakshi this year. Nisha covers Bury, Rochdale and Oldham and is also the strategic senior lead manager for Safeguarding Children across the North West division.

Nisha also has responsibility for the MAPPA Support Unit and the Insight Personality Disorder Team.

Our priorities are to protect the public and reduce re-offending and we do this through working with partners to ensure robust risk assessment, risk management and the provision of opportunities for rehabilitation.

Our Achievements

The NPS is committed to protecting an adult's right to live in safety, free from abuse and neglect. The following two NPS Documents place emphasis on a multi agency approach that reflects best practice principles in the safeguarding of vulnerable adults:

- Safeguarding Adults at Risk: *National Probation Service Policy Statement.*
- Safeguarding Adults at Risk: *Offenders in the Community with Care and Support Needs – National Probation Service Practice Guidance.*

The practice guidance, policy and partnership framework developed by the NPS outlines our commitment to the six key principles. All operational staff within the organisation have been issued with guidance which outlines their duties in managing vulnerable adults including those at risk of hate crime, exploitation and domestic abuse. Domestic abuse training is part of the mandatory training package and NPS staff in Bury contribute to the Multi Agency Safeguarding Hub (MASH), Multi Agency Risk Assessment Conference (MARAC), Prevent Steering Group and Channel Panel.

There are also a number of practitioners trained to deliver WRAP 3 training (preventing radicalisation of vulnerable people), which has also been delivered to all staff. All NPS staff in Bury have also received briefings in relation to the revised Bury Safeguarding Adults Policy and Procedures. In addition, the Offender Communication Tool developed by Calderstones and initially implemented as a pilot, is now embedded within offender management practice in working with service users with autism or learning disability.

To ensure the safety of vulnerable adults, the NPS as a partner agency under the Multi Agency Public Protection Arrangements (MAPPA) process has signed up to the MAPPA Strategic Management Boards protocol for Safeguarding Adults. Learning from a Serious Case Review has also been implemented and the template for conducting MAPPA meetings has been amended in Greater Manchester to ensure that the safeguarding needs of an individual subject to the MAPPA process, are appropriately considered.

A mandatory e-learning module on Safeguarding Vulnerable Adults has been rolled out to all staff across the North West and face to face training is also mandatory for practitioners and managers in order to ensure staff fully understand their duties to safeguard adults who are at risk.

Court Officers work with partners to ensure vulnerable victims are supported through the Court process and following sentence, the NPS Victim Contact Service is offered to victims as part of the Victim Information Service. The NPS also work collaboratively with Police colleagues and other stakeholders to ensure the victims are fully protected from their perpetrators through the imposition of Licence conditions and ensuring the views of the victim are taken into account in our management of perpetrators.

Our plans for 2017/2018

As part of the NPS NW Business plan 2017/2018, 2 key objectives have been identified in relation to adult safeguarding;


- Improvement of the health and wellbeing of vulnerable adults as an organisational objective, with at least 70% of staff expected to undertake a range of training relating to mental health including Personality Disorder training, and all staff with Greater Manchester undertaking the Connect 5 Multi agency training.
- Improving service provisions for those with care needs, in particular elderly offenders, as well as those with mental health problems including personality disorders.

The Personality Disorder Team Insight, which is a partnership with Greater Manchester West, are delivering a consultation and formulation service across the 6 Approved Premises and 10 Local Delivery units in Greater Manchester. All our Approved Premises are working to achieve Enabling Environment status and Bradshaw House, the Approved Premises based in Bury is now a Psychologically Informed Planned Environment (PIPE). Our commitment is to train all Approved Premises staff in the Knowledge and Understanding Framework (KUF) and an extensive training programme relating to working with personality disorders is planned for practitioners and managers.

The Adult Safeguarding Audit Tool is currently being developed nationally and will be used to quality assure our work in safeguarding adults.

Plans for 17/18 include implementation of the NPS National Suicide Prevention Plan and there will be greater NPS engagement with each local authority suicide prevention panel. The North West are leading on a project and contributing to national developments in the area of recalls to custody. This is particularly relevant to the Suicide Prevention Strategy due to the disproportionate representation of recalled prisoners who take their own lives following a return to custody.

Pennine Acute Hospital NHS Trust

The Pennine Acute Hospitals 
NHS Trust



Tyrone Roberts

Director of Nursing Pennine Acute Hospital Trust
(covering Bury and Rochdale)

A warm welcome to Tyrone in his first year with the BSAB. Tyrone undertook his nursing training in the West Midlands before working in the Wirral, Stockport and then joining the Bury and Rochdale management team.

Our Achievements

2016-2017 has again been a busy year for the trust. We have carried out a total of 54 "walkrounds" across our 4 hospital sites. This walkround activity is a fundamental learning tool and as a result we have identified the following:

Areas that require an emphasis on training:

- Policies and guidance around restraint/therapeutic holding.
- The application of Deprivation of Liberties Safeguards (DoLS).
- The importance of documentation of assessments of mental capacity.
- The legal age of a child (up to the age of 18years).

Some areas show improved understanding:

- Knowledge of the Mental Capacity Act.
- The need to make reasonable adjustments for people with learning disabilities.

In last year's report we identified the need to improve our links with partner agencies, particularly around safeguarding. I am pleased to report that we have shown a consistent increase in the number of information sharing/referral forms generated at Fairfield General Hospital and increase of 44% from 2015-2016 to this year.

Deprivation of Liberty applications have again had a significant impact on the Trust with a 96% increase in the number of applications compared with last year.

Last year we also reported that the Trust had developed our Dementia Strategy. This Strategy was aimed at driving best practice and high quality initiatives for people living with dementia. I am pleased to report that at the Fairfield General Hospital site 615 (91%) staff have attended dementia training and we have received 59 referrals.

In addition to this, a new dementia video has been launched and is shown to staff as part of their induction process staff are also issued with pocket guides highlighting the key points of the Dementia Strategy.

Improving knowledge and understanding around learning disabilities has been a key priority for a number of years. In 2015 we introduced the post of “Learning Disability Liaison Nurse”. The primary aim of this role was to support professionals by providing expert advice so that patients with learning disabilities are effectively supported. When a patient who is ‘flagged’ attends hospital, an automatic alert is generated and sent to the Learning Disability Liaison Nurse who checks each attendance for factors such as multiple attendances to A&E, mental health/self harm and ‘behavioural’ attendances. The LD Liaison Nurse then makes contact with community learning disability teams to check if the person is known to them to ensure that information is shared and the correct support can be put in place for the individual. This scheme is working well; over our 4 sites we have received 1800 referrals.

Our Plans for 2017-2018

- **Carers as Equal Partners:** Discussions will be taking place with carers organisation TIDE (Together in Dementia Everyday) to collaborate in a research study funded by Big Lottery Funding looking at the involvement of carers in the management of people with Dementia and in how to develop them to become experts through experience.
- **Information Sharing:** From April 2017 all episodes of information sharing, not just information shared around patients with a Learning Disability will be collected by the Learning Disability Liaison Nurse. This will enable us to pull together a better understanding of how we work with partner organisations to support our patients.
- **Development of the Substance Misuse Bereavement Group.**
This group aims to provide bereavement support for families, carer’s and friends of individuals who have died from Substance Misuse. This Group will run monthly beginning on the 14th April 2017 and will be held at Bury Fire Station.



Pennine Care NHS Foundation Trust, Bury



Pennine Care **NHS**
NHS Foundation Trust

Stuart Richardson –

Service Director Bury Community Services, Pennine
Care & Deputy Chair Bury Adult Safeguarding
Strategic Board

Our Achievements

Over the last year there have been a number of developments within Bury's Pennine Care NHS Foundation Trust [PCNFT] Safeguarding Team. There has been a continued shift towards adopting a 'whole family approach' ensuring practitioners are working in partnership to support families in their entirety. The team has welcomed a new Specialist Practitioner Safeguarding Families, Rebecca Woods (meet her on page 33). In addition, the team has moved from their previous location at Townside Primary Care Centre to their new location at Humphrey House.

Developments:

- Continuing to raise awareness of adult safeguarding within the organisation.
- Safeguarding Adults Level 3 training package has been developed and is being delivered face to face on a monthly basis, Trust wide.
- On-going evaluation of all training.
- Continued to establish effective working relationships with other agencies.
- Development of bespoke Mental Capacity Act/Deprivation of Liberty Safeguard workshops.
- Safeguarding 'message of the month' disseminated to PCNFT staff, including information on domestic violence & abuse, child sexual exploitation, organised crime, perinatal mental health for dads, respectful challenge.
- Development of a Safeguarding Strategy.

Plans for 2017-18:

- Continue to raise the profile of adult safeguarding within PCNFT and local community.
- Continue to support the Safeguarding Adults Board.
- Implementation of the PCNFT training strategy.
- Development of safeguarding supervision which supports the 'whole family' model.
- Further safeguarding 'Message of the Month' publications including information on mental capacity & Deprivation of Liberty Safeguards and self-neglect.
- Appointment of 'Safeguarding Champions' throughout the PCNFT services in Bury, with regular forums for sharing information.
- Working closely with PCNFT staff around making safeguarding referrals and sharing relevant information.
- Continued support to front-line practitioners with complex cases.
- Contributions to 'Case Review Subgroup'.
- Attendance at 'Making it Happen' subgroup.
- Learning events from critical case reviews.
- Completion of audits on quality of referrals and scrutiny of internal processes.

Six Town Housing



Sharon McCambridge –
Chief Executive Six Town Housing,
Chair of the Adult Safeguarding
Making it Happen Group



Our Achievements

This year we invested in and improved our focus on the empowerment and prevention by expanding our Tenancy Sustainment Team. The team now risk assess all new tenants to establish their level of need and support to enable them to live independently.

We have maintained important support protecting tenants through our Sanctuary Project, offering victims of domestic violence a combination of physical security works to the home, safety plans and support, delivering security measures to 52 Six Town Housing homes in 2016-17.

Our continued involvement with our partners at the relevant multi agency hubs ensures that all referrals are discussed with a range of agencies, helping to improve the safety of vulnerable adults and we participate in the Board's Case Review Group to ensure we incorporate any learning into our procedures and training.

Customer facing staff have all had training on safeguarding to recognise signs of abuse and vulnerability, including signs of human trafficking and domestic abuse. Our 'Eyes Wide Open' initiative makes it easy for all our employees, including our repair operatives, to report concerns for safety and wellbeing of tenants, these concerns are passed to our Dedicated Safeguarding Officer and Neighbourhood Teams to follow up, we investigated 70 reports last year.

Our moves towards more integrated neighbourhood working now means that internally teams work more closely to provide help and advice, for example matching those needing sheltered or extra care facilities to suitable properties; organising void or improvement works to include adaptations where possible and understanding the Central Access Point and adaptation referral process for identifying and referring adults to the appropriate Council Team.

Our Community Development Team support adults with specific needs as part of our Steps to Success training and employment programme, providing training to improve life skills, change behaviours and increase independence, linking with Probation and community domestic violence programmes. The team engaged with 877 adults during 2016-17.

Our Plans for 2017-18

-We are developing a learning package incorporating all adult safeguarding elements for employees, complemented by regular briefings and awareness raising sessions, ensuring safeguarding remains high on everyone's agenda.

-Our Safeguarding procedures are to be updated to meet new legislation and ensure recording and monitoring is robust and reported through the performance framework. We will continue to raise awareness of Eyes Wide Open with staff; tenants and partners and aim to further develop monitoring arrangements for safeguarding actions.

-We want to ensure that partnership working remains key and plan to:

- Lead the way in raising awareness of Adult Safeguarding issues through the Making it Happen Group;
- Further develop links for age appropriate support services for those with disabilities and/or mental health issues;
- Further develop data sharing protocols and joint initiatives with partners for the benefit of customers;
- Ensure resources continue to be available to attend relevant panels and case reviews;
- Develop staff awareness of the supporting roles of other agencies and how to access this.



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We provide Jobs, Qualifications, Courses, Volunteering and Advice

Our Steps to Success programme aims to help shape your future. Whether you are looking for a job, a course, qualification, advice or help for your own personal development then please call us today on 0161 686 8000.

Facts and Figures for 2016-2017

Adult Safeguarding Concerns and Enquiries

Each Local or County Council has the responsibility for collecting data relating to adult abuse in its area and submitting this data annually to NHS Digital. This data collection process is called the “Safeguarding Adults Collection or “SAC”. Bury Council collect this data for all safeguarding cases within Bury Borough.

Bury Council also collects additional data around adult safeguarding enquires regarding what people want to happen as a result of a safeguarding enquiry and how they feel after an enquiry has finished.

The information below lays out some of the key data collected and also the progress against the “Key Measures of Success” identified by the Adult Safeguarding Board.

Please note in order to produce this report in a timely manner, data for 2016-2017 has been provided via Bury Council internal data recording systems and not via NHS Digital who, are the national data controller. Therefore data contained in this section may differ slightly when compared with national reports.

Data Definitions

Safeguarding Concern	A sign of suspected abuse or neglect that is reported to the council or identified by the council.
Safeguarding Enquiries	The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.
Section 42 Safeguarding Enquiries	<p>The enquiries where an adult meets ALL of the Section 42 criteria. The criteria are:</p> <ul style="list-style-type: none"> (a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs) and; (b) The adult is experiencing, or is at risk of, abuse or neglect and; (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In 2016-2017 **1744** safeguarding concerns were raised.

Of the above concerns raised **460** cases were taken forward as a safeguarding enquiry or a S42 safeguarding enquiry i.e. further enquires were made/investigations took place.

This is an increase of 66% in concerns reported from 2015-2016 where **1050** safeguarding concerns were raised and **422** were taken forward as a safeguarding enquiry.

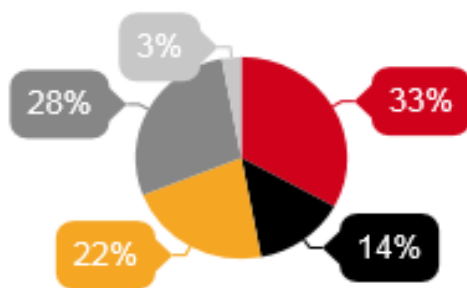
The increase in the number of cases was expected this year as the Board have promoted the “safeguarding is everyone’s business” message throughout the Borough. Therefore we can reasonably conclude that the promotion is working. .

However, one of the downsides of the promotion is that although we have seen a considerable increase in contacts (which is a positive) - the conversion rate from concern to enquiry has dropped from 40% in 2015-2016 to 26% in 2016-2017. This could suggest that there has been an increase in “incorrect/inappropriate” concerns raised. Therefore further work needs to be done in 2017-2018 to more fully understand why concerns raised are not then translating into safeguarding enquiries.

Safeguarding Enquiries – Age Split

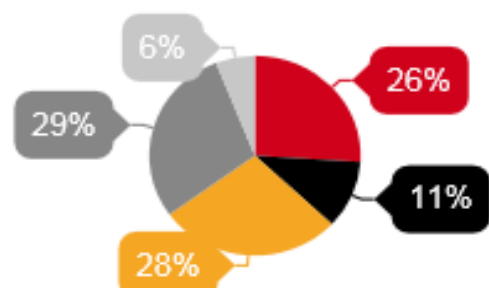
Out of the cases which went forward to a safeguarding enquiry, the age split of these cases is as follows:

2015 - 2016



■ 18-64 years (33%)
 ■ 65-74 years (14%)
■ 75-84 years (22%)
 ■ 85-94 years (28%)
■ 95+ years (3%)

2016 - 2017



■ 18-64 years (26%)
 ■ 65-74 years (11%)
■ 75-84 years (28%)
 ■ 85-94 years (29%)
■ 95+ years (6%)

When comparing the diagrams on the previous page the age split is fairly similar, with the majority of people subject of a safeguarding enquiry (shown by the segments other than red) being over the age of 65 in each year. The one noticeable change however is that the segment showing people over the age of 95 has doubled – this is most likely to be indicative of our aging population.

The data below will now concentrate on safeguarding enquiries which were completed in 2016-2017.

Type of Risk

There can be more than 1 risk type reported per person. For example a person can suffer both physical and financial abuse – both these types of abuse are recorded to ensure that people are properly supported when protection plans are put in place. You will note from the table below that in 2016-2017 4 new “abuse types” were introduced – collection of this data is currently voluntary but will be collected from herein in order to get a more rounded picture; this data has been included for information only at this stage as it cannot be benchmarked against previous years.

Disability	2015-2016	2016-2017
Physical	18%	27%
Sexual	7%	4%
Psychological	18%	15%
Financial or Material	22%	20%
Discriminatory	0.5%	1%
Organisational	2.5%	2%
Neglect & Acts of Omission	32%	31%
Domestic Abuse	Not collected	6 cases reported
Sexual Exploitation	Not collected	2 cases reported
Modern Slavery	Not collected	0 cases reported
Self Neglect	Not collected	21 cases reported

As you can see from the above table, figures around risk type are fairly similar with no more than 10% difference year on year. There has however been an increase in physical abuse reporting this year. It was noted last year that however that the % of cases recorded as having an element of physical abuse were considerably lower than previous years (average of 34% over a 10 year period) this low figure was thought to be a slight anomaly caused by the change in the way risk type was recorded. Meaning that the 27% for 2016-2017 is more along the lines of an average figure for Bury.

Board – Key Measures of success

In order to measure the success of the adult safeguarding strategy for the Borough, the Bury Safeguarding Adults Board identified 3 “key measures for success”.

The results against these measures are as below:

Key Measure 1 “The number of adults being abused is reducing”

The below data has been taken from the Safeguarding Adults Collection return for 2015-2016 and 2016-2017, table SG2c, and shows the safeguarding enquiries concluded during each respective year. The table below shows the number of cases where a risk was identified where risk means “*The adult is experiencing, or is at risk of, abuse or neglect*”.

From the data below you can see that the identification of risks or potential risks have reduced by 8%.

	2015-2016	2016-2017
Risk Identified	226	149
Risk Inconclusive	-	61
Total	226	210
% change		-8%

Key Measure 2 “The number of repeat incidents is reducing”

The table below shows the number of individuals who have had 2 or more safeguarding enquiries within the previous 12 month period from the last day of the month shown. This is rolling 12 month figure and as such cannot be averaged or summed.

From the data below it can be summarised that the repeat incidents have not reduced but have remained fairly static.

Number of people	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
	9	12	12	12	14	14	14	14	13	12	13	14

Key Measure 3 “The % of those adults who have been supported via the safeguarding process who feel safer”.

Data relating to this measure has only been collected locally since July 2016, therefore comparisons with previous years cannot be made at this stage. The results are as follows:

Feeling Safer	Percentage
They feel that they are a lot safer now	45%
They feel that they are quite a bit safer now	45%
They feel that they are not much safer now	9%
They feel that they are not at all safer now	1%

Initial reporting is encouraging. As you can see from the results above the majority of people (90%) reported that the safeguarding process has had a positive effect on them in relation to their safety. However 10% reported that the safeguarding process had not made them feel any safer.

Deprivation of Liberty Safeguards

What are the Deprivation of Liberty Safeguards?

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

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

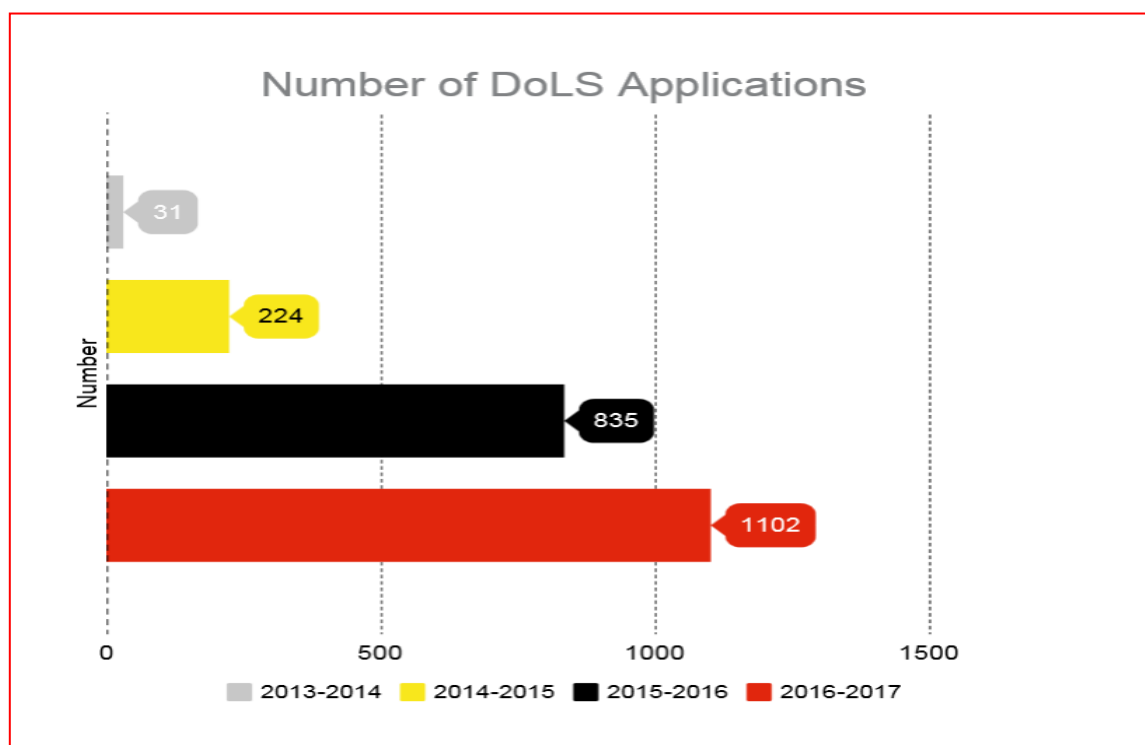
The DoLS are part of the Mental Capacity Act 2005. They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests. Supporting someone in this way should always be done with their best interests at heart, but it does break a fundamental Human Right – Article 5 – the right to liberty and security.

The Deprivation of Liberty Safeguards (DoLS) is an assessment process managed by Bury Council which provides a legal framework that helps to ensure the Article 5 rights of a person accommodated in a care home or hospital are protected by introducing a right to challenge.

The following pages illustrates the Deprivation of Liberty application data for 2016-2017 compared with previous years.

Number of DoLS applications to 2016-2017

As illustrated in the diagram below the number of applications has risen considerably since 2013-2014. This increase is due to a Supreme Court ruling which lowered the threshold for when a DoLS should be considered.



Breakdown by Disability

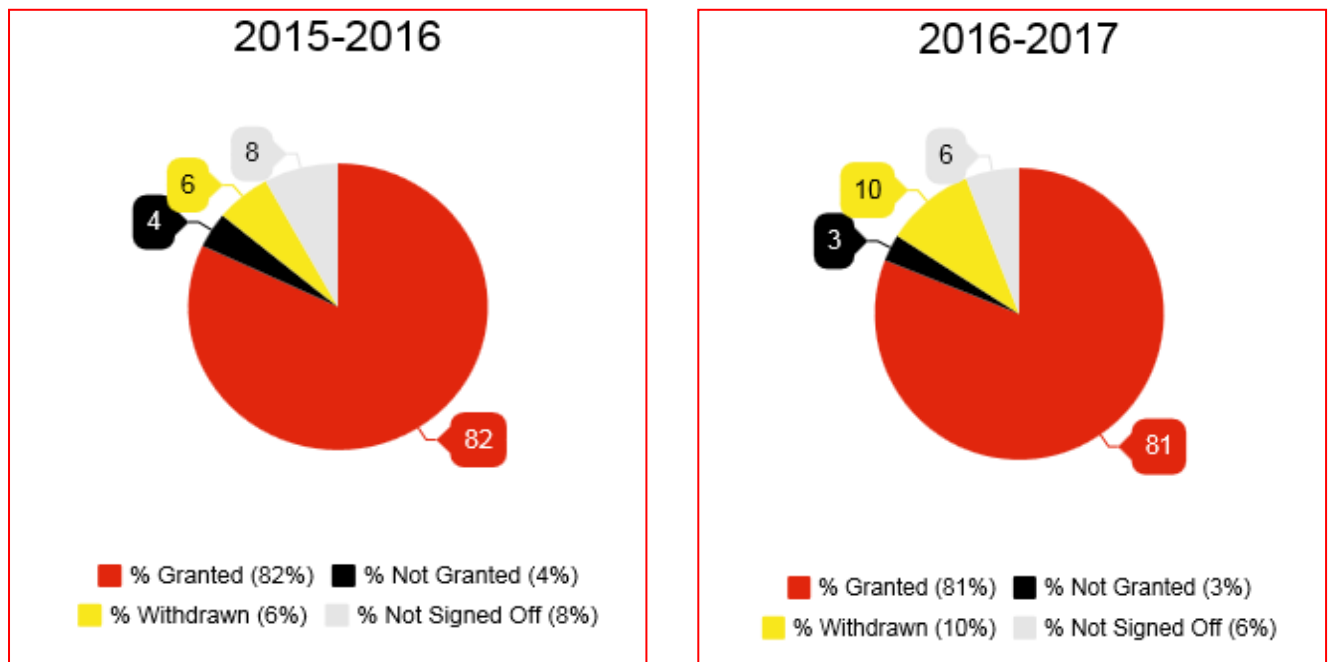
As reported last year what is immediately noticeable regarding the “disability figures” is that applications for people with dementia have increased considerably over the last 3 years.

This can be directly attributed to the Supreme Court ruling (as mentioned above) which has affected, in the main, care and nursing home residents therefore this increase was not unexpected.

Disability	2014-2015	2015-2016	2016-2017
Visual Impairment	0%	2%	1%
Dual Sensory Loss	0%	0%	Below 1%
Other Physical Disability	9%	3%	3%
Dementia	59%	78%	80%
Other Mental Health Needs	13%	6%	4%
Learning Disability	16%	7%	7%
Other Disability	3%	3%	3%
No disability	0%	2%	1%

Application Status

When a DoLS application is assessed not all of the applications are passed or “authorised”. Applications can be discontinued for many reasons. The following graphs shows the percentage split in application status at the end of the financial year for 2015-16 & 2016-2017.



The percentage of “granted” applications has remained fairly steady over the last 2 years. When an authorisation is granted this means that a person has been assessed and meets the criteria for a DoL. Bury nationally does show a higher percentage number of granted applications than other areas.

However applications in the main are completed on time and therefore are not withdrawn. Whereas other areas do have a significant backlog of cases meaning that a higher percentage of cases are withdrawn rather than granted.

Key

- Granted – Authorisation Given
- Not Granted – Did not meet DoL criteria
- Withdrawn – Person moved/died before application could be assessed.
- Not Signed Off – Pending a decision at the time figures were collected.

Who and What's New

This year we have a number of new recruits to Bury that we would like to welcome to the Bury family and introduce you to.

Tahira Zulfikar, Community Safety Officer, Bury Council



In August 2016 I joined the Community Safety Team as the new Domestic Abuse Lead Officer having previously been employed in a background of working in children's centres and having an in depth knowledge of the development of children within the Early Years.

My role is to act as the main point of contact with regards to domestic abuse within Bury, supporting both staff and organisations as required. I provide training to support staff and services to improve their practice, I also take part in the development of domestic abuse initiatives. I work in partnership with a range of partners across Bury such as the police, health, 3rd sector and community groups.

Rebecca Woods, Specialist Practitioner Safeguarding Families, Pennine Care Foundation Trust



In January 2017 I joined the Bury Safeguarding Team for Pennine Care NHS Foundation Trust [PCNFT] as Safeguarding Specialist Practitioner. I am a qualified Social Worker and was previously employed for 12 years by Manchester City Council, latterly in the role of Adult Safeguarding Coordinator and Best Interests Assessor. I have worked in a variety of adult-focussed settings, including physical disability, older age and learning disability teams and also as a part of a specialist multi-disciplinary neuro-rehab team for Central Manchester Foundation Trust.

My role within Pennine Care NHS Foundation Trust is to support colleagues and the Named Nurse [Sarah Davidson] to provide assurances to the Board and support the development of knowledge and skills relating to adult safeguarding within the Bury's PCNFT workforce. This includes a variety of activities such as safeguarding consultations and supervision, collection & analysis of evidence to support safeguarding enquiries and delivery of Adult Safeguarding Level 3 Training.

Jeanette Meadowcroft and Julie Wan-Sai-Cheong, Named Nurses for Safeguarding Adults,

Pennine Acute Hospitals NHS Trust



Jeanette Meadowcroft

I began my NHS career in 1991, initially working for Greater Manchester Ambulance Service before undertaking traditional nurse training at the West Pennine College of Health Studies, Westhulme, at the Royal Oldham Hospital. I worked as a staff nurse and then nurse team leader in intensive care for 12 years before moving into community services in Stockport as infection prevention nurse. As a result of transforming community services, I took on the role of risk lead at Community Health Stockport and following the merger of community services with Stepping Hill Hospital in 2012 I was later appointed Deputy Head of Risk and Customer Services. After 12 months in the role I had the opportunity to join the safeguarding team and after 2 years as a specialist nurse for adult safeguarding at Stockport NHS Foundation Trust, I joined Pennine Acute Hospitals NHS Trust as Named Nurse for Safeguarding Adults in January 2017.

I live in High Crompton with my paramedic husband of 35 years. We have seen many changes in the NHS over the years but still feel privileged to work with such dedicated people across the NHS.

Julie Wan-Sai-Cheong

I have been working as the Named Nurse Adult Safeguarding since October 2016. I qualified as a nurse in 1989 and specialised in Intensive Care Nursing. During my career I have worked at a variety of NHS Trusts over the years and prior to commencing my post at Pennine Acute Trust I worked for a Clinical Commissioning Group as a Named Nurse for adult safeguarding. I have also worked to train and support staff in patient safety and have been a nurse advisor in clinical negligence cases.

I currently live in West Yorkshire with my husband, 1 dog, 4 cats and 2 chickens and spend my free time baking cakes and volunteering for a local animal rescue.



React to Red

(provided by Bury Clinical Commissioning Group)

REACT TO RED

Pressure ulcers are not just a modern day problem and historically were referred to as bed sores, pressure sores and decubitus ulcers. The elderly in care homes are a particularly vulnerable group, often suffering with age associated illnesses, co-morbidities and poor mobility. All of which vastly increase their risk of developing pressure ulcers. The estimated cost to the NHS is enormous and it is cited at being between £1.4 billion and £2.1 billion a year¹

Many of the guidelines and literature state that early identification is vital in pressure ulcer prevention.

React to Red is a teaching package designed to support pressure ulcer prevention awareness for carers who work in all social care and healthcare settings. By completing the training and using the information pack as a resource, staff should feel more equipped to implement prevention measures and know what to do if they find any pressure damage.



Pressure ulcers are monitored by the National Health Service Executive (NHSE) and classed as harm which, in some circumstances, will be investigated.

The harm caused by pressure is in the main preventable and care providers have a duty of care to recognise this and then assess and implement measures to prevent it.

It is the responsibility of provider managers to ensure that staff are educated and to monitor their development and skills. React to Red aims to support this process and starts by explaining the facts and risk factors and how pressure ulcers can develop, the impact of pressure ulcers on residents and staff, how to risk assess and prevent damage occurring.

The Bury CCG approach has been to launch the initiative with support from partners at Primary Care Foundation Trust and Bury Council. To capture all residential and domiciliary care providers an ongoing training strategy has commenced in March 2017 with first cohort of 13 providers completing the training.

¹ Large, 2011; NICE, 2005.

Inner Strength Programme, Bury



Greater Manchester Police, Bury Council and Forensic Psychological Solutions are working together to provide the Inner Strength Programme for Bury.

The Programme has been designed to support and assist Perpetrators of Domestic Abuse to develop new skills that can be life changing and extremely beneficial. Forensic Psychological Solutions team will work with your people on a one to one basis, and in groups to a new range of positive techniques to better manage and change negative behaviours.

The programme is delivered over 12, two-hour sessions, this includes one extra session at the start which is two hour risk assessment screening .

Who do I contact for more information on the referral process?

All referrals will be coordinated through the Operation STRIVE team.

Contact Tahira Zulfikar Community Safety Officer.

Tel: 0161-253-5564 or Email: T.Zulfikar@Bury.gov.uk

And that is the end of our 2016-2017 BSAB Annual Report!

We hope that you have found it interesting and informative.



However if you have any comments or queries about the report or its content please contact a.symes@bury.gov.uk or phone Bury Council's Safeguarding Strategic Team on 0161 253 7365

Bury Health and Wellbeing Board

Title of the Report	Mental Health update
Date	23/11/17
Contact Officer	Jon Hobday
HWB Lead in this area	Stuart North/Julie Gonda/Karen Dolton

1. Executive Summary

Is this report for?	Information X	Discussion X	Decision X
Why is this report being brought to the Board?	<p>This report is being provided to give the board an update of the current approach to addressing mental health.</p> <p>It is also being brought to provide background context, along with information on the extent of the issue and how much we invest in addressing mental health.</p> <p>In addition it will provide a detailed insight into our children and young people mental health local transformation plan.</p> <p>Finally, it will propose a recommendations for the board to consider for endorsement.</p> <p>A supporting presentation will be provided to the board which will include a more detailed update.</p>		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	Priority 1, 2, 3, 4 and 5		

 Living_well_in_Bury_ Making_it_happen_to	
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Note the report, discuss the findings and endorse the recommendations to facilitate a workshop to explore the most appropriate way to ensure a collaborative, integrated and governed system wide approach to addressing Mental Health across the life course in Bury.
What requirement is there for internal or external communication around this area?	If the recommendation is endorsed the intention is to facilitate a workshop early in 2018 which all relevant stakeholders and partners with a stake in mental health should attend. The findings and recommendations will then feed back into the Health and Wellbeing board.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No

2. Introduction / Background

Mental health can be defined as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully and make a contribution to their communities (WHO, 2012)

Mental health should be a concern for us all, rather than only for those who experience mental health issues. Mental health problems affect society as a whole, not just a small isolated segment. For all individuals, mental, physical and social health are closely linked. It is becoming ever more apparent that mental health is crucial to the overall wellbeing of individuals and societies.

No group is immune to mental health disorders, but evidence shows that certain groups are disproportionately impacted by mental health issues.

3. key issues for the Board to Consider

Bury spends in excess of £40 million per year on mental health.

Clear strategies and plans are in place in regards to the investment in mental health. There is a drive to shift the majority of spending towards prevention and early intervention which is much more cost effective than the treatment.

There is currently less spend on child mental health per head than in adults.

Funding can sometimes come from central government or other bodies on an ad-hoc basis – with only some agencies being informed of this. This can result in local agencies putting in bids for funding which may already be done elsewhere or may not fit with the overall strategic direction within Bury.

We currently don't have a process which strategically oversees mental health approach right across the life course. It is essential we have clear strategic direction, and a system wide collaborative approach that links the relevant organisations and ensures all activities and developments are shared, understood and complimentary to existing services.

4. Recommendations for action

To bring appropriate stakeholders and staff together in a workshop to explore the most appropriate way to ensure a collaborative, integrated and governed system wide approach to addressing Mental Health across the life course. The new approach should act to coordinate all the areas of work across the life course within mental health and where possible achieve efficiencies through reducing duplication and economies of scale.

5. Financial and legal implications (if any)

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

None

6. Equality/Diversity Implications

None

CONTACT DETAILS:

Contact Officer: Jon Hobday
Telephone number: 0161 253 6879
E-mail address: j.hobday@bury.gov.uk
Date: 23/11/17

Mental Health update November 2017

Contents

- What is mental health
- Why is it important
- Who it affects
- Types/levels of services to address mental health
- National context/drivers
- Bury's mental health outcomes
- Bury's spend on mental health
- Bury's C&YP local transformation plan
- Challenges and recommendations

What is mental health

- Mental health can be defined as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully and make a contribution to their communities (WHO, 2012)

Why is mental health important?

- Mental health should be a concern for us all, rather than only for those who experience mental health issues.
- Mental health problems affect society as a whole, not just a small isolated segment.
- For all individuals, mental, physical and social health are closely linked.

Who does it affect

- the poor
- the homeless
- the unemployed
- persons with low education
- victims of violence
- migrants and refugees
- children and adolescents
- abused women
- neglected elderly

What is parity of esteem between physical and mental health?

*'Valuing mental health equally
with physical health'*

Types of services to address mental health

- Universal provision by non-specialists in universal settings.
- Provision for those with less severe issues.
- Specialist out-patient provision.
- In-patient care and some highly specialised care.

National Context

Key documents

- **No Health without mental health**
 - More people will have good mental health
 - More people with mental health problems will recover
 - More people with mental health problems will have good physical health
 - More people will have a positive experience of care and support
 - Fewer people will suffer avoidable harm
 - Fewer people will experience stigma and discrimination
- **Five Year forward View for Mental Health priorities**
 - A 7 day NHS right care, right time, right quality
 - An integrated mental and physical health approach
 - Promoting good mental health and preventing poor mental health
- **NHS England – Future in Mind**
 - Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

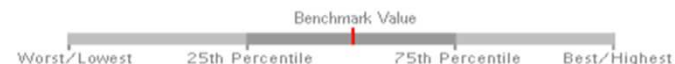
Regional and Local Context



























Key documents

- **GM Mental Health and Wellbeing Strategy**
 - Improving MH in adults and children
 - Narrowing the gap in life expectancy
 - Ensuring parity of esteem
 - To be achieved through 4 themes - prevention, Access, Integration and Sustainability
- **Bury Mental Health Strategy**
 - More people will have good mental health
 - More people with mental health problems will recover
 - More people with mental health problems will have good physical health
 - More people will have a positive experience of care and support
 - Fewer people will suffer avoidable harm
 - Fewer people will experience stigma and discrimination
- **Bury Children and Young People Local Transformation Plan**
 - Build resilience, promote good mental health and wellbeing, and to focus on prevention and early intervention;
 - Develop a system built around the needs of children, young people and their families;
 - Improve access so that children and young people have easy access to the right support from the right service at the right time as close to home as possible;

Bury Picture

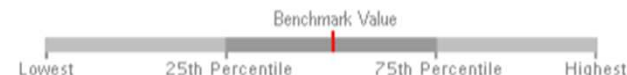
Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared













Indicator	Period	Bury			Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 	2015	—	2,520	9.0%*	9.6%*	9.2%*	7.0%		11.0%	
Estimated prevalence of emotional disorders: % population aged 5-16 	2015	—	963	3.5%*	3.7%*	3.6%*	2.8%		4.2%	
Estimated prevalence of conduct disorders: % population aged 5-16 	2015	—	1,521	5.4%*	5.8%*	5.6%*	4.0%		6.9%	
Estimated prevalence of hyperkinetic disorders: % population aged 5-16 	2015	—	414	1.5%*	1.6%*	1.5%*	1.1%		1.9%	
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24 	2013	—	2,539	2,539*	-	*	-	-	-	
Prevalence of ADHD among young people: estimated number aged 16 - 24 	2013	—	2,702	2,702*	-	*	-	-	-	
Cause for concern - Looked after children where there is cause for concern: % of looked after children 	2015/16	—	23	28.8	33.0	37.8	55.6		20.5	
Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 	2015/16	—	128	398.5	520.5	430.5	102.5		1,444.7	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (10-14 yrs) 	2015/16	➡	25	225.1	325.5*	225.1	38.9		839.3	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (15-19 yrs) 	2015/16	➡	63	581.9	756.3*	648.8	157.3		1,899.9	
Hospital admissions as a result of self-harm: Crude rates per 100,000 (20-24 yrs) 	2015/16	➡	40	389.2	483.2*	410.3	53.2		1,582.3	
Pupils with social, emotional and mental health needs (Primary school age) 	2016	—	386	2.18%	2.01%	2.08%	0.97%		4.01%	
Pupils with social, emotional and mental health needs (Secondary school age) 	2016	—	225	2.06%	2.09%	2.36%	0.92%		5.51%	
Pupils with social, emotional and mental health needs (School age) 	2016	—	616	2.13%	2.21%	2.34%	0.97%		4.63%	

Bury Picture

Compared with benchmark ● Lower ● Similar ● Higher ○ Not Compared Low High



Indicator	Period	Bury			Region England		England			
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest	
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16 	2015	—	2,520	9.0%*	9.6%*	9.2%*	7.0%		11.0%	
Depression recorded incidence (QOF): % of practice register aged 18+ 	2015/16	—	1,253	0.8%	1.7%*	1.4%	0.7%		2.8%	
Depression recorded prevalence (QOF): % of practice register aged 18+ 	2015/16	—	9,207	5.9%	9.6%	8.3%	4.5%		13.5%	
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ 	2015/16	—	414	14.7%	14.7%*	12.7%	8.1%		19.0%	
Depression and anxiety among social care users: % of social care users 	2013/14	—	-	53.6%	53.2%	52.8%	36.7%		61.2%	
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+ 	2015/16	—	191	7.2%	6.1%*	5.2%	2.0%		8.8%	
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 	2011	—	23	19.6*	22.2*	24.2*	15.6		71.9	
Severe mental illness recorded prevalence (QOF): % of practice register all ages 	2015/16	—	2,085	1.04%	1.01%*	0.90%	0.52%		1.52%	
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population 	2016		4,110	35.3	37.8	27.5	10.1		66.8	
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	2015/16	—	-	66.2%	-	61.3%	42.7%		73.4%	

National Targets for Mental Health 17/18

Access and waiting time standards for mental health services for:

- Early Intervention in Psychosis
- Talking Therapies – Healthy Minds/IAPTs:

Measure	Current Bury Performance vs Target
50% of people experiencing first episode of psychosis to access treatment within two weeks	Achieving
16.8% of people who have depression and/or anxiety disorders to receive psychological therapies	Achieving
75% of people with relevant conditions access talking therapies in six weeks	Achieving
95% of people with relevant conditions access talking therapies in 18 weeks	Achieving
Increase in the number of people with Long Term Conditions accessing talking therapies	Achieving
Recovery rate of 50% of patients completing a course of treatment in IAPT services	Achieving

Local Direct Spend

	Direct spend on mental health services/provision		Total	Spend per head of population
	Local Authority	CCG		
Adult	£3,604,500	£30,486,000	£34,090,500	£237
Children	£3,815,793	£2,108,000	£5,923,793 (15%)	£181
Total	£7,420,293	£32,594,000	£40,014,293	£227 (average spend per head)

Examples of provision

- Examples of Recent investments in 16/17 and 17/18 :
 - Early Intervention in Psychosis (EIP)
 - Acute Transformation pilot to support the crisis pathway and avoid hospital attendances and admissions
 - Safer Staffing on Wards
 - RAID and Telephone Street Triage
 - Community RAID – working alongside social care at Textile House
 - Healthy Minds – psychological therapies for people with Long Term Conditions and Medically Unexplained Symptoms
 - Healthy Minds - Improving Access to Psychological Therapies (IAPT) - Step 3.5
 - Big White Wall

Examples of provision

- Recent investments include (continued):
 - Post-diagnostic Support for Children with ASD / ADHD
 - Eating Disorders Service
 - Voluntary Sector Grants:
 - Earlybreak/First Point Family Support – Mindfulness Courses/Parenting Support
 - Homestart – Attachment and Perianal Mental Health
 - Street Wise 2000 – Peer Support Networks

Local Indirect spend

- Local Authority - **£26,393,629**
(equivalent to an extra £150 per head)
- CCG – difficult to quantify but significant

C&YP LTP update

Bury CYP Mental Health Local Transformation Plan

Bury's local transformation plan was published in November 2015 - details the local strategy to meet key national objectives and improve health and wellbeing outcomes for our children and young people. Since then, we have:

1. Commissioned a new community eating disorder service, which will soon operate from Bury town centre.
2. Recruited to new 'link worker' role within Healthy Young Minds Team. Two link workers provide mental health advice, guidance and support for schools and other services – better enabling prevention and early help.
3. Implemented the Single Point of Access.
4. Begun co-working within the new Neighbourhood Hubs.
5. Commissioned specific support from local 3rd Sector organisations including Early Break and Homestart.
6. Significantly reduced waiting times for Healthy Young Minds (CAMHS).
7. Continued to work closely with GM colleagues to develop crisis resolution and liaison services.

C&YP LTP update

Refresh of the Local Transformation Plan

- The current plan was refreshed and republished end of March 2017.
- Local identified priorities include:
 - Transition – between children and young people and adult services as well as key transition points such as move to secondary school
 - Workforce development
 - Early help/prevention and strengthening links with schools – enhancement of school link provision
 - Perinatal Mental Health
 - Improving access to effective support – with a focus on age 16-18
 - Scoping of need for vulnerable groups
 - Accountability and transparency – development of local Healthy Young Minds dashboard
- Supplementary priorities around: Communications and awareness of existing services; suicide awareness training

Challenges and recommendations

Challenge

- funding can sometimes come from central government on an ad-hoc basis
 - with only some agencies being informed of this
- It can be difficult to ensure all work streams/programmes fit in with the overriding strategic direction
- Lack of system wide governance for mental health

Recommendations

- Facilitate a workshop with appropriate stakeholders and staff to explore the most appropriate way to ensure a collaborative, integrated and governed system wide approach to addressing MH across the life course, which should ensure a system wide approach and to achieve efficiencies and reduce duplication
- Bring the findings back to the Health and Wellbeing Board for agreement and endorsement

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Bury Health and Wellbeing Board

Title of the Report	Greater Manchester Working Well Early Help Programme: towards a population approach to work and health
Date	23 November 2017
Contact Officer	Tracey Flynn
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	<p>GM Working Well Early Help (whole population) is currently in the design stage.</p> <p>This report is brought to the Health and Well Being Board seeking support and sign off for Bury to participate in the programme and to nominate Board representatives to form part of a local driver group to support implementation.</p>		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Priority 2 & 3		
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	Work and Welfare		
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.	<p>Approval for Bury to participate in the programme.</p> <p>Identify leads from within CCG/primary care; public health; work and skills to support local implementation</p>		
What requirement is there for internal or	This programme should be		

external communication around this area?	supported via communication channels internally with Health colleagues and practitioners. Externally to ensure eligible Bury residents and businesses can access the support available.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	<p>This activity has been considered, developed and approved via the GMCA Greater Manchester Health and Social Care Strategic Partnership Board.</p> <p>Further sign off is required from Bury CCG.</p>

2. Introduction / Background

The purpose of this report is to generate support and H & WBB sign off for the development of an integrated work and health system for GM.

It is recognised that there is a co-dependant relationship between health and work: good quality work is good for health. Economic growth and increased productivity relies on a healthy, skilled workforce.

The Greater Manchester Skills Strategy identifies integration of health commissioning with work and skills support as an objective and the Greater Manchester Population Health Plan as made employment a key priority within the 'Living Well' theme.

The current Working Well programme has demonstrated that Greater Manchester is able to successfully design and manage innovative approaches to addressing worklessness and poor health through locally commissioned services.

Greater Manchester now has an opportunity to expand the Working Well model, building upon the foundations and relationships that are now in place to create a transformational Working Well health and employment system.

The diagram below illustrates the ambition of the programme across the entire employment life-cycle.



This report refers to the first two pillars in the diagram: Working Well – in Work and Working Well – Early Help.

Working Well (In Work)

This objective is to facilitate healthy GM work places, supporting employers and employees to reduce sickness absence and increase productivity. Bury Council have already recognised and invested capacity in this area through a dedicated Health and Employment post funded via Public Health.

Working Well (Early Help)

The objective is to create a system that efficiently and effectively supports workers to retain and/or return to employment when suffering from poor health or disability. This will reduce the flow of people leaving work and moving onto out-of-work benefits. It will also support those who have made a claim to access support quickly in order to return to work.

The model will primarily be designed for GM residents who work for small and medium sized enterprises (SME's), or are self employed, and have no access to occupational or employee health support.

General Practitioners will be the key partner in this work as one of the primary referral triggers will be at the point of issue of Fit Note.

A full description has been attached at Appendix One.

3. key issues for the Board to Consider

To support and sign off Bury officers to establish a local implementation team, which will have representation from the CCG, projects leads (Bury Council Economic Development Team) and other local partners. A lead GP will need to be identified and discussions are underway.

Bury Council has an excellent track record of engaging with local businesses through the Bury Council Business Engagement Strategy. A solid foundation is established to roll out this activity.

4. Recommendations for action

Formal approval for Bury to participate in the programme from the Board.

Identify leads from within CCG/primary care; public health; work and skills to support local implementation.

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

There are no financial contributions required to support this activity other than Council resources via lead officers.

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

CONTACT DETAILS:

Contact Officer: Tracey Flynn
Telephone number: 0161 253 6040
E-mail address: t.flynn@bury.gov.uk
Date: **03 November 2017**

ANNEX 1 – GM Working Well Early Help Project Brief



GM Working Well 'Early Help' Programme Overview Briefing October 2017

Greater Manchester Context

Greater Manchester faces a challenge in terms of the number of people with long-term health conditions in employment – some 59% as compared to 65% in the rest of England. In Greater Manchester there are **236,400** people out of work and claiming benefits - more than the total population of Bury, or Rochdale. Of these, 64%, or **150,800** people, are claiming as a result of a health condition.

GM recognises that there is a co-dependent relationship between health and work: good quality work supports good health, and economic growth relies on a healthy, productive workforce. To this end the GM Combined Authority and GM Health and Social Care Partnership leadership have agreed to develop a joint programme to provide:

1. An effective early intervention system available to all GM residents in work who become ill and risk falling out of the labour market, or are newly unemployed due to health issues
2. Better support for the diverse range of people who are long-term economically inactive to prepare for, find and keep work
3. Development to enable GM employers to provide 'good work', and for people to stay healthy and productive in work

We have a strong track record of GM commissioned support to people long-term out of work with health conditions through the GM Working Well Programme, which we 'co-commission' with DWP via previous devolution agreements.

Greater Manchester is now developing a whole population approach to people of working age in GM, and building on the Working Well brand, are prioritising the development of **'GM Working Well - Early Help' – to design and test an early intervention service to people with health conditions, who are at risk of falling out employment, or are newly unemployed.**

Why is this needed?

- No effective or systematic early intervention pathway to prevent people with health conditions falling out of work
- 98% of GM Employers are small/medium-sized enterprises or self-employed, covering over 50% of the working GM population. They have little or no access to occupational health/ Employee Health & Wellbeing support

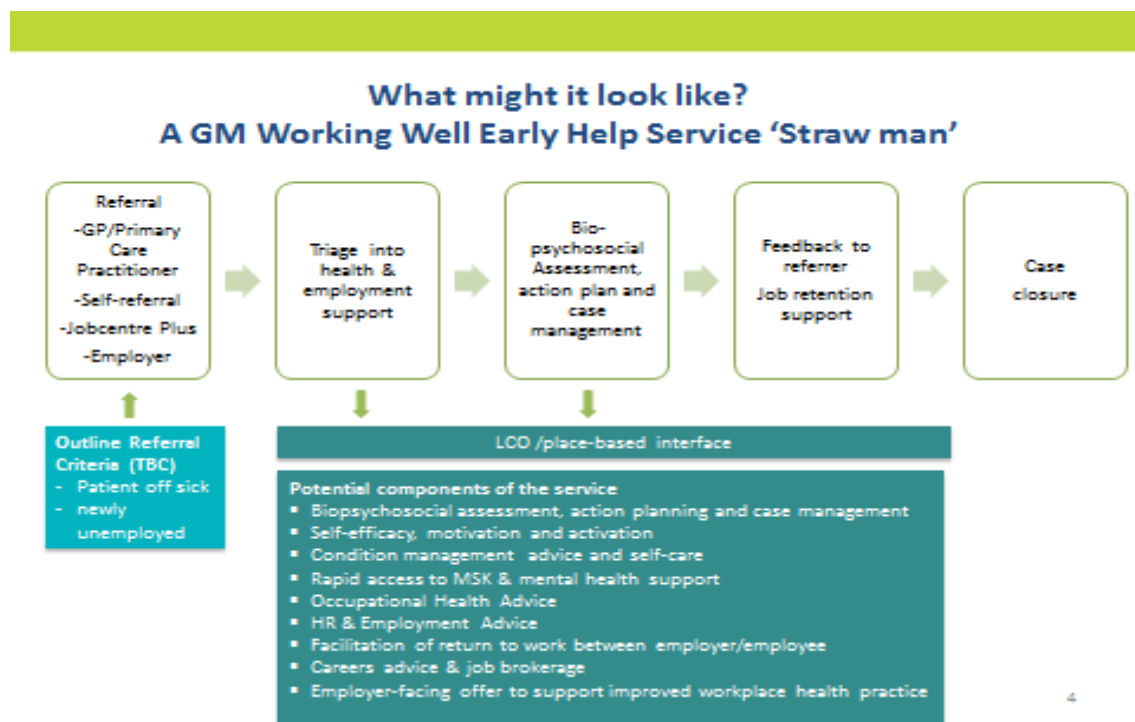
- The NHS struggles to respond rapidly to the needs of those in work, and the Fit note system can be ineffective from both GP and employer perspective.
- Increasing number of people living with long-term conditions and raising of retirement age.
- National Fit For Work Service not effectively meeting local need – GM can do this better locally

Proposed objectives

- Reduce the number of days lost to sickness absence for those in employment
- Prevent GM residents with health conditions from leaving the labour market
- Support businesses to retain employees and better manage health in the workplace
- Reduce time spent by clinicians on non-clinical work in primary care
- Support newly unemployed people with health conditions to access an enhanced health support offer to facilitate an early return to work

What might this look like?

This service will need to work for individuals, GPs / primary care, and employers. It also needs to fit with local models of support and pathways of care within individual boroughs who participate. We therefore want to co-design this service with all key partners. We will be running a range of sessions during the Autumn focusing on getting the design right, and have developed a 'straw man' to build on.



Funding, scale and evaluation

A mixed model of GM public service investment is proposed including NHS Transformation Fund and Reform Investment Funds. The indicative investment total is c. £8500m to test a service for three years; delivering to a potential 11,000 people in work but at risk, and 3500 newly unemployed. A robust evaluation framework, including sustainability modelling, is under development led by GM Research and Intelligence (New Economy) with support from Manchester Metropolitan University.

Leadership and Governance

A GM Health and Employment Programme Board has been established to provide specific focus and drive to this work. The Board is chaired by Theresa Grant, CEX Lead for Work and Skills within the GMCA. Jon Rouse takes the leadership role for the GM Health and Social Care Partnership on the Board, supported by Sarah Price, Director of Population Health and Commissioning. Representatives from the GM Provider Federation Board, Voluntary Sector, and Association of CCGs also attend. A Programme Team within the GM Population Health Plan is leading the development of the programme, alongside officers from the GMCA.

Outline Timeframes

Detailed service design; Literature & evidence review, evaluation development	Jul-Nov '17
Joint Investment bids and procurement options appraisal	Dec '17
Procurement	Jan '17
Service commences to 2021/2	Nov '18

Further Information:

Jenny Osborne, Strategic Lead Health & Employment, GM Health and Social Care Partnership
jenny.osborne4@nhs.net

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BURY SAFEGUARDING ADULTS PARTNERSHIP




MEETING NOTES SAFEGUARDING ADULTS STRATEGIC BOARD MEETING

HELD ON Tuesday 10 October 2017 14:00- 16:00 Bury Adult Learning Centre

Present:		
	Jo Marshall-Bell (JMB)	Greater Manchester Police (Chair)
	Julie Gonda (JG)	Bury Council
	Tabetha Darmon	Pennine Acute Hospital Trust
	Jax Effiong (JE)	Greater Manchester Fire and Rescue Service
	Sharon McCambridge (SM)	Six Town Housing
	Dr Cathy Fines (CF)	Clinical Commissioning Group
	Maxine Lomax (ML)	Clinical Commissioning Group
	Clare Holder (CH)	Observer (CCG)
	Caroline Drysdale (CD)	Pennine Care
	Mandy Symes (MS)	Board Facilitator (Bury Council)
Apologies:		
	Tracy Minshull (TM)	Bury Council
	Nisha Bakshi (NB)	National Offender Management
	Tyrone Roberts (TR)	Pennine Acute Hospital Trust (rep sent)
Distribution	Board Members and representing PA's	
	Gail Churchill (GC), CRC	
	Chloe McCann – Corporate Policy Team (HWB)	

ACTION

1	Welcome and introductions and apologies (standing item)	
	JMB welcomed everyone.	
	Attendance and apologies as recorded above.	
2	Minutes of last meeting and matters arising	
2.1	4.1.5 Re: – funding from transformation agenda – feedback – Board would need to be clear in the reasons for requesting funding. Noted.	TM
2.2	4.1.7 Re: feedback around GM and ADASS workstreams – to be carried over.	
2.3	5.2 Re: submission of Annual Report to Mayors Office – document has been sent over to Manchester Council who are co-ordinating the inter-authority document.	
2.4	5.4 Annual report will be presented to the HWB in Dec.	
3	Sub Group updates	
3.1	Making it Happen Group	
3.1.1	SM updated the group on the actions of the MIHG (embedded below is the updated position statement note this was not circulated prior to the meeting).	

	 <p>MIHG Position Statement (action plan)</p>	
3.1.2	<p><u>IARM (complex case management protocol)</u> – Need to arrange launch and establish where the protocol sits. Further work needs to be done to ensure buy-in from all organisations – MIHG will look at launch, however learning could possibly go through the Case Review Group.</p> <p>The risk register for these cases however will sit with the Board.</p>	
3.1.3	<p><u>Risk Register</u> – The Risk Register has been updated and disseminated. Risk holders to contact MS if they have any queries/issues with the changes.</p>	All risk holders
3.1.4	<p><u>Customer Survey</u> – SM presented the customer survey and advised that this was a starter for 10. The initial results are positive with 92% of people questioned advising that they know what adult safeguarding is. However there are some areas that we could look to develop i.e. people are interested in learning more and would like training within a community setting.</p> <p>SM also advised that she is linking in with Heather Crozier's team to further develop the survey tool.</p> <p>JMB noted that the use of such a survey would sit well with the digital engagement platform.</p>	
3.1.5	<p>Delay of Learning and Development Plan – SM advised that the group had begun working on a learning and development plan for Bury. However, ADASS and NHS England are both currently developing a workforce development plan and an adult safeguarding intercollegiate document (respectively) therefore the MIHG are requesting that permission is given to delay the development of Bury's own plan in light of the work that is already being undertaken.</p> <p>Board agreed to delay development of local plan and SM to feedback on ADASS and NHS England documentation as it is published.</p>	
3.1.6	<p>People in a Position of Trust – MS outline the Board's responsibility with regard to accusations around people in a position of Trust. Boards must establish and agree a framework and process for how allegations against people working with adults with care and support needs should be notified and responded to. This sits outside adult safeguarding enquiries as these accusations will relate to something that a person has done outside their working environment which may then be seen as being a risk to the adults they work with.</p> <p>It is the responsibility of the Local Authority to ensure that appropriate arrangements are in place (very similar to the children's LADO role and is known currently as the Adult Safeguarding Lead or ASL). Bury Council are currently looking at these arrangements – however the North West ADASS group are also pulling together a policy and practice guidance which should be available imminently, which Bury will look to adopt or utilise to draft their own arrangements.</p> <p>The work around this will be picked up by the MIHG and be brought back to Board.</p> <p>CH queried whether there was an acknowledgement about what would happen if a person was employed by the organisation investigating. MS</p>	SM

ACTION

	advised that it would be the local authority responsibility to ensure that the correct procedures were followed and due to the size of the organisation conflict of interests would be unlikely, this had point had not been considered in current documentation, however MS noted and will raise as appropriate.	
3.2	Case Review Group	
3.2.1	JG advised that cases had been progressed and an action plan is in place. Nothing additional of note to report back as yet.	
3.2.2	The Group are looking to adopt a thematic approach to reviewing cases, with themes such as dual diagnosis and self-neglect coming to the fore. The pathway would be to bring back learning to the Board to discuss progress going forward.	
3.2.3	Joint review extra-ordinary meeting is on the 3 rd November where the results of the review will be presented formally to the Board, Board members are asked to make every effort to attend.	
3.2.4	Discussions around how learning from the reviews/good practice etc brought up by the CRG is fed back to practitioners. Models suggested - learning days where practitioners can drop in, tagging onto Children's Trust lunch time learning sessions/process etc. CRG group to look at further and consider working with the MIHG to take forward a dissemination process.	JG/CF/ SM
4	Performance Report	
4.1	Group discussed the tabled report and felt that there was not enough information to assure/inform of the full picture of safeguarding across Bury.	
4.2	Due to lack of analytical resources it was agreed that additional analysis would be done for the 3 key performance measures – MS to provide further detailed analysis and bring as a standing agenda item.	MS
4.3	Re: repeat cases (measure 2) – this may also be something that the Case Review Group may want to pick up in relation to learning.	
4.4	Discussion also held around the disparity between the number of cases being referred and the number of cases translating into safeguarding enquiries. MS advised that some initial work had been done by the Bury Council Adult Safeguarding Ops board to look at this – and it was found that some organisations sent in standard forms marked as “safeguarding referral” when in fact these were cases of referrals for care or assessment or “for information only” etc. This had skewed the figures as initial recording of such information was logged as a safeguarding enquiry/concern. Training around triage had been completed in order ensure better data quality. Concern was raised however that information was being forwarded inappropriately to the front door.	
4.5	MS to bring back further information to the next Board around conversion rates from concern to investigation, inappropriate referrals and where these referrals are coming from.	MS

ACTION

4.6	Noted that the findings above may also need to link in with the learning and development plan.	
4.7	Page 3 of the reported noted that 478 people were referred and had no support reason – therefore did not meet the S42 safeguarding enquiry thresholds, however noted that they may meet non statutory enquiry thresholds. MS advised that this can be looked at by the Bury Council Operational Board and an exception report brought back to Board.	
4.8	Board agreed that as the customer survey's continued this would also form part of the performance report.	
5	Locality Hubs Update – to be known from now on as Neighbourhood Working	
5.1	JG advised that neighbour working is a systems leadership approach which has been adopted by Bury. Its aims are around prevention, engagement and empowering people to self-help.	
5.2	There are system leaders across the Borough and 2 pilot hubs in Radcliffe and Bury East. JMB explained that there are 3 levels of need <ol style="list-style-type: none"> 1) Statutory intervention where by people need support/direct intervention from services. 2) People on the cusp of needing support /intervention – these are the ones who will be picked up through the neighbourhood working arrangements. 3) People who can self-support and have no need of assistance. 	
5.3	The process is based on the Vanguard methodology looking at a bottom up approach.	
5.4	JG is currently preparing a report on neighbourhood working for the Transformation Group and will bring to the Jan Board.	JG
6	To note	
	In addition to what was tabled on the agenda:	
6.2	Board Chair advert is going out imminently. Interviews to be held on the 28 th Nov (not 26 th as previously reported).	
7	Any other business	
7.1	Self neglect – MS advised the Board that lecturer Andrea Collins from MMU has been developing a multiagency strategy, guidance and training around self neglect and hoarding. They are willing to share this with Bury and also deliver training. MS advised that Salford report that this has been an excellent piece of work. Bury Council were looking to role this out within their own organisation however, it was felt that the impact/benefit would be much greater if this was rolled out across the partnership. Cost would be around £2k. Board were asked in principle would they support the role out and funding of this training and strategy development – All Agreed.	
7.2	MS to pull together more information for the Board, the Board will consider and vote “virtually” as to whether they will support/fund.	MS
7.3	JE advised that there will be a change in data sharing – GDPRP. MS to	

ACTION

7.4	research what this means for the Board. CH raised that Manchester had pulled together a multi-agency co-located MASH. MS to bring back update to Jan Board.	MS
Next Meeting dates		
	<p><u>Please note new meeting dates below:</u></p> <p>All meetings will be held from 2pm to 4pm unless otherwise stated.</p> <p>3rd Nov Extraordinary meeting re: Joint Case Review A17/Adult B2 – committee room A&B Bury Town Hall, 10am to 12noon.</p> <p>16th January 2018 – Bury Town Hall, Meeting Room A</p> <p>17th April 2018 – Bury Town Hall, Committee Room A</p> <p>10th July 2018 – 3 Knowsley Place, Meeting Room 0:1</p> <p>16th October 2018 – 3 Knowsley Place, Meeting Room 0:1</p>	

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Climate Change and Carbon Reduction Board Minutes

Date: Wednesday 20th September 2017

Time: 1.30pm – 3.00pm

Venue: Irwell Room, Town Hall

Present: Lorraine Chamberlin (LC) – Chair
Chris Horth (CH)
Clinton Judge (CJ)
Paul Webb (PW)
Jason Kelly (JK)

Minutes: Zoe Fogarty (ZF)

Minutes

1	APOLOGIES Alistair Dalzel-Job (ADJ), Lesley Jones (LJo), Sharon Hanbury (SH), Alex Holland (AH), Gillian Cohen (GC)
2	MINUTES AND ACTION LOG FROM THE PREVIOUS MEETING HELD ON THE 19 JULY 2017 The minutes were agreed to be a true and accurate record and the action log was updated. Attached for information. MATTERS ARISING None at present
3	CRC RISK REGISTER Press release has not been sent yet as LC awaiting information from JK. LC to forward JK last years press release so he can send her the most up to date information. ACTION 1: JK & LC
4	LOW CARBON HUB ENVIRONMENT LIAISON GROUP MEETING – STANDING ITEM No meeting has been held since the last meeting.
5	CLIMATE CHANGE PLAN All ready for consultation – Just need a screenshot from the council's performance monitoring software Clear Impact – which shows all the indicators, latest figures and current trends. Circulate this to relevant contacts and put on the website to invite comments.

	<p>ACTION 2: CH to share plan with members of this group. Please send any comments back to CH asap. This plan can then be tabled at the next SLT meeting and Cabinet.</p>
6	<p>ENERGY PATH NETWORK</p> <ul style="list-style-type: none"> • This is the project that uses a modelling tool to show what Bury domestic energy supply and usage will look like as the energy supply grid aims for decarbonisation by 2050. • The work is being done by Energy Systems Catapult – who are working for the Energy Technologies Institute and we are the GM pilot • 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. • This is progressing nicely we have seen the initial results from their modelling. Looking at developing sensitivity tests to look at how changing approaches or circumstances could impact on the outcomes. • We will be consulting on predicted findings of these reports prior to the final documents being released so that we can take on board comments and ensure the report is more robust. • Julie Palmer is the newly appointed Housing Growth and Development Manager for Bury Council and works with Sharon Hanbury.
7	<p>ACTIVE TRAVEL</p> <p>Cycling by prescription scheme</p> <ul style="list-style-type: none"> • The national Cycling Academy has received £12,000 from TfGM to deliver this scheme. The idea is that BEATs scheme will refer 4 groups of 10 people over the next 9 months • They will get a bike for 8 weeks – receive training and shown local routes by the National Cycling Academy. They will also have an opportunity to go on social bike rides organised by the Cycling Academy. We will assess their thoughts and feelings before and after. • However BEATS have struggled to get the 10 people form new referrals – We are now going to widen out to existing BEATs clients and open up to Whitefield residents. Health trainers have agreed to refer to the scheme in their lifestyle training sessions <p>Pool Bikes</p> <ul style="list-style-type: none"> • Currently looking to introduce pool bikes for the town centre probably based at Knowsley Place TfGM will be able to fund 2/3rds of this – • First part of the application for grant funding is to circulate a questionnaire to ask employees about their travel behaviour. This was done during July and August – we had a fantastic response – 918 responses – TfGM are now analysing these. • In relation to providing pool bikes we had a meeting with a rep from Co Wheels a social enterprise who provide the Salford car club • Co Wheels provide pool electric bikes on a lease basis and will look after the maintenance and booking system. This maybe better for us as they will take away concerns re maintenance, liabilities and operating a booking system. There is also the potential to allow the public to access these – if we want to – they would pay for this and council could share in any income <p>We have asked for a quote for annual lease of 3 or 4 electric bikes with storage. They seem to be the only company that provide this type of service – I have been given some names of</p>

	<p>other companies that provide public bike sharing facilities with docking systems – CH have been in contact with them to see how much their systems cost If price is Ok s we will have to find 1/3rd of the cost of delivery. 5k max</p> <p>Bike to Work salary sacrifice scheme is being reintroduced by corporate HR – they have received tenders for evaluation and we should be able to have the scheme up and running by early December.</p> <p>Bradley Fold - Grant from TfGM agreed and now at this stage of purchasing equipment for installation. Tom Gleaves is looking into this</p>
8	<p>BUILDING RPROJECTS Solar PV at Bradley Fold This is the project that was suggested would be good to apply for ERDF funding for. As an ERDF project we would look to include battery storage and EV charging points to the solar PV so that we could store electricity generated by the PV and use this to charge council EVs at night making a saving on fuel for council vehicles.</p> <p>Battery storage can also be designed to store electricity off peak and feed back into the grid at peak times which brings an income to the council.</p> <p>I mentioned last time that Manchester are looking at a similar scheme for their depot at Hammerstone Road and there was opportunity for us to partner with them on an ERDF bid.</p> <p>The deadlines to submit an expression of interest were very tight and ourselves and Manchester officers felt we didn't have enough information to submit the EOI by the end of August. However we still want to develop a joint project. They are having some feasibility done as part of other works at Hammerstione so will look to include this with that work.</p> <p>It was stated that Councillor O'Brien is showing a real interest in energy and is regularly contacting Sharon Hanbury. PW stated that he has advised Sharon that all business should come through this group in the first instance.</p> <p>ACTION 3: LC to speak to Sharon Hanbury about the recent Solarplicity offer ad how it fits in with this group.</p>
9	<p>AIR QUALITY UPDATE At the end of July DEFRA published their UK Plan for tackling roadside nitrogen dioxide concentrations.</p> <p>Aim of this UK Plan is to achieve statutory targets for nitrogen dioxide in the shortest time possible. This is the final version of the plan which was published in draft for consultation in May /June.</p> <p>The document identifies a list of 29 local councils that are predicted to have the greatest problems meeting air quality targets for NO2 beyond the next 3-4 years.</p> <p>These councils will be required to develop an innovative local plan to meet statutory nitrogen dioxide targets in the shortest time possible. The list includes Bury and 6 other GM councils namely: Manchester, Stockport, Bolton, Tameside, Salford, and Trafford.</p> <p>These councils will need to submit an initial version of their plan by March 2018 and a final</p>

version by December 2018.

The area identified as having problems meeting the targets in Bury is the Bury Bridge area. Alongside the requirement to produce a local plan, Defra point out that they have identified “Charging Clean Air Zones” as the measure that has been shown to achieve the NO₂ targets within the shortest time possible. A “Charging Clean Air Zone” is an area where designated vehicles are required to pay a charge to enter or to move within the zone.

Defra are therefore suggesting that a “charging Clean Air Zone” is likely to be the choice of the 29 local councils to meet their obligations.

However they also say that if a council can implement measures as effective at reducing NO₂ these should be preferred so long as they can show they will deliver compliance as quickly as, and at no extra cost to a “charging Clean Air Zone”.

GM have made the statement that they will not implement charge-based clean air zones and therefore we will be required to show that we can use other effective means to deliver the necessary improvements to meet targets by 2021. This likely to involve councils stepping up their game in relation to

- promote walking and cycling,
- use of public transport
- Low emissions vehicles amongst their staff and their communities and businesses. The positive of this is that hopefully we should be in a better position to attract funding to really make a difference.

TfGM deliver air quality responsibilities for the GMCA and therefore will manage and co-ordinate the development of local action plans – they have been promised the funding to do this.

CAR CLUB

One of the measures we are likely to have to implement as a council is a Car Club – this is an action in the GM Air Quality Management Plan.

Salford City Council have operated such a club since 2015 so myself and Caroline Schofield from HR visited Salford City Council to see how their car club operates.

They introduced their car club in May 2015 as part of their Green Wheels Travel plan which introduces a range of measures to reduce employee personal car use.

These measures have:-

- Produced savings of over £150,000 per year
- 95% reduction in annual business mileage from 1.7 million miles to 83,000 miles
- Reduced the risks associated with employees using their own vehicles
- 3.2% reduction on council carbon emissions


The Car club is provided by a company called Co Wheels which is a social enterprise. They provide 39 vehicles at 13 sites. The cars are reserved for Council employees to use during office hours and then made available for community use during evenings and

	<p>weekends.</p> <p>1/3rd of the vehicles provided at the Civic centre building are full electric Nissan Leafs. There are rapid and normal charging points at the civic for sole use of the car club cars.</p> <p>The Green Wheels scheme promotes a travel Hierarchy so when an officer is thinking of making a journey they have to think.</p> <ul style="list-style-type: none"> • Do I need to leave the building – can I achieve the same ends using electronic means – virtual meetings etc? • Can I walk or cycle – pool bikes are available? • Can I take public transport – they have negotiated discounted travel tickets for the main bus services operating from the civic centre ? <p>If none of the above applies they should use the car club vehicles.</p> <p>Gathering info from Trent re car allowance claims , types of journey etc to analyse possible savings for Bury</p> <p>ACTION 4: LC to secure dates for the National Air Quality Plan and Burys Response and ensure these are scheduled into the Forward Plan.</p>
10	<p>AOB</p> <p>None at present</p>
11	<p>DATE AND TIME OF NEXT MEETINGS</p> <p><u>2017</u> 28th November, 9.30am – 11am</p> <p>Future meetings will be arranged by Gillian Cohen (GC) and dates sent out to staff accordingly.</p> <p>ACTION 5: GC</p>

ACTION LOG 20TH SEPTEMBER 2017

No	Action	Progress
1	CRC Risk Register LC to forward JK last years press release so he can send her the most up to date information.	
2	CLIMATE CHANGE PLAN CH to share plan with members of this group. Please send any comments back to CH asap. This plan can then be tabled at the next SLT meeting and Cabinet.	
3	BUILDING PROJECTS Solar PVC at Bradley Fold LC to speak to Sharon Hanbury about the recent Solarplicity offer ad how it fits in with this group.	
4	LC to secure dates for the National Air Quality Plan and Burys Response and ensure these are scheduled into the Forward Plan.	
5	Future meetings will be arranged by Gillian Cohen (GC) and dates sent out to staff accordingly.	

ACTION LOG 19TH JULY 2017

No	Action	Progress
1	No report received from the GM Liaison Group earlier this year. LC will chase once again and circulate when received.	 FW GM Low Carbon Workshop 20 4 17 - P There is a report that's in draft form at the moment doing the meeting rounds, it's at Wider Leadership Team on the 19 Sept

		<p>and then it goes to 'Private Leaders'. Once the report has full approval we will ensure that it is circulated to all attendees.</p> <p>Progress as at 20.09.17: Report from Gm Group has not been circulated yet.</p>
3	<p>CLEAN AIR DAY 15th JUNE 2017</p> <p>TFGM led a Greater Manchester campaign for Clean Air Day in June, this will be an annual event. If anyone has any ideas for next year's Clean Air Day, please let us know.</p>	<p>Progress as at 20.09.17: Leave as a standing action.</p>
4	<p>ENERGY PATH NETWORK</p> <p>Looking at developing sensitivity tests to look at how changing approaches or circumstances could impact on the outcomes. We will be consulting on predicted findings of these reports prior to the final documents being released so that we can take on board comments and ensure the report is more robust.</p> <p>CH will share the draft version of the document with the Board.</p> <p>If anyone has any comments / opinions, let CH know.</p>	<p>Progress as at 20.09.17: Report not yet available, CH will circulate as soon as possible.</p>
5	<p>This group will cover the elements of Air Quality for the moment, however In the near future we will set up an Air Quality Steering Group directly after these meetings, to include transport.</p>	<p>Progress as at 20.09.17: Steering Group can be set up, attendees are currently being agreed. Dates will be agreed and circulated asap. Steve Kenyon is the lead officer.</p>

6	<p>ADJ actively going out asking people and engaging in businesses, promoting the grant funding that is available for projects.</p> <p>ADJ to look at sending out Tweets about the workshops and grant funding, as well as promotion on the Council's website.</p>	<p>Progress as at 20.09.17: ADJ had circulated information for upcoming workshops, these will be further advertised via the business development unit newsletter – Simon Joos.</p>
8	<p>CJ raised the issue that low Carbon projects in the Council were being stalled by the uncertainty over the future of many of the buildings and assets. The Board agreed to raise this with senior managers</p> <p>CJ to raise with Alex Holland, LC to raise with Lesley Jones</p>	<p>Robert Fenton, Interim Director, Resources & Regulations have now started in post. CJ and Robert are too met soon.</p>

Bury Children's Trust

Minutes of the Joint Meeting of the Children's Trust Board and Children's Trust Operational Sub Group held on 27 September 2017

Attendance:

Karen Dolton (Chair)	Acting Executive Director Children, Young People & Culture, Bury Council
Maxine Lomax	Head of Safeguarding & Designated Nurse Child Protection and Looked After Children, Bury CCG
Kim Marshall	Operational Manager, Bury Healthy Young Minds, Pennine Care NHSFT
Klare Rufo	Assistant Director, Learning & Culture, Council CYP&C
Vicky Maloney	Chief Officer, Early Break, representing CYP Forum
Sue Reynolds	Head of Early Years & Early Help, Council CYP&C
Adele Clayton	Counsellor, Bury College
Tom Gledhill	Headteacher, Spring Lane School, representing BASH
Wendy Thompson	Snr Manager, Community Services, PCFT
Sheena Adamson	Township Lead, PCFT Community Services
Julie Cooper	Strategic Lead Prestwich, PCFT Community Services
Karen Richardson	Bury CCG
Lesley Davidson	Emotional Health & Wellbeing Coordinator, Council CYP&C
Marie Worthington	Business Manager Neighbourhoods, Six Town Housing
Ann Norleigh Noi	Strategy Planning & Development Lead, Council C&WB
David Latham	Bury Clinical Commissioning Group (on behalf of Michael Hargreaves)
Paul Cooke	Strategic Lead, Schools, Academies & Colleges, Council CYP&C
Diane Halton	Bury Council/Public Health (on behalf of Lesley Jones)
Lindsay Dennis	Children's Trust Development Officer, Council CYP&C
Adele Crowshaw	Youth Participation Officer, Council CYP&C attended for item 3
Lisa Wilson	Participation Apprentice, Council CYP&C attended for item 3

1. Introductions and Apologies (K Dolton)

KD welcomed everyone to the meeting and introductions were made.

Apologies were received from Mark Dennis, Emma Harding, Supt Rick Jackson, Rhyse Cathcart, Caroline Drysdale, Karen Young and Anne Gent. Attendance on behalf of other partners is listed above.

KD advised that Helen Chadwick has e-mailed to say that she will no longer attend the Children's Trust Board on behalf of BAPH (and is no longer Chair of BAPH). Pending confirmation of who will represent BAPH Children's Trust information is being sent to Kath Perry and Gail Branch. KR confirmed that BAPH are currently reviewing representation on all Boards.

2. Minutes and Matters Arising

2.1 Amendment to Minutes of 29-6-17: Page 3, item 5, line 4 should read *In the meantime the 10 GM Local Authorities have each put in £50k to pay for project management.* With this amendment, Minutes were approved.

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

2.2.1 Item 6: With regard to the 7 business cases put forward by the DCS's as part of GM Devolution in June 2016, KD updated that a decision is now expected in the week commencing 9 October. Indications are that it will not be for the amount sought, and will be focused on specific themes. As noted in 2.1, a project manager will be appointed to progress work on the business cases.

2.2.2 Item 8: KM advised interviews for the bereavement service have taken place, and a meeting arranged to set a Service Level Agreement. Once this is confirmed KM will be able to circulate information about the Service, including pathways.

Action: KM

2.2.3 Item 9: Self Help Audit *Post meeting note – Audit was circulated on 28 September.*

3. Issues from children and young people

3.1 Youth Combined Authority

See link for more information. KD explained that through the GM Mayor's office a new GM Youth Combined Authority is being set up re youth participation in setting the future direction of GM. This will be made up of 20 young people already involved in existing youth forums and 20 new appointments from across the 10 Authorities. A GM event about this is taking place in the Elizabethan Suite on 24 October. This will be opened by the GM Mayor, Andy Burnham, and, Cllr Shori (in his capacity as GM lead for young people). Funding for the Youth Element will come from local businesses (the event is funded by United Utilities).

AC advised that 8 young people and 3 professionals from Bury can attend the event.

Action: All: Any decision maker wishing to attend the event should contact KD.

KD: Feedback on event and progress to next meeting

3.2 Feedback from Youth Cabinet (Adele Crowshaw and Lisa Wilson)

Circles report will be completed in the next few weeks and will be brought to the next CT meeting for consideration of the issues raised.

Action: MD

8 schools have signed up for the Make Your Mark campaign (which runs until 5 October) whereby young people (age 11-18) vote on issues, which will be narrowed down to 2 national Youth Parliament campaigns.

24 November is Take-Over Day. This year there will be a strong focus on work-shadowing in the Council and with Partners. Any partners who are able to participate, please contact Adele Crowshaw.

Action: All

3.3 Addressing hate crime in Bury (L Davidson)

Report circulated. Lesley explained that the report sets out the work taking place on hate crime across Bury schools. Lesley was congratulated by the Board on the work, and there was some discussion about how to ensure that the good practice gets shared at GM level. Cllr Tamoor chairs the Police & Crime Board and it was agreed that the report should be sent to him and to Cllr Shori. Also as part of a positive press campaign.

Action: KD

Lesley said that young people will be presenting the report to Councillors.

Lesley also flagged up that a Community Cohesion family day to mark the first anniversary of the Manchester Arena bomb is being planned, to take place at the GMFRS Training & Safety Centre (free venue). Planning is being led by Tom Hoghton (Communities & Wellbeing).

4. Transformation Agenda and Review of Children's Trust (K Dolton)

4.1/4.2 What does the GM Agenda mean for children and young people and what should be the role of the Children's Trust?

KD updated from the CT Review Task & Finish group that met after the last Trust Board meeting. The group had discussed the strengths of the current arrangements and the good work that has taken place. It had looked at whether the CT arrangements should be used in a different way, ie, to drive the Transformation Agenda for children and young people in Bury.

Transformation is being taken forward through a number of high level agendas, ie, Mayor's Transformation, GM Transformation and Local Transformation. Workforce development is key to these but currently the landscape is too complex and confusing to make sense on the ground, and needs joining up into a clear direction.

KD suggested that to make this easier, Transformation should be looked at through the lens of Early Help and Early Years (GM priorities) with the Children's Trust leading on what delivery needs to look like and what this means for the whole workforce.

As this is too big and complex to be undertaken by anyone in addition to their 'day job', KD put in a bid for GM Transformation funding for support to set out what we need to look like to shift the balance from high end targeted work to early help. This has been successful and will help us to develop a local delivery plan for the Children's Trust to drive forward.

KD gave a presentation showing GM work towards the development of a workforce capability framework (*presentation circulated*). This sets out a 3-tier framework of system leadership; place coordination (operational leadership); and front line

and/or place-based workers setting out the activities and expectations of the workforce in the 3 tiers. This provides a useful framework that can be used for discussions with the workforce and to start to develop a common narrative and language.

LD noted that feedback from survey monkey about topics for lunchtime learning had included a request for updates from CCG and Council leaders from time to time. She asked if there was enough clarity to run a lunchtime learning on Transformation and what it means to the workforce, along with a fact sheet disseminated via the Children's Trust weekly e-mail. KD said that we are now in a position to do this and VM suggested that the Rochdale 7 minute briefings on Transformation are a useful resource for staff.

Action: VM will forward Rochdale briefing for consideration for Bury.
LD will liaise with KD re a lunchtime learning.

With regard to communications, ML stressed that what is important is give a clear message about the 'right' way of working. Much less important from a front line perspective is the structures for developing this and getting to grips with the local commissioning organization.

DH agreed that with so much going on that needs to be connected up, having a focus on Early Help and Early Years is helpful and fits with GM priorities. If we can get this right, it will impact right through the system.

MW noted that Six Town Housing set off a pilot in Bury East 12 months ago, and suggested it would be useful to hear how it is working from the staff on the ground.

Action: Agenda item for November MW/LD

There was agreement that the role of the Board and focus of Board meetings needs to be in clarifying, communicating and driving the work and in addressing 'sticky issues' that will come up.

In the first instance, the number of different Boards that people sit on and how these fit together and align to the Transformation agenda was agreed to be a 'sticky issue' that needs to be clarified and addressed. Chris Woodhouse is doing some work on this and LD was asked to put together a breakdown of the different groups for the next meeting.

Action: LD

In response to a question, it was stated that the Regional LTP Mental Health workforce development group is part of the wider GM workforce development activity.

KD noted that the Mayor is trying to address the issue of the work feeling very disjointed at GM level and find ways to simplify and join it up, and the Children's Trust needs to focus on a clear way forward on the ground in Bury.

4.3 Current workforce development activity

LD gave brief updates on some of the CT workforce development activity that can support the new CT focus:

- Central Training page which is now in the Bury Directory Children & Families section and which enables staff to find out what training is available to them in 1 central place.
- Children's Trust lunchtime learning LD had sent out a survey monkey which had received a lot of positive feedback, including information that most attendees share the learning with colleagues/teams and that the fact sheets are shared and used. Suggestions for topics are being incorporated into the programme for 2017/18. For most people lunchtime is the preferred time for the sessions, so they will continue at this time of day, with some sessions being repeated at breakfast time where there is a demand. How to engage and support parents is a common theme that has come through lunchtime learning and other feedback.
- Work towards the online Early Help practitioners' toolkit is ongoing and an up-to-date position was circulated. It was agreed that this needs to be developed in line with the transformation agenda.

In MH's absence, a detailed written update on progress towards the Local Transformation Plan Mental Health, including workforce development, was shared. There were no questions but the amount of good work and progress was welcomed.

5. Open Forum and Any other business

5.1 CYP Forum (Vicky Maloney)

VM advised that Katya Pursall (Strategic Lead Voluntary, Community & Faith Sector/VCSF) re-sending a State of the Sector survey, the purpose of which is to take stock of assets, needs and aspirations of all groups - big and small - who make a difference in Bury. This was initially undertaken in 2016 (across a number of areas) but there was a low response rate in Bury, possibly due to the lack of third sector infrastructure.

VM flagged up that the requirement to involve the sector in transformation, is putting a heavy demand on agencies trying to cover all the meetings. The need to clarify and join things up is crucial from the sector's perspective.

A new branding for Bury VCSF (which has been known as Third Sector for the last few years) is being undertaken to give a clear identity.

The Forum have raised concerns about accessing safeguarding training for third sector organisations working with children, young people and families, which previously was delivered via B3SDA.

The Forum were supportive of the Poverty Strategy which the Leader of the Council is driving, but concerns that the timeframe on this is much too short to enable to thorough and effective piece of work. The Board were in agreement.

The Forum have raised concerns about the way that the 'The Pitch' is working and have asked for a meeting to discuss this.

Healthwatch are carrying out a Survey 'It starts with you' across the adult population, and are looking to develop this for young people. To inform this, Lesley Davidson's survey has been brought to the attention of Healthwatch.

5.2 **SEND progress** (K Dolton)

A number of focus groups have been set up facilitated by SEND4Change. Overall this has been a very useful process and very timely in light of the Ofsted Inspection findings. An action plan has to be submitted to Ofsted and CQC by 31 October, who will then make 3 monthly visits to monitor progress.

KD also noted that it is important to highlight good work and that she is planning a positive press campaign on 31 October.

5.3 **Network Event Report** (L Dennis)

The network event report from the May event was approved for wider circulation and the CT website.

There will be a half day network event on 17 November during Anti-bullying week and adopting this year's theme "All different All equal" and the #WeStandTogether. The event will be very much from a child/young person's perspective, and be delivered jointly by young people and professionals. This responds to feedback from network delegates about how powerful they find the involvement of young people and being able to hear directly from them. It will be funded from the CCG Local Transformation Plan Mental Health & Wellbeing training fund. Flyers/Application forms will be sent out via the Children's Trust network and in the weekly e-mail.

Action All: You are asked to encourage staff to attend and apply as soon as possible.

5.4 **Any other updates/information**

There were no other updates.

6. **Date of next meeting**

The next Joint Children's Trust meeting will be 24 November, 9.30am – 11.30am at the New Kershaw Centre. In addition to the Six Town Housing pilot (see 4.2, p4) above), it was agreed to invite the Consultants who will be working on GM Transformation (see 4.2, p3).

DEPARTMENT FOR COMMUNITIES & WELLBEING



MINUTES OF HOUSING STRATEGY PROGRAMME BOARD HELD ON TUESDAY 22nd AUGUST 2017

Present: Steve Kenyon - Interim Executive Director of Resources and Regulation **SK** (Chair)
 Chloe McCann, Assistant Improvement Advisor Bury Council **CNM** (Minutes)
 Marcus Connor - Corporate Policy Manager, Bury Council **MCC**
 Sharon Hanbury - Head of Urban Renewal, Bury Council **SH**
 Sharon McCambridge - Chief Executive of Six Town Housing **SMc**
 Tracey Hunt - Financial Services Business Manager, Six Town Housing **TH**
 Paul Webb - Business Manager Sustainability and Investment **PW**

		ACTION
1.0	Apologies:	
1.1	Julie Gonda – Acting Executive Director of Communities and Wellbeing JG	
1.2	Karen Young – Strategic Lead, Bury Council KY	
1.3	John Merrick - Director of Neighbourhoods, Six Town Housing JM	
2.0	Minutes of 25th July 2017 Meeting:	
2.1	The minutes of the meeting, held on Tuesday 25 th July 2017 were approved as a correct record. These will be provided to the Health and Wellbeing Board.	
3.0	New Items:	
3.1	Asset Management Strategy	
3.1.1	SMc and PW provided a verbal update.	
3.1.2	SMc advised she will ask for a delegated decision from her Board for HSPB to sign off the final version of the strategy.	
3.1.3	Final version of the strategy to come back to HSPB for decision at the 24th October 2017 meeting, then Cabinet in December 2017 / January 2018.	
3.2	Estate Regeneration	
3.2.1	A report was presented for information.	
3.2.2	A further report will be brought back to HSPB in September 2017 for consideration of options.	

		ACTION
4.0	Standard Items:	
4.1	Housing Operations Board (HOB) Action Plan to HSPB	
4.1.1	SH provided an update on matters arising from HOB.	
5.0	Date of Next Meeting.	
5.1	Date of Next Meeting – Tuesday 26 th September 2017, 2pm-3pm, Conference Room, 4 th Floor Six Town Housing	