# **AGENDA FOR**

# **HEALTH AND WELLBEING BOARD**

Contact: Julie Gallagher Direct Line: 0161 2536640

E-mail: julie.Gallagher@bury.gov.uk

Web Site: www.bury.gov.uk

# To: All Members of Health and Wellbeing Board

**Voting Members**: Julie Gonda, Keith Walker, Stuart North, Lesley Jones, Barbara Barlow, Kiran Patel, Councillor Roy Walker, Councillor Sharon Briggs, Councillor Rishi Shori, Jon Aspinall, Steven Taylor, Councillor Andrea Simpson and Maria Donaldson, Karen Dolton

Dear Member/Colleague

# **Health and Wellbeing Board**

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

Date:	Wednesday, 28 March 2018
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

#### **AGENDA**

## 1 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 from the meeting held on the 14<sup>th</sup> February 2018 are attached.

# **4 MATTERS ARISING** (Pages 7 - 14)

Forward plan 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 AUTISM STRATEGY** (Pages 15 - 48)

Jacqui Waite, Bury MBC will report at the meeting. Report attached.

# **7 HEALTH PROTECTION ANNUAL REPORT** (Pages 49 - 142)

Lorraine Chamberlin and Anne Whittington will report at the meeting. Presentation and report attached.

# **8 GREATER MANCHESTER EARLY HEALTH MODEL** (Pages 143 - 152)

Tracey Flynn Unit Manager - Economic Development and European Policy will report at the meeting. Report attached.

# 9 GREATER MANCHESTER HEALTH AND SOCIAL CARE PARTNERSHIP UPDATE (Pages 153 - 168)

Warren Heppolette Executive Lead, Strategy & System Development Greater Manchester Health & Social Care Partnership, will report at the meeting.

# **TRANSFORMATION BOARD GOVERNANCE ARRANGEMENTS** (Pages 169 - 178)

Stuart North, Chief Operating Officer will report at the meeting. Terms of Reference attached.

# 11 URGENT BUSINESS

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

# **SUB GROUP MINUTES FOR INFORMATION** (Pages 179 - 190)



# Agenda Item 3

Minutes of: HEALTH AND WELLBEING BOARD

**Date of Meeting:** Wednesday 14<sup>th</sup> February 2018

**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; Interim Executive
Director Communities and Wellbeing, Julie
Gonda; Jon Aspinall (GMFRS); Leader of the
Council, Councillor Rishi Shori; Cabinet Member
for Children and Families, Councillor Sharon
Briggs; Interim Director of Children's Services,

Karen Dolton;

Also in attendance:

Representing Steve Taylor, Pennine Acute NHS

Trust, Dr Shona McCallum

Stephen Woods, Senior Medicines Optimisation Pharmacist, Greater Manchester Shared Services

Chris Woodhouse - Improvement Advisor,

Corporate Policy Team

Julie Gallagher – Democratic Services Estelle Worthington – Campaigns Project

Manager

**Apologies:** Steve Taylor; Pennine Acute NHS Trust

Keith Walker; Pennine Care NHS Foundation Trust Stuart North; Chief Operating Officer, Bury

Clinical Commissioning Group

**Public attendance:** 2 members of the public were in attendance

# **HWB.377 DECLARATIONS OF INTEREST**

Councillor R Shori declared a personal interest in respect of all items to be considered as his partner is employed by the NHS.

Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith assistant at the Greater Manchester Health and Social Care Partnership Board.

#### **HWB. 378 MINUTES OF PREVIOUS MEETING**

## It was agreed:

The minutes of the meeting held on the 23<sup>rd</sup> November 2017 be approved as a correct record.

#### HWB.379 MATTERS ARISING

Councillor Walker referred to an ongoing Science and Technology Parliamentary Select Committee review into the potential harmful risks associated with electronic cigarettes.

The Director of Public Health reported that the most recent advice from Public Health England in respect of E-cigarettes is that they are a safer alternative to smoking, the longer term effects still remain unknown.

Councillor Shori asked for an update with regards to the Council's response to the Wood review and the future role of the Children's Safeguarding Board. The Interim Director of Children's Services reported that membership of the safeguarding Board remains the same, work is underway at GM to assess the current arrangements and in particular how the local safeguarding boards are held to account. There is no requirement that the Chair be independent and a process as to what the Board will look like going forward commenced recently.

# It was agreed:

Following a request from Councillor Walker the Local Transformation Plan (Children's Mental Health) will be considered at a future meeting of the Health and Wellbeing Board.

# **HWB.380 PUBLIC QUESTION TIME**

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

# **HWB.381 PHARMACEUTICAL NEEDS ASSESSMENT**

Stephen Woods, Senior Medicines Optimisation Pharmacist, Greater Manchester Shared Services attended the meeting to present the final version of Bury's Pharmaceutical Needs Assessment. The Assessment is a legal document which details services which be desirable and necessary in a locality based on the local health needs and population demographics. There is a requirement for the Bury PNA to be refreshed by 31st March 2018.

# It was agreed:

That the Pharmaceutical Needs Assessment 2018 to 2021 be approved and be published on the Council's website.

# **HWB.382 URGENT CARE REDESIGN**

Dr Patel, Chair Bury Clinical Commissioning Group attended the meeting to provided members with an overview of the Urgent care redesign proposals. The presentation contained the following information:

The proposals build on national and Greater Manchester guidance and focus on the delivery of services with the locality and integrated hubs. The proposals have been influenced by the previously undertaken engagement phase and will now include; the promotion of the GP telephone number, available 24 hours a

day seven days a week; retained walk-in service and a new Urgent Treatment Centre.

The aim of the proposals will be to reduce the utilisation of emergency services, promote self-care and encourage initial phone contact. As well as the development of integrated services at hubs, which will include multidisciplinary teams; staff at these centres will be able to access a patient's medical records.

Dr Patel reported that the 6 week consultation will run from  $29^{th}$  January until  $11^{th}$  March 2018. The CCG governing Body will meet on the  $28^{th}$  March to consider the proposals.

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

Responding to a Member's question, Dr Patel reported that the proposed integrated hubs will be sustainable if NHS staff work differently. GPs do not want to work in the current system, the proposed new system it is hoped, will be an attractive alternative for them.

Concerns were raised that the new system will put a great deal of emphasis on GPs (and their staff) staffing the Urgent Treatment Centre and the integrated hubs. General Practice is stretched as it is and this will add to the pressures already faced in primary care. Dr Patel reported that between 30% and 40% of patients he sees daily within GP, do not need to be seen by a GP and may be seen by another NHS professional freeing up his time to support the Integrated Hubs.

Dr Patel reported that a greater emphasis needs to be placed on self- care and prevention, as well as a consistent offer from Pharmacies in respect of the services they offer. The CCG is working with partners in GM to develop a healthy living offer across the footprint. Education is key in respect of the proposals.

With regards to the roll out and the addition of further Hubs, Dr Patel reported that this will be based on the outcomes within the initial facilities as well as also the local resource and the specific need in each area.

The Urgent Treatment Centre will be open for 12 hours a day, based at Fairfield hospital and will be clinically led by primary care staff including GPs and nurses. Staff will have access to patients' medical records to help with their care and will include pre-booked, same day appointments accessible by health care professionals as well as walk-in appointments for A&E streamed patients. The centre will have access to diagnostic tests including x-ray facilities. A similar facility will be available for residents in the South of the Borough at North Manchester General Hospital.

Members expressed concerns that there was no consistent offer across the Integrated Hubs and no clear timescales for the role out of the additional hubs. Dr Patel reported that what services will be delivered and where will be dependent on how the LCO responds and also how as a Board the self-care agenda is supported.

## It was agreed:

- 1. That the Health and Wellbeing Board supports the Urgent Care Redesign proposals as presented.
- 2. That at a future meeting of the Board information is considered in respect of:
- a. Timescales for the future roll out of the additional Integrated Health and Social Care Hubs
- b. The make-up and scope, including staffing, of all the Integrated Health and Social Care Hubs and the Urgent Care Treatment Centre, and
- c. Further information in respect of how the CCG in partnership with Public Health will develop and expand the self-care agenda.

## HWB.383 PENNINE ACUTE WINTER PRESSURES UPDATE

Dr Shona McCallum, Medical Director, Bury and Rochdale attended the meeting to present an overview of the winter pressured faced by Fairfield Hospital. The presentation contained information in respect of the number of attendances, averaging 200 plus and the number of four hour target breaches.

Dr McCallum reported that a Bury System Leaders Forum has been established weekly, as well as 7 day working and speciality in-reach for Frail Elderly patients.

Responding to a member's question the Medical Director reported that the Trust had prepared for potential pressures, all elective surgery for orthopaedics, Ear nose and throat were cancelled to enable medical staff to be released to provide support in A&E and on the wards.

With regards to the stress and sickness levels amongst staff, the Medical Director reported that there had not been an increase in sickness levels. Most services have been operational seven days a week in order to deal with the increase workload, staff have been able to take time off in the week to make up for the additional hours worked.

The Medical Director reported that NWAS have diverted a greater number of ambulances to the Fairfield site as a result of the planning they had put in place to deal with the winter pressures.

Dr Patel reported that the solution is not urgent care or increasing urgent care capacity, work must be undertaken to address care planning in particular for those living with long term conditions and complex needs to avoid escalation in their conditions.

The Medical Director reported that de-brief sessions with staff will be held in March to discuss lessons learned and inform future winter pressures planning.

# It was agreed:

Dr S McCallum, Medical Director be thanked for her attendance.

# HWB.384 PENNINE CARE NHS FOUNDATION TRUST WINTER PRESSURE UPDATE

A representative from Pennine Care NHS Foundation Trust attended the meeting to provide an update in respect to winter pressures within the Trust. The representative reported that there had been delays in packages of care, walk in centres however had remained open and fully staffed during this period. Staff have been under severe pressure during this period and sickness levels have increased. This has been particularly problematic across the district nursing teams and the Trust has had to rely heavily on agency staff.

The problems within district nursing has been further exacerbated by the acuity levels of patients being discharged in to the community, staff are not always adequately able to deal with these patients.

As well as staff sickness the Pennine Care representative reported high levels of sickness at a management level, which adds further pressure. Challenging times still remain and the Trust would like to see additional funding from the Commissioners. Additional funding has been made available as a result of the devolution agenda but this has not been apparent in community services.

#### **HWB.385 ASYLUM MATTERS**

Estelle Worthington, Asylum Matters attended the meeting to provide a verbal update in respect of healthcare charging and the impact on refugees and people seeking asylum. The presentation contains the following information:

New rules came into force on 23 October 2017 affecting those not 'ordinarily resident' in the UK. These extend charging into community healthcare services, includes community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services, drug and alcohol services, and specialist services for homeless people and asylum seekers.

Excludes health visitors and school nurses, introduce up-front charging If a patient cannot prove that they are entitled to free care, they will receive an estimated bill for their treatment, and treatment will be withheld until the patient pays in full, unless it is deemed 'urgent' or 'immediately necessary.' The Home Office will be notified of any unpaid bills over £500.

# It was agreed:

That the health and wellbeing board would support:

- The promotion of a clear message in Bury and across Greater Manchester that GPs have a duty to register any patient, regardless of immigration status or ability to show supporting paperwork
- The promotion the 'Safe Surgeries Toolkit' to prevent patient data being shared.
- A call on Greater Manchester Health and Social Care Partnership to invest in a specialist healthcare service for people seeking asylum across Greater Manchester, addressing primary care and mental health needs, and delivered in partnership with voluntary sector.
- A call on Greater Manchester Health and Social Care Partnership to invest in a specialist advocacy service to help patients challenge erroneous charges.
- The contribution of an impact assessment of charging and data-sharing in Greater Manchester.

#### HWB.386 LOCALITY PLAN AND BETTER CARE FUND UPDATE

Phil Thomas, Programme Director attended the meeting to provide an update on the Better Care Fund Metrics. Localities are required to provide quarterly BCF updates, signed off by the Health and Wellbeing Board. The following metrics have been identified

- Non-elective admissions reduction in non-elective admissions
- Permanent admissions rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) delayed transfers of care (delayed days) from hospital

Managerial leads have been identified for each metric.

# It was agreed:

Phil Thomas Programme Director be thanked for his attendance.

## **HWB.387 NOTE OF THANKS**

Dave Bevitt informed the meeting that he was stepping down from the Board to be replaced by a new voluntary service representative, the independent chair of the voluntary community and faith alliance. The Chair thanked Dave Bevitt for the support and commitment he has shown to the Board and wished him well for the future.

# **HWB.388 FOR INFORMATION SUB GROUP MINUTES**

The following minutes were included for information:

Children's Trust; Housing Strategy Board; Adult Safeguarding Board; Climate Change Board.

# It was agreed:

That the Items Future direction of the Health and Wellbeing Board and Devolution Update would be deferred to the next meeting of the Board, scheduled to be held on the 28th March 2018.

# **Councillor Andrea Simpson Chair**

(Note: The meeting started at 2pm and finished at 4.15pm)

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

Interactive discussion/ focus		Agenda Items		
19 <sup>th</sup> July 2017 14:00 – 16:00	<ul> <li>Draft Agenda</li> <li>Update on the Locality Plan and Transformation Money - David Boulger and Julie Gonda</li> <li>Locality Plan Theme,           `Enablers' - David Boulger</li> </ul>	Discussion	<ul> <li>Suicide Prevention Strategy – Jon Hobday</li> <li>Greater Manchester Commissioning Review – Stuart North</li> <li>WIFI within GP's – Amy Lepiorz supported by Stuart North</li> <li>GM Children's Health and Wellbeing Board – Karen Whitehead</li> <li>GM Population Health Plan Programme Board – Lesley Jones</li> </ul>	
	<ul> <li>Update on Team Bury Workshop</li> <li>Priority 1, Starting Well Lead</li> </ul>	Standard Items  Decision	<ul> <li>Devolution update</li> <li>Communication and Marketing – (Covered in other items)</li> <li>GM Health and Wellbeing Board</li> <li>Health &amp; Wellbeing Board Annual Report 2015/16 –</li> </ul>	
	and System Leader, Integrated Children's	TBC	Heather Crozier	
		Info	<ul> <li>Mins of Health &amp; Wellbeing Board Sub Groups</li> <li>Children's Safeguarding Board Minutes - (Priority 1)</li> <li>Children's Trust Board Minutes (Priority 1)</li> <li>Adults Safeguarding Board Minutes (Priority 4)</li> <li>Carbon Reduction Board Minutes (Priority 5)</li> <li>Housing Strategy Programme Board Minutes (Priority 5)</li> </ul>	

	Interactive Discussion/ Focus	Agenda Items		
28 <sup>th</sup> Sept	<u>Draft Agenda</u>	Discussion	Pharmaceutical Needs Assessment – Stephen Woods	
2017 18:00 - 20:00	Discussion Topic – Living Well  • System Leader, Integrated Health and Social Care Community Teams (Prestwich) – Julie Gonda	Standard Items	<ul> <li>Devolution update         <ul> <li>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</li> <li>Bury Health and Social Care Transformation Programme Board Terms of Reference (Final) — Stuart North</li> <li>GM and local developments with the GM PH Plan — Lesley Jones</li> <li>GM Children's Health and Wellbeing Board — Karen Dolton</li> <li>GM Meetings Document — Chris Woodhouse</li> </ul> </li> <li>Communication and Marketing — Summary Report from the September 01st 2017 Half Day Member Development Session.</li> </ul>	
		Decision	<ul> <li>Director of Public Health Annual Report - Lesley Jones (Priority 2)</li> <li>The Bury Directory Annual Report (all Priorities) - Katie Wood.</li> </ul>	
		Info	<ul> <li>Children's Trust Board Minutes (Priority 1)</li> <li>Adults Safeguarding Board Minutes (Priority 4)</li> <li>Carbon Reduction Board Minutes (Priority 5)</li> <li>Housing Strategy Programme Board Minutes (Priority 5)</li> <li>GM Health and Wellbeing Board</li> <li>GM Reform Board</li> </ul>	

Interactive discussion/ focus		Agenda Items
Draft Agenda	Discussion	
	Standard Items	<ul> <li>Devolution update</li> <li>Urgent and Emergency Care – Steve Taylor</li> <li>Report back on spend on Mental Health (Karen Dolton – Children and Julie Gonda – Adult)</li> <li>BCF Sign off – Julie Gonda</li> </ul>
	Decision	<ul> <li>Safeguarding Annual Report (adults) – Julie Gonda</li> <li>Safeguarding Annual Report (Childrens)Independent Chair of BSCB (Sharon Beattie)</li> </ul>
	TBC	
	Info	Mins of Health & Wellbeing Board Sub Groups  Children's Safeguarding Board Minutes - (Priority 1)  Children's Trust Board Minutes (Priority 1)  Adults Safeguarding Board Minutes (Priority 4)  Carbon Reduction Board Minutes (Priority 5)  Housing Strategy Programme Board Minutes (Priority 5)  GM Health and Wellbeing Board  GM Reform Board
		Draft Agenda Discussion Standard Items  Decision  TBC

	Interactive discussion/ focus	Agenda Items		
21st Dec 2017 18:00 - 20:00	Draft Agenda  Locality Plan – David Boulger  Discussion Topic – Ageing Well  Priority 4, Ageing Well Lead – Julie Gonda	Discussion	<ul> <li>Ground Work Ambition For Ageing – 6-9 Month update from March 2017 meeting.</li> <li>Greater Manchester Early Help model – Tracey Flynn</li> <li>Healthy Schools Programme – Klare Natalie and Lesley Jones.</li> <li>Help yourself to Well-Being/ 1 year progress update (all priorities) and RSPH Annual Report – Cath Coward</li> </ul>	
		Decision		
	System Leader, Urgent Care     (Bury West) – Steve Taylor	ТВС	<ul><li>Marketing Update</li><li>Devolution Update</li></ul>	
	Locality Plan Theme     'Reducing Failure Demand'	Info	<ul> <li>Mins of Health &amp; Wellbeing Board Sub Groups</li> <li>Children's Safeguarding Board Minutes - (Priority 1)</li> <li>Children's Trust Board Minutes (Priority 1)</li> <li>Adults Safeguarding Board Minutes (Priority 4)</li> <li>Carbon Reduction Board Minutes (Priority 5)</li> <li>Housing Strategy Programme Board Minutes (Priority 5)</li> </ul>	
	MEETING CANCELLED – LOOK TO DEFER ITEMS TO FUTURE MEETINGS			

	Interactive discussion/ focus	Agenda Items	
14 <sup>th</sup> Feb 2018 14:00 - 16:00	<u>Draft Agenda</u> Locality Plan – Philip Thomas	Discussion	<ul> <li>Asylum Matters – Estelle Worthington</li> <li>Update on response to winter pressures – Steve Taylor</li> <li>Urgent Care redesign – Stuart North, Dr Kiran Patel</li> </ul>
10.00	(15 min introduction and update on LP)	Decision	Pharmaceutical Needs Assessment – Final Sign Off BCF Sign off Q3 (template submitted 20.01.2018)
		твс	Devolution Update
		Information	Mins of Health & Wellbeing Board Sub Groups  (Children's Safeguarding Board Minutes - (Priority 1)  Children's Trust Board Minutes (Priority 1)  Adults Safeguarding Board Minutes (Priority 4)  Carbon Reduction Board Minutes (Priority 5)  Housing Strategy Programme Board Minutes (Priority 5)

	Interactive discussion/ focus	Agenda Items	Agenda Items
28 <sup>th</sup> March 2018 18:00- 20:00	<u>Draft Agenda</u>	Discussion	Health & Environmental Protection Annual Report 2016/17 – Lesley Jones     Greater Manchester Early Help model – Tracey Flynn     GM H&SC Partnership – Warren Heppolette     Transformation Board Governance Arrangements (Margaret O Dwyer – Bury CCG)
		Decision	Adult Autism Strategy and action plan – Jacqui Waite
		ТВС	<ul><li>Marketing Update</li><li>Devolution Update</li></ul>
		Info	<ul> <li>Mins of Health &amp; Wellbeing Board Sub Groups</li> <li>(Children's Safeguarding Board Minutes - (Priority 1)</li> <li>Children's Trust Board Minutes (Priority 1)</li> <li>Adults Safeguarding Board Minutes (Priority 4)</li> <li>Carbon Reduction Board Minutes (Priority 5)</li> <li>Housing Strategy Programme Board Minutes (Priority 5)</li> </ul>

Items TBC					
ACOMO 150					
BCF Q4 – template to be returned by 21 April 2018					

# Agenda Item 6

# Bury Health and Wellbeing Board

Title of the Report	Bury Adult Autism Strategy 2017-18 and Action Plan			an		
Date	28 March 2018					
Contact Officer	Jacqui Waite, Strategic D Communities and Wellbe	•	nd Planning	Officer,		
HWB Lead in this area	Julie Gonda					
1. Executive Summary						
Is this repo	rt for?	Information	Discussion	Decision		
Why is this report being br	rought to the Board?	Agreement o and action pl	an			
Wellbeing Strategy priorities the attached Str	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 3 – living well with a long term condition or as a carer		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page		This report covers a number of the themes within the JSNA such as health and wellbeing, living and working in Bury, and communities and environment.				
Key Actions for the Health a address – what action is neede members? Please state recon	ed from the Board and its	Agree the str plan.	ategy and a	ction		
What requirement is there f communication arou	Publication on Bury Directory. Share information across the GMAC networks and service user/carer groups.					
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.		The strategy and action plan have been developed by the Bury Autism Partnership Board in conjunction with the Autism Get Together Group. The Autism Partnership Board is a multiagency Board including representatives from across Bury including the CCG.  It has been considered and agreed by CWB wider				

# 2. Introduction / Background

The Bury Adult Autism Strategy 2013-16 was written in response to the National Autism Strategy "Fulfilling and Rewarding Lives" in 2010. The strategy has 5

key areas prioritised by Government and includes statutory requirements for local authorities in providing and developing services for people with autism.

The objectives of the original strategy were:

- 1. Increasing awareness and understanding of autism.
- 2. Developing a clear and consistent pathway for diagnosis of autism.
- 3. Improving access for adults with autism to the services and support they need to live independently within the community.
- 4. Helping adults with autism into work.
- 5. Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities. This will be done through joint working and increasing the use of area-based services.

The national strategy was updated with "Think Autism" (2014), which built on the Fulfilling and Rewarding Lives strategy, reinforcing the themes and adding a further three new key elements:

- 1. Enabling people with autism to really be included as part of the community.
- 2. To promote innovative local ideas, services or projects particularly for lower level support.
- 3. To focus on how advice and information services can be joined up better for people.

The purpose of this updated Bury Adult Autism Strategy is to provide a basis for partnership working on the provision of services, support and signposting for adults with autism in Bury. It is intended to implement the requirements of the national strategy at a local level and include the transformation agenda around Special Educational Needs and Disability in Bury. There are currently plans in place to produce a Greater Manchester Autism Strategy although details have not yet been released on the content or publication date of this strategy.

The updated Bury adult autism strategy has been produced in conjunction with the Autism Get Together Group and The Autism Services Development Group who will work on and oversee the action plan.

This updated strategy will ensure the initial groundwork undertaken so far will be built upon and extended to ensure adults with autism in Bury are able to live, study, work and enjoy Bury in the same way as everyone else.

# **How the original objectives of the strategy are being met:**

## 1. Increasing awareness and understanding of autism

Increasing awareness and understanding of autism across all sectors is an ongoing piece of work. Below are some highlights of actions already achieved or undertaken to date:

Training

E-learning has been available for all staff in the Council since 2014. This is mandatory for all front line staff in Communities and Wellbeing. It has been monitored by Organisational Development. There has been an uptake rate of 70% to date (393 out of 563 staff). Initially a series of drop in sessions were held at Bury Adult Learning Centre to enable staff who did not have access to the internet/computers were able to complete the training. This was cascaded via managers who were asked to allow their staff to attend the training. However, this had a very low take up and so alternative options will be considered once the new package is launched.

An updated e-learning package for staff has been developed and is currently being rolled out. This training is mandatory for all Bury Council employees and available free of charge for use by all partners across Bury. This will be publicised and offered out through the Autism Development Board initially. As this is a multi-agency group, members will be able to take it up within their own organisations and offer it out to their partner organisations. To date this training has been taken up by One Recovery, Bury College, Job Centre Plus, CCG including GPs.

Specialist autism training sessions were delivered as a rolling programme (approx. 2-3 sessions per year). These were specifically for social workers or people who would be likely to undertake assessments with people with autism. These were delivered by the GMAC project via the National Autistic Society. These sessions offered specialist training around undertaking assessments with people with autism.

The training took place between 2013 and 2015 and 51 members of staff have undertaken the training. Most of the attendees were social workers plus attendees from occupational therapy, social care officers and healthy lifestyle service. However, due to a number of the attendees having left the authority there is now a need to revisit the training package.

A new specialist autism training package was delivered to a group of 17 qualified social workers on 28<sup>th</sup> February 2018. The feedback from the attendees was extremely positive. Local Authorities have a statutory duty under both the Fulfilling and Rewarding Lives Statutory Guidance and the Care Act to provide specialist autism social workers, if required, by a person with autism. Therefore this training will ensure that customers are receiving the best experience possible and the Council is fulfilling its statutory duties.

The training will now move to a "train the trainer" model to ensure that specialist social workers will always be in place. The specialist social workers who undertook the specialist training will carry out 'train the trainer' training which will enable them to deliver specialist autism training to others in the future. This training will take place around April 2018.

There is no specific number of specialists required but it is anticipated that there will be at least one or two specialists in each locality or specialist team. The training offers support for the trained specialists and refresher courses are available as needed via the Greater Manchester Autism Consortium.

# 2. Developing a clear and consistent pathway for diagnosis of autism.

The National Autism Strategy Guidance highlights the need to ensure that adults have access to a local diagnostic service. Prior to the Bury Adult Autism Strategy 2013-17, any adult resident in Bury who required to undergo the autism diagnostic process was referred to Sheffield-based service. However, Bury now has a specialist diagnostic service for adults commissioned by Bury CCG and delivered by a private provider called LANC.

The tender process was undertaken by Bury CCG with involvement from the Autism Development Group and service users. The service is accessed via professional referral such as GP, social worker or other service offering intervention and has a follow up therapy and signposting service. Professionals from LANC sit on the Autism Development Board.

A locally based service offers a chance for people needing a diagnosis of autism that would otherwise not have been able to access this service due to transport and accommodation issues.

# 3. Improving access for adults with autism to the services and support they need to live independently within the community.

Autism Development Group

In the past, autism has not been a stand-alone priority. Autism was encompassed within the Learning Disability and Mental Health Services' priorities as appropriate to individuals. This has begun to change due to the publication of the autism strategy and action plans, awareness raising activities (both locally and nationally) and the development of a multi-agency autism development Group to work on the actions and priorities for Bury.

This priority will be further developed within the updated strategy and action plan alongside the Greater Manchester Autism Strategy and priorities, once they have been published.

## Buddy's for Autism Charity

A dedicated charity was set up in Bury in 2014. They offer a range of support services for people with autism (and a variety of hidden disabilities) and their carers, family, friends etc. They offer a wide range of options and work with a range of partners across Bury. Bury Council are looking at ways to work more

closely with the charity across different themes and in particular on the autism friendly theme.

# 4. Helping adults with autism into work

# Employment event

An employer's event took place in 2015 to encourage employers to consider people with autism when recruiting. This was a breakfast event and well attended by businesses across Bury.

Employment and readiness for employment is a key message within Think Autism and consistently raised by adults with autism. Bury Council's Resources and Regulation Department are working with employers to ensure they understand the benefits of employing people with autism and what reasonable adjustments are required to support this work. Also, there are new opportunities emerging in Bury for people to undertake work readiness and life skills courses. Likewise, similar initiatives are being undertaken and developed within Buddy's and DWP via the new community teams.

#### Greater Manchester Autism Consortium Contract

The contract for the Greater Manchester Autism Consortium (GMAC) has been redeveloped to ensure that the GMAC work is focussed on the main priorities for Greater Manchester. This means that the 10 authorities can work more closely together to prioritise issues that are wider than one local authority. This includes areas such as the criminal justice system, reasonable adjustment work, employment and information and advice.

## Closer working with CCG

Closer links and partnership working with the CCG has been established and is being developed to include all work strands.

# Development Group/User Carer Group

Members of the original Autism Partnership Board believed that it would be more beneficial for all members if the group be split into two to make the meetings more effective. This enabled the development of a strategic group for and a user/carer group that could feed ideas and information into the strategic group for decision and/or action. This was agreed by all members of the board. Consequently now there are two Autism partnership groups, one strategic – Autism Development Board and one operational (user/carer) –Autism Get Togethers which are now well established and working more effectively.

# How the new priorities will be met:

- 1. Enabling people with autism to really be included as part of the community.
- 2. To promote innovative local ideas, services or projects particularly for lower level support.

Both these priorities will be key areas of work for the new strategy and action plan. Work already started includes:

# Autism Friendly Bury

Work is currently being undertaken on a framework and programme of work to ensure public places in Bury including council buildings, shops, businesses and GP surgeries become Autism Friendly. In Bury the programme of work will be widened to include age friendly and dementia friendly with a view to a "Making Bury Friendly Plan" for all conditions.

A public consultation event took place on 30<sup>th</sup> January 2018, at Prestwich Longfield Suite. The purpose of the consultation and engagement event was to outline Bury Council's vision for a 'Friendly Bury' and gather views on how Bury could become a better place to live for everyone. The event included looking at housing, transport, services, neighbourhoods and what small changes can be made which would benefit the community.

The event was well attended by around 80 people from across a variety of partner's i.e. voluntary sector, health, local authorities, community members and other professionals working in and around Bury. The outcomes from the discussions are currently being reviewed and will be used to influence and develop the Making Bury Friendly Plans.

# Autism Get Together

The formal user/carer group was not felt of value to the members of the group and attendance was low or none on occasion. Therefore the focus has been changed to a more informal "Autism Get Together" to encourage better engagement. Although this group is still involved with engagement and consultation, it is also used as a support and information sharing group for adults with autism in Bury.

Since the group changed attendance has increased and new members now attend the group, the feedback has been positive. To date there has been two meetings held with the third due in February 2018. Group attendance continues to see an increase at each meeting which is encouraging. Due to the nature of autism, attending groups can be very difficult for people. The aim is for the positive feedback to be shared and further encourage a continued steady growth in the number of members.

Autism groups in Bury

Several social groups have been set up in Bury these include a drama group for women, parent and child group, adult social group, yoga sessions and Buddy's charity organisation. Although not all of these groups can be attributed to the work of the Autism Development Group, there has been increased emphasis at both a national and local level about autism placing it higher on agendas than ever before.

# To focus on how advice and information services can be joined up better for people

The Bury Directory has dedicated autism pages with a wealth of information and advice and links for people with autism, their carers and families. This is an action for both the autism development group and autism get together group to review and update in the next year. This will be done as part of the current refresh of the Bury Directory.

The GMAC also has a website of information and contacts and a helpline for families across the 10 authority areas as part of the GM contract.

This information is used to signpost people via connect and direct, social work teams, on diagnosis via Healthy Minds and LANC, partners from the autism development board and partners across Greater Manchester.

# 3. key issues for the Board to Consider

To actively support and promote the ongoing work around autism friendly communities.

In light of pending changes through GM devolution bringing Bury Council and CCG together, the board may wish to consider how autism services may be jointly commissioned in the future.

# 4. Recommendations for action

Seek approval of the Adult Autism Strategy and Action plan

5. Financial and legal implications (if any)
If necessary please seek advice from the Acting Council
Monitoring Officer Janet Witkowski, (<a href="mailto:line">J.Witkowski@bury.gov.uk</a>)
or Section 151 Officer Steve Kenyon (<a href="mailto:s.Kenyon@bury.gov.uk">S.Kenyon@bury.gov.uk</a>).

There is statutory guidance attached to the national autism strategy, however we are addressing these within the strategy and action plan.

No additional financial implications.

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







EA - Bury Adult 2017-2020 draft Autism Strat Nov 17. strategy final versionaction plan final ver

CONTACT DETAILS:

Jacqui Waite Contact Officer:

Telephone number: 7443

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

Date: 5th March 2018

# Bury Adult Autism Strategy 2017-2020

## **Contents**

- 1. Foreword
- 2. Introduction
  - 2.1 Executive Summary
- 3. Background
  - 3.1 Definition of autism
  - 3.2 National and local context
  - 3.3 Prevalence
  - 3.4 Risk factors for people with autism
- 4. How have we responded to the Bury Adult Autism Strategy since 2013 (What people told us (then and now))
- 5. Our Priorities for 2017-2020
- 6. Monitoring the strategy

## 1. FOREWORD

We are very pleased to present the Bury Adult Autism Strategy 2017-2020. This strategy follows the initial Bury Adult Autism Strategy published in 2013-16. It highlights the progress made during this time and sets out how we aim to continue improving the lives of people with autism in Bury. It also details how we are continuing to implement the National Autism Strategy "Think Autism" in Bury.

Since 2013 we have seen some significant improvements in the services provided for people with autism and their families and carers. However, we acknowledge that there is still more to do, and so we are hopeful that this new strategy provides a framework that will enable us to continue doing so.

The focus of the updated Bury Adult Autism Strategy is the need to increase awareness and understanding of autism across all sectors in Bury. Taking the lead from the national "Fulfilling and Rewarding Lives" strategy, and the more recent "Think Autism" strategy, and from research carried out for this local strategy, we know that people with autism want to be able to access their own community and live as independently as possible. So, we want to ensure Bury is an autism aware town, where people with autism find that the local community is accessible for them and accepting of them and enables them to live independent lives wherever possible. Therefore, we strive to ensure that Bury Council and its partners aim to work collaboratively to enable equal access to services and a good quality of life for all the residents of Bury.

It is a challenge for all areas of England to make the improvements necessary for people with autism, and that includes Bury. We are also fully aware that this strategy has been developed at a time where public services are undoubtedly facing great financial challenges. However, we are confident that the aims set out in this strategy are achievable, and so the challenge we set ourselves now is to make sure that existing resources are able to make their services even more accessible for people with autism, enabling people on the autism spectrum to access everyday services.

We feel that we have made some great achievements with the 2013-16 strategy. However, we want to do even more, and we feel that this strategy will enable us to do so.

## 2. INTRODUCTION

# 2.1 Executive Summary

The vision of the National Autism Strategy: Fulfilling and Rewarding Lives states that:

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."

The national strategy was updated with Think Autism (2014), which built on the Fulfilling and Rewarding Lives strategy, reinforcing the themes and adding a further three new key elements:

- Enabling people with autism to really be included as part of the community
- 2. To promote innovative local ideas, services or projects particularly for lower level support
- 3. To focus on how advice and information services can be joined up better for people

The purpose of this updated Bury Adult Autism Strategy is to provide a basis for partnership working on the provision of services, support and signposting for adults with autism in Bury. It is intended to implement the requirements of the national strategy at a local level.

It is not the intention of this strategy solely to create additional separate services for people with autism, but to enhance current services and supports to people, by ensuring that staff have the necessary skills to support adults with autism in Bury. The strategy aims to ensure that people on the autistic spectrum, are fully understood and their needs are taken into account throughout the assessment, care management, service delivery and review processes. Where people on the autistic spectrum do not access care and support services, this strategy aims to ensure we have a community that is autism aware and can provide them with the services they need to live independently.

This strategy aims to raise awareness of autism, promote early identification of their needs, and seek joint responses to improve the outcomes and quality of life for adults with autism and their families in line with the objectives of the National Autism Strategy.

Bury's Autism Strategy will also reflect those children and young people aged 0 to 25 with autism as there is likely to be a continuum of need into adulthood.

The Adult Autism Strategy also links to Bury's Written Statement of Action (WSoA). The WSoA is Bury's response to the findings of the Joint local area inspection of SEND (Special Educational Needs and Disability) conducted by Ofsted and the Care Quality Commission (CQC) in June 2017. The inspection was to judge the effectiveness of Bury in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.



## 3. BACKGROUND

This strategy has been developed by Bury Council's Communities and Wellbeing directorate, with assistance from a number of partners from Bury's Autism Partnership Board and people with autism, including people that access Bury's Autism Service User Group. It is intended to set out a plan for adults with autism across the borough. This strategy is intended to provide a basis for partnership working, and in doing so we can raise the level of awareness in communities across Bury, increase the knowledge and experience of autism in front line staff who can go on to provide reasonably adjusted services, and ensure that people with autism have access to the information and support that they need, when they need it.

This strategy is inclusive and reflect the needs of young people with special educational needs and disabilities (SEND) as the legislation for SEND is for the age range 0 to 25 and this strategy needs to extend across both children's and adult services. The SEND cohort will become young adults some of whom will have autistic needs and it is important that there is a smooth transition between children's to adult services and links with a range of partners.

## 3.1 Definition of autism

In this strategy, we will use the term 'autism' as an umbrella term for all autistic spectrum conditions, in line with the National Strategy: Fulfilling and Rewarding Lives. In the strategy, autism is defined as "a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them." (Department of Health 2010).

The three main areas of difficulty, which all people with autism share and are the basis for diagnosis, are referred to as the 'triad of impairments' these are:

- Social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)
- Social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)
- Social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).

Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present differently in different people. It is estimated that 50% of those with autism may also have a learning disability (The National Autistic Society 2011). People with high-functioning autism and Asperger Syndrome, are affected by the triad of impairments common to all people with autism described above, but both groups

are also likely to be of average or above average intelligence (IQ of more than 70). Many people with autism also have other conditions such as Attention Deficit Hyperactivity Disorder (ADHD), Deficits in Attention and Motor Perception (DAMP), epilepsy, dyslexia and dyspraxia. The broad spectrum of needs means that some people with autism are therefore able to live relatively independent lives; others need crisis intervention from time to time; and others need a lifetime of specialist support.

The Special Educational Needs and Disability (SEND) Code of Practice 0 to 25 years which is statutory guidance for children and young people with special educational needs and disabilities. This cohort includes those children and young people with a diagnosis of autism where he or she has significantly greater difficulty in learning than the majority of others of the same age. The Code of Practice identifies four areas of need: Cognitive & Learning; Communication and Interaction; Social, Emotional and Mental Health; and Sensory or Physical needs.

## 3.2 National and Local Context

Since Bury's last adult autism strategy was implemented, there have been a number of national and local developments. Nationally, the autism strategy (Fulfilling and Rewarding Lives, 2010) has been updated (Think Autism, 2014). This reinforces the priorities in Fulfilling and Rewarding Lives and added three further areas:

- building aware and accessible communities;
- promoting innovative local ideas, services, or projects;
- a focus on how advice and information on services can be joined up better for people.

The Care Act (2014) has been introduced, which introduced a statutory principle of wellbeing and the requirement to prevent, reduce, or delay the need for care and support, and legal rights for carers too. These national developments influence and drive the work in this strategy. Other policies such as Think Local, Act Personal (2010) and the Localism Act (2011) will also link with the above developments.

Across Greater Manchester, there has been a lot of work underway transforming the services offered by the Greater Manchester Autism Consortium. This service has undergone a full, independent review and a final report was produced making a number of recommendations. The consortium has since been implementing the changes recommended in the report. At the time of writing this strategy, a new service model is emerging, and the services being delivered—and the way in which they are delivered—are changing, involving codesign and co-production of the service.

Locally in Bury, a major development since the last strategy was the successful implementation of the local diagnostic and care pathway for adults with autism.

This means that people in Bury can now access the diagnosis process without being referred out of area.

In early 2016 the Autism Development Board was restructured to ensure the membership and terms of reference was appropriate and meaningful. This led to the formation of the Bury Autism Partnership Board being launched for professionals, along with an Autism Service User Group for people with autism and their carers. More recently, in researching this strategy Bury Council wanted an insight into how autism affects people in Bury. Consequently we conducted a local survey for people with autism and their carers to complete, to gain some qualitative data and information. This provided a small sample of data which highlighted potential risk factors and sources of support for people with autism (see page 11).

Following the Ofsted & CQC Inspection of SEND in Bury new governance arrangements have been established to ensure that the areas for improvement are addressed. The Bury SEND Partnership Board has been re-constituted to oversee the implementation of the SEND Reforms in Bury across the Council, CCG and partner organisations, and to hold the SEND system to account.

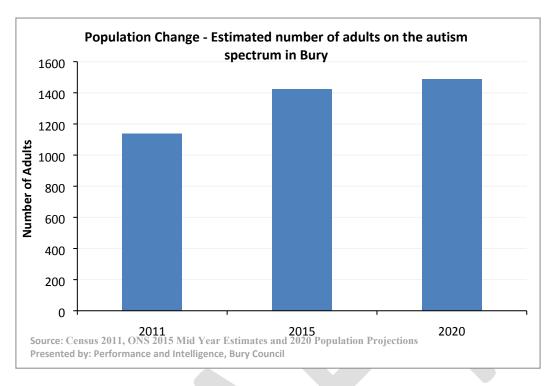
The key themes of Bury's Written Statement of Action on SEND are:

- Engagement and Co-production with young people, parents and families
- Bury's Local Offer of SEND Services
- Identification of SEND Needs by Schools
- Joint Commissioning arrangements for SEND across the Council and the Clinical Commissioning Group (CCG)

# 3.3 Prevalence

# Number of People with autism in Bury

It is estimated that around 1 in 100 people are likely to be on the autism spectrum (Brugha et al, 2009). At the time of writing the last local autism strategy, we estimated that there were 1,139 adults with autism in Bury in 2012, based on Office for National Statistics Population Estimates. Using data from the Office for National Statistics, in 2015 it was predicted there were a total of 1,423 adults on the autism spectrum, a number that is predicted to increase to 1,490 by 2020. Locally, the change in the adult diagnostic service and pathway could possibly see a higher than predicted increase due to easier access for diagnosis.



# Bury GP and social care data

Information on people in Bury registered with a GP and having a diagnosis of autism was gathered in May 2017. The results are giving in the table below.

# People in Bury with a diagnosis of autism as listed on GP records (May 17):

Persons under 18 years old (children)	Persons over 18 years old (Adults)	Grand Total (all ages)
220	320	540

However, this data is not completely reliable and based on anecdotal data it is likely to be hugely underestimated. There will be many people living in Bury with a diagnosis of autism that is not recorded by the GP. The reason for this being that up until 2014, it was not a requirement for GP or Social Care to record autism separately. If a person has several diagnosed conditions, the primary diagnosis is unlikely to be autism so this will not be reflected in the figures (see section on risk factors). In addition, unless a person has been diagnosed post 2014 or seen a GP for a condition related to their autism, it is unlikely that this has been reported. Therefore the data from GP records is not a true reflection of the current statistics for autism diagnosis in Bury.

Likewise, data for Communities and Wellbeing is only captured based on data collated for mandatory annual Short and Long Term Care (SALT) return. The requirement for the SALT with regard to people with autism is to record only

those who receive long term support such as a personal budget, residential or nursing care. Therefore no figures are available for short term support to maintain independence. Also, as with GP records if there is a more than one diagnosis and this is the main area for the support given, the autism may not be picked up in the data. Autism has only been recorded as a health condition since 2014.

In the SALT return for 2016-17, there were 94 adults with a diagnosis of autism receiving long term care/support from Communities and Wellbeing.

# 3.4 Risk factors for people with Autism

Several pieces of research has been undertaken to examine potentials risk factors for people with autism including the impact of socio-economic factors. Key findings include the following:

- Gender: There are predicted to be a higher number of males than females with autism (Brugha et al 2009)
- Age: People with autism in Bury may have different needs according to their age – in particular consideration should be given to those in transition from children's to adult services and older people with autism as they may be more likely to be undiagnosed or misdiagnosed due to the lack of knowledge on autistic spectrum disorders until recent years (Brugha et al, 2009).
- Learning disabilities: 50% of those with autism may also have learning disabilities (The National Autistic Society 2011).
- Race and ethnicity: The figures in Projected Adult Needs and Service Information (PANSI) show that across Bury in 2012, 10,045 people belong to Mixed, Asian/Asian British, Black/Black British, Chinese or another ethnic group. Potentially therefore, there could be around 100 people in Bury from the BME community group with autism (assuming an autism prevalence rate of 1%).
- Level of deprivation: Autism is significantly associated with levels of deprivation. Using the Index of Multiple Deprivation (IMD), researchers (Brugha et al 2009) found that in areas with an IMD score indicative of higher deprivation, the rate of autism was also higher. Therefore, this suggests that the areas of Moorside, East, Radcliffe East, Radcliffe West, Unsworth and Besses could potentially have the highest prevalence rates of people with autism in Bury
- Education: People with autism are less likely to have had a higher education (Brugha et al 2009).

- Housing: People with autism are more likely than people without autism to live in accommodation rented from a social landlord (Brugha et al 2009).
- Criminal Justice System: Research nationally shows that people with learning disabilities, learning difficulties and autism experience a number of problems once they enter the criminal justice system. For example, the individual has a lack of understanding of what is required from them and the professionals have a lack of understanding of the needs of the individual (Mason and Murphy 2002; BIBIC 2005).
- Mental health needs of people with autism is a risk factor. There is
  evidence to suggest that there is a relatively high prevalence of mental
  health problems in children and adults with autism. The NICE guidance
  recommends that adults with autism have access to psychosocial
  interventions, psychological therapies and pharmacological interventions
  (http://www.nice.org.uk/CG142).
- Challenging behaviour and autism is a risk factor. The recommendations from Winterbourne view relate to adults with autism and learning disabilities; who form 50 per cent of adults addressed via this strategy (http://www.dh.gov.uk/health/2012/12/final-winterbourne). Anecdotal feedback from families and carers of adults with autism but no Learning Disability who access Pennine Care psychological therapy services, is that understanding and managing challenging behaviour is one of their biggest problems, and is often the cause of placement breakdown. It can also restrict opportunities for independent living and employment. NICE guidance has a section on challenging behaviour (http://www.nice.org.uk/CG142).
- Health inequalities are a well-known risk factor for adults with learning disabilities: 50% of adults with autism have a learning disability.

Since 2014 autism has been recorded as a health condition by GPs and Communities and Wellbeing. Hopefully, this improved data recording means that over time there will be better quality data and a more accurate picture of the prevalence of autism in Bury.

# 4. HOW HAVE WE RESPONDED TO THE BURY ADULT AUTISM STRATEGY SINCE 2012?

Following consultation for Bury's previous autism strategy, a gap analysis was produced which identified eight main issues.

- 1. There was a lack of a clear local diagnosis and assessment pathway and post-diagnosis support
- 2. A lack of understanding of autism among frontline staff and those who undertake assessments
- 3. Few preventative support services such as housing related support, employment support, and lack of availability of information about these services.
- 4. Lack of coordination of low level services such as social groups, peer support, befriending and lack of information about these services.
- 5. Lack of accessible and timely information on autism, support, and services available.
- 6. Absence of robust data collection systems which records numbers of people with autism and the services they use/need
- 7. Lack of understanding and knowledge of autism within BME communities
- 8. Lack of facilitators to allow access to social opportunity

# **Progress to date**

Since these issues were identified, several developments have taken place.

- 1. We now have a diagnosis and assessment pathway including access to post-diagnostic support
- 2. Social care staff receive specialist autism-awareness training, including those who undertake assessments. This is delivered by the Greater Manchester Autism Consortium Project.
- 3. Bury has an autism partnership board which includes representatives from services such as Job Centre Plus. Also, the autism lead has been building links with housing. Information on support services is available on the Bury Directory.
- 4. Information on a range of autism services including organisations in the voluntary and community sector are on the Bury Directory.
- 5. Information covering a range of topics related to autism—such as diagnosis, support, support for carers, and the Greater Manchester Autism Consortium is available on the Bury Directory.
- 6. Bury's Adult Care Services database records autism as a primary support reason. This means that we have data on those people with autism that are eligible for social care support. Partners in the health service also collect data on the number of people receiving a diagnosis of autism which we record via the Self-Assessment Framework exercise.
- 7. The Greater Manchester Autism Consortium has run events on autism in BME communities.

8. There are more social opportunities in Bury in the voluntary and community sectors. Stepping stones across the spectrum and Buddy's 4 Children with Autism are two examples of services that offer social spaces for people on the autism spectrum.

## What people told us (2016)

In 2016 we conducted further consultation based on the information we had from the previous survey. A new survey was co- designed and co-produced with a young man with autism who is involved in the Bury Autism Service User Group. We then used the survey to gain some qualitative data, with help from partners who assisted in facilitating completion of the survey including Buddy's 4 Children with Autism, Bury's Autism Service User Group, Bury Carers Centre, Bury College, Stepping Stones across the Spectrum, and Streetwise 2000.

The main difficulty we encountered in the consultation was successfully targeting and engaging people with autism. As described earlier in this strategy, the nature of autism means that social communication is often a difficulty that people on the autism spectrum encounter, and so engaging people in an exercise such as this was expected to have its difficulties. So, in addition to physical consultations and the paper-based surveys we also used an electronic survey and distributed it to partners, who asked their service users to complete it remotely, in their own time. We had some success with this, with 3 electronic surveys returned. In total we received 26 responses, which was a lower number than anticipated, but this may well reflect the nature of how autism affects people in terms of social isolation and social communication.

The main gaps identified through this research were as follows:

- The majority of people on the autism spectrum are not eligible for support from Bury Adult Care Services;
- People stated that accessing social activities was difficult;
- However, where people had informal support they were more able to access social activities.
- A lot of people with autism live with family members (rather than living independently) because they need their support;

However, due to the lower than expected number of survey responses we received it would be difficult to say that these responses reflect the majority of adults with autism. Anecdotal evidence from consultations and from attending services for people with autism and their carers also suggests the same. A lot of people said that because autism affects each individual so differently, it is difficult to say what type of services would be most suitable for people. Therefore, the above issues that affect people with autism are the broad themes that are likely to be among the most common issues.

### **5. OUR PRIORITIES FOR 2017-2020**

In the previous Bury Adult Autism Strategy, a list of priorities was developed and placed under the headings from the national autism strategy. Below each is stated along with the "where we want to be" to report on progress.

# "Increasing awareness and understanding of autism among frontline professionals."

### Where we wanted to be

"We want to ensure that all staff have an awareness of autism and that social workers have an in-depth knowledge and understanding"

# **Progress to date**

Basic training was made compulsory for staff across the Communities and Wellbeing Directorate, and frontline staff. This was via an online programme and was monitored by Bury Council Organisational Development Team. Social Workers and Social Care Assessors for Communities and Wellbeing undertake more in-depth, face to face training.

# Where we want to be in future

The training is still ongoing. The online training package is currently being reviewed and updated and the new training package will be made mandatory for all staff in Communities and Wellbeing to complete (even those who have previously completed the basic training).

In future we will seek to ensure that employees across the whole of Bury Council receive this training. This includes those professionals who are working with children and young people with SEND. Workforce development was identified as a priority following the SEND Inspection to ensure that all staff had an awareness of the needs of the SEND cohort including autism.

Frontline staff will continue to receive the more in-depth training.

All training accessed by Bury Council staff will be monitored via Organisational Development.

"Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment."

### Where we wanted to be

"In order to improve diagnosis of adults with autism a clear local pathway will be developed which will increase capacity around diagnosis."

## **Progress to date**

The diagnosis pathway is now in place in Bury. This means that people no longer have to go out of area to undergo the diagnosis process. Following diagnosis, people are now referred to Adult Care Services if and when they state that this is what they want.

### Where we want to be in future

The diagnosis pathway is in place and ensures that people accessing a diagnosis can do so locally without going out of area.

For those young people with SEND transition pathways need to be developed from children's into adult services so that the diagnostic process is joined up and seamless for any young adult with autism.

Improving access to the services and support which adults with autism need to live independently within the community.

### Where we wanted to be

We want to ensure that adults with autism are aware of the advice and information available to enable them to make choices about their care and ensuring there is a support system available if they require help to make their choice, and/or arrange services to meet identified needs.

We want to continue to develop universal services and current services to ensure they are more accessible for adults with autism.

Young people with autism should have support in transition as they move into adulthood. They will be informed of their right to a community care assessment and the right of their carer to receive a carer's assessment. Young people with autism and their parents/carers will be involved in their transition planning and support. They should be given information about self-directed support and services to enable them to make informed choices about the way they are supported in adulthood.

Timely, accessible and appropriate information should be provided to adults with autism and their carers. Information should also be accessible.

## **Progress to date**

Information on all services in the Borough is available in one place on the Bury Directory, including services aimed at people with autism. This contains information on specialist and low level services, including opportunities for social activity.

Universal services are continuing to develop to be more accessible to people with autism. There are a number of low level services available in Bury for people with autism and other work areas such as the "Bury Safe Places" scheme overlap some of the work areas around autism and help deliver the same outcomes.

The Greater Manchester Autism Consortium Project is assisting authorities in producing a pack for young people with autism. In Bury, discussions have begun with partners to look into this work area which would assist in transition planning for young people.

Housing and independent living were included in the survey carried out in 2016. The Greater Manchester Autism Consortium held an event on housing options and living independently including sharing models of practice. The Strategic Planning and Development Team also have links with housing groups. Putting these resources together we are beginning to look at housing and living independently for people on the autism spectrum.

There are a number of opportunities for social activity in the borough. Low level services include social spaces provided by Stepping Stones Across the Spectrum and Buddy's 4 Children with Autism who provide an autism friendly space. Information on these activities is available on the Bury Directory.

### Where we want to be in future

Further work around transitions for young people may take place in the coming year in Bury. This will be aimed at assisting young adults with autism to be as independent as possible and to seek the right support early to prevent reaching crisis. This work would involve the Greater Manchester Autism Consortium Project which is compiling similar work across Greater Manchester.

More work is needed with those young people with autism transitioning into adulthood where the outcomes in their Education Health and Care Plan include independent living skills. We will work towards developing a planned, holistic approach to independent living across adults and children's services.

More work may be needed on housing options. People on the autism may need a variety of housing options to live independently.

We will continue to build links with existing organisations and services to ensure mainstream services are accessible to people on the autism spectrum. One example of this may be the Safe Places scheme in Bury, which aims to ensure that every day facilities and businesses are utilised to make the local community more accessible.

# "Helping adults with autism into work."

### Where we wanted to be

"We will work with partners with the aim to improve access into work by identifying the personal needs of the adult with autism and providing the appropriate level of support required. We will examine current services and supports in place and ensure that these meet the needs to support adults with autism into work.

As part of the autism training and awareness raising development, we will endeavour to include employers, Job centre and employment support agencies so they understand the needs of people with autism and how to make reasonable adjustments and highlight the benefits of employing people with autism.

More and appropriate information on support services should be available for adults with autism."

# **Progress to date**

Bury Council co-ordinated an "Autism Employers Event" that targeted employers to raise awareness of people with autism and highlight their skills. More recently partners within Bury Council co-ordinated an "Employment, Health and Skills" event aimed at bringing employers and people trying to enter the labour market together. This included people with autism and invitation to the event was distributed to interested parties. Also, partners such as Job Centre Plus are represented on the Bury's Autism Partnership Board.

### Where we want to be in future

Adults on the autism spectrum are still much less likely to be in employment than the general population. Further work will be carried out to promote employment in people with autism. This will include working with partners as with previous events.

More work is needed with those young people with autism transitioning into adulthood. Employment is a Preparing for Adulthood outcome in a young person's Education Health and Care Plan where this is realistic and achievable. This should be planned holistically across adults and children's services so that the transition is smooth and takes account of prior learning and skills acquisition.

"Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities."

## Where we wanted to be

We will develop a commissioning plan which will identify gaps in services and how we will ensure that adults with autism can access and benefit from personalisation of social care to have more choice and control of their lives. We will consider where a separate service offer needs to be considered as part of the commissioning intentions. We will improve our data collection to gather relevant local information and ensure autism is firmly embedded within our JSNA.

We will develop clear leadership and governance procedures which will be communicated so that our processes are transparent to all. We will improve our consultation and engagement processes to encourage all adults with autism and their carers to have a voice.

In order to effectively plan for the future we need to understand our market. Therefore we need do further work to understand what people currently access and any gaps in the market. We also need to develop effective data collection processes for the future.

Endeavour to engage with mental health services to facilitate access to interventions for co-existing mental health problems and/or challenging behaviour.

As part of the pathway, we need to consider how adults with autism can access specialist interventions, as outlined in the NICE guidance, e.g., psychosocial interventions, communication interventions, interventions to understand and manage challenging behaviour, risk assessment and management (including forensic risk). Adults with autism who do not have a Learning Disability are in most cases unable to access the specialist interventions they require because these services are not specifically commissioned, and they are not eligible to access services provided by learning disability or mental health services.

# **Progress to date**

Bury Council completed their commissioning intentions in 2014. We also completed a market position statement identifying gaps in services. Autism has more recently been entered into the JSNA and will continue to be in the future.

When the Bury Autism Partnership Board was launched, so too was a service user group. This enabled engagement with people with autism and their carers in a forum solely for their use. Minutes are taken at group meetings. Also, in consultation exercises we have used electronic surveys as an extra mechanism to engage people with autism who may not ordinarily feel able to attend group meetings in person. We have also engaged a number of partners to assist with our consultations who provide front line services to people with autism.

# Where we want to be in future

We have improved our consultation and engagements processes to encourage more people with autism and their carers to have a voice. We will continue these efforts to further engage people via the Bury Autism Service User group and use consultation exercises when necessary to reach more people with autism. Also, engaging partners in the borough has helped us to reach people with autism and we will continue to use these mechanisms and engage these partners.

The JSNA is to include a section the needs of the SEND cohort.

An all age Autism Strategy will be developed for Bury that meets the needs of both adults and those children and young people with SEND as the Local Authority has statutory duties for this cohort.

### 6. MONITORING THE STRATEGY

The Bury Autism Services Development Group was in place to monitor and track progress within the work streams and the action plan. This was a multi-agency group with representation from people with autism and carers. Since the last strategy it was recognised that professionals and service users have quite different agendas and topics to discuss. Therefore, the Bury Autism Services Development Group was disbanded and Bury Autism Partnership Board was put in its place. This provided professionals with the means to discuss issues and oversee actions. Simultaneously, Bury Autism Service User Group was formed (now called The Autism Get Together). This provided a forum for people with autism and their carers to discuss issues pertinent to them, and also to give formal feedback on developments. The Autism Partnership Board and the Autism Get Together Group will continue to track and monitor progress. Both Groups meet on a quarterly basis. The Autism Partnership Board monitors the progress on the action plan and will flag up any issues to be raised at management board or dealt with by partners. The views and ideas from the Autism Get Together Group are used to influence and develop future actions and targets.

The monitoring arrangements will include children's services. The Bury SEND Partnership Board is the Governance Group for the Written Statement of Action and will monitor progress.

### **Resources**

Although the implementation of this strategy does not bring any specific funding, the majority of the actions will be achieved by greater partnership working and investigating new ways of working. This is particularly true in the case of awareness raising, social activity and ensuring availability of information. We will continue to invest in the required training to raise awareness and knowledge which is a theme that runs through this strategy.

# **Action plan**

An updated action plan for the Bury Autism Development Board based on the priorities within this strategy, Think Autism and the statutory guidance is in place.



# BURY ADULT AUTISM STRATEGY - ACTION PLAN 2017-20 (DRAFT)

# 1. Improved data and intelligence (in line with section 4 of the Autism Statutory Guidance)

Strategic Objective	Action	Desired Outcome	Timescale	Responsible officers	RAG	Evidence/ comments
Planning in relation to provision of services and support for adults, children and young people with autism	Work with other agencies and partners to develop more robust data systems	More robust data to help plan services and support	March 2020	All agencies led by GM autism Consortium Children's Services	A	

# 2. Improved multi-agency engagement (Partnership working is a major theme throughout the Autism Statutory Guidance)

Strategic Objective	Action	Desired Outcome	By when	Responsible officers	RAG	Evidence/ comments
Improved	Develop a multi-agency	A number of partners were	March 2018	JW	G	Basic autism awareness
multi-agency	training plan	identified in the SAF as not				training now mandatory
engagement		currently engaging in autism		Organisational		for Bury Council
		awareness training		development		employees and is
Planning in						currently being rolled out
relation to		All partners will be trained to		CCG and		and/or offered to all
provision of		the same level (as identified in		Childrens lead		partners for use in their
services as		the autism SAF)		CM A I		organisation.
children move				GM Autism		
into adult services				Consortium		Specialist assessor training to commenced in
				Children's		Feb 2018 on a train the
Local planning				Services		trainer basis.
and						
leadership in						Further work to be done
relation to the						around multi-agency
provision of						training packages.
services for	Work with Childrens Services	We need to work in partnership	March 2019	JW	Α	SAF area for

adults, children and young people with autism	(especially in regards to stating needs of children in the JSNA)	with Childrens services to ensure seamless transitions from children's to adult services. Also, we are working on the joint "growing up with autism in Bury" document at present, so would be a good time to build on the links built.		Children's Services		development.	Document
	Develop the autism partnership board and continue efforts to engage organisations not currently attending  Develop communication mechanisms between the Autism Partnership Board and the SEND Partnership Board which informs the work of both Boards	Attendance at the partnership board from all sectors.	Dec 2017  Sept 18	JW JW Children's Services	G	Some organisations have not always engaged in the autism partnership board, the remit and membership will be an ongoing action.	Pack Page 44

# 3. Increased awareness and understanding of autism (in line with sections 1 and 6 of the Autism Statutory Guidance)

Strategic Objective	Action	Desired Outcome	By when	Responsible officers	RAG	Evidence/ comments
Increased	Specialist training for staff	Assessors will have in-depth	April 2018	JW	G	
awareness	that carry out assessments of	knowledge of autism				Specialist assessor
and	need. The training will include			Org Dev.		training commenced1 in
understanding	people with autism and					Feb 2018 on a train the
of autism	carers.			GM Autism		trainer basis.
amongst				Consortium		
health and						
social care	Updated online basic training	All staff have updated training	Dec 17	JW	G	Basic autism awareness
staff and	for CWB staff.	and understand the needs of				training has been
partner		people with autism		Org Dev		developed and mandatory
agencies.	Develop a training plan and					for Bury Council staff.
	roll out to Children's services		Sept 18	JW		
Increased	and Health staff supporting					
awareness	SEND children and young			Children's		

and understanding of autism amongst the public to prevent negative perceptions.  Listening to the views and aspirations of service users and carers and feeding	people with autism  Various partners were identified as requiring training in the 2016 autism SAF.			Services GMAC		SAF area for development
	Identify an operational lead for autism across the Council for children's and adults.	An operational lead would ensure high quality services and in-depth knowledge. Operational staff have a specialist who can advise how autism can affect different people in different ways, how to approach assessments etc.	October 18	JW	R	Pack Page
them into decisions about support and services  Information available to people whatever age with autism	Develop an "Autism Friendly Community" Scheme for Bury	Raising awareness among the general public;  Make Bury an autism-friendly town;  Building resilient communities is key part of neighbourhood working.	March 18 and ongoing	JW	A	Project currently underway with full sign up from Leader of the Council. Work in progress.  Consultation to taken place on 30 January 2018  Making Bury an autismfriendly town (and Greater Manchester an autism-friendly city region) are key to the new GM service specification and link in perfectly with neighbourhood working and making resilient communities that are less reliant on public services. To join up workstreams for autism/dementia and age friendly communities in Bury.

Development of a stand alone service users and carers group of children, young people and adults to feed into	The group has been redeveloped to be less formal and more accessible.	Dec 17	JW	G	Meetings continuing and developing.	Doc
the Development Group	Extend the group to children, young people and families	Sept 18	JW Children's Services			umer
Development of Bury Directory autism pages	Raising awareness among the general public and information on support and services available locally	Ongoing	JW	Α	Pages in place and to be reviewed	nt Pack Pa
Work with partners across Bury including voluntary sector, charities and providers to raise awareness of autism	Raising awareness among the general public;	Ongoing	JW	A		ge 46
Awareness Raising campaigns across Bury	Raising awareness among the general public; Make Bury an autism-friendly town;	Ongoing	JW	A		

4. Improved access to universal services, supp	ort and employment which adults with autism need to live independently (in line with
sections 5, 6 and 8 of the Autism Statutory (	Guidance)

Strategic Objective	Action	Desired Outcome	By When	Responsible officers	RAG	Evidence/ comments
Housing and independent living	Work with housing to put Autism on either a housing action plan or strategy refresh.	Autism SAF asks if autism is specifically mentioned in the local authority's housing strategy. (Bury currently rated RED in this area.)	March 18	JW Housing	R	SAF area for development. Need to do some work with housing to look at getting autism either on an action plan or strategy refresh. Already
	Understand the future needs of SEND children and young people with autism for housing and supported accommodation		March 2019	JW Children's Services		building links with housing via HALG Financial Inclusion group.
	Understanding of reasonable adjustments to allow adults with autism access services and supports	Reasonable adjustments are understood and undertaken	March 19	JW GMAC	A	Work in progress at a GM level

# 5. Improved support that is personalised and fit for purpose (in line with sections 2, 7 and 8 of the Autism Statutory Guidance)

Strategic Objective	Action	Desired Outcome	By when	Responsible officers	RAG	Evidence/ comments
People with	Identify health and social	A reduction in reliance on	April 2018	SPD Officer to	Α	
autism will be	leads to confirm that	inpatient care; this requires		identify an		
a part of their	appropriate actions are being	personalised care planning in		operational lead.		
communities	taken by operational staff.	the community.				
(including				CCG lead in place		
those with						
behaviour	Understand the cohort of		March 2019	JW		
that	SEND children and young					
challenges	people with autism and feed			Children's		
and complex	into this work-stream			Services		
needs).						

This page is intentionally left blank

# **Bury Health and Wellbeing Board**

Title of the Report	Health & Environmental Protection Annual Report 2016/17
Date	28/03/2018
Contact Officer	Lorraine Chamberlin & Anne Whittington
HWB Lead in this area	Lesley Jones, Director of Public Health

# 1. Executive Summary

Is this report for?	Information ✓	Discussion	Decision	
Why is this report being brought to the Board?	To update me the health an protection te	id environme		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwell beingboard	Health and Environmental protection aligns with many aspects of the HWB strategy. Th focus of much of health and			
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	As with the HWB strategy, this report covers many areas highlighted by the JSNA and			
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	The report is information by Management the HWBB dis uptake of HP certain school	out the CWB Y Board reque scussed the lo V vaccination	Wider sted that ow	
What requirement is there for internal or external communication around this area?	The report is variety of into being shared	ernal meeting	gs and	

	infographics and report may be made publically available via the JSNA (TBC).		
Assurance and tracking process – Has the	Yes:		
report been considered at any other	<ul> <li>CWB Wider Management</li> </ul>		
committee meeting of the Council/meeting	• SLT		
of the CCG Board/other	<ul> <li>Health Scrutiny</li> </ul>		
stakeholdersplease provide details.	<ul> <li>CCG Governing Body</li> </ul>		

# 2. Introduction / Background

This is the first Health and Environmental Protection Annual Report for Bury and aims to provide a means of assurance for the Council in relation to its Health & Environmental Protection Duties. The report covers a wide range of work being done to safeguard the people of Bury from the hazards presented by communicable diseases and the environment. The report highlights many areas of achievement and excellence in Bury and also provides recommendations for areas of focus in the coming year and beyond, to ensure we maintain a high standard.

Health protection is an essential part of achieving and maintaining good public health. It involves planning, surveillance and response to incidents and outbreaks. Health protection prevents and reduces the harm caused by communicable diseases and minimises the health impact from environmental hazards such as chemicals and radiation. It also includes the delivery of major programmes such as national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases.

The Health and Social Care Act 2012 defines the new health protection duty of Local Authorities (LAs). The Act states that public health teams, on behalf of Directors of Public Health (DPHs) are responsible for a LA's contribution to health protection matters, including responses to incidents and emergencies. Public Health England (PHE) is required to provide specialist support and has a complementary role to play. Both PHE and LA public health should work as a single unit when addressing health protection issues. NHS organisations including NHS England and the local Clinical Commissioning Group (CCG) have a legal responsibility under the NHS Act 2006 to mobilise resources to manage incidents and emergencies. They also have a legal duty to co-operate with LA public health teams in delivering local and national health protection priorities.

## 3. Key issues for the Board to consider

As above, the issue of HPV vaccine refusal in certain schools. In addition, the key areas of achievement are presented in the infographics and the list below:

Key areas of achievement:

- MRSA bacteraemia infections were lower than national rates and there none were assigned to Bury CCG in 2016/17. The Bury Infection Prevention & Control (BIPCIP) Group works extremely well overseeing and managing Healthcare Associated Infections.
- Bury is performing well both regionally and nationally with regards to uptake of the flu vaccine and there are clear plans in place to ensure this continues to improve.
- Uptake of other vaccines is also generally good, particularly for the childhood vaccinations of MMR and 5-in-1.
- Coverage of the cervical screening programme is above regional and national levels, which is good.
- HIV late diagnosis has reduced significantly in recent years and is now below national levels.
- Neighbourhood working embraced by assigning two Environmental Health officers to the trailblazer Radcliffe and Bury East Hubs
- Digital mobile working introduced in Pest Control to be rolled out to all Environmental health services
- 87% of our Food businesses are broadly compliant and 68% have been awarded the highest Food Hygiene rating of 5 with only 5% having a rating of 2 or less

## 4. Recommendations for action

- Bury has not yet achieved the cervical screening 80% uptake target. We will continue to work with PHE and Bury CCG to increase uptake.
- We need to develop a better understanding of our local TB prevalence and ensure prevention and treatment are optimised.
- There have been issues with data collection for HIV diagnosis in women and this needs further exploration.
- Environmental quality issues around fly tipping, accumulations and nuisance continue to dominate the reactive workload and a new Environmental Quality strategy is to be implemented.
- Food hygiene inspections are increasingly being carried out by consultants as a result of job cuts within environmental health - there was a drop in total interventions in 2016 which has come to the attention of the Food Standards Agency for monitoring in 2017/18. We will continue to monitor and manage the situation as effectively as possible within available resources.

Whilst we have good arrangements in place for Health & Environmental Protection, the standards being achieved are increasingly challenged by organisational change, which causes disruption to established systems and processes, e.g. creation of the Locality Care Organisation and One Commissioning Organisation and by the on-going financial challenges which impact on capacity to deliver. A Transformation Programme reviewing all aspects of Public Protection, Regulation and Enforcement across the Council is underway to meet challenge of maintaining

protection of the public & environment whilst also delivering challenging savings targets. This will include further development of the Neighbourhood Working approach and exploration of efficiency through technologies.

Air quality is a priority in Greater Manchester (GM) and Bury will continue to work with Transport for Greater Manchester (TfGM) and other GM Councils to deliver the GM Air Quality Action Plan 2016-2020, the GM Climate Change and Low Emissions Strategy Implementation plan 2016-2020 and develop a local Action Plan in response to DEFRA identifying Bury and 6 other GM areas as likely not to meet EU NO2 targets in the next 3 years

Communicable disease prevention and control requires constant and ongoing vigilance and responsiveness. For example, the launch of E.coli bacteraemia monitoring in 2017 will require careful consideration by the BIPCIP group going forward and we will need to take account of and respond to the ever changing and expanding vaccination programme and ensuring standards are maintained.

The Greater Manchester Population Health Plan includes action on Sexual Health and an ambition to eradicate HIV in a generation. We are proactively working with colleagues across GM to deliver these actions and ambition. There is a strong emphasis in the plans on the role of Primary Care which will require collaboration with Bury CCG and the emerging LCO.

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

None

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

None

List of Background Papers: See references in the report and Food Service Plan below:



**CONTACT DETAILS:** 

**Contact Officer**: Lorraine Chamberlin & Anne Whittington

**Telephone number:** 0161 253 5519 & 6138

E-mail address: l.chamberlin@bury.gov.uk & a.whittington@bury.gov.uk

**Date:** 15/03/2018



# Health & Environmental Protection Annual Report

2016/17

# Bury Council Health & Environmental Protection Annual Report 2016/17

## **Foreword**

I am delighted to present the first Health and Environmental Annual Report for Bury. This report covers many aspects of the work being done to safeguard the people of Bury from the hazards presented by communicable diseases and the environment. This work is very varied and wide-reaching and is carried out so efficiently that we may often be unaware of its presence. It covers our legal and moral duties and requires close working with partners such as Public Health England.

This report highlights many areas of achievement and excellence in Bury that we can be very proud of. It also provides recommendations for areas of focus in the coming year and beyond, to ensure we maintain a high standard. On reading it, I hope that you, like me, will rest assured that we remain well protected from these threats, as a result of the day-to-day hard work of the health and environmental protection teams.

### **Highlights and Key Challenges:**

- MRSA bacteraemia infections were lower than national rates and none were assigned to Bury CCG in 2016/17. The launch of E.coli bacteraemia monitoring in 2017 requires careful consideration going forward.
- Bury is performing well both regionally and nationally with regards to uptake of the flu vaccine and there are clear plans in place to ensure this continues to improve.
- Uptake of other vaccines is also generally good, particularly for the childhood vaccinations of MMR and 5-in-1. Future challenges are presented by the ever changing and expanding vaccination programme and ensuring standards are maintained.
- Coverage of the cervical screening programme is above regional and national levels, which is good, but there is still some work to do to achieve the intended target of 80%.
- HIV late diagnosis has reduced significantly in recent years and is now below national levels. There have been issues with data collection for HIV diagnosis in women and this needs further exploration.
- Neighbourhood working embraced by assigning two Environmental Health Officers to the trailblazer Radcliffe and Bury East Hubs.
- Digital mobile working introduced in Pest Control to be rolled out to all environmental health services.

- Environmental quality issues around fly tipping, accumulations and nuisance continue to dominate the reactive workload and a new Environmental Quality strategy is to be implemented.
- Food hygiene inspections are increasingly being carried out by consultants as a result
  of job cuts within environmental health there was a drop in total interventions in
  2016 which has come to the attention of the Food Standards Agency for monitoring
  in 2017/18.
- 87% of our food businesses are broadly compliant and 68% have been awarded the highest Food Hygiene rating of 5, with only 5% having a rating of 2 or less.
- Air quality is a priority in Greater Manchester and Bury will continue to work with Transport for Greater Manchester (TfGM) and other GM Councils to deliver the GM Air Quality Action Plan 2016-2020, the GM Climate Change and Low Emissions Strategy Implementation plan 2016-2020 and develop a local Action Plan in response to DEFRA identifying Bury and 6 other GM areas, as likely not to meet EU nitrogen dioxide targets in the next 3 years.

**Lesley Jones** 

**Director of Public Health** 

# Acknowledgements

Authors:
Anne Whittington
Lorraine Chamberlin
This report would not have been possible without contributions from the following people, to whon we are very grateful:
Gary Brown
Natasha Franklin
Jon Hobday
Chris Horth
Steve Hoyle
Felicity Keeling
Julie Parker
Shenna Paynter
Michelle Foxcroft
Laura Spencer

# **Table of Contents**

Acknowledgements3			
Healt	h Protection	5	
1.0	Introduction	5	
Infect	ion Prevention & Control	7	
2.0	Introduction & Overview	7	
3.0	Health Care Associated Infections (HCAIs)	. 11	
4.0	Tuberculosis (TB)	. 15	
5.0	Seasonal Influenza (Flu)	. 17	
6.0	Other Vaccine Preventable Diseases	. 24	
Scree	ning Programmes	. 37	
7.0	Breast Screening	. 38	
8.0	Bowel Screening	. 40	
9.0	Cervical Screening	. 42	
10.0	Cancer Screening Programmes: Recommendations	. 43	
11.0	Abdominal Aortic Aneurysm (AAA) Screening	. 44	
12.0	Diabetic Eye Screening	. 46	
Sexua	lly Transmitted Infections	. 47	
13.0	Human immunodeficiency virus (HIV)	. 48	
14.0	Chlamydia	. 52	
15.0	Other STIs	. 53	
16.0	Sexually Transmitted Infections: Recommendations	. 54	
Envir	onmental Protection	. 57	
17.0	Introduction	. 57	
18.0	Emergency Planning & Major Incident Response	. 60	
19.0	Food Hygiene	. 66	
20.0	Health and Safety at Work	. 68	
21.0	Air Quality	. 70	
Refer	ences	. 76	
Annei	ndix 1	. 78	

# **Health Protection**

# 1.0 Introduction

# 1.1 Background

- 1.1.1 Health protection is an essential part of achieving and maintaining good public health. It involves planning, surveillance and response to incidents and outbreaks. Health protection prevents and reduces the harm caused by communicable diseases and minimises the health impact from environmental hazards such as chemicals and radiation. It also includes the delivery of major programmes such as national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases.
- 1.1.2 The Health and Social Care Act 2012 defines the new health protection duty of Local Authorities (LAs). The Act states that public health teams, on behalf of Directors of Public Health (DPHs) are responsible for a LA's contribution to health protection matters, including responses to incidents and emergencies. Public Health England (PHE) is required to provide specialist support and has a complementary role to play. Both PHE and LA public health should work as a single unit when addressing health protection issues. NHS organisations including NHS England and the local Clinical Commissioning Group (CCG) have a legal responsibility under the NHS Act 2006 to mobilise resources to manage incidents and emergencies. They also have a legal duty to co-operate with LA public health teams in delivering local and national health protection priorities.
- 1.1.3 The key roles necessary to provide effective health protection include: -
  - planning and responding to incidents and emergencies;
  - carrying out surveillance of communicable and notifiable diseases;
  - reducing the negative impacts of communicable and non-communicable diseases including preventing infection and infectious diseases;
  - minimising the health impact of environmental hazards;
  - reducing premature mortality and morbidity by improving environmental sustainability.

# INFECTION PREVENTION AND CONTROL

# **Infection and Prevention Control Audits**



Care homes scoring green from audits and re-audits Aug 2015-Mar 2017

None scored **Red** 

Of the GP Practices audited

Work being undertaken to raise awareness and reduce Antibiotic prescribing by 50% by 2021

**Key Points** 

Meticillin-Resistant **S**taphylococcus Aureus

MRSA Infections lower than national rates -0 for Bury in 2016/17

consideration needed going

Uptake rates are good over 95% for 1 dose by 5 years old, and are comparable or better than the and **R**ubella national average **M**umps

Good uptake when compared

**DTaP/IPV/** Uptake rates are good over 95% at 2 Hib (5-in-1) years old, and are comparable or better than the national average

Diphtheria, Tetanus, acellular Pertussis /Inactivated Polio Virus /Haemophilus influenzae type b

> Focus group research conducted in Bury around pre-school vaccine Informing methods to increase uptake





7**%**P

Croated by: Performance & Intelligence, Bury Council

number of disease outbreaks that the Infection Prevention and Control team helped to manage



# Infection Prevention & Control

# 2.0 Introduction & Overview

## 2.1 Background

2.1.1 A substantial role of health protection involves working to prevent and control the spread of infection among the population. This can occur in the community and in health and social care settings. Communicable diseases are diseases that you can "catch" from someone or something else. They are spread from person to person or from an animal to person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluid or contact with contaminated objects in the environment. Some people may use the words contagious or infectious when talking about communicable diseases.

### 2.2 Outbreaks

- 2.2.1 An outbreak occurs when there are more cases of a disease than would normally be expected in a community, area or season. Health protection input aims to minimise the impact and contain the infection, wherever outbreaks occur. Outbreaks occurring in care facilities can have a significant impact both on the individuals affected and the wider health economy. Management of outbreaks has involved interagency approaches which have tested emergency preparedness. Learning identified has been fed into the local health economy outbreak plans.
- 2.2.2 In Bury in 2016/17 there were 31 outbreaks of gastroenteritis, affecting a total of 270 care home residents and 57 staff and resulting in 163 days of care home closure. There were 4 respiratory outbreaks affecting a total of 63 residents and 18 staff and closing care homes for 50 days. There were 3 outbreaks of other undefined types, affecting a total of 30 individuals.

# 2.3 Significant Cases

2.3.1 The Infection Prevention and Control (IPC) team are available to offer advice and help to manage cases that could be of significance to health protection. There were 19 cases

(not including C.diff, see section 3.3 below) that were handled by the team, requiring IPC advice. These covered a variety of different situations including tuberculosis, scarlet fever, and vaccinations.

### 2.4 Audits

- 2.4.1 Infection prevention and control audits are carried out in care homes and GP surgeries to monitor practice and processes in place, and provide assurance on quality. They allow identification of any required improvements so that targeted support can be provided.
- 2.4.2 Care home audits and re-audits were completed for all care homes in Bury between Aug 2015 and May 2017. In the initial audits, the majority of care homes scored 'amber' for their IPC and no care homes scored 'red', as show in Chart 1 below. By comparison, improvement was shown through the re-audit of some care homes, with the majority then scoring 'green' (75%) and still none scoring 'red' (Chart 2).

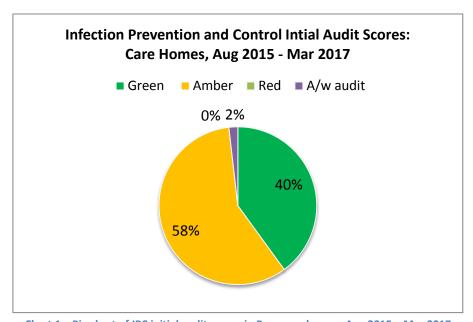


Chart 1 – Pie chart of IPC initial audit scores in Bury care homes, Aug 2015 – Mar 2017

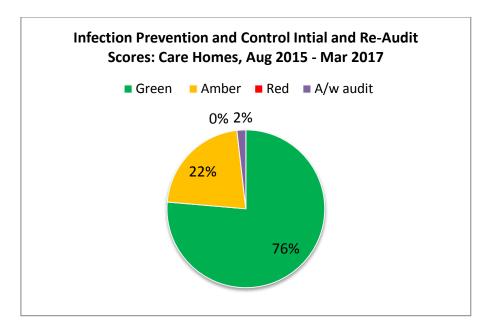


Chart 2 – Pie chart of IPC re-audit scores in Bury care homes, Aug 2015 – Mar 2017

- 2.4.3 Audits of the 33 general practices are scheduled to be carried out 2 yearly. The audit consists of a general IPC audit of the practice and a further audit for minor surgery accommodation. The general IPC audits are red, amber or green (RAG) rated. The minor surgery audits are only rated red or green.
- 2.4.4 14 GP audits, 5 re-audits and 10 minor surgery audits were carried out in Bury between Apr 2015 and Mar 2017. These concentrated on practices not audited since 2013 or 2014. In the minor surgery audits, 6 practices scored 'green' for their IPC and 4 practices scored 'red', as shown in Chart 3 below.

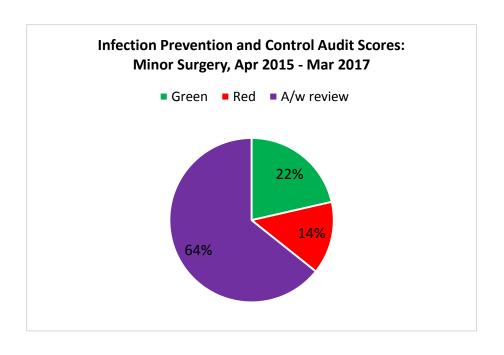


Chart 3 – Pie chart of IPC audit scores in Bury GP's minor surgery accommodation, Apr 2015 – Mar 2017

2.4.5 In the general IPC audits, 7 practices scored 'green', 7 practices scored 'amber' and no practices scored red, as shown in Chart 4 below.

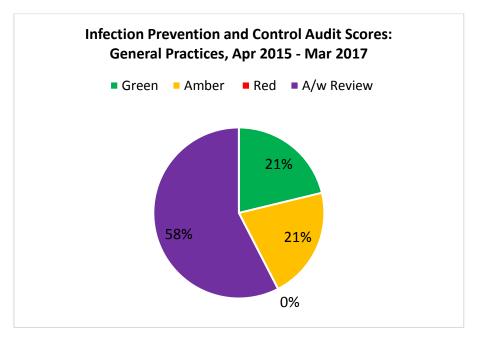


Chart 4 – Pie chart of IPC audit scores in Bury general practices, Apr 2015 – Mar 2017

## 2.5 Recommendations

2.5.1 It will be important to continue to monitor outbreaks, to aid prevention and control as far as possible. Support will continue to be offered to care homes to address IPC, in line with Health & Social Care Act guidance (1), and this should be reflected in an increase in care homes and GPs achieving 'green' ratings on initial audit.

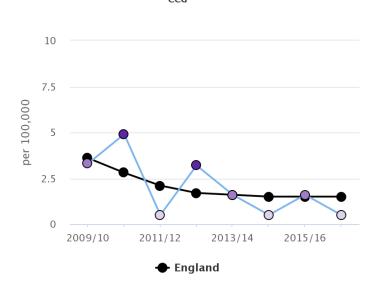
# 3.0 Health Care Associated Infections (HCAIs)

## 3.1 Background

3.1.1 Health care associated infections (HCAIs) cover a wide range of infections. They can be the result of healthcare interventions or contact with a healthcare setting. There are two infections that are currently monitored at a national level: Meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C.diff).

# 3.2 Meticillin-Resistant Staphylococcus aureus (MRSA)

- 3.2.1 MRSA is a bacterium that is resistant to many antibiotics. MRSA lives harmlessly on the skin of around 1 in 30 people but if it gets deeper into the body can cause infection. The Staphylococcal group of bacteria, including MRSA, can cause a variety of problems ranging from skin infections and sepsis to pneumonia to blood stream infections (BSIs, also known as bacteraemias), which can be very serious or even fatal. MRSA infection is treated with specific antibiotics.
- 3.2.2 There was 1 case of MRSA bacteraemia in 2016/17 that occurred in the first quarter of the year and was ultimately not assigned to Bury CCG. The annual trajectory target was for no cases. There were a small number of more superficial MRSA infections but these are not recorded within national data because they are not as usually as serious, and only a few required input from the IPC team.
- 3.2.3 The trend data for Bury shows there has been significant annual variation, although the overall numbers do appear to be falling, in line with the national data trend, shown in Chart 5. For the last 4 years, Bury has had a lower or similar case rate to the national average and in 2016/17 the Bury rate (0.5 per 100,000 population) was lower than both the North West (NW) (2.1 per 100,000 population) and national rates (1.5 per 100,000 population).



All MRSA bacteraemia rates by CCG and financial year - NHS Bury

Chart 5 – MRSA rates in Bury CCG compared to the England average, 2009-2017 (2)

# 3.3 Clostridium difficile (C.diff)

- 3.3.1 C.diff is a bacterium found in some people's intestines that can cause disease by producing a toxin, usually associated with taking antibiotics. Infection can cause diarrhoea and more serious bowel problems in some cases, which can be life threatening. C.diff is common in places such as hospitals where people are within close contact with one another and may be being treated with antibiotics. Some people carry the bacterium in their bowel without producing toxin (carriers) or having symptoms but can represent an infection risk if they have diarrhoea. A robust process is in place for notifying GPs of both toxin positive cases and carriers, to ensure appropriate management to prevent full blown infection or reoccurrence.
- 3.3.2 There were 61 toxin positive cases in 2016/17, which overshot the trajectory target of 45 that was predicted in the 4<sup>th</sup> quarter of the year. The largest number of cases occurred in the 3<sup>rd</sup> quarter and the fewest cases occurred in the 2<sup>nd</sup> quarter. There were 97 cases of carriers in the same year. Community root cause analysis was performed for 32 cases to determine the potential reason for infections and 2 lapses in care were identified. Feedback is provided to GPs and the CCG, working closely with Medicines Optimisation to address any issues with prescribing that are identified. The Health Protection Nurses are also involved in the process for reviewing cases occurring in acute care, and ensure that any issues identified are fed back.

3.3.3 As can be seen in Chart 6, C.diff rates were following a downward trend between 2009-2013, but have plateaued in recent years, with some annual variation. In 2016/17 the rate in Bury (32.4 per 100,000 population) was higher than both the NW (28.4 per 100,000 population) and England average (23.4 per 100,000 population).

All C. difficile rates by CCG and financial year - NHS Bury CCG

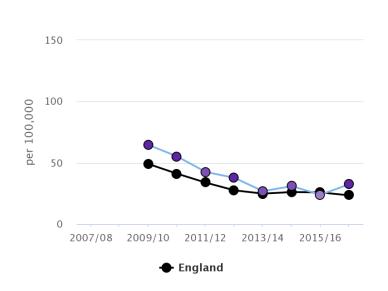


Chart 6 – Annual C.diff rates in Bury CCG compared to the England average 2009-2017 (2)

### 3.4 Recommendations

- 3.4.1 The work done to monitor and investigate community acquired HCAIs and share learning with health and care providers should continue.
- 3.4.2 In early 2017, the Secretary of State for Health launched an important ambition to reduce healthcare associated Gram-negative bloodstream infections (GNBSIs) by 50% by 2021, and reduce inappropriate antimicrobial/antibiotic prescribing by 50% by 2021. This is because of an increase in the numbers of E.coli BSIs, which make up 55% of all GNBSIs, across the health system. 'Gram-negative' refers to bacteria with a specific cell structure that can sometimes cause serious infections. In Bury, the processes required for delivering this important target are being addressed to ensure a whole health economy approach as part of a North East sector (of the North West) approach. It will be important to monitor the incidence of GNBSIs with a focus on E. coli BSIs, work with the North East Sector economy to develop processes for monitoring E.coli BSI, and implement once defined.
- 3.4.3 Anti-microbial resistance (AMR) is a global issue which has been added to the national risk register by the chief Medical Officer for England and Wales, and which members

of the United Nations (UN) have pledged to address. Locally, as well as highlighting prescribing issues identified as part of the programmes described above, a core theme of the work being carried out is making the most of opportunities to raise awareness of the problem and action that can be taken to reduce the need for antibiotics. The health protection team in Bury will support and deliver initiatives to address AMR, complementing work being carried out across the local health economy.

# 4.0 Tuberculosis (TB)

# 4.1 Background

4.1.1 Tuberculosis (TB) is an infectious disease, caused by bacteria belonging to the Mycobacterium tuberculosis complex. TB usually causes disease in the lungs (pulmonary), but can also affect other parts of the body (extra-pulmonary). The three year average incidence rate for TB in England was 12.0 cases per 100,000 of population in 2013-15 (2). Those most at risk are migrant populations and vulnerable groups, particularly the homeless. The UK currently has the second highest rate of TB among Western European countries. Some cases of TB are vaccine preventable and vaccination is offered to those at risk.

## 4.2 Incidence

4.2.1 The three year average incidence rate of TB in Bury was 10.3 cases per 100,000 population, which was the 8<sup>th</sup> highest rate in the North West (NW). This was slightly higher than the NW regional average (9.0 cases per 100,000 population). Between 2000-2011 the three year average incidence rate in Bury was significantly lower than the national rate. Since 2012 to the most recent data however, the national rate has been declining, whereas the local rate in Bury has risen and reached a plateau, meaning there is no longer a significant difference between the two, shown in Chart 7 (2).

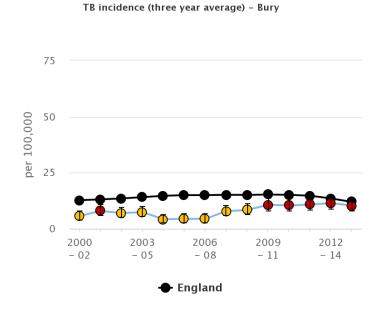


Chart 7 – TB Incidence (three year average) in Bury 2000-2014 (2)

## 4.3 Treatment Completion

4.3.1 The standard treatment for TB lasts between six and nine months. At a national level, there is increasing concern around multi drug resistant (MDR) TB, which doesn't respond to the standard treatment. The indicators reported by PHE only include drug sensitive cases of TB. In 2014, only 79.2% of cases completed a full course of treatment within 12 months of starting it in Bury. This makes Bury the second lowest in the NW, among Local Authorities (LAs) with available data, and lower than both the NW (83.9%) and national (84.4%) averages (2).

#### 4.4 Prevention

4.4.1 In the UK, BCG vaccination is offered to babies born in families at higher risk for TB. There is no data available for the coverage of BCG vaccination. Other prevention measures include contract tracing confirmed cases of TB to identify other at risk individuals and offer them testing and treatment as necessary.

#### 4.5 Recommendations

- 4.5.1 Bury should continue to monitor rates of TB and provide treatment and implement prevention measures where possible. Improvement could be made with regards to ensuring a full course of treatment is completed within 12 months.
- 4.5.2 For the 2017/18 report, work should be done with partners working in TB prevention, detection and treatment to greater understand the local picture, including current issues and work being done in this area.

## 5.0 Seasonal Influenza (Flu)

## 5.1 Background

- 5.1.1 Influenza (commonly known as flu) is a viral respiratory illness, transmitted readily between people via respiratory droplets. Symptoms include: fever, cough, tiredness, nasal congestion, aches and pains, diarrhoea and vomiting. Flu cases can range from asymptomatic to fatal, with certain at-risk populations being affected more frequently and severely (3,4). Between 3 and 5 million people across the world suffer from severe flu every year, resulting in up to 500,000 deaths annually. Influenza can be responsible for outbreaks, epidemics and pandemics; annual seasonal influenza epidemics are a recognised phenomenon in temperate regions, usually occurring December to March in the UK (3,5). Up to 21,000 excess winter deaths have been caused by flu in the UK during years with pandemics because these are caused by a mutated virus to which people lack immunity. However even during normal epidemic seasons, the estimated average death rate is still around 5,000 in the UK (3,6,7).
- 5.1.2 A vaccine against seasonal influenza is available to people in Bury in certain at risk groups: -
  - those aged 65 years or over;
  - pregnant women;
  - people with certain medical conditions;
  - residents of long-stay care homes or other long-stay care facilities;
  - those in receipt of a carer's allowance, or are the main carer for an elderly or disabled person whose welfare may be at risk;
  - children aged 2 to 11 years old.
- 5.1.3 Bury was an original pilot site for the children's school vaccination programme and so whilst most other areas of the country only offered the vaccine to children in school years 1-3, children in school years 1-6 are eligible in Bury. In the 2016/17 season, children aged 2-4 years were offered the vaccine via their GP and older children received it at school. For the 2017/18 season, it has been decided nationally that children aged 4 years will be included in the school vaccination programme through inclusion of reception classes and only children aged 2 and 3 years will continue to receive the vaccine via their GP.
- 5.1.4 A Bury seasonal influenza vaccination locality group was established in September 2013. This group has representation from: -

- Bury Public Health Department (who chair the meeting);
- Bury Clinical Commissioning Group (CCG);
- Communication Bury CCG and Council;
- Pennine Acute Foundation Trust including district nurse representation;
- Greater Manchester Screening and Immunisation Team;
- practice managers;
- Bury Council children's services;
- Bury Local Pharmaceutical Committee;
- IntraHealth (school programme);
- maternity services.

#### 5.2 Incidence

5.2.1 There is no incidence data for flu available for Bury. This is because of technical incompatibilities between the systems used by GPs in Bury and the national flu surveillance programme. In England, in the 2016/17 winter season, cases of influenza-like-illness requiring some form of medical input (GP consultations in and out of hours and NHS 111 calls) peaked at 18.0 per 100,000 population, in the 1<sup>st</sup> week of 2017. These rates are not a true representation of actual cases of flu as there will be many that do not seek medical attention and some of those cases included will not have been caused by the seasonal influenza virus, just presented with similar symptoms.

## 5.3 Community vaccination uptake

5.3.1 The majority of vaccinations outside the school programme are delivered via GPs, with only 0.1-2.9% being delivered by pharmacies or other healthcare providers, depending on patient group. All of the 29 GP surgeries in Bury responded to the mandatory uptake survey monitored by ImmForm. Excluding school-aged children and carers, there were approximately 68,107 registered patients eligible for flu vaccination in 2016/17. A total of 42,508 (62.4%) seasonal influenza vaccinations were recorded and administered to these patients, which was a slight increase of 957 patients from 2015/16. Uptake varied across practices and approximately 25,599 (37.6%) eligible people registered at a GP practice in Bury CCG were not vaccinated, of which 6,190 (14.56%) patients declined it. Uptake increased or remained relatively stable within each at risk group, as shown in Chart 8 and Table 1. The highest uptake was in the '65 and over' group and the lowest was in the '4 years' group.

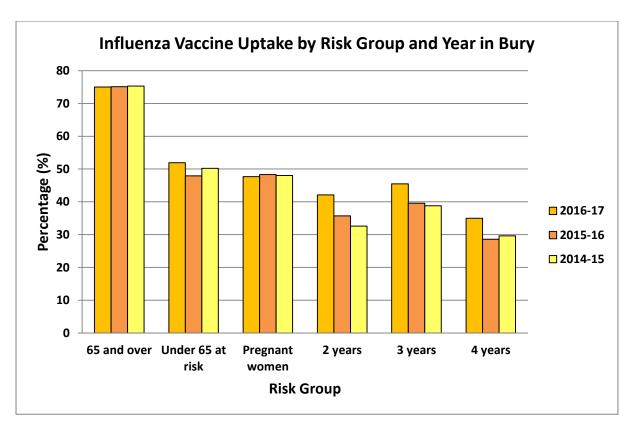


Chart 8 – Influenza vaccine uptake by risk group and year in Bury (8)

- 5.3.2 As can be seen in Table 1, Bury failed to achieve the minimum target uptake in those aged 6 months to 65 years in at risk groups, pregnant women and 4 year olds. However, improvement was made from the previous year across all of these groups. Uptake reached lower target levels in the 2 year and 3 year age groups, which was not achieved in the previous year. Even though the 4 year old group failed to achieve the target, uptake increased by more than 20% of the previous rate. The target level was just maintained in the 65 and over age group.
- 5.3.3 Also seen in Table 1, Bury ranked well nationally and regionally in terms of uptake, improving on the previous year's ranking in most instances and sitting comfortably in the top 50% across all risk groups at a national level. Although the national ranking fell slightly for those aged 65 and over and for pregnant women, Bury still ranked in the top 10% and top 25% for these groups respectively. From a GM perspective, Bury improved its ranking across all groups except pregnant women.

Influenza Vaccine Uptake Ranking Nationally and Greater Manchester 2015/16 & 2016/17							
	2015/16	2016/17	National Target				
Those aged 65 years or over							
Uptake	75.1%	75.0%	75%				
National Rank (211 CCGs)	10	14					
GM rank: (12 CCGs)	9	3					
Those aged 6 n	nonths to under 65	years in a clinical at risk g	roup				
Uptake	47.9%	51.9%	55-75%				
National Rank (211 CCGs)	55	49					
GM rank: (12 CCGs)	9	7					
	All pregnan	it women					
Uptake	47.1%	47.7%	55-75%				
National Rank (211 CCGs)	39	43					
GM rank: (12 CCGs)	5	7					
	All 2 yea	ar olds					
Uptake	35.7%	42.1%	40-60%				
National Rank (211 CCGs)	112	75					
GM rank: (12 CCGs)	6	4					
All 3 year olds							
Uptake	39.6%	45.5%	40-60%				
National Rank (211 CCGs)	91	70					
GM rank: (12 CCGs)	6	3					
All 4 year olds							
Uptake	28.6%	35.0%	40-60%				
National Rank (211 CCGs)	120	80					
GM rank: (12 CCGs)	7	4					

Table 1 - Influenza Vaccine Uptake Ranking – Nationally and in Greater Manchester in 2015/16 and 2016/17 (8)

## 5.4 School vaccination programme uptake

5.4.1 As mentioned above, Bury was part of the pilot scheme for the school influenza vaccine programme and therefore offers the vaccine to all primary school years (1-6), unlike the majority of England, which only offered it to school years 1-3. The pilot programme started in 2013/14 with national roll out for years 1 and 2 in 2014/15. Uptake rates dropped across all school years in 2016/17 compared to 2015/16, although they remained within the target range (see Table 2). Highest uptake was in the Year 2 group (6-7 years old), closely followed by Years 1 and 3, which were all available as part of the wider national programme.

Bury Schools Influenza Vaccination Uptake in 2015/16 and 2016/17							
Season	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Target
2015/16	67.7%	66.1%	65.4%	61.4%	63.0%	61.5%	
2016/17	58.2%	60.9%	58.1%	57.4%	54.3%	56.3%	40-65%

Table 2 – Uptake of influenza vaccination through the school programme by season and year group (8)

## 5.5 Vaccination uptake in other groups

- 5.5.1 For registered carers, Bury CCG achieved an uptake of 52.9% an increase of 9.6% from 2015/16. There was significant variation in uptake across practices, ranging from 75% to 0% (8).
- 5.5.2 The flu letter for 2016/17 stipulated that it was the employer's responsibility to ensure maximum uptake in frontline healthcare worker staff groups (9). An average uptake of 52.6% was reported by 8 general practices out of 29, which was an improvement from the

previous year when no practices reported any data. Pennine Acute Hospitals NHS Trust had an uptake of 53.6%, which was a 0.5% increase from 2015/16. Pennine Care NHS Foundation Trust had an uptake of 30.5%, which was a decrease of 12.5% from 2015/16 (8). Vaccination of staff in care homes was encouraged and details of uptake were requested. Only two care homes replied, reporting 100% vaccination of their staff.

#### 5.6 Recommendations

- 5.6.1 Bury will be prioritising the following increases in uptake, as per the Greater Manchester Health and Social Care (GMHSC) Partnership: -
  - 2-3 year olds → increase of at least 10% at each practice or uptake of 65%
    - How? Recent local qualitative research suggests that some parents were unware their child was eligible for vaccination, which may explain some of the low take-up. In view of this, efforts are being focused on publicity of the vaccine to this age group. In addition, the research also suggested access to GP appointments to obtain the vaccine was not always easy for parents and this has been fed back to local practices to improve the variety of appointments available, including at weekends and in the evenings. Pop-up clinics for opportunistic vaccinations are being investigated.
  - 65 years and over → uptake of 75% or over at all practices
    - How? Promotion will be targeted at groups and centres known to be frequented by this age group and via the council reablement service.
  - 6 months-65 years in at risk group → uptake of 55% minimum in all practices, with aspirations for 75%
    - How? For this group and the 65 years and over, national promotional campaigns, pharmacy marketing and practice contacts will be utilised to promote uptake, and reminders will be sent from GPs to eligible patients who have not attended for vaccination.
  - pregnant women → uptake of 55% minimum in all practices, with aspirations for 75%
    - How? Flu vaccination is now part of the midwife contract and midwives have been trained to give vaccines.
  - In addition, work is being done through links with the charity ADAB, to try and improve uptake among minority ethnic groups, which aims to improve uptake across all target groups.

- 5.6.2 In addition, it is recommended the following are considered: -
  - School programme → Bury should aim to improve uptake back to 2015/16 levels or better (i.e. achieve or exceed 65% target)
  - Encourage health and social care organisations to promote uptake amongst frontline workers and report on this uptake.
  - Through Bury Carers Centre, those individuals in a caring role will be encouraged to register as a carer with their GP so that they are eligible for free vaccination.

#### 6.0 Other Vaccine Preventable Diseases

## 6.1 Background

6.1.1 Vaccines are a way of allowing the body's natural defence system become familiar with a pathogen (bacteria or virus causing disease) so that it is ready to protect itself against the real version if it comes into contact with it naturally. Immunization against disease is a very effective way of reducing infection rates and has successfully eradicated smallpox, with the eradication of polio expected in the near future. In the UK, the majority of routine vaccinations are given in childhood and adolescence. In order to function most effectively, most vaccination programmes require the large majority of the population to be immunized (>95%). This produces 'herd immunity', which means that the disease causing pathogen cannot easily spread and even those who are not vaccinated are protected. The timeline of the introduction of each vaccine can be seen in Figure 1.

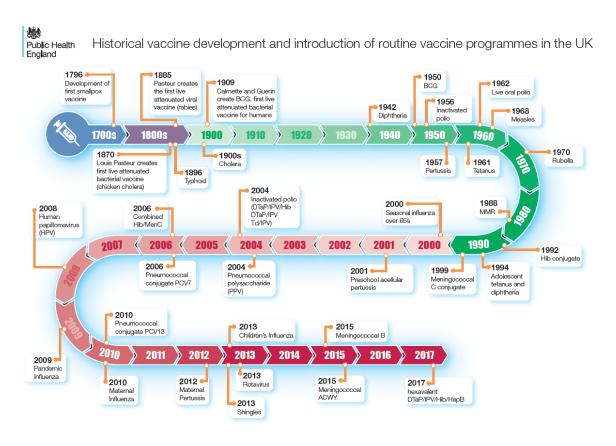


Figure 1 – Timeline of vaccination programme in the UK (2)

6.1.2 Most of the data available are from 2015/16 because this is the most recent confirmed data publically available. Most data has been taken from the Public Health Profiles 'Fingertips' resource produced by PHE (2). Where more recent data is available via GP

submissions through the ImmForm system (10), this has been included; as has provisional data from the 'Cover of Vaccination Evaluated Rapidly' (COVER) programme (11).

## 6.2 Human Papilloma Virus (HPV)

- 6.2.1 HPV vaccination is offered to all girls aged 12-13 years to protect against cervical cancer. HPV has multiple different subtypes, some of which cause warts and verrucas. The vaccine only protects against four different types of the virus, which cause 70% of cervical cancer and some cases of genital warts. In 2015/16, the coverage for one dose of the HPV vaccination was 87.0% nationally and 88.2% in the North West, and the coverage for two doses was 85.1% nationally and 87.8% in the North West.
- 6.2.2 The population coverage for HPV vaccination of 13-14 year old girls in Bury in 2015/16 was 87.0% for one dose and 82.0% for two doses (see Table 3). This is slightly below the intended benchmark of 90%. Across the North West (NW), Bury has the 6<sup>th</sup> lowest uptake of the vaccine for one dose and 2<sup>nd</sup> lowest for two doses, significantly lower than geographical neighbours Bolton (93.0%), Oldham (92.4%) and Rochdale (88.8%). Bury is also 5<sup>th</sup> lowest for uptake among its CIPFA nearest neighbours (2).

HPV Coverage by Number of Doses and Location in 2015/16					
Number of doses	Bury Coverage (%)	NW Coverage (%)	England Coverage (%)	Benchmark	
1 dose	<mark>87.0</mark>	<mark>88.2</mark>	<mark>87.0</mark>		
2 doses	<mark>82.0</mark>	87.8	<mark>85.1</mark>	90%	

Table 3 – Human papilloma virus vaccine coverage in Bury, the NW and England in 2015/16 (2)

6.2.3 Trend data is not available for two doses because the programme recently changed from three to two doses, so the indicator definition has changed. Data for the previous year suggests there has been a small, non-significant increase in uptake of one dose from 85.7%. It will be important to monitor this to determine if it is a genuine ongoing upward trend. Preliminary data for 2016/17 suggests the uptake rates may have stabilised at 87.3% for one dose and have fallen slightly to 80.3% for two doses, but this is not yet confirmed (12).

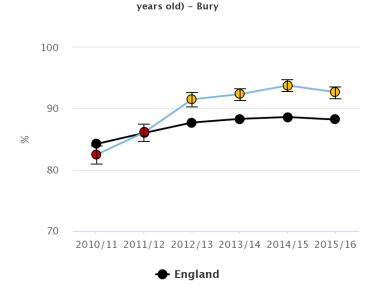
#### 6.3 Measles, Mumps and Rubella (MMR)

- 6.3.1 Measles, mumps and rubella (German measles) are illnesses caused by viruses that were common in childhood prior to the introduction of vaccination. They are all very contagious and can cause serious side effects or even death in some cases. A combined triple vaccine is given against measles, mumps and rubella on or after the 1<sup>st</sup> birthday and then a booster is given pre-school (3-5 years). Uptake is measured at 2 and 5 years of age.
- 6.3.2 As shown in Table 4, in 2015/16, at 2 years the uptake of one dose of MMR was 93.3%, at 5 years it was 97.1% for one dose and 92.7% for two doses. Although two of these measures fall slightly below the 95% benchmark, they are all slightly higher than the England and NW average. Bury was the 8<sup>th</sup> highest in the NW (2) for 2 doses at 5 years. The provisional data for 2016/17 suggests that the coverage for one dose of MMR at 2 years was 90.3.%, at 5 years it was 95.6% for one dose and 89.1% for two doses (11). This suggests the coverage may have dropped slightly, although this may change once confirmed.

MMR Coverage by Number of Doses, Age Point and Location in 2015/16					
Doses & age measured	Bury Coverage (%)	NW Coverage (%)	England Coverage (%)	Benchmark	
1 dose - 2 years	<mark>93.3</mark>	<mark>92.9</mark>	<mark>91.9</mark>		
1 dose - 5 years	<mark>97.1</mark>	<mark>96.9</mark>	<mark>94.8</mark>	95%	
2 doses - 5 years	<mark>92.7</mark>	89.4	88.2		

Table 4 – Measles, mumps and rubella vaccine coverage in Bury, the NW and England in 2015/16 (2)

6.3.3 Between 2010-11 and 2012-13 the uptake of two doses of MMR at 5 years of age significantly increased from below the national average to above it. This has reached a plateau in the last 4 years, as can be seen in Chart 9 (2).

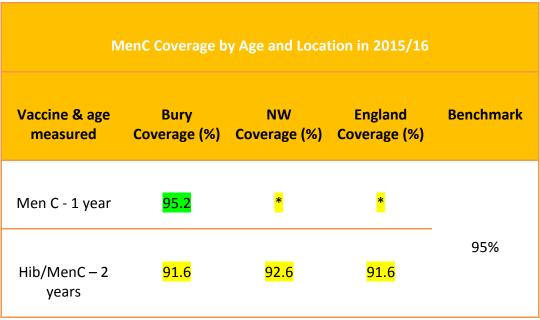


3.03x - Population vaccination coverage - MMR for two doses (5

Chart 9 - Population vaccination coverage in Bury - MMR for two doses (5 years old) 2010-2016 (2)

#### 6.4 Meningococcal Groups: A, B, C, W & Y (MenACWY, MenC & MenB)

- 6.4.1 The meningococcal groups are sub-groups of a bacterium called *Neisseria meningitidis* that can cause meningitis and septicaemia (blood poisoning). Although most people recover if they receive prompt treatment, these infections can be life-threatening and can cause long term complications. Different subgroups are more common at different ages and therefore the vaccinations against them are given at different times.
- 6.4.2 Up until July 2016, the MenC vaccination was given at 12 weeks and then again on or after a child's first birthday. The dose at one year of age (combined with the Hib booster) remains on the schedule but the earlier dose has been withdrawn because meningococcal C is a now rare cause of infection in babies and infants, due to the success of the vaccination programme. In 2015/16, the coverage in Bury was at 95.2%, just above the target, shown in Table 5 (2). The provisional data for 2016/17 suggests that at 12 months of age, 93.0% of infants in Bury were covered for MenC, as this cohort would still have been offered the vaccine at 12 weeks (11).
- 6.4.3 In 2015/16 in Bury, uptake of the Hib/MenC booster by 2 years of age fell slightly below the 95% target at 91.6%, which is the same as the England average (Table 5). There has been no significant variation in uptake of this vaccine over the last 5 years. Bury currently has the 5<sup>th</sup> lowest uptake in the NW and 3<sup>rd</sup> lowest compared to CIPFA nearest neighbours and slightly lower than the NW average. The provisional data for 2016/17 suggests coverage in Bury of 89.2%, but this may change when confirmed (11).



\*Data not available for quality reasons

Table 5 – Menigococcal C vaccine coverage in Bury, the NW and England in 2015/16 (2)

- 6.4.4 The MenACWY vaccination is offered to teenagers aged 13-14 years and young adults going to college/university (up to age 25) who aren't already immunized. It is a direct replacement of the meningococcal C (MenC) booster vaccine that used to be offered to this age group, in view of the increasing prevalence of the highly virulent meningococcal W strain among this age group. The vaccine protects against 4 strains of the meningococcal bacteria (A, C, W & Y). This vaccine was offered in both schools and via GPs in Bury, whereas some LAs only chose to use one of these two routes. There is no published target coverage for this vaccine.
- 6.4.5 The national school based programme for younger age groups was evaluated in Aug 2016, for the school year 2015/16, and reported coverage of 71.8%, 77.2% and 84.1% for school years 11, 10 and 9 respectively (13). The 2015/16 school based programme in Bury only covered school years 11 and 10 and achieved coverage of 82.0% and 80.6% respectively for these groups, higher than the national rates (13).
- 6.4.6 The average uptake of the vaccine across all the GP practices in Bury in 2016/17 was 15.7%. Uptake varied from 21.5% at the highest to 5.3% at the lowest. The highest uptake was in the 15-17 year old age groups, with 35.1% aged 15-16 years and 36.4% aged 16-17 years (12). The spread of uptake via GPs in Bury by age-group can be seen in Chart 10. Because of the method of delivery and the potential for school leavers to obtain the vaccine at a GP closer to their place of study, there is no accurate population denominator for these rates so it is difficult to comment on uptake, particularly for those aged over 17 years.

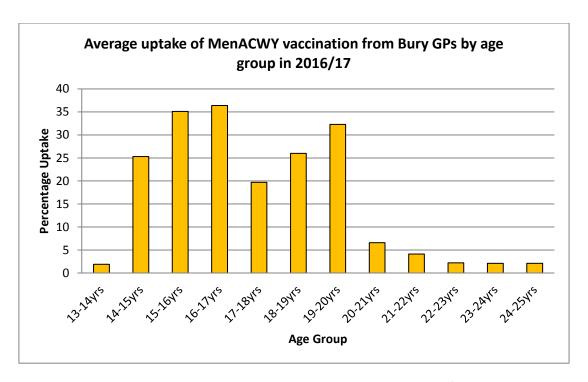


Chart 10 - Average uptake of Men ACWY vaccination from Bury GPs by age group in 2016/17 (Data from: DoH, 2017)

MenB was introduced to the childhood immunization programme in September 2015 and is given at 2 and 4 months and then again at 1 year. Because of its relatively recent introduction, there is not yet a full year data available on local uptake rates but national rates are good: 96.3% for one dose and 93.1% for two doses by 12 months of age in February 2017. There is data available by CCG for January – August 2016 that shows Bury CCG had an average uptake of 90.6% for one dose and 71.1% for two doses by 6 months of age (14). These are slightly lower than the national rates but these datasets cover slightly different time frames and because the most complete CCG data are collected at an earlier age (6 months versus 1 year), there is scope for catch-up doses to be given.

# 6.5 Diptheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (5-in-1, DTaP/IPV/Hib)

- 6.5.1 The 5-in-1/pentavalent vaccination offers protection against five different childhood diseases. These conditions are very contagious and/or can cause serious illness, but most of them are now very rare in the UK because of effective immunisation. The exception to this is pertussis (whooping cough), which had an outbreak in 2012 (9,367 cases compared to 336 in 2002) and continues to have around 3-4000 confirmed cases a year, with the most serious side-effects being in babies under 1 year.
- 6.5.2 The 5-in-1 vaccine was given in three doses at 2, 3 and 4 months of age, but from September 2017 this vaccine became the hexavalent (6-in-1) vaccine, to include hepatitis B

as well (more details in section 6.9 below). A booster for Haemophilus influenza is given at 1 year of age. Boosters for diphtheria, tetanus and polio are given at 3 years 4 months and 14 years. Boosters for pertussis are also given at 3 years 4 months and offered to pregnant women from 16 weeks gestation, to try and prevent infections in newborn babies. The target for uptake of all of these vaccines is >95%.

6.5.3 In 2015/16, by 1 year of age, Bury had 93.9% population coverage with the 5-in-1 vaccine, which rose to 95.6% by 2 years of age (Table 6). These values were very similar to both the NW (93.5-95.5%) and England (93.6-95.2%) averages, but 5<sup>th</sup> lowest in the NW (2). Early data for 2016/17 suggests similar levels of uptake, but these have yet to be confirmed. Provisional GP reported data at September 2017 suggests that the 3<sup>rd</sup> and final dose of the 5-in-1 is what brings down the average, as by 8 months 95.5% of the population had received two doses of the vaccine but only 88.5% had received three doses.

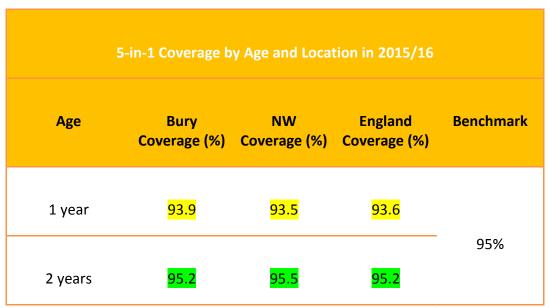
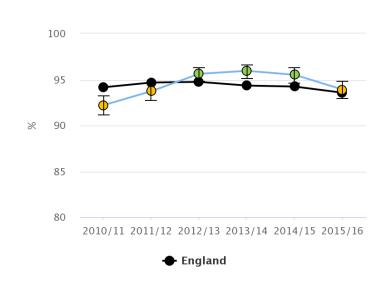


Table 6 – Coverage with 5-in-1 vaccination by age and location in 2015/16 (2)

6.5.4 Recent trend data, shown in Chart 11, suggests that Bury was previously achieving coverage of >95% at 1 year but experienced a fall in uptake in 2015/16, although this was not statistically significant. If this trend continues, it is possible Bury will slip below the national average.



Population vaccination coverage - Dtap / IPV / Hib (1 year old) - Bury

Chart 11 – Population vaccination coverage with DTaP/IPV/Hib at 1 year of age in Bury (2)

## 6.6 Pneumococcal (PCV & PPV)

- 6.6.1 The pneumococcal vaccine prevents against infections caused by the bacterium *Streptococcus pneumonia*, which can lead to pneumonia (lung infection), meningitis and septicaemia (blood poisoning). It can cause very serious illness and can be fatal. There are two types of pneumococcal vaccine: the pneumococcal conjugate vaccine (PCV) given to infants and protecting against 13 different strains; and the pneumococcal polysaccharide vaccine (PPV) given to people with certain long term health conditions or those over the age of 65, protecting against 23 different strains. In 2015/16 the national coverage rate for PCV was 93.5% and for PPV was 70.1%.
- 6.6.2 The PCV is given at 8 and 16 weeks and 1 year of age. In 2015/16 in Bury, the population coverage for the PCV was 92.7%, close to the 95% benchmark but the 5<sup>th</sup> lowest rate in the NW. The population coverage for the PCV booster was 92.6% in the same year, which was 6<sup>th</sup> lowest in the NW. The population coverage for PPV in over 65 year olds in Bury in 2015/16 was 68.3%, which is slightly below the 75% target. These values are shown in Table 7.

Pneumococcal Coverage by Age and Location in 2015/16					
Vaccination & Age	Bury Coverage (%)	NW Coverage (%)	_	Benchmark	
PCV – 1 year	<mark>92.7</mark>	<mark>92.5</mark>	93.5	95%	
PPV – >65 years	<mark>68.3</mark>	71.4	<mark>69.8</mark>	75%	

Table 7 – Coverage with pneumococcal vaccination by age and location in 2015/16 b

6.6.3 The recent trend for PCV uptake in Bury suggests that coverage peaked in 2013/14 at 95.6% and has gradually fallen until it is now significantly lower than that peak. This trend can be seen in Chart 12.

3.03v - Population vaccination coverage - PCV - Bury

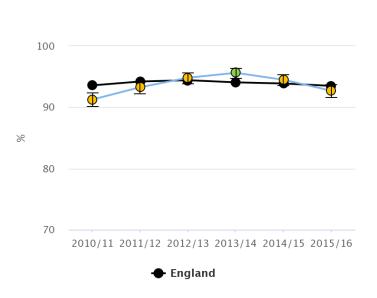


Chart 12 – Trend of population coverage for pneumococcal conjugate vaccine (PCV) in Bury 2010-2016 (2)

6.6.4 Conversely, the trend of coverage for PPV has been gradually improving over the last 5-6 years, getting closer to the national rates, as shown in Chart 13. These improvements have been statistically significant and so are unlikely to be due to chance.

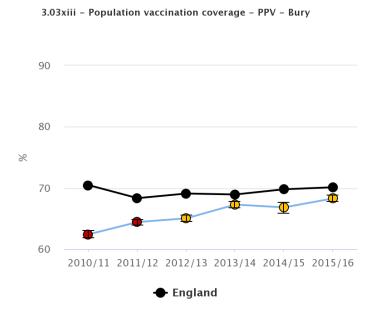


Chart 13 – Trend of population coverage for pneumococcal polysaccharide vaccine (PPV) in Bury 2010-2016 (2)

#### 6.7 Rotavirus

- 6.7.1 Rotavirus causes gastroenteritis (diarrhoea and vomiting) and can be particularly severe in babies and young children. The oral rotavirus vaccination is given in two doses, at 2 and 3 months of age.
- 6.7.2 Estimated coverage rates are available at CCG level up until July 2016. Between August 2015 and July 2016, the estimated average coverage rate for 6 month olds having one dose of rotavirus vaccine in Bury CCG was 95.3% and for the second dose was 89.4%. These are slightly higher than the estimate average coverage for England during the same period: 93.3% for one dose and 89.3% for the second dose. Because these are only estimates without confidence intervals, it is impossible to comment on the significance of the difference between the different CCGs in the NW or nationally (15).

## 6.8 Shingles (Herpes zoster)

6.8.1 Shingles (herpes zoster) is a nerve infection that causes skin pain and a rash. It is caused by the varicella-zoster virus, which also causes chicken pox. Shingles is more common in older people or those with immune deficiency. Because of this, in 2013 a shingles vaccine was introduced for 70 year olds.

6.8.2 The population coverage for the shingles vaccine was 52.6% in 70 year olds in 2015/16. This was significantly lower than the NW coverage rate (55.5%) and lower than the national rate (54.9%) but not significantly so (2). Although this is a relatively new vaccine, recent trend data shows that uptake has fallen slightly, although this also reflects the national trend and suggests that the coverage has fallen less in Bury than nationally (see Chart 14).

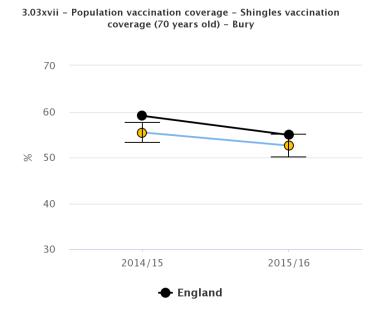


Chart 14 – Population coverage for the shingles vaccination in Bury for people aged 70 years old 2014-16 (2)

#### 6.9 Hepatitis B (Hep B)

- 6.9.1 In 2016/17, Hep B immunisation was only offered to individuals at high risk of contracting the infection, such as babies born to mothers who are Hep B positive and people working in certain occupations, such as healthcare. For this reason, because the number of people requiring the vaccination is unknown, it is very difficult to comment on uptake.
- 6.9.2 As mentioned above, from September 2017, Hepatitis B has been included in the routine immunisation schedule at 2, 3 and 4 months of age, as part of the new 6-in-1 vaccination. Hepatitis B can cause serious liver disease, leading to scarring (cirrhosis) and cancer. It is spread through contact with infected blood or bodily fluids.

#### 6.10 Summary & Recommendations

6.10.1 From the most recent confirmed data for the year 2015/16, Bury was higher than the NW uptake for MMR, PCV and the 5-in-1 at 1 year, but was lower than the NW average uptake

for HPV, Hib/MenC, PPV, Shingles and the 5-in-1 at 2 years. Rotavirus uptake was only estimated but was slightly higher than national estimates. Whilst PPV coverage was slightly lower than NW and national rates, it has shown significant improvement over the last few years and if it continues to improve at the same rate, may be higher than the regional and national average soon. Trend data for PCV, MMR and 5-in-1 suggest that uptake rates in Bury may be starting to decline and so it will be important to monitor this and act accordingly if this is the case.

6.10.2 Based on provisional data for 2016/17 from the COVER (cover of vaccination evaluated rapidly) programme, for most vaccine preventable diseases, Bury is similar to, or slightly below, the North West average uptake of immunisations (see Chart 15). The biggest difference is in the uptake of rotavirus at 12 months (75.1% in Bury compared to 87.3% in NW). Uptake of the 5-in-1 vaccine (DTaP/IPV/Hib) is slightly higher in Bury than the NW (94.9% compared to 94.0%). It will be important to continue to monitor uptake of the new 6-in-1 vaccination and compare it to uptake of the 5-in-1 in previous years to ensure uptake remains high. The COVER data do suggest some decline from previous years for many vaccination programmes in Bury, but this data is not yet confirmed so should be treated with caution.

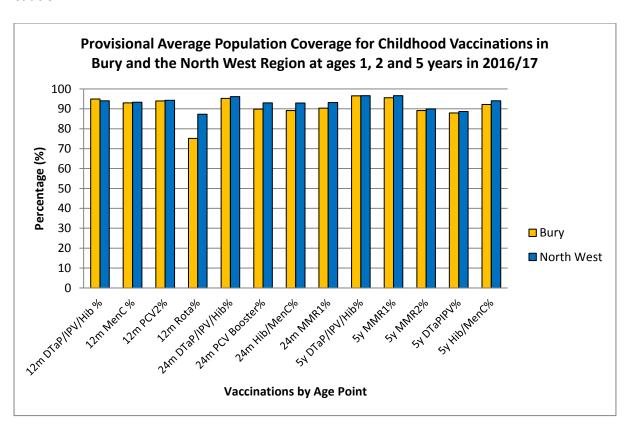
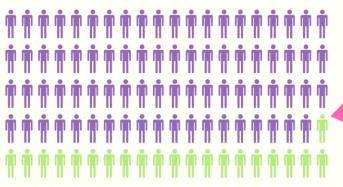


Chart 15 – Provisional Average Annual Population Coverage for Childhood Vaccinations in Bury and the North West Region at 12 months, 24 months and 5 years in 2016/17 (11)

## SCREENING AND SEXUALLY TRANSMITTED INFECTIONS

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition, or in asymptomatic early stages of the condition. In England there is a range of screening programmes and these can lead to a reduction in late diagnosis and preventable deaths.

Sexual health is an issue that concerns the majority of the population. Good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs) are a good measure of a comprehensive and high-quality sexual healthcare service, health promotion and educational opportunities achieved.



79% Coverage for - Abdominal Aortic Aneurysm Screening

Diabetic Eye Screening

>70%

Target

Bowel
cancer screening
toolkits are being
made available to
Bury Residents
and
development
of a social
movement of
cancer
champions

FREE STI home testing kits now available in Bury via:

www.thesexualhealthhub.co.uk

# **Key Points**

## Screening

Bury is above regional and national averages for cancer screening programmes



Although coverage is above national averages for Cervical Screening, work to be done moving forward to achieve 80% target.

#### STI's

HIV late diagnosis has reduced significantly in recent years and is now below national levels



Bury will be taking part in the national HIV PrEP trial

Bury public health are to organise stakeholders to complete a Chlamydia Care Pathway Review with PHE North West colleagues, to increase screening rates.



96%

Uptake of HIV testing among men who have sex with men







## **Screening Programmes**

## 6.11 Screen Programmes - Background

- 6.11.1 Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition, or in asymptomatic early stages of the condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition. In England there is a range of screening programmes including breast, cervical and bowel cancer, abdominal aortic aneurysm (AAA) and diabetic retinopathy. Screening can lead to a reduction in late diagnosis and preventable deaths.
- 6.11.2 To maximise the benefits of a screening programme it is important that as many of the eligible population take up the screening as possible, ideally 100%. Screening rates can be affected by a number of factors including socioeconomic group, ethnicity, knowledge, health literacy and service provision. For all of the cancer screening programmes, many of the low uptake GP practices are in areas with high black and minority ethnic groups (BME) and new and emerging communities, and higher deprivation levels.

## 7.0 Breast Screening

## 7.1 Background

7.1.1 Breast cancer screening aims to reduce mortality from breast cancer by early detection. The Breast Screening Programme invites eligible women every three years (age 50-70). Because the rolling programme invites women from GP practices in turn, not every woman receives an invitation as soon as she is 50 but will receive her first invitation before her 53rd birthday. Women above the upper age cohort are able to opt in to be screened. The coverage of the screening programme is the proportion of resident eligible women who have had a mammogram with a recorded result at least once in the previous 3 years. The performance threshold (achievable) is 70% or over.

#### 7.2 Current situation

- 7.2.1 The data shows the percentage of residents in the population eligible for breast screening (females aged 50-70) who were adequately screened within the last 3 years (2016/17 data). In Bury this was 74.3%, which was significantly higher than both the regional and national rates (GM 66.8%, England 72.5%).
- 7.2.2 In the trend data, Bury's coverage reduced significantly in 2014/15 when compared to 2013/14. The coverage increased again in 2015/16 and again in 2016/16, and is now similar to previous years (see Chart 16). There has been a similar trend in GM and nationally over the past 6 years. Currently Bury's coverage is significantly higher than the national average. Drilling down further into the GP practice level data, there is clear variation in coverage data, ranging from 50% to 82.6% coverage (see p.37 for possible reasons).

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) - NHS Bury CCG

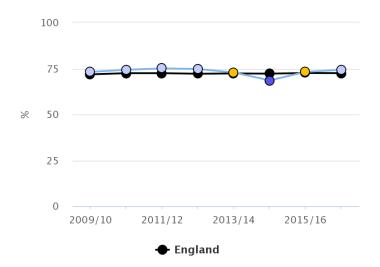


Chart 16 – 3 year coverage of breast screening programme in females aged 50-70 years in Bury, 2009-2017 (11)

## 8.0 Bowel Screening

#### 8.1 Background

- 8.1.1 The Bowel Cancer Screening Programme (BCSP) aims to reduce bowel cancer mortality by detecting and treating bowel cancer, or pre-cancerous growths (adenomas), at an early stage. It does this by looking for hidden blood or 'faecal occult blood' (FOB) in stool samples. FOB testing kits are posted out by a screening hub every two years to people aged 60-74 (aged 75+ can opt in) to collect samples at home.
- 8.1.2 If hidden blood is found (usually in less than 2% of those taking part), Bury registered patients are referred onto Pennine Bowel Screening Centre, a service provided by Pennine Acute NHS Hospitals Trust (PAT). If fit to proceed, the person will be offered colonoscopy (camera test looking at the large bowel). Usually around one in ten of these people will be found to have a cancer, with around four in ten having adenomas in their bowel, which are removed during the procedure.

## 8.2 Current situation

- 8.2.1 The data shows the uptake for persons 60-74 years eligible for bowel cancer screening, who were adequately screened within 6 months of invitation. In Bury in 2016/17, the uptake was 60.1%, which was significantly higher than the GM (55.9%) and England (57.0%) uptake. There are significant differences in uptake of the BCSP between the GP practices in Bury, ranging from 37.9% to 66% (see p.37 for possible reasons).
- 8.2.2 When looking at Bury compared to the national average in Chart 17, the trend pattern is broadly similar, however at this point Bury's uptake is higher than the national average.

Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %) - NHS Bury CCG

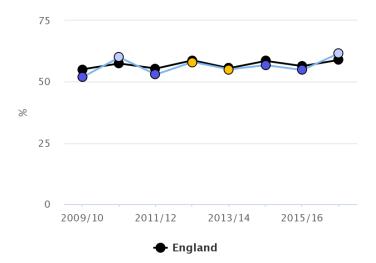


Chart 17 – Coverage of bowel cancer screening programme in people aged 60-74 years in Bury, taking the test within 6 months of invitation, 2009-2017 (11)

## 9.0 Cervical Screening

#### 9.1 Background

9.1.1 Cervical screening aims to detect and treat early abnormalities which, if left untreated, could lead to cancer in a woman's cervix. All women aged 25 to 64 are invited for a screening test every 3 or 5 years dependent upon age (25-49 are screened 3 yearly, 50-64 year olds 5 yearly). Coverage is the percentage of eligible women (25-64 years old) who have a recorded adequate test result within the last 5 years. The achievable performance threshold is 80% and over.

#### 9.2 Current situation

9.2.1 Females aged 25-64 attending for cervical screening within the target period in 2015/16 was 74.0% in Bury, which was significantly higher than both the GM (71.5%) and England (72.1%) average. The data shows that Bury, GM and England and coverage has gradually been decreasing gradually since 2010 (Chart 18). There is also inter-practice variation with coverage ranging from 65.1% to 83.4%.

100

75

50

25

0

2009/10

2011/12

2013/14

2015/16

England

Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %) - NHS Bury CCG

Chart 18 – Coverage or cervical screening programme in females aged 25-64 attending within target period in Bury, 2009-2017 (11)

## **10.0** Cancer Screening Programmes: Recommendations

- 10.1.1 Cancer screening features within the 2017/18 Bury Quality in Primary Care scheme (QiPC a local contract between Bury CCG and all GP practices in Bury). Practice staff will offer support to vulnerable groups to take part in screening programmes, including those with mental ill health, a learning disability and military veterans. GP surgeries will work with the learning disabilities team, where appropriate, to offer and facilitate screening including: cervical smear tests, breast self-examinations and mammography. This should continue.
- 10.1.2 There is also a standard around bowel cancer screening and education for non-clinical GP practice staff, with higher performing practices sharing best practice with cluster practices. At GM level, there is introduction of a bowel cancer screening toolkit and development of a social movement of cancer champions, which Bury will be part of (16).
- 10.1.3 Bury will be building capacity by encouraging conversations around cancer screening- education, myth busting and behaviour change support. This will be through new programmes such as 'Making Every Contact Count', 'Healthy Living Framework' and any new link worker/enabling roles developed through the Locality Plan.
- 10.1.4 A multi-disciplinary group of stakeholders will be meeting to look at barriers to cervical screening in BME communities in Bury (this may extend to other screenings) including practice nurses from low coverage surgeries, public health, CCG, third sector, NHS England and charities e.g. Cancer Research UK and Jo's Trust. Bury Public Health will also use the learning from the GM wide Cancer Screening Health Equity Audits and Qualitative research on barriers to screening (due March 2018).
- 10.1.5 The local integrated sexual health service will continue to offer opportunistic cervical screening appointments for females who are overdue a cervical screen and would not access cervical screening from within general practice.

## 11.0 Abdominal Aortic Aneurysm (AAA) Screening

## 11.1 Background

11.1.1 AAA screening is a way of checking if there is a swelling (aneurysm) in the aorta – the main blood vessel that runs from the heart to the rest of the body. If the swelling isn't identified early on, it could grow and eventually burst. Approx. 80% of people who have a burst AAA will die. Men in their 65th year (this target group are most at risk of AAA) and registered with a GP, are identified and invited to attend a screening location. Men over 65 years who are registered with a GP may self-refer.

#### 11.2 Current situation

11.2.1 The quality standard for coverage in the AAA programme is a minimum of 75% and an aspirational level of 85%. In Bury, for screening year 2016/17, coverage was 78.9% – a slight decrease from previous years. This is slightly above the GM average of 77.8% but just below the national average of 80.9%. Trend data is only available for the last 3 years but uptake in Bury has remained relatively stable, although it was previously significantly higher than the national average and now it is not significantly different (see Chart 19).

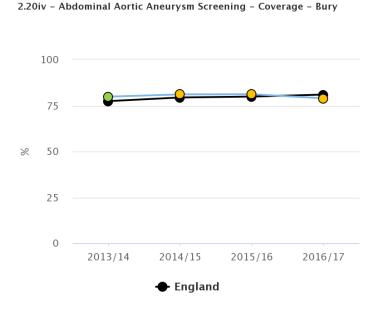


Chart 19 – Abdominal aortic aneurysm screening coverage in Bury 2013-2017 (11)

11.2.2 Currently the AAA screening programme for Bury is delivered by Manchester University NHS Foundation Trust (MFT) on a community model. A total of 37 venues are in use across GM & East Cheshire, 4 of which are in Bury. Men are invited to a venue close to their postcode of residence, however they are free to choose an alternate venue to the one allocated.

#### 11.3 Recommendations

11.3.1 Bury will continue to liaise with the commissioners of this programme (GM Health and Social Care Partnership) for assurances around quality and inequalities, and support any issues that arise.

## 12.0 Diabetic Eye Screening

## 12.1 Background

12.1.1 The diabetic eye screening programme (DESP) aims to reduce the risk of sight loss among people with diabetes, by prompt identification and effective treatment of diabetic retinopathy. This is a condition that affects the blood vessels at the back of the eye and can lead to loss of sight. Screening is offered annually to people aged 12 years and over with diabetes. The programme is delivered in Bury by the North East Manchester Diabetic Eye Screening Programme, hosted by PAT.

## 12.2 Current situation

12.2.1 Throughout 2015/16 11,398 people were invited for DESP, with 9,093 people attending for screening. Uptake within the Bury CCG area for 2015/16 is 79.8%, which is above the acceptable >70% threshold but just below the aspirational >80% threshold (17).

#### 12.3 Recommendations

12.3.1 In 2015/16, the North East Manchester programme undertook a number of patient engagement sessions and held patient focus groups. As a result of this engagement, a number of initiatives have been introduced, for example: piloting evening screening clinics and additional information in the invitation packs, relating to accessing the screening sites. Service improvement plans are addressing health inequalities within the programme and targeting non-attenders to improve uptake and access. Bury Public Health will continue to liaise with the commissioners of the DESP (GMHSCP) to monitor quality and inequalities.

## **Sexually Transmitted Infections**

## 12.4 Background

- 12.4.1 Sexual health is an issue that concerns the majority of the population. The World Health Organization (WHO) defines sexual health along these main parameters: -
  - enjoyment of sexual relations without exploitation, oppression or abuse;
  - safe pregnancy and childbirth, and avoidance of unintended pregnancies;
  - absence and avoidance of sexually transmitted infections, including human immunodeficiency virus (HIV).
- 12.4.2 To ensure these parameters can be achieved, a comprehensive and high-quality sexual healthcare service, as well as health promotion campaigns and educational opportunities (especially for young people) are required. In addition, good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs), should be used to measure this. Under the Public Health Outcomes Framework (PHOF) the main areas of focus for sexual health are HIV and chlamydia.

## 13.0 Human immunodeficiency virus (HIV)

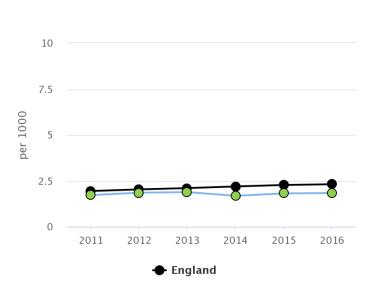
## 13.1 Background

- 13.1.1 HIV is a virus that attacks the immune system and weakens its ability to fight infections and disease. It is most commonly caught through unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.
- 13.1.2 Around one in every 360 people in the UK has HIV, but the two groups with highest rates of HIV are men who have sex with men (MSM) and Black African heterosexuals, where the rates are approximately one in 17 and one in 18 respectively.

## 13.2 Diagnosed prevalence rate

13.2.1 A high HIV prevalence is 2-5 diagnosed cases of HIV per 1,000 people aged 15-59 years, per year. In 2016, Bury had a HIV prevalence of 1.83 per 1000. The upward trend in prevalence seen in Chart 20 can largely be attributed to the increased life expectancy of individuals with HIV, meaning numbers are increasing cumulatively.

HIV diagnosed prevalence rate / 1,000 aged 15-59 - Bury



 $\textbf{Chart 20 - Prevalence rate of diagnosed HIV per 1,000 people aged 15-59 in Bury, 2011-2016 } \ (11)$ 

#### 13.3 HIV testing uptake in men who have sex with men (MSM)

13.3.1 In Bury in 2015/16, 95.9% of MSM accepted HIV testing when offered during an eligible new episode. This is higher than both the GM (75.3%) and national (94.2%) uptake rates. The trend for this data has remained relatively stable at these levels over the last 7 years, as shown in Chart 21.

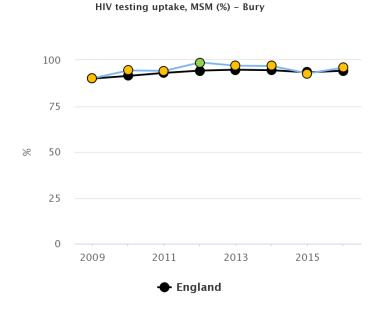
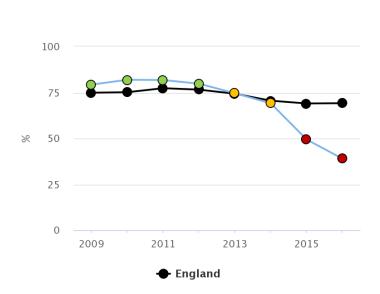


Chart 21 – HIV testing uptake among MSM in Bury 2009-2016 (11)

## 13.4 HIV testing in women

13.4.1 Only 38.9% of women accepted HIV testing when offered it as part of a eligible new episode. This clearly substantially lower than the uptake rates for MSM and lower than both GM (47.3%) and national (69.2%) rates. The data shows that uptake is significantly lower in Bury compared to England and has decreased by more than 40% in the last four years, being equivalent to national rates in 2013/14 and above them in 2009-2012 at >75%, shown in Chart 22.



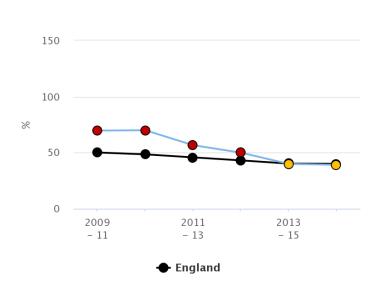
HIV testing uptake, women (%) - Bury

Chart 22 – HIV testing uptake among women in Bury in 2009-2016 (11)

13.4.2 The HIV testing coverage is from uptake among people attending specialist sexual health services. Women attending for standard contraceptive and sexual health (CASH) services only should not be included in the figures; however it is likely that this has been the case. The HIV testing uptake in women looks low for most of Greater Manchester; however it is higher for MSM and men in general. This is currently being investigated as a long term coding error related to the CASH patients and a look back exercise is taking place.

#### 13.5 HIV late diagnosis

13.5.1 Late diagnosis for HIV is associated with increased morbidity and mortality and therefore early diagnosis is a priority. As a consequence, HIV late diagnosis has been made an indicator on the PHOF. LAs are monitored against the percentage of people presenting with HIV at a late stage of infection. Using 3 year rolling averages, the rate of late diagnosis in Bury has decreased from 69.7% to 39.1% in the last 8 years and is now lower than the England and GM averages (see Chart 23).



HIV late diagnosis (%) (PHOF indicator 3.04) - Bury

Chart 23 – Percentage of HIV late diagnoses in Bury in 2009-2016 (11)

## 13.6 Pre exposure prophylaxis (PrEP) IMPACT trial

- 13.6.1 PrEP is a course of HIV drugs taken by HIV negative people before sex, to reduce the chance of getting HIV. Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive, and without major side effects.
- 13.6.2 PrEP will be available to 10,000 people in England as part of the IMPACT trial which commenced on 1 October 2017 for 3 years. NHS England wants to get an idea about the numbers of people who could benefit from using PrEP; how people will choose to use PrEP and for how long; and if it is cost-effective. NHS England will also look at the impact on incidence (new cases) of HIV and other STIs.
- 13.6.3 340 trial places have been allocated to Greater Manchester. These places are being shared across the sexual health clinics in our region. Bury genitourinary (GU) clinic will be partaking in this national trial. Clinic attendees aged 16 and over considered to be at high risk of acquiring HIV will be eligible to participate in the trial. Heterosexual, transgender individuals and gay men will be clinically risk-assessed and those at high risk offered PrEP.

#### 14.0 Chlamydia

- 14.1.1 *Chlamydia trachomatis* is one of the most common sexually transmitted infections (STIs) in the UK. It's a bacterial infection passed on from one person to another through unprotected sex (sex without a condom). The PHOF includes an indicator to assess progress in controlling chlamydia in sexually active young adults. This recommends local areas achieve an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old resident population, to detect and treat sufficient asymptomatic infections to effect a decrease in incidence.
- 14.1.2 The chlamydia detection rate reflects both screening coverage levels and the proportion of tests that are positive at all testing sites, including primary care, sexual and reproductive health and specialist sexual health services. Areas achieving or above the 2,300 detection rate should aim to sustain or increase, with areas achieving below it aiming to increase their rate.
- 14.1.3 Bury currently has a chlamydia detection rate of 1,862 per 100,000, which is significantly below the target goal of ≥2,300. However it appears to be following the national trend and is currently at a similar rate, but much lower than the GM rate of 2,207 per 100,000 (see Chart 24).

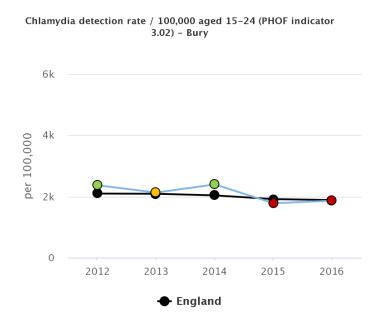


Chart 24 - Chlamydia detection rate per 100,000 people aged 15-24 years in Bury, 2012-2016 (11)

14.1.4 Bury Public health will be working with Public Health England (PHE) and integrated sexual health providers to explore this drop in detection rate.

#### 15.0 Other STIs

15.1.1 Syphilis, gonorrhoea, genital herpes and genital warts are other bacterial and viral infections that are predominantly passed through sexual contact. They have a range of signs, symptoms and complications and are more common in young adults. For all conditions it is important to both identify and treat the infections in a timely manner to prevent onward transmission. Bury public health continues to monitor the levels of these infections through liaison with the Integrated Sexual Health Provider and also through annual reports from PHE.

#### 15.2 Hepatitis A (Hep A) outbreak

- 15.2.1 Hepatitis A is a liver infection caused by a virus that's spread in the faeces of an infected person. It can cause an acute illness with symptoms such as fever, aches and pains, nausea, vomiting, jaundice and pale-coloured stools. The first symptoms may last for up to two weeks but jaundice and fatigue may persist for up to six months. Bury GU health providers will be highlighting the importance of Hep A vaccination for MSM at risk or travelling to destinations where Hep A outbreaks have been reported among MSM.
- 15.2.2 There has been a recent increase in cases of hepatitis A infection in the UK, including the North West throughout 2017. PHE are currently working with local partners to monitor this. Earlier this year there were outbreaks in Europe, the USA and Asia predominantly amongst MSM.

#### 16.0 Sexually Transmitted Infections: Recommendations

- 16.1.1 With regard to monitoring, Bury should continue to closely monitor STI levels and identify and take relevant action following confirmation of confirmed outbreaks. HIV prevalence should be monitored at MSOA level.
- 16.1.2 Bury public health are to organise stakeholders to complete a Chlamydia Care Pathway Review with PHE North West colleagues. Work should be undertaken with the Integrated Sexual Health Services and Young People's services to produce an action plan for boosting chlamydia screening coverage in young people.
- 16.1.3 There should be continued investment in preventative services that support reduction in STI levels. Bury public health recently co-commissioned 'Passionate About Sexual Health' (PASH) sexual health improvement programme, provided by an alliance of Black Health Agency, LGBT Foundation and George House Trust. The locality-specific action plan is awaited for 2018. This will include targeted work around early identification in populations at highest risk of HIV and STI infection for example the MSM and transgender populations, BME and new and emerging communities.
- 16.1.4 To further reduce the percentage of late HIV diagnosis through working with the sexual health service providers in Bury and the GM sexual health system reform agenda, to promote early diagnosis through primary and secondary care. Identifying indicator conditions where HIV testing should be considered.
- 16.1.5 Clinicians should be taking every opportunity to recommend that: -
  - Sexually active under 25 year olds should be screened for chlamydia every year, and on change of sexual partner. Services should include a routine offer of a re-test at around 3 months after treatment completion for patients who test positive initially, as this group is at high risk of re-infection.
  - MSM having unprotected sex with casual or new partners should have a
    HIV/STI screen at least annually, and every 3 months if changing partners
    regularly. MSM should also avoid having unprotected sex with partners
    believed to be of the same HIV status (serosorting), as there is a high risk of
    STI and hepatitis infection and, for the HIV negative, a high risk of HIV
    infection as 12% of MSM are unaware of their HIV infection.
  - Black African and Caribbean men and women should have an HIV test, and a regular HIV and STI screen if having unprotected sex with new or casual partners.

16.1.6 Campaigns should be supported - in December 2017, the PHE sexual health campaign will be amplified locally, which will include World AIDs Day and testing/early identification of HIV. The ability to order HIV home testing kits online will be promoted. Bury residents can order HIV home testing kits from the website www.thesexualhealthhub.co.uk.

# ENVIRONMENTAL PROTECTION & EMERGENCY PLANNING

We have an integrated Environmental Health and Health protection team comprising EHO's, Nurses and Enforcement officers unique in GM. The complementary skills provide greater resilience in emergencies. particularly for outbreak control.



**1700** Year 6 children were given litter and dog fouling talks as part of the 'Crucial Crew' initiative

#### **Environmental Health** Officers (EHO's)

- Planning application consultancy provided on:
  - 265 general environmental health issues
- 209 contaminated land issues
- Provided support to neighbourhood working



12 private water supply premises audited to ensure safe water

## **Key findings**



Pest control **over-achieved** their income target by over £51,000. This is through

Bury achieved a 22% reduction in carbon emissions from 2008/9





2492 requests for services dealt with

493 legal notices and 28 fixed penalties notices were served for various Environmental Enforcement offences, with 2 successful prosecutions



Risk assessments . pandemic carried out for:



- Severe weather
- Influenza
- Emerging infectious diseases
- **Environmental** hazards







Created by: Performance & Intelligence, Bury Council All data correct as at January 2018



#### **Environmental Protection**

#### 17.0 Introduction

#### 17.1 Background

- 17.1.1 Bury Council Environmental Health practitioners form a critical part of the public health workforce. The functions falling under environmental health are diverse and overlap with some of the issues reported elsewhere in this document. Officers are empowered to take legal action where matters cannot be resolved informally. Bury Council's Environmental Protection duties cover: -
  - investigation and resolution of statutory nuisance, including noise, odour, pollution, waste accumulations, hoarding, pests and other health risks;
  - education and enforcement of environmental crimes fly tipping, stray dogs, fouling, litter, smoking ban;
  - consultation on environmental matters for new planning applications and licensing;
  - managing unauthorised Gypsy and Traveller encampments;
  - permitting of prescribed businesses with the potential to pollute;
  - providing a pest control service and keeping council land free from pests;
  - managing contaminated land issues mainly through the planning process.

17.1.2 In 2016 two Environmental Health Officers (EHOs) were assigned to the trailblazer Bury East and Radcliffe 'Neighbourhood Hubs' and are providing valuable support for the shaping of neighbourhood working across the borough. The team are developing new digital mobile working across the service piloted by Pest Control. More information is being provided on the Bury Directory and Bury Council website to encourage self-help and manage demand for the services. Complaints about fly-tipping and other waste issues continued to rise, prompting closer working with waste management and police and more enforcement for environmental quality issues. The number of planning consultations requiring environmental control measures is increasing due to growth in development across the borough.

#### 17.2 Achievements in 2016/17

- 17.2.1 There was training and development of staff into new areas of work to fill in gaps in expertise, including: pest control, acoustics, environmental permitting, private water supplies, air quality, food hygiene competency and neighbourhood hub working,
- 17.2.2 In 2016/17 the team responded to 2,492 requests for services over a variety of areas, mostly: accumulations, fly-tipping, noise nuisance, drainage and dog fouling. A total of 46 Environmental Permit sites were inspected and risk assessed, 20 variation notices were issued for permitted processes. The water quality of 12 premises with a private water supply was audited. Litter and dog fouling talks were delivered to 1,700 Year 6 children as part of the 'Crucial Crew' initiative.
- 17.2.3 With regards to Environmental Enforcement work, 493 legal notices for various offences were served (264 in 2015/16) as well as 28 fixed penalties notices (14 in 2015/16). There were 2 successful prosecutions with 2 more pending (3 prosecutions in 2015/16).
- 17.2.4 Pest Control over-achieved their income target of £185k by being more cost efficient, gaining new contracts and identifying new business areas. The total income for environmental protection was £238,622.
- 17.2.5 An integrated service has been developed and pest officers now supporting air labs, dog fouling and neighbourhood enforcement. Public health business support team is recording new food business registrations, financial transactions and providing administrative support for the whole of Environmental Health.
- 17.2.6 There was consultancy on 265 planning applications for all environmental health issues (181 in 2015/16). The team carried out 1,054 property searches to aid house and land transactions (1,113 in 2015/16). There was also consultancy on 209 planning applications for contaminated land and the team responded to 270 reports from developers in relation to contaminated land and air quality.
- 17.2.7 From a carbon management perspective, the team completed the CRC Energy Efficiency Scheme (formerly known as the "Carbon Reduction Commitment") submission and allowance purchases on time. A feasibility study for a heat network in Bury town centre was completed. Bury secured £62k of Salix funding towards comprehensive energy efficiency measures to be installed at Killelea residential care home (Salix Finance Ltd. provides interest-free Government funding to the public sector to improve their energy efficiency,

reduce carbon emissions and lower energy bills). The team helped the council achieve a reduction in carbon emissions of 22% from baseline of 2008/09.

#### 17.3 Recommendations

- 17.3.1 In 2017/18, the environmental protection team will: -
  - continue to support neighbourhood working;
  - have active participation in the 2017/18 regulatory services review;
  - develop an Environmental Quality strategy with partners to tackle fly-tipping;
  - continue to explore potential income streams and grow existing ones.

#### 18.0 Emergency Planning & Major Incident Response

#### 18.1 Background

- 18.1.1 Emergency planning and major incident response comprises actions that are taken to reduce the chances of emergencies occurring. If incidents do occur, the response includes ensuring the impact on residents and the environment is kept to a minimum.
- 18.1.2 Bury Council has a wide range of responsibilities which relate to emergency planning and response. This includes meeting the requirements of the Civil Contingencies Act 2004 and the Health and Social Care Act 2012. Both Acts require plans to be put in place for responding to public health emergencies, such as pandemic influenza and other significant outbreaks of disease; as well as a range of other incidents that have the potential to impact on public health, for example flooding, incidents of terrorism and accidents at chemical production sites.
- 18.1.3 At a borough level, the Council works closely with a range of partners through the Health Economy Resilience Group (HERG) and the Borough Resilience Forum (BRF) which is chaired by the Director of Public Health (DPH). Both meet quarterly, with the HERG focusing solely on health related issues e.g. flu, communicable disease outbreaks and heat waves. Membership comprises:
  - health protection nurses;
  - representation from the CCG;
  - Pennine Care & Pennine Acute Hospitals NHS Trusts;
  - other health providers such as private hospitals, out of hours GP services (BARDOC) and North West Ambulance Service (NWAS).
- 18.1.4 The BRF has a broader focus on planning and preparedness for localised incidents and catastrophic emergencies. It works to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities. BRF includes representation from various agencies including LA, Greater Manchester Police, Greater Manchester Fire and Rescue Service, CCG, NHS England (NHSE), Public Health England (PHE) and community organisations.
- 18.1.5 At a Greater Manchester (GM) level, the council collaborates through the GM Directors of Public Health Group (GMDsPH), GM Health Protection Confederation, GM Local

Authority Civil Contingencies Chief Officers Group, the Greater Manchester Resilience Forum and Local Health Resilience Partnership.

- 18.1.6 The Chief Executive of Bury Council is the lead GM Chief Executive for civil contingencies and resilience, which includes leadership and oversight of health protection issues at a GM level. In this capacity, the lead Chief Executive is chair of the GM Local Authority Civil Contingencies Chief Officers' Group and is also a member of the GM Resilience Forum which is responsible for overseeing and co-ordinating emergency preparedness activity in GM.
- 18.1.7 Since 2011, the local authority Civil Contingencies Chief Officers Group has collectively commissioned the Association of Greater Manchester Authorities (AGMA) Civil Contingencies and Resilience Unit (CCRU), a shared GM-wide service, to deliver services in relation to emergency planning, response and resilience. Following the transition of public health into local government in 2013, Directors of Public Health have also commissioned the AGMA CCRU to help address their health protection needs. This joint commissioning has been key to ensuring an efficient and integrated approach to system-wide health protection planning at both a local and regional level.
- 18.1.8 Bury Council, as part of GM, is recognised as a UN role model for disaster risk reduction and was recently accepted into the Rockefeller Foundation's 100 Resilient Cities Network.

#### 18.2 Achievements in 2016/17

- 18.2.1 Working locally and through GM governance and delivery arrangements, Bury Council has ensured delivery of a comprehensive work programme to ensure emergency preparedness. Key activity over the past 12 months includes:
  - The completion of various risk assessments in relation to public health risks, including severe weather, Pandemic Influenza, emerging infectious diseases and environmental hazards.
  - The production and / or review of emergency plans including:
    - o GM Vulnerable People Guidance and List of Lists
    - o GM Resilience Direct Protocol
    - Borough Multi-Agency Outbreak Plan

- o GM Emergency Water Distribution and Sanitation Guidance
- o GM Strategic Flood Plan
- GM Generic Offsite Reservoir Emergency Plan
- o GM Strategic Recovery Guidance
- o GM Generic Response Plan
- o GM Pandemic Influenza Response Plan
- STAC Activation Plan for Greater Manchester
- GM Chemical, Biological, Radioactive or Nuclear emergency (CBRNe)
   Strategic Response plan
- GM Animal Disease (Generic) Plan
- GM Mass Fatalities Plan
- Bury Town Centre Evacuation Plan
- o Bury Council Generic Response Plan
- o Bury Council Evacuation and Shelter Guidance
- Design and delivery of a range of internal and multi-agency training and exercising, including:
  - Exercise Ferranti: testing the response to large scale power outage across the NW of England;
  - Exercise Sherman: testing the response to a terrorist incident in Bury;
  - Exercise Triton: a GM wide live-play exercise testing the response to flooding;
  - Exercise Vapour: a table top exercise to test the Bury town centre evacuation plan.

#### 18.3 Recent incidents

18.3.1 There were no major incidents declared in Bury 2016/17. The borough continued the recovery phase following storm Eva on Boxing Day 2015 with the council assisting residents and businesses to access government funding to assist recovery and develop climate resilience.

- 18.3.2 The Bury Resilience Forum delivered a flood resilience workshop to raise awareness of flood risk in Bury as well as work undertaken to improve resilience in Bury following flooding on Boxing Day 2015. The meeting including presentations from the local authority, United Utilities, the Met Office, Electricity Northwest, the Environment Authority and University of Manchester. The meeting was also attended by members of the Radcliffe Flood Action Group and a number of other partners.
- 18.3.3 The session helped responders to gain a better understanding of flood hotspots in Bury, different types of flooding and how responders work together in response, including processes for identifying vulnerable people. The expertise of those involved will be used to collectively review the Bury Multi-Agency Flood Plan over the coming months.
- 18.3.4 A multi-agency response to a proposed large scale campsite unrelated to but prompted by the Parklife festival was prevented due to lack of preparation and public safety fears in June 2016.

#### 18.4 Manchester Arena terrorist attack: May 2017

- 18.4.1 The Manchester Arena terrorist attack had a devastating impact on individuals and communities cross GM. Residents of Bury were amongst those who were killed and injured and many others could potentially suffer from long-term psychological impacts.
- 18.4.2 Given the widespread impacts of the attack, the response and recovery efforts were led and co-ordinated at a GM level. The council's Chief Executive was a member of the GM Recovery Co-ordination Group and also chaired the emergency local authority Civil Contingencies Chief Officers' Group. In this capacity, the Chief Executive played a key role in leading recovery activity which included the establishment of new services for the provision of mental health support, e.g. the GM Resilience Hub and the Manchester Attack support website.

#### 18.5 Recommendations

18.5.1 The broad suite of emergency plans maintained by Bury Council and partners collectively addresses the public health outcomes framework's requirement to have a 'comprehensive and agreed inter-agency plan for responding to health protection incidents and emergencies.' Furthermore, a rolling programme of multi-agency training and exercises

drives continuous improvement and development of knowledge and expertise amongst responders.

- 18.5.2 During 2017/18 Bury Council will continue to work with other agencies and communities through existing partnership structures to ensure that health protection arrangements remain robust and fit for purpose. Key activity will include review of emergency plans, such as the GM Excess Deaths Plan and Bury Multi-Agency Flood Plan, as well as continued training and exercising.
- 18.5.3 Bury Council will also contribute to Greater Manchester's participation in the '100 Resilient Cities' programme (18) to identify further opportunities to build resilience in Bury.

evidence that it can deliver high quality investigations and enforcement work. The food safety annual inspection programme is designed to give consumers in Bury confidence that food produced and sold in Bury is safe to eat.

Air quality is the largest environmental health risk to public health in the UK, with more than 2000 people in GM dying prematurely as a

result of poor air quality.

# Food Hygiene



of registered food premises in Bury are broadly compliant with food hygiene requirements

## Inspections

- 450 inspections carried out in 2016/17
  - 178 written warnings issued
  - 3 voluntary closures of food premises
- 24 food complaints dealt with
- 68% of food premises in Bury were awarded a top score of 5 on the Food Hygiene rating scheme
- Only 5% scored a rating of 2 or less

# **Air Quality**

The fraction of mortality attributable to air pollution in Bury is 4.1 - below the North West and national average



developers on Air Quality and contaminated land

The rate of carbon emissions from domestic properties, Business and Transport are lower in Bury than GM





inspected and risk assessed

20 variation notices issued for permitted processes to prevent air pollution



# Health & Safety at work



49 Health and safety inspections carried out and 52 workplace accidents investigated

service requests on commercial premises dealt with

Created by: Performance & Intelligence, Bury Council



## 19.0 Food Hygiene

#### 19.1 Background

- 19.1.1 Bury has approximately 1500 registered food businesses which are inspected according to the Food Law Code of Practice risk rating scheme. The programme is designed to give consumers in Bury confidence that food produced and sold in Bury is safe to eat. The annual inspection programme targets the highest risk and least compliant businesses. In recent years because of in-house resource issues, we have employed food safety consultants to assist with satisfying our statutory obligations.
- 19.1.2 In 2016/17 Bury Council carried out 450 Food inspections and 19 Food Hygiene Rating Scheme rescore inspections. We issued 178 written food warnings, 3 voluntary closures of food premises, 1 Emergency prohibition food premises, 4 food improvement notices and dealt with 24 food complaints.
- 19.1.3 At present, 87% of food businesses in Bury are broadly compliant with food safety legislation. 68% of food businesses in Bury have been awarded a rating of 5 on the Food Hygiene Rating scheme (highest in Greater Manchester (19)) and only 5% have been awarded a rating of 2 or less.

#### 19.2 Recommendations

- Continue to monitor the quality of food produced and sold in Bury taking part in the PHE North West region microbiological food sampling programme.
- Continue to investigate food complaints, food borne incidents and outbreaks in partnership with PHE and other relevant organisations.
- Work with businesses and partners to offer consumers in Bury healthier choices in catering establishments through the Healthier Catering Award Scheme.
- Contribute to improving the health of young children in Bury by continuing to implement the Golden Apple Award in 57 nursery settings.
- Participate in the GM Better Business for All initiative in partnership with other GM authorities and the GM Growth hub.

- Watching brief on Food Standards Agency's 'Regulating our Future' review of Food Law enforcement.
- Continue to audit food premises in line with the annual Food Service plan see appendix 1.

#### 20.0 Health and Safety at Work

#### 20.1 Background

20.1.1 Bury Council's health and safety regulators are required by law to make adequate arrangements for enforcement in line with the Section 18 Standard issued under the Health and Safety at Work Act 1974. The standard requires the council to evidence that it can deliver high quality investigations and enforcement work. Whilst the primary responsibility for managing health and safety risks lies with the business and those who create the risk, Bury's health and safety regulators have an important role in ensuring the effective and proportionate management of risks, supporting business, protecting their communities and contributing to the wider public health agenda. In delivering the priorities we ensure planned regulatory activity is focussed on outcomes to deliver national priorities set by the Health and Safety Executive (HSE), work to deliver local priorities, and be accompanied by an inspection programme that meets the requirements of the LA National Enforcement Code. These priorities fit within the wider national health and safety strategy, 'Helping Great Britain Work Well' (19). This sets out six themes for the whole of the GB health and safety system and Bury's workplace health and safety regulators are a key part of that system. The six strategic themes are:

- Acting together: Promoting broader ownership of health and safety in Great Britain.
- *Tackling ill health*: Highlighting and tackling the costs of work-related ill health.
- Managing risk well: Simplifying risk management and helping business to grow.
- Supporting small employers: Giving small and medium sized enterprises simple advice so they know what they have to do.
- *Keeping pace with change*: Anticipating and tackling new health and safety challenges.
- Sharing our success: Promoting the benefits of Great Britain's world-class health and safety system.

#### 20.2 Current situation

20.2.1 In 2016/17 Bury EHO's carried out 49 health and safety (H&S) inspections, issued 52 H&S warning letters, 2 prohibition notices, 2 improvement notices, investigated 52 workplace accidents and dealt with 1,294 service requests. 3 full-time-equivalent (FTE) officers carry out all food and H&S work supported by 0.8 FTE unit manager.

#### 20.3 Recommendations

- 20.3.1 The following priorities are set by HSE at a national level and Bury will be focusing on them in 2017/18:
  - Electrical supplier joint visits to premises identified as stealing electricity (generally very poor/dangerous health and safety standards). As part of joint enforcement visits with the Police, Trading Standards, Immigration Services, Inland Revenue, Electricity North West and Environmental Health.
  - Warehouse inspections: focusing on loading and unloading safely, manual handling in warehouses and distribution centers, using HSE's MAC (manual handling assessment charts) tool and RAPP (risk assessment for pushing and pulling) tool for pushing and pulling pallets (20). The target is 42 H&S inspections (14 per FTE).
  - Gas safety in commercial catering premises: to check during all food inspections, and enforce as issues are identified.
  - Dough roller guarding in pizza and other catering premises, which has been identified regionally as a major concern.

#### 21.0 Air Quality

#### 21.1 Background

21.1.1 Air quality is the largest environmental health risk to public health in the UK. It is estimated that more than 2000 people die prematurely in Greater Manchester (GM) as a result of poor air quality and its impacts are felt more severely by vulnerable groups such as the elderly, those with pre-existing conditions and those in deprived areas. In Bury and across GM we have areas that are not likely to meet national and European Union (EU) health based targets for the pollutant nitrogen dioxide (NO2). The main source of nitrogen dioxide in our area is road transport. The burning of fossil fuels to heat our homes, run our cars, produce electricity and manufacture products are adding greenhouse gases to the atmosphere. Release of carbon dioxide and other greenhouse gases is causing the Earth's temperature to rise and other changes to our climate. These changes pose serious threats to the health of our communities and in particular our elderly and vulnerable residents.

#### 21.2 Current Situation

- 21.2.1 In 2017 Bury took part in the National Clean Air Day 2017 by having a public engagement stand in the Millgate shopping centre and encouraging Bury Council staff and the public to pledge actions to improve air quality. In addition, energy efficiency was encouraged in the council and schools by holding a "Switch off Fortnight" in December 2017.
- 21.2.2 Bury's per capita carbon emissions are less than the national and North West (NW) average but slightly higher than the GM average. These emissions have decreased significantly since 2005 but the rate of decline has reduced from 2014 to 2015, as shown in Chart 25.

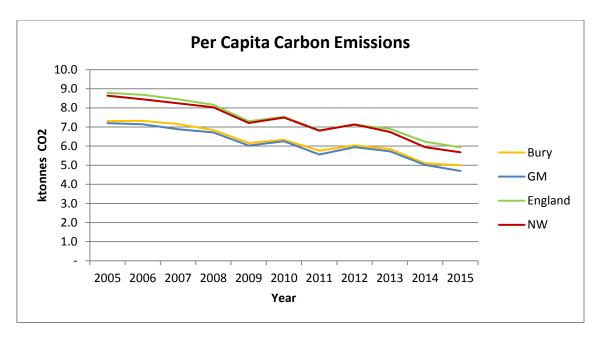


Chart 25 – Bury's per capita carbon emissions compared to Greater Manchester, the North West and England

21.2.3 Bury's carbon emissions from the domestic, business and transport sector are lower than the GM averages. However the rate of decline in the domestic and business sector has been small from 2014 to 2015 (see Chart 26 and Chart 27). In the transport sector both Bury and GM emissions showed a small increase for 2014 to 2015 (see Chart 28).

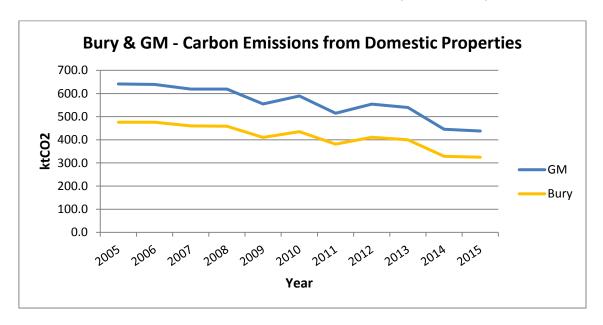


Chart 26 – Bury's carbon emissions from domestic properties compared to Greater Manchester

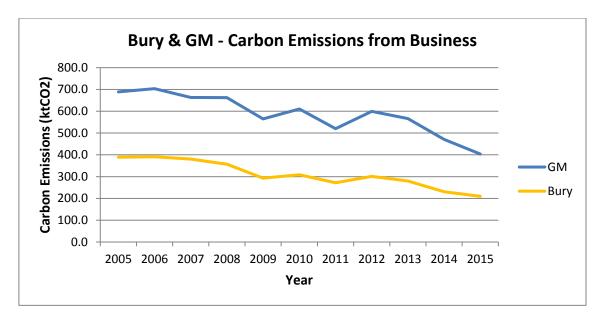


Chart 27 – Bury's carbon emissions from businesses compared to Greater Manchester

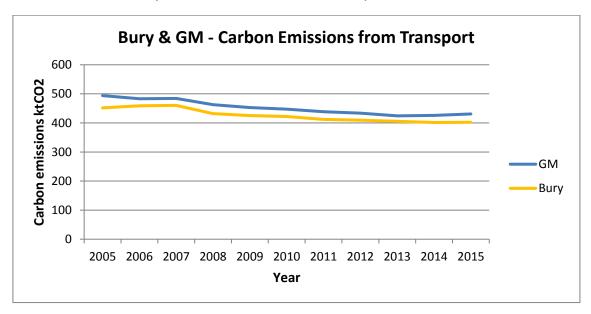


Chart 28 – Bury's carbon emissions from transport compared to Greater Manchester

21.2.4 Particulate matter air pollution considers the concentration of small particles in the air, which can contribute to health and environmental problems. Measurements for fine particles (PM10) show that all Bury's monitoring stations meet the national and EU targets but from 2015 to 2016 there were minimal or no improvements (see Chart 29). Although we have been making progress, it is recognised that there is a need to do much more. Proposed actions are included in the Greater Manchester Climate Change and Low Emission Strategy Implementation Plan 2016-2020, and the Greater Manchester Air Quality Action Plan 2016-2020.

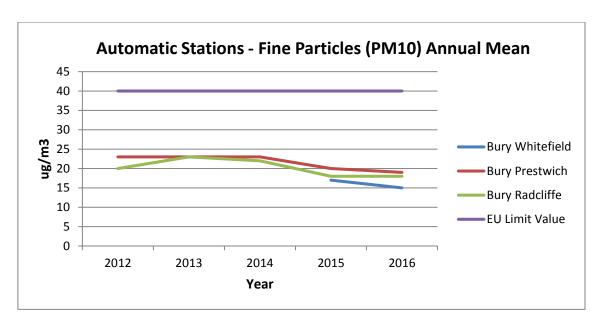


Chart 29 – Fine particle (PM10) air pollution annual mean measurements in the townships of Whitefield, Prestwich and Radcliffe, alongside the EU limit value.

21.2.5 In Bury, the fraction of mortality attributable to particulate pollution is reducing and is below the NW and national average (see Chart 30).

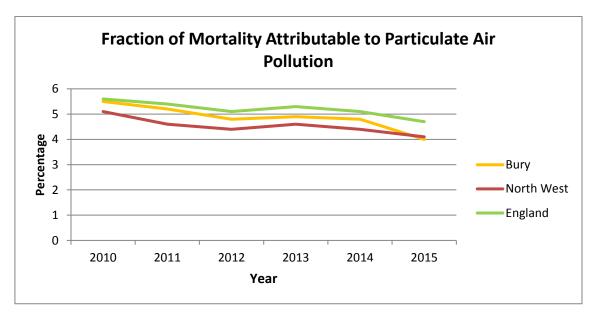


Chart 30 - Fraction of mortality attributable to particulate air pollution in Bury, the North West and England

21.2.6 Chart 31 shows that our automatic measurement for NO2 at the Prestwich monitoring station is not meeting the national and EU health based NO2 target. The measurements for the other 2 stations are well below the target but it is noticeable that the levels at Whitefield increased from 2015 to 2016. 2015 was the first year of operation of this site and the NO2 measurements only began in April 2015. The results for that year are therefore not for a full annual average and will not reflect a full year of results. This could

account for the large increase observed on 2016. 2017 results will show 2 full years of monitoring and will be more valuable in judging trends at this site.

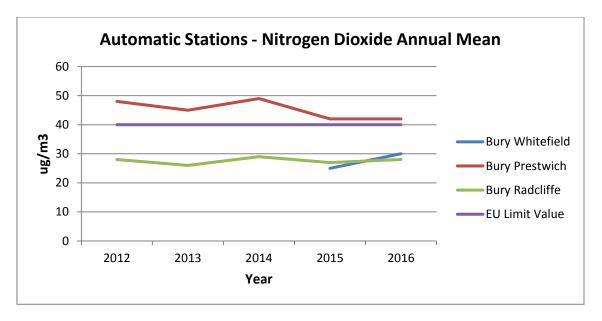


Chart 31 – Nitrogen dioxide (NO2) annual mean measurements in the townships of Whitefield, Prestwich and Radcliffe, alongside the EU limit value.

21.2.7 The Department for the Environment, Food and Rural Affairs (DEFRA) have identified Bury and 6 other GM LAs as areas that are not likely to meet national and EU targets for NO2 in the next 3 years. The area of concern is the Bury Bridge road junction near Bury town centre. As a result we are required to produce a Local Action Plan to describe how we will meet the NO2 target in the shortest time possible. Transport for Greater Manchester (TfGM) will be leading on the production of a Greater Manchester Local Action Plan. To complement these plans, Bury Council are in the process of producing a Climate Change and Low Emissions Plan 2018 – 2023 which will describe all the actions that will be taken to combat climate change and improve air quality.

#### 21.3 Recommendations

- 21.3.1 As above, there are plans to produce a Climate Change and Low Emissions Plan and implement actions. Close work with TfGM will be required to produce and deliver our Local Action Plan for air quality within DEFRA deadlines.
- 21.3.2 Specific highlight actions for 2017 will be: -
  - gather intelligence regarding the important demographics relating to air quality and health in the Bury area;

- complete the Energy Path Network programme to show how Bury's energy delivery and use will change as we decarbonise to 2050;
- complete the NEDO (Japanese Government Department for New Energy and Industrial Technology Development) project to deliver air source heat pumps and trial demand response in Six Town Housing properties;
- run the Clean Energy Switch Campaign;
- continue to deliver our Fuel Poverty Strategy and Action Plan;
- continue our programme to install LED (low energy) street-lighting;
- publicise the DEFRA advice on wood-burning stoves;
- ensure that measures to improve air quality, tackle climate change and improve health are integrated into Bury's new developing Local Plan.
- 21.3.3 Work with Bury's Active Travel and Healthy Workplace groups is planned to increase the use of low emission alternatives to the traditional car. Actions to include: -
  - introduce a low emission vehicle car club;
  - introduce council pool bikes;
  - implement council "Bike to Work" scheme;
  - investigate feasibility of a Public Bike Share Scheme;
  - implement a pilot "Cycling by Prescription" scheme.

#### References

- DoH. The Health and Social Care Act 2008. [Internet]. The Health and Social Care Act 2008. London: Department of Health; 2015 [cited 2017 Dec 1]. Available from: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance
- 2. PHE. Public Health Profiles [Internet]. Fingertips. London: Public Health England (PHE); 2017 [cited 2017 Oct 2]. Available from: https://fingertips.phe.org.uk/
- 3. Cartwright J, Shah A, Ghebrehewet S. Influenza. In: Ghebrehewet S, Stewart AG, Baxter D, Shears P, Conrad D, Kliner M, editors. Health Protection: Principles and Practice. Oxford: Oxford University Press; 2016.
- 4. Ghebrehewet S, MacPherson P, Ho A. Influenza. Br Med J. 2016;355:i6258.
- 5. WHO. Influenza (Seasonal) [Internet]. WHO. Geneva, World Health Organization (WHO); 2016 [cited 2016 Dec 7]. Available from: http://www.who.int/mediacentre/factsheets/fs211/en/
- 6. O'Dowd A. Influenza: questions and answers. Br Med J. 2011;342:d190.
- 7. Donaldson LJ, Rutter PD, Ellis BM, Greaves FEC, Mytton OT, Pebody RG, et al. Comparisons with recent flu mortality. Br Med J. 2010;340:c612.
- 8. GMCA & NHS. Annual seasonal influenza vaccination uptake 2016/17: Bury CCG. Vol. 2016/17. Manchester: Greater Manchester Combined Authority (GMCA) & NHS in Greater Manchester; 2017.
- NHS England. The national flu immunisation programme 2016/17 annual letter [Internet].
   London; 2016. Available from:
   https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/529954/Annual\_flu\_letter\_2016\_2017.pdf
- 10. DoH. ImmForm- About Us [Internet]. ImmForm. London: Department of Health (DoH); 2016 [cited 2017 Oct 3]. Available from: https://portal.immform.dh.gov.uk/Footer-Pages/About-Us-External.aspx
- 11. PHE. Cover of vaccination evaluated rapidly (COVER) programme 2016 to 2017: quarterly data [Internet]. Official Statistics. 2017 [cited 2017 Oct 24]. Available from: https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data
- 12. DoH. ImmForm [Internet]. London: Department of Health (DoH); 2017 [cited 2017 Oct 17]. Available from: https://portal.immform.dh.gov.uk/
- 13. PHE. Preliminary vaccine coverage for the school based meningococcal ACWY (MenACWY) adolescent vaccination programme in England, 1 September 2015 to 31 August 2016. Vol. 10. London: Public Health England (PHE); 2016.
- 14. PHE. Meningococcal B immunisation programme: vaccine coverage estimates [Internet]. London: Public Health England (PHE); 2017 [cited 2017 Oct 23]. Available from: https://www.gov.uk/government/publications/meningococcal-b-immunisation-programme-vaccine-coverage-estimates

- 15. PHE. Rotavirus immunisation programme: vaccine coverage estimates [Internet]. London: Public Health England (PHE); 2016 [cited 2017 Oct 23]. Available from: https://www.gov.uk/government/publications/rotavirus-immunisation-programme-vaccine-coverage-estimates
- 16. Pennine Care NHS Foundation Trust. Get Talking Greater Manchester Bowel Movement [Internet]. 2017 [cited 2017 Nov 14]. Available from: http://www.gmmovement.co.uk/get-talking.aspx
- 17. PHE. Diabetic eye screening: 2015 to 2016 data [Internet]. London: Public Health England (PHE); 2017 [cited 2017 Nov 13]. Available from: https://www.gov.uk/government/publications/diabetic-eye-screening-2015-to-2016-data
- 18. Rockerfeller Foundation. 100 Resilient Cities [Internet]. Home Page. 2017 [cited 2017 Dec 11]. Available from: http://www.100resilientcities.org/
- 19. FSA. Food Standards Agency Food hygiene ratings [Internet]. London: Food Standards Agency (FSA); 2017 [cited 2017 Dec 22]. Available from: http://ratings.food.gov.uk/
- 20. HSE. Helping Great Britain work well [Internet]. London: Health & Safety Executive (HSE); 2016 [cited 2017 Nov 10]. Available from: http://www.hse.gov.uk/strategy/assets/docs/hse-helping-great-britain-work-well-strategy-2016.pdf
- 21. HSE. Toolkit for MSDs [Internet]. Musculoskeletal Disorders (MSD). 2017 [cited 2017 Nov 14]. Available from: http://www.hse.gov.uk/msd/toolkit.htm

## Appendix 1





# INFECTION PREVENTION AND CONTROL

#### **Infection and Prevention Control Audits**



None scored **Red** 

Care

homes scorina green from audits and re-audits Aug 2015-Mar 2017



# **Key Points**

**S**taphylococcus Aureus

MRSA Infections lower than national rates -0 for Bury in 2016/17



Launch of monitoring in 2017/18

forward

Uptake rates are good over 95% for 1 dose by 5 years old, and are comparable or better than the Mumps and Rubella national average

Good uptake when compared

DTaP/IPV/ Uptake rates are good over 95% at 2
Hib (5-in-1) better than the national average

Diphtheria, Tetanus, acellular Pertussis Inactivated Polio Virus /Haemophilus influenzae type b



Work being undertaken to raise awareness and reduce Antibiotic prescribing by 50% by 2021

None scored **Red** 

Of the GP Practices audited



number of disease outbreaks that the Infection Prevention and Control team helped to manage

Focus group research conducted in Bury around pre-school vaccine Informing methods to increase uptake





Created by: Performance & Intelligence, Bury Council



# SCREENING AND SEXUALLY TRANSMITTED INFECTIONS

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition, or in asymptomatic early stages of the condition. In England there is a range of screening programmes and these can lead to a reduction in late diagnosis and preventable deaths.

Sexual health is an issue that concerns the majority of the population. Good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs) are a good measure of a comprehensive and high-quality sexual healthcare service, health promotion and educational opportunities achieved.



**79%** Coverage for - Abdominal Aortic Aneurysm Screening

Diabetic Eye Screening

>70%

Target

Bowel
cancer screening
toolkits are being
made available to
Bury Residents
and
development
of a social
movement of
cancer
champions

# FREE STI home testing kits now available in Bury via:

www.thesexualhealthhub.co.uk

# **Key Points**

#### **Screening**

Bury is above regional and national averages for cancer screening programmes



Although coverage is above national averages for Cervical Screening, work to be done moving forward to achieve 80% target.

#### STI's

HIV late diagnosis has reduced significantly in recent years and is now below national levels



Bury will be taking part in the national HIV

Bury public health are to organise stakeholders to complete a Chlamydia Care Pathway Review with PHE North West colleagues, to increase screening rates.



96%

Uptake of HIV testing among men who have sex with men







# ENVIRONMENTAL PROTECTION & EMERGENCY PLANNING

We have an integrated Environmental Health and Health protection team comprising EHO's, Nurses and Enforcement officers unique in GM. The complementary skills provide greater resilience in emergencies, particularly for outbreak control.



1700 Year 6 children were given litter and dog fouling talks as part of the 'Crucial Crew' initiative

#### **Environmental Health** Officers (EHO's)

- Planning application consultancy provided on:
  - 265 general environmental health issues 209 contaminated land issues
- Provided support to neighbourhood working



12 private water supply premises audited to ensure safe water

## **Key findings**



Pest control **over-achieved** their income target by over £51,000. This is through

Bury achieved a 22% reduction in carbon emissions from 2008/9





2492 requests for services dealt with

493 legal notices and 28 fixed penalties notices were served for various Environmental Enforcement offences, with 2 successful prosecutions



**Risk** assessments . pandemic carried out for:



- Severe weather
- Influenza
- Emerging infectious diseases
- **Environmental** hazards







Created by: Performance & Intelligence, Bury Council All data correct as at January 2018



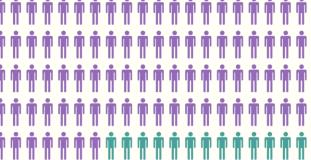
# FOODHYGIENE, HEALTH & SAFETY AT WORK & AIR QUALITY

Bury Council's health and safety regulators are required by law to make adequate arrangements for enforcement. The council is required to evidence that it can deliver high quality investigations and enforcement work. The food safety annual inspection programme is designed to give consumers in Bury confidence that food produced and sold in Bury is safe to eat.

Air quality is the largest environmental health risk to public health in the UK, with more than 2000 people in GM dying prematurely as a

result of poor air quality.





of registered food premises in Bury are broadly compliant with food hygiene requirements

## Inspections

- 450 inspections carried out in 2016/17
  - 178 written warnings issued
  - 3 voluntary closures of food premises
- 24 food complaints dealt with
- 68% of food premises in Bury were awarded a top score of 5 on the Food Hygiene rating scheme
- Only 5% scored a rating of 2 or less

# **Air Quality**

The fraction of mortality attributable to air pollution in Bury is 4.1 - below the North West and national average



270 reports dealt with from developers on Air Quality and contaminated land

The rate of carbon emissions from domestic properties, Business and Transport are lower in Bury than GM





46 Environmental Permit sites inspected and risk assessed

20 variation notices issued for permitted processes to prevent air pollution



# **Health & Safety at work**



49 Health and safety inspections carried out and 52 workplace accidents investigated

1294

service requests on commercial premises dealt with

Created by: Performance & Intelligence, Bury Council



# Health & Environmental Protection Annual Report 2016/17

Lorraine Chamberlin - Head of Health and Environmental Protection &

Anne Whittington - Public Health Specialty Registrar



# INFECTION PREVENTION AND CONTROL

#### Infection and Prevention Control Audits



Care homes scoring areen from audits and re-audits Aug 2015-Mar 2017

None scored **Red** 

None scored **Red** Of the GP Practices audited

Work being undertaken to raise awareness and reduce Antibiotic prescribing by 50% by 2021

number of disease outbreaks that the Infection Prevention and Control team helped to manage



# **Key Points**

Resistant Staphylococcus Aureus

MRSA Infections lower than national rates -0 for Bury in 2016/17

Uptake rates are good over 95% for 1 dose by 5 years old, and are Measles \ comparable or better than the and Rubella national average Mumps

Good uptake when compared

**DTaP/IPV/** Uptake rates are good over 95% at 2 Hib (5-in-1) years old, and are comparable or better than the national average

Diphtheria, Tetanus, acellular Pertussis /Inactivated Polio Virus /Haemophilus influenzae type b

> Focus group research conducted in Bury around pre-school vaccine Informing methods to increase uptake





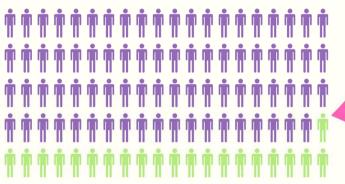
Created by: Performance & Intelligence, Bury Council



# SCREENING AND SEXUALLY TRANSMITTED INFECTIONS

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition, or in asymptomatic early stages of the condition. In England there is a range of screening programmes and these can lead to a reduction in late diagnosis and preventable deaths.

Sexual health is an issue that concerns the majority of the population. Good surveillance of trends in key measures of sexual health, such as rates of sexually transmitted infections (STIs) are a good measure of a comprehensive and high-quality sexual healthcare service, health promotion and educational opportunities achieved.



**79%** Coverage for - Abdominal Aortic Aneurysm Screening

Diabetic Eye Screening

>70%

Target

Bowel
cancer screening
toolkits are being
made available to
Bury Residents
and
development
of a social
movement of
cancer
champions

FREE STI home testing kits now available in Bury via:

www.thesexualhealthhub.co.uk

# **Key Points**

#### Screening

Bury is above regional and national averages for cancer screening programmes



Although coverage is above national averages for Cervical Screening, work to be done moving forward to achieve 80% target.

#### STI's

HIV late diagnosis has reduced significantly in recent years and is now below national levels



Bury will be taking part in the national HIV PrEP trial

Bury public health are to organise stakeholders to complete a Chlamydia Care Pathway Review with PHE North West colleagues, to increase screening rates.



96%

Uptake of HIV testing among men who have sex with men





Created by: Performance & Intelligence, Bury Council



# IRONMENTAL PROTECTION & EMERGENCY PLA

We have an integrated Environmental Health and Health protection team comprising EHO's, Nurses and Enforcement officers unique in GM. The complementary skills provide greater resilience in emergencies. particularly for outbreak control.



1700 Year 6 children were given litter and dog fouling talks as part of the 'Crucial Crew' initiative

#### **Environmental Health** Officers (EHO's)

- Planning application consultancy provided on:
- 265 general environmental health issues
- 209 contaminated land issues
- Provided support to neighbourhood working



12 private water supply premises audited to ensure safe water

## **Key findings**



Pest control **over-achieved** their income target by over £51,000. This is through

Bury achieved a 22% reduction in carbon emissions from 2008/9





2492 requests for services dealt with

493 legal notices and 28 fixed penalties notices were served for various Environmental Enforcement offences, with 2 successful prosecutions



Risk assessments . pandemic carried out for:



- Severe weather
- Influenza
- Emerging infectious diseases
- Environmental hazards







Created by: Performance & Intelligence, Bury Council All data correct as at January 2018



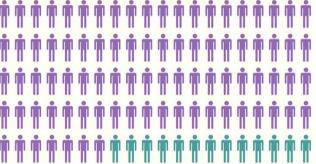
## FOODHYGIENE.HEALTH&SAFETY AT WORK&AIRQUALITY

Bury Council's health and safety regulators are required by law to make adequate arrangements for enforcement. The council is required to evidence that it can deliver high quality investigations and enforcement work. The food safety annual inspection programme is designed to give consumers in Bury confidence that food produced and sold in Bury is safe to eat.

Air quality is the largest environmental health risk to public health in the UK, with more than 2000 people in GM dying prematurely as a

result of poor air quality.

## **Food Hygiene**



of registered food premises in Bury are broadly compliant with food hygiene requirements

### Inspections

- 450 inspections carried out in 2016/17
  - 178 written warnings issued
  - 3 voluntary closures of food premises
- 24 food complaints dealt with
- 68% of food premises in Bury were awarded a top score of 5 on the Food Hygiene rating scheme
- Only 5% scored a rating of 2 or less

### **Air Quality**

The fraction of mortality attributable to air pollution in Bury is 4.1 - below the North West and national average



270 reports dealt with from developers on Air Quality and contaminated land

The rate of carbon emissions from domestic properties, Business and Transport are lower in Bury than GM





46 Environmental Permit sites inspected and risk assessed

20 variation notices issued for permitted processes to prevent air pollution



## **Health & Safety at work**



49 Health and safety inspections carried out and 52 workplace accidents investigated

1294

service requests on commercial premises dealt with

Created by: Performance & Intelligence, Bury Council



## **Any questions?**



## Agenda Item 8

#### 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	
Contact Officer	Tracey Flynn
HWB Lead in this area	Lesley Jones

#### 1. Executive Summary

Is this report for?	Informati on	Discussi on□	Decision ☑n
Why is this report being brought to the Board?	GM Working Well, Work and Health Programme and Working Well Early Help Programme  This report is brought to the Health and Well Being Board as an update on the progress of these transformational programmes.		nd elp t to the g Board as gress of
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  www.theburydirectory.co.uk/healthandwellbe ingboard	P	riority 2 &	3
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	Woi	rk and Welf	fare
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.		cal implem y Council's ent Team	
What requirement is there for internal or external communication around this area?	supported channels in	amme shou via commu nternally w and practi	inication ith Health

Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.	Externally to ensure eligible Bury residents and businesses can access the support available. This activity has been considered, developed and approved via the GMCA Greater Manchester Health and Social Care Strategic Partnership Board and GMCA WLT.
2. Introduction / Background	

The purpose of this report is to update the H & WBB on the progress of the Working Well, Work and Health Programme and Working Well - Early Help programme.

The GM Health & Employment Board has now been in place for 12 months with a remit of providing system leadership and governance for the joint programme of work relating to health and employment within Greater Manchester.

The Board has agreed to support the integration of health, skills and employment systems to enable delivery of improved health outcomes and economic growth as set out in the Greater Manchester Strategy and the GM Health and Social Care Strategy.

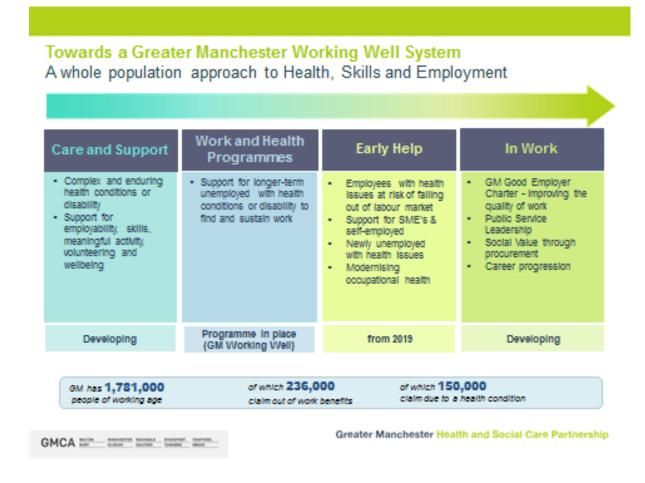
The inter-relationship between health, well-being and productivity runs through the Greater Manchester Strategy and Taking Charge and those strategic objectives were used to inform the development of the whole population approach to work, skills and health as described in the Working Well system that has been endorsed by the Board, Health & Social Care Partnership and Greater Manchester Combined Authority.

'Taking Charge' identified a clear priority under the 'Live Well' theme to ensure that 'More Greater Manchester families will be economically active and family incomes will increase'.

#### **Working Well system**

The Working Well system is being designed to create a system response to ensure:

- An effective early intervention system available to all GM residents in work who become ill and risk falling out of the labour market
- Early intervention for those newly out of work who need an enhanced health support offer
- Better support for the diverse range of people who are long-term economically inactive
- Development to enable GM employers to provide 'good work', and for people to stay healthy and productive in work



#### **Working Well - Work & Health Programme**

**Working Well pilot & expansion / mental health to employment trailblazer.** Although referrals have now concluded, these programmes will continue to run until December 2020 and will remain a rich source of intelligence to inform future policy. Performance management and programme governance will be provided by the Work and Skills Executive.

**Work & Health programme.** The £53m programme is now live and will operate until October 2024, supporting 23,000 individuals who have a disability and/or are long term unemployed (LTU), or a part of specified disadvantaged groups to find quality work. As with its predecessor programmes, it will be a rich source of intelligence and stress-test the current system. This should be regularly reported to the Board to support policy development. Performance management and programme governance will be provided by the Work and Skills Executive and Joint Governance Board with DWP.

#### Working Well - Early Help

This £8m programme has been under development since 2017 and will test an early intervention model for people with health conditions/disability who are who are in work but at risk of falling out of the labour market due to a health condition,

or newly unemployed. It forms a central component of the GM ambition to ensure that there is an appropriate work and health offer in place to all GM residents of working age to support good health and productivity.

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.

The objectives are to:

- 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 SME's 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.

Officers from Bury Council's Economic Development Team attend the Greater Manchester Health, Employment and Skills Lead meeting to support the design and development of this programme.

Bury Council is in a good positon to ensure that GPs in the piloted cluster (Whitefield and Unsworth), individual employees and businesses are able to access this piloted service.

In addition Transformation strand 3.2, Keeping Bury Well, Healthy Workplaces will be up and running supporting Bury businesses to access funded support to:

- Retain employees/reduce benefit costs
- Access the Lifestyle Service
- Support social prescribing models
- Access wider business support
- Reduce sickness absence
- Increase the productivity of Bury businesses

This service will be embedded in Bury Council's wider offer. The service will be fully evaluated and monitored to generate robust evidence that will hopefully generate savings leading to sustainability.

The support will be part of Bury Council's Bury Means Business 'offer' to employers.

A local multi-agency steering group has been established with input from a lead GP, a business leader and colleagues from employment and skills and health.

The procurement process is likely to commence in June 2018 with the successful bidder in place by January 2019.

#### 3. key issues for the Board to Consider

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

Support the implementation of the entire Working Well system and promote across partnerships.

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: 09/03/18







Greater Manchester Health and Social Care Partnership

# The journey so far

Warren Heppolette, Executive Lead Strategy and System Development

## Greater Manchester: a snapshot picture



#### £56 Billion GVA

Fastest growing LEP in the country



### 2.7 Million People

Growth of 170,000+ in the last decade



## 104,000 People Unemployed

7.8% (above UK average of 5.5%)



# 77.7 Male Life Expectancy

England average: 79.3



# 81.3 Female Life Expectancy

England average: 83.0



112,000

People on long-term sick and inactive



GVA – Gross Value Added LEP – Local Enterprise Partnership



## **Devolution timeline**



## **Our transformation themes**



## The building blocks of transformation

- Local care organisations coordinate delivery of integrated care in each borough
- Boroughs are made up of smaller neighbourhoods -GP practices working with other health and care professionals
- Standardisation across hospital sites and more care in the community, closer to home
- A single local commissioning function in each borough plus a GM Commissioning Hub

### Improving the health of all GM residents

#### What we have done.....

- Making smoking history strategy launched
- £1.5m investment in oral health programme
- GM Diabetes prevention programme
- 'Focussed care' workers in GP practices
- £500k investment to tackle nutrition and hydration
- £134m mental health investment strategy
- Learning disabilities GM specialist support team commissioned
- Learning disabilities 8 locality-housing schemes, including flats and supported housing
- Over 2000 cancer champions recruited
- Children's health and wellbeing board established
- 4 homelessness and health commitments
- MOU with voluntary sector signed
- Pride in practice 94 outlets achieved standard

### Improving the health of all GM residents

#### What's next.....

- Midwifery assistants to work across localities to combat smoking in pregnancy
- Daily supervised tooth brushing in primary schools
- Roll out a lung health-check programme across GM
- 7 day crisis care for young people and their families
- Autism strategy and autism friendly city initiative
- Proton beam therapy plans to treat from Aug 2018
- Developing homelessness and health delivery plan
- Joint commissioning of Learning Disability services across GM?
- MOU with faith sector
- Provision of mental health support in schools

## Transforming community based care

## What we have done......

- Increased access to routine GP care
- GP excellence programme
- GM Primary Care Workforce Framework
- Urgent and emergency care hub in place 1<sup>st</sup> Nov
- People powered health in localities
- GM Maternity Strategy
- Developed Local Care Organisations

## Transforming community based care

### What's next.....

- GM wide expansion of personal health budgets
- GM good practice model for social prescribing
- Urgent treatment centre in all localities
- 7 day primary care services
- GM quality programme for excellence in social care
- Full implementation of Healthier Together changes

## **Local Care Organisations**

- Neighbourhood teams
- Expansion in primary care
- Population health management
- Understanding population health needs
- Prevention
- Technology
- Asset based approaches

### **Enabling better care**

## What we have done.....

- GM Workforce Transformation Strategy
- Digital Transformation Fund
- Estates strategies developed in each locality
- GM Medicines Optimisation Strategy
- Your Medicines Matter campaign

### **Enabling better care**

## What's next.....

- Single online portal health and social care careers information
- Funding for pan-GM Mental Health Estates Strategy
- Continued progression of joint commissioning arrangements
- GM Medicines Optimisation Implementation Plan
- Delivery of GM collaborative image sharing in radiology

## The challenges looking ahead

- Pace and scale of transformation, whilst delivering services in a complex environment (operational and financial challenges)
- Development of locality models vital to delivery a lot to do in a short time
- Residents need to start to feel the impact of devolution and the integration of delivery
- As a partnership we are clear on what we want to achieve, we need to continue working together to do that
- Alignment of the work between the GM HSCP and the GMCA
- Managing the expectations of national bodies and regulators



## Any questions?







For further detail go to:

www.gmhsc.org.uk

@GM\_HSC

This page is intentionally left blank

#### Bury Health and Wellbeing Board

Title of the Report	Bury Health and Social Care Transformation Programme Board - Terms of Reference		
Date	28th March 2018		
Contact Officer	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
HWB Lead in this area	Dr Kiran Patel, CCG Chair/Cllr Rishi Shori, Council Leader (Joint Chair of Bury Health and Social Care Transformation Board)		

### 1. Executive Summary

Is this report for?	Informati on	Discussi on $\square$	Decisio n <mark>x</mark>
Why is this report being brought to the Board?	To present the revised Terms of Reference for the Bury Health and Social Care Transformation Programme Board for approval.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  www.theburydirectory.co.uk/healthandwellbeing board		All	
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>			
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Approve the revised Terms of Reference		erms of
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 stakeholdersplease provide details.	Care Term Programm the Term their me	Health and Fransformate Board cor as of Refere ecting on th nuary 2018.	cion nsidered nce at e 17 <sup>th</sup>

#### 2. Introduction / Background

#### 1. Introduction

- 1.1 In line with good governance principles, there is a need to ensure that the Terms of Reference for the Bury Health and Social Care Transformation Programme Board are reviewed on a regular basis.
- 1.2 A review of the Terms of Reference for the Bury Health and Social Care Transformation Programme Board has been conducted and the proposed changes were considered at the Bury Health and Social Care Transformation Programme Board on the 17<sup>th</sup> January 2018.
- 1.3 In line with existing governance and accountability arrangements, the Health and Wellbeing Board are required to approve any changes to the Terms of Reference for the Bury Health and Social Care Transformation Programme Board.

#### 2. Current Position

2.1 A copy of the revised Terms of Reference including the changes made at the Transformation Programme Board meeting on the 17<sup>th</sup> January 2018 is included at Appendix 1 of the report.

#### 3. key issues for the Board to Consider

- The revised Terms of Reference reflect the existing governance arrangements in place.
- The Bury Health and Social Care Transformation Board now has meeting dates scheduled until December 2018 as these were originally scheduled until the end of March 2018.
- The Terms of Reference will be reviewed again in January 2019 in line with OCO/LCO governance structures. It was agreed that this date would be brought forward if required.

#### 4. Recommendations for action

- That the Health and Wellbeing Board approve the revised Terms of Reference for the Bury Health and Social Care Transformation Programme Board
- 5. Financial and legal implications (if any)
  If necessary please seek advice from the Council Monitoring
  Officer (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve
  Kenyon (S.Kenyon@bury.gov.uk).
- None

- 6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.
- None

**CONTACT DETAILS:** 

**Contact Officer**: Margaret O'Dwyer

**Telephone number:** 0161 762 3190

E-mail address: margaret.o'dwyer@nhs.net

**Date:** 7<sup>th</sup> February 2018



## BURY HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME BOARD

#### **TERMS OF REFERENCE - FINAL - JANUARY 2018**

#### 1) Core Purpose

Bury's Locality Plan sets out a vision to enable people to be active participants in their own wellbeing, to build thriving communities and reduce demand for statutory services. There is a recognition that system wide transformation is required to support delivery of this vision and to achieve clinical and financial sustainability.

The purpose of the Transformation Programme Board is to oversee implementation of transformation proposals in order to deliver and hold true to this vision within a rapidly changing health and social care landscape. The Transformation Programme Board will have a key role in ensuring that sustainable whole system governance arrangements are in place by April 2018 which are regularly reviewed in line with transformation requirements.

#### 2) Core Functions:

- To provide system leadership to enable the transformation of health and social care in Bury.
- To ensure the overall clinical and financial sustainability of the Bury Health and Social Care system.
- To oversee the delivery of the transformation programme in Bury ensuring appropriate resources and mechanisms are in place to support delivery. The Programme Board will receive regular highlight reports from partner organisations as part of the assurance process.

The Core Functions will be achieved by delivering the Bury Locality Plan in the context of the wider determinants of health and Public Sector Reform.

#### 3) Supporting Objectives:

- To improve outcomes for the population including health outcomes through the transformation initiatives within the Locality Plan and supported by Public Sector reform initiatives
- To oversee and provide systems leadership in relation to the implementation of proposals contained in the Bury Locality Plan, including those in receipt of Greater Manchester Transformation Funding and those within the Better Care Fund.

- To ensure the existence of a system-wide and coherent programme approach which brings together workstream specific activity, key enabling activity and GM-driven activity into a single transformational approach.
- To ensure that local people are considered and their views are taken into account when the Board makes decisions about health and social care.
- To establish a single commissioning and decision-making function on behalf of the CCG Governing Body and the Council Cabinet.
- To ensure the development of a Single Commissioning Plan.
- To ensure the commissioning of good quality services.
- To oversee the establishment and ongoing monitoring of pooled and aligned budgets.
- To ensure system-wide financial sustainability and the closure of the agreed system wide financial gap until 2020/21.
- To oversee the development of an integrated management structure for the One Commissioning Organisation (OCO).
- To provide constructive direction, challenge and support to the emergent Locality Care Organisation (LCO) and emergent OCO
- To provide leadership in relation to managing performance in relation to Health and Social Care Transformation.
- To provide leadership in relation to system wide financial planning and investment.
- To identify, mitigate and manage risks to transformation across services.
- To model the cultural shift and new organisational behaviours which will underpin the transformation of Health and Social Care in Bury.
- To provide a forum for partner agencies to negotiate solutions to any problems or conflicts including the resolution of any conflicts within the programme.
- To ensure effective engagement with the Greater Manchester Health and Social Care Partnership and with sector, city region, regional and national stakeholders.
- To agree a work programme for the Board which will identify regular items, future reports and key decisions to be made.
- Agree and receive a risk register for the health and social care transformation programme which will be reviewed on a bi-monthly basis.
- To receive appropriate updates and assurance from the PMO function in relation to progress being made across the various work streams including any mitigating actions that may be required. The Programme Board will receive the LCO Programme Dashboard and PMO report on a monthly basis.

#### 4) Core Membership:

• Chief Executive – Bury Council

- Leader Bury Council
- Lead Member for Health and Wellbeing Bury Council
- Executive Director (Communities and Wellbeing) Bury Council
- Executive Director (Resources and Regulation) Bury Council
- Executive Director (Children, Young People and Culture) Bury Council
- Chief Officer Bury CCG
- Chair Bury CCG
- Director of Commissioning and Business Delivery Bury CCG
- Chief Finance Officer Bury CCG
- Clinical Representatives x2 Bury CCG
- Chair Bury LCO Programme Board
- Executive Director Bury LCO
- Lead Clinician Bury LCO

Members of the Board will be expected to ensure that the relevant papers, minutes, actions and decisions are circulated within their respective organisations in line with their individual governance arrangements.

Briefed deputies with delegated authority to act are permitted to cover unavoidable absence. Deputies are to be notified to the Board Secretary prior to each meeting.

In addition the Board shall be entitled to invite other managers or subject matter experts, with prior agreement of the Chair to attend for specific items to support the Board's decision making.

#### 5) Voting

At the start of the meeting the Chair will agree with Council representatives whether they are attending as an LCO or OCO member.

Decisions will normally be arrived at by consensus, if a vote is required on a specific proposal it will be weighted as follows:

- 2x votes for Commissioners (OCO) (To be confirmed)
- 2x votes for the LCO (Chair and Lead Clinician)

In the event of a tie the Chair of the particular meeting will have a casting vote.

#### 6) Joint Chair:

- Bury Council Leader
- CCG Chair

To be carried out on a monthly rotating basis, with either party deputising for the other. In the event that neither can attend, the CCG Chief Officer or Council Chief Executive shall take the Chair.

#### 7) Accountability and Reporting:

The Transformation Programme Board is accountable to the Bury Health and Wellbeing Board.

 The OCO and LCO Programme Boards will report directly to the Transformation Programme Board.

#### 8) Quoracy

The meeting will achieve quoracy with a minimum of seven members present which must include:

- The Leader or Chief Executive Council or their nominated deputy;
- The Chair or Chief Officer CCG or their nominated deputy;
- The Chief Finance Officer or Executive Director of Resources and Regulation or their nominated deputy;
- A Clinical Representative;
- An additional representative from the LCO.

#### 9) Frequency

The Board shall meet on a monthly basis with meeting dates circulated for each year.

#### 10) Conduct of Meetings

The agenda and supporting reports will be sent out 5 working days in advance. Reports must be received by the Board Secretary in line with published deadlines.

The Board will be supported by a Board Secretary from the CCG who will be responsible for the production of minutes, action logs and decision tracking and maintenance of a formal record of the Board.

Presenters of reports can expect Board members to have read the content and should keep to a summary that outlines the purpose and key issues.

At the start of each meeting, the Chair will invite Board members to declare all interests in relation to the current agenda and any conflicts which may have arisen since the previous meeting. The Chair shall decide, taking advice as required, on the materiality of each conflict and whether the conflicted party should participate in the discussion and/or the vote, if one is required. This decision shall be documented in the minutes together with the reason.

### 11) Review:

January 2019

## **Date for future Bury Health and Social Care Transformation Programme Board meetings**

Date	Time	Venue	Chair
13/02/18	13.00-15.00	Town Hall	Cllrs Shori and
			Simpson
13/03/2018	13.00-15.00	Townside, 503	Dr Patel
11/04/2018	13:00-15:00	Town Hall	Cllrs Shori and
			Simpson
09/05/2018	13:00-15:00	Townside	Dr Patel
12/06/2018	13:00-15:00	Town Hall	Cllrs Shori and
			Simpson
11/07/2018	13:00-15:00	Townside	Dr Patel
08/08/2018	13:00-15:00	Town Hall	Cllrs Shori and
			Simpson
11/09/2018	13:00-15:00	Townside	Dr Patel
10/10/2018	13:00-15:00	Town Hall	Cllrs Shori and
			Simpson
14/11/2018	13:00-15:00	Townside	Dr Patel
12/12/2018	12:00-14:00	Town Hall	Cllrs Shori and
			Simpson





### **Bury Children's Trust**

Minutes of the Joint Meeting of the Children's Trust Board and Children's Trust Operational Sub Group held on 31 January 2018

**Attendance:** 

Paul Cooke (Chair) Interim Assistant Director of Learning, Council CYP&C

Tony DeCrop Interim Assistant Director Social Care & Safeguarding, Council

CYP&C

Maxine Lomax Head of Safeguarding & Designated Nurse Child Protection and

Looked After Children, Bury CCG

Michael Hargreaves Bury Clinical Commissioning Group (on behalf of David Latham)

Kim Marshall Operational Manager, Bury Healthy Young Minds, Pennine Care

**NHSFT** 

Nicola Gray Bury Healthy Young Minds, Pennine Care NHSFT (shadowing Kim

Marshall)

Vicky Maloney Chief Officer, Early Break, representing CYP Third Sector Forum Karen Whitehead Strategic Lead Health, Families, Partnerships & Complex Care,

Council CYP&C and C&WB

Tom Gledhill Headteacher, Spring Lane School, representing BASH

Jon Hobday Consultant in Public Health, Council C&WB (on behalf of Lesley

Jones)

Mandy Symes Interim Strategic Lead, Strategy & Development, Council CYP&C

Rachel Davis Project Lead, Council C&WB

Mark Dennis Strategic Lead SEND, Inclusion and Integrated Youth Support,

Council CYP&C

Lesley Davidson Emotional Health & Wellbeing Coordinator, Council CYP&C

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

Adele Crowshaw Youth Participation Officer, Council CYP&C attended for item 3

#### **1. Introductions and Apologies** (P Cooke)

PC explained that KD was on leave and unable to attend and had asked him to Chair the meeting in her absence. He welcomed everyone to the meeting and introductions were made.

Apologies were received from Karen Dolton, Sue Reynolds, Charlie Deane, Maria Worthington, Gemma Philburn, Karen Young and Anne Gent. Attendance on behalf of other partners who were unable to attend is listed above.

#### 2. **Minutes and Matters Arising**

Papers circulated

Actions from the last meeting were confirmed as set out in the Action Log. In addition the following was noted:

Item 3: Youth Combined Authority – feedback on progress deferred to the next meeting in KD's absence.

Item 8: Transformation – The November Board meeting was replaced with a Transformation workshop, at which there had been a talk by STH officer, Kirsty Booth about new ways of working in STH to identify and improve early help to STH tenants provide the support to build stronger communities.

Item 9: Transformation group mapping – LD has received feedback from some partners with respect to the number of groups they attend where there is duplication/overlap. Addressing this needs to be part of the Transformation improvements.

#### **3. Circles of Influence** (Adele Crowshaw)

Papers circulated

AC reminded partners of the format of the annual Circles of Influence, which last year took place on 13 July 2017. She outlined the main points from the report and highlighted that some come up every year. For example, young people feeling that they are not prepared for life - which has been agreed as a UK Youth Parliament national campaign issue. In addition the need for first aid training; transport issues (being looked at by Andy Burnham) and getting the right help at the right time.

PC asked partners to think about what role the Board can have in addressing the issues raised and what links can be made. Key points from this discussion were that:

- In the refreshed CYPP as well as the collective priorities, PC recommended that young people's priority from the Circles report could be included.
- Some issues raised regularly are ones we could address, eg, budgeting skills and bank accounts. A very brief conversation between LD and Tracy Flynn flagged up the possibility of involving the Banks as part of their social responsibility – this is now being pursued.
- PC noted that the issues often show a high level of maturity and we should be looking at how we support. For example another regular issue is that young people want sex and relationships education to focus more on healthy relationships. The government is now reviewing SRE and this is one of the things they flag up.
- TG stressed the need to ensure that we don't just look to schools as being the route to respond to these issues as PSHE is becoming overloaded. LDavidson noted that we may need to adapt what is taught in PSHE rather than add more topics (eg change the focus of SRE)
- Needs to be more focus on the home and parenting responsibility to prepare young people for life.
- It is important to manage expectations
- Need to increase understanding that many of the skills young people are learning are transferrable life skills.

In discussion about where the report goes next, it was noted that it goes to BSCB and that it needs to inform commissioning, eg, JH noted that CAB are doing some f this work with adults and it may be that a family approach is needed. It was agreed that the report needs to be considered in the development of the next Children & Young People's Plan. It was also agreed that there needs to be a feedback mechanism to young people and oversight by the Board.

Action: LD/All Report to be included in development of CYPP
All: Report to inform related commissioning and planning where relevant
AC: Feedback mechanism to young people/updates to Board

#### 4. CYPP Priority 2 – Emotional Health & Wellbeing and Resilience

#### 4.1 Local Transformation Plan CYP Mental Health (M Hargreaves)

Papers circulated and attached to these Minutes at p7 MH noted that regular updates are due the Children's Trust to keep all partners informed and engaged. In the last 6-9 months this has fallen off, especially since the CT Ops Group have stopped having their meetings. MH will continue to provide an update every other month.

LTP Progress update - MH highlighted the following points from the written update:

- Transition Service recruitment process for Transition Manager substantive post is underway and will hopefully be appointed very shortly. Meetings with colleges and other agencies will be arranged to strengthen support to age 18 initially, extending to 21 and then 25 by 20/21.
- Link workers Interviews for 3<sup>rd</sup> link worker taking place week commencing 5 February. A key area of work will be the development of BEST (Behavioural & Emotional Skills Training) low level support to young people who are struggling with emotions and at risk to behaviours such as self-harm to manage their emotions and build resilience, including the involvement of their parents. Participating teachers will be trained to deliver BEST by Healthy Young Minds staff, who will then supervise them in school and provide a mentoring role. Currently have 2 schools who wish to take up the training. Any professionals who want to shadow and find out more, should contact KM. It was also suggested that information could be included in the CT weekly e-mail.

Action: KM/LD to discuss

• For young people needing HYM support, HYM staff are being trained in DBT (Dialectical Behaviour Therapy), an evidence based treatment model. Any

TG expressed concern that pressure in schools can make it difficult to release staff and the impact of removing staff from the classroom. There needs to be a structure (and funding) around how to disseminate to the rest of school staff, including school nurses and classroom assistants. There are 5 inset training days but a lot to be included in these in addition to curriculum training – possible use of PAD days suggested. TD highlighted that mental health support in schools is a key part of the Green Paper Mental Health and said that a briefing needs to come to the Board.

**Action:** Briefing on Green Paper to next Board meeting

- Bereavement & Loss service commenced in September, delivered by Early Break.
   VM said currently referrals are coming via HYM and already there is a waiting list of approx. 40 young people, so unable to take referrals from elsewhere at this time.
   TG highlighted the link between bereavement and exclusion a significant number of excluded young people have suffered a bereavement.
- MH gave brief updates on other areas of work and these are outlined in the LTP brief at the end of these Minutes, ie business case being developed for a drop-in café type service that better meets cyp needs than traditional NHS provision; redesign of neurodevelopmental service pathways (ADHD and ASD); pilot of a local Sensory Integration Service; updates on Voluntary Sector Grants – including plans to build on the Homestart 1 year agreement to develop a comprehensive perinatal mental health model over the next 2-3 years.

**New Items for LTP** (see paper) MH outlined that the National 5 Year Forward View for Mental Health has an expectation of significantly improved support for prospective and new parents. This includes enhanced specialist services, eg for parents suffering severe depression and post-partum psychosis; extended fast track IAPT access and community parent-infant MH early help hub programmes. Following discussions with the Starting Well Partnership Board, MH will be setting up a multi-agency working group for this.

With regard to LTP funding for the 3 year plan, MH stated the plan is overdrawn for next year so will need to assess expenditure.

MH asked Board Members to think about how the LTP work fits with their own services, identify links and possible benefits and stressed the need for partnership working for successful implementation.

A possible link with the Life Chances Commission which is all age but includes a lot of recommendations around younger years. A standing committee chaired by Rishi Shori met for the first time in January and further meetings are scheduled in. Not clear yet how this will fit with other work but it needs to be linked in. The importance of ensuring that the Life Chances work responds to needs in the JSNA was also flagged up.

All Different All Equal Anti-bullying Network Event (report provided) LD explained that the event on 17 November was the 3<sup>rd</sup> event linked to the LTP and funded from CCG LTP funding. It aimed to give young people's perspective on bullying and what works to address it through drama, poetry, workshops and presentations. The report gives more details and includes key messages from young people involved in the event. Following the event there have been a number of enquiries about intervention and good practice showcased. There will be a follow up e-mail to delegates to ask what difference the event made to them. The report will be sent out all delegates and go on the CT website.

#### 4.2 Gateway Action Mentoring Project (JH)

JH asked the Board to consider information from Gateway Action about a Mentoring project that they are running in partnership with Salford Council in the Jewish community and enquiring about setting up a similar project in Bury. There was some discussion and it was noted that this is a specific group where we struggle to engage. Concerns raised included sustainability of the project after initial 12 months funding ends. It was agreed that more research should be undertaken into the needs of groups/communities where we currently don't engage well, and to understanding what support there is, such as the Gateway Project, so that a systematic approach to addressing need can be taken.

#### 5. **CYPP Priority 1 – Early Help** (LD)

In Sue Reynolds' absence, LD gave an update on the Early Help toolkit which buildis on the lunchtime learning and fact sheets to provide staff with information on a range of issues so that they can provide early help.

The Board have agreed a format that starts with basic awareness-raising information and then on to how to find out more, what learning opportunities there are, assessement and referral pathways where appropriate and good practice examples. To date the Board has only seen a paper version, but working with Janet Watts, progress

**Action: JH** 

has been made to developing this online in the Bury Directory and LD gave a brief presentation of this.

Currently the Early Help pages are in the Children & Families staff area pending further developments to the format of the Bury Directory. There is an Early Help page describing what this means and providing links to different topics. Information under each topic is organised as per the paper version (description; basic information; useful contacts; assessment and referral pathways; learning opportunities; good practice). Some changes have been made to make the online pages more user-friendly, including dropping the use of the word 'toolkit' which could be confusing and is unnecessary.

LD asked for approval to continue this work and for support in identifying professionals who could check the pages (including the description of the topics) and professionals who could 'test' the toolkit for how useful and easy to use it is.

The Board agreed this and noted the good progress. In response to a question about updating the pages, LD said that in general the pages provide links to information elsewhere in the Directory and online. The fact sheets are updated annually but in general the information on these is fairly general and/or provides links to websites. ML noted that a link to the GM Tri-x site could be added to relevant pages (including the CSE page that was demonstrated).

Action: LD

#### 6. **CYPP Priority 3 – Alcohol & Substance Misuse** (JH)

JH advised that the Adult Substance Misuse Contract finishes in April 2019 and the Early Break contract has been extended so that it is aligned. JH and AN are developing a position statement working with Karen Dolton, Julie Gonda and Lesley Jones so that there is a collective plan of action in place by 2019 – looking at this being an all age approach and place-based. This will also need to fit with the GM Drug & Alcohol Strategy which is under final consultation. This will provide the catalyst to re-charge the Drug & Alcohol Partnership.

KW stressed that this needs to be part of a system wide approach that aligns with other work. For example the funding for the transition worker based in Early Break had not been renewed but this was a crucial post around support for young people who are not engaging with Adults. There is a need for a tiered approach that starts with early help.

JH confirmed that he will stress the importance of good engagement in the development of the Plan and will ensure that the Children's Trust is kept 'in the loop'.

**Action: JH** 

#### 7. **Transformation developments** (PC)

#### 7.1 **CT** Transformation Agenda – overview of progress

PC noted that Board and Ops Group members have been involved in the work led by PA Consultants to set out the current approach to Early Help and to look at alternative models. This information is being brought together into a draft paper which needs to be shared - possibly via a final 'wrap up' workshop to look at what needs to be done and aspects of delivery. KD is presenting on progress to Senior Leadership Team on 12 February and PC anticipated that there will be information to circulate shortly after this.

Action: KD

#### 7.2 **Restorative Practice project**

PC outlined that the RP project is an aspect of the Early Help and SEN approach. A great deal of work has gone into developing the project, but funding issues now require that we look at scaling it down and what will be the impact of delivering elements of the project as opposed to the whole project. The presentation about the project that was on the agenda was therefore deferred.

#### 8. Trust Board and Operational Group and Governance (LD)

LD flagged up that Terms of Reference and operating arrangements of the Board and Operational Group need to be reviewed. For example, the Board and Operational Group meetings are now held together and this has implications for governance and decisions that previously came to the Board; and it needs to be clear around the role of the Board/Operational Group in the Transformation agenda. It was agreed that this needs to undertaken within Transformation developments. With regard to meeting regularity and dates for 2018/19, it was agreed to defer this until the March meeting by which time there should be more clarity.

Action: LD – agenda item March

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

#### 9.1 Third sector issues/update from CYP & Families Forum (VM)

VM flagged up a concern that there are third sector groups being set up by willing volunteers but with no safeguarding procedures in place. VM will be taking to Safeguarding Board but was also bringing to the attention of the Children's Trust Board.

It was agreed that there is a real concern about how to ensure that organisations that are not commissioned by the public sector are appropriately regulated, especially as we are looking increasingly to the third sector to deliver IAG and support.

LD noted that she receives enquiries from 'new' third sector organisations and currently sends them information about the Children's Trust and the Forum and adds them to her mailing list for weekly e-mail. She could at the same time inform them about safeguarding requirements. It was noted that in the past there had been a simple breakdown of safeguarding requirements that LD could send out to new and existing Third Sector organisations. It was agreed that this would be good practice and LD to discuss with Donna Green; and also with Andrew Knight re including on the Bury Directory (and look at including a link to Tri.X site).

#### 9.2 **Partner updates and issues for consideration**

9.2.1 VM flagged up that Holding Families referrals are coming from Adult treatment services, but not from Children and Young People's Services and she wanted to bring this to the attention of partners.

**Action: All partners** 

**Action: LD** 

9.2.2 TD advised that the Annual conversation with Ofsted takes place on 8 February. A requirement of this is that a self evaluation focused on social care and safeguarding has been sent to them.

- 9.2.3 KW advised that a quarterly visit to monitor SEND had been held on 25 January. Ofsted were very positive about the Statement of Action and progress and KW thanked all involved.
- 9.2.4 TD advised that the Reach Out Project house is now on the market and the the team have moved to the New Kershaw Centre.
- 9.2.5 LD advised that she and Mark Love had attended the launch of Nightstop Greater Manchester in November. The aim of the service (run by Depaul UK) is to prevent vulnerable young people who are unable or unwilling to go home from sleeping rough or making unsuitable arrangements by finding them a safe place to stay with a trained and vetted volunteer. It provides a short term intervention whilst more suitable long term arrangements can be made and/or help to return home. The good news is that Depaul UK have been funded to run Nightstop across GM.

To assist them in getting established LD invited David Batchelor to the CYP Forum (which he attended in December) and to give a Children's Trust lunchtime briefing on 30 January. As well as the usual open invite, key services had been targeted to ensure that they sent someone along. The briefing had gone very well and as a result of this and the info in the weekly e-mail there have been a number of enquiries about volunteering, contacts made and follow up attendance at team meetings arranged. It hoped that this service will be up and running in Bury in March.

#### 6. Date of next meeting

The next Joint Children's Trust meeting will be on 28 March, 9.30 – 11.30 at the New Kershaw Centre. In addition to the items listed on the agenda, it was agreed that Transformation; the role of the group; frequency of meetings; briefing on mental health green paper also be included.

Children's Trust - Brief Update
Children and Young People's Mental Health - Local Transformation Plan (LTP)
Date - January 2018

#### 1. LTP Refresh

In line with national and GM expectations, the LTP will be refreshed and republished by the end of March 2018. The lighter touch refresh will focus on investment plans, improvement trajectories for 5 Year Forward View and local ambitions, early help/support for schools and, an updated action plan. Contributing partners have been asked to consider elements of the LTP and to provide updates by the 9<sup>th</sup> February.

#### 2. Current and Planned Priorities

#### **Transition Service**

The Transition Service Manager was recruited in November 2017 and Pennine Care is to submit a business case to the CCG by the 29<sup>th</sup> January, around recruitment to a number of other roles. Once fully operational, the Transition Service will strengthen links with partner agencies throughout Bury to optimise patient care for those CYP during transition up to 18<sup>th</sup> birthday initially – before extending to 21 and ultimately 25 by 20/21. The service will also enable, where appropriate, newly referred patients aged 16 and 17 to be seen within CYPMH rather than adult mental health.

#### **Link Working/BEST**

Pennine Care is currently recruiting to a third Link Worker to work across schools and other sectors. The Link Working service provides a named Healthy Young Minds contact for each school (the link workers cover multiple schools) for real-time advice and guidance, offers training and enables a single point of access for mental health referral. The key focus for late 2017/18 and into 2018/19 is development of a 'BEST' model. The Behavioural, Emotional, Skills Training (BEST) group has been developed to help those that experience high levels of distress and intense emotion that lead to urges to harm themselves. The skills taught are based on Dialectical Behaviour Therapy, which is an intensive treatment that aims to help people to cope more effectively with intense emotions and thoughts that lead to risky behaviours and breakdown in relationships.

The BEST group is a proactive early identification and intervention to school populations where pupils struggle with emotional regulation and managing relationships that in the long term maybe at risk of developing behaviours, such as alcohol or substance misuse, self-harm or suicidal ideation. The aim is that early intervention and skills will prevent these behaviours exacerbating to unhealthy coping strategies in adolescence and early adulthood.

- Who will refer CYP? Pastoral staff, HYM from screening of referrals, school health.
- Timescales for testing the model with a small number of schools and potential wider roll-out Spring summer term, a cluster of schools, using one of the schools as a host building
- Who will deliver the sessions-short and medium –term initially healthy young minds staff and then Teaching Assistants/SENCOs

It is envisaged that the link workers will work closely with the proposed school inclusion officers as and when in post.

#### **Enhanced Bereavement Service**

The enhanced bereavement and loss service has been operational since November and is delivered by Early Break on behalf of Pennine Care. The service has been well utilised from the outset – access is currently via Healthy Young Minds. Initially funded as a 12 month pilot, there will be an interim review in June and an end of 12 month period evaluation around October to make a decision on longer term provision.

#### Drop-in 'Café' Type Service

In response to the results of engagement with CYP, as well as the success of the #Thrive service in the Heywood, Middleton and Rochdale locality, the LTP Implementation Group has recommended to work up a business case around a drop-in 'café' type service targeted at CYP. We have heard from CYP via engagement with different groups that young people would greatly value a less 'NHS' type provision with a greater emphasis on the youth worker and peer support 'social' aspect.

To date, members of the LTP Implementation group have met with local CVS organisations — Streetwise and Early Break and to begin to develop a model for Bury. Representatives from the group have also visited the #Thrive service to understand the background and journey to develop their service. The next step is to draw up an outline model and seek feedback from stakeholders.

#### **Neurodevelopmental Pathways (ADHD and Autistic Spectrum Disorders)**

The two providers of the jointly delivered care pathways for ADHD and ASD assessment (PAHT – Community Paediatrics and PCFT – Health Young Minds) continue to work with the CCG to redesign how the service is delivered. For ADHD the aim to ensure delivery against a recently developed set of care standards developed by a GM ADHD working group. The work was supported by an external review into ASD services at PAHT which concluded late last year. Key changes agreed are:

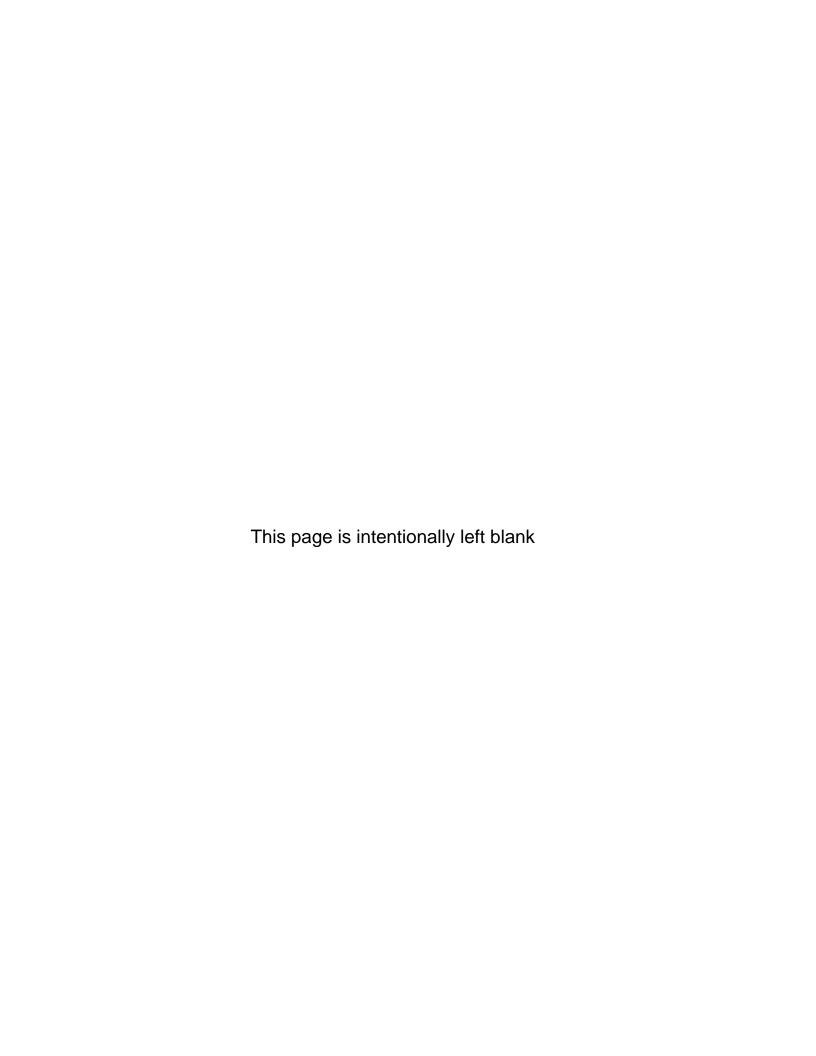
- all school age CYP to be assessed by Healthy Young Minds with pre-school children seen by the paediatricians
- recruitment to nurse specialist roles (subject to approval by the CCG's Clinical Cabinet). The new roles will work across both providers creating a seamless single service for patients.
- Once these changes are embedded and functioning effectively, as well as an initiative to significantly reduce the backlog of patients awaiting ASD assessment outcome at PAHT having completed, the two providers will work towards similar changes for the ASD pathway.

#### Sensory Integration Assessment (Specialist Neurodevelopmental Service)

Triggered by a significant number of applications to the Individual Funding Request (IFR) Panel over a 2 year period, which clearly evidenced the demand/need, the CCG is working with PCFT Occupational Therapy to pilot a local Sensory Integration service. To date, the CCG has hosted a workshop, well attended by stakeholders from across the CCG, LA, NHS providers and CVS – as well as patient and family representation from Bury2Gether. The results of the workshop are informing a business case expected from PCFT by the end of the month.

#### **Voluntary Sector Grants**

Grant agreements in place with Early Break/First Point Family Support and Streetwise are progressing well, expanding the breadth of support available for CYPMH and will continue for a further 2 years. The 1 year agreement with Homestart came to a close in December 2017 but plans are in place to build on this with a new agreement into 2018, which will support the CCG's development of a comprehensive perinatal mental health model over the next 2-3 years.



# Document Pack Page 189 DEPARTMENT FOR COMMUNITIES & WELLBEING



## MINUTES OF HOUSING STRATEGY PROGRAMME BOARD HELD ON THURSDAY 25<sup>TH</sup> JANUARY 2018

Present: Julie Gonda – Interim Executive Director of Communities and Wellbeing JG (Chair)

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

Marcus Connor - Corporate Policy Manager, Bury Council MCC

Sharon Hanbury - Head of Urban Renewal, Bury Council SH

John Merrick - Director of Neighbourhoods, Six Town Housing JM

Paul Webb - Business Manager Sustainability and Investment, STH PW

Tracey Hunt - Financial Services Business Manager, Six Town Housing TH

**ACTION** 

		71011011
1.0	Apologies:	
1.1	Karen Young - Strategic Lead, Bury Council <b>KY</b>	
	Steve Kenyon – Interim Executive Director of Resources and Regulation <b>SK</b>	
	Sharon McCambridge - Chief Executive of Six Town Housing <b>SMc</b>	
2.0	Minutes of 28th November 2017 Meeting:	
2.1	The minutes of the meeting, held on Tuesday 28th November 2017 were	
	approved as a correct record.	
3.0	Existing Items:	
3.1	Update on Estate Regeneration	
3.1.1	Six Town Housing provided report for information and to provide an update	
	on progress with this project.	
3.2	Gypsy and Traveller Site	
3.2.1	HSPB were asked to endorse the proposals for the site, including those	
	relating to fire safety.	
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 the last HOB meeting.	
	1	

#### **ACTION**

		ACITOIL
5.0	Date of Next Meeting.	
5.1	Date of Next Meeting – Thursday 22 <sup>nd</sup> February 2018,	
	2pm-3pm, Lancashire Fusiliers Room, 1st Floor Town Hall	