

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

Members : J Gonda, S North, L Jones, B Barlow, k Dolton, R Walker, S Briggs, R Shori, J Aspinall, S Taylor, A Simpson (Chair), S Hashmi, Dr Schryer, P Walker and D Lythgoe

Dear Member/Colleague

Health and Wellbeing Board

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

Date:	Thursday, 27 September 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 13th June 2018 are attached.

4 MATTERS ARISING *(Pages 7 - 10)*

Forward plan is attached.

5 PUBLIC QUESTION TIME

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

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

6 TRANSFORMATION UPDATE *(Pages 11 - 22)*

- Locality plan update
- Transformation programme update
- Locality Care Alliance update
- One Commissioning Organisation update

7 SEASONAL FLU UPDATE *(Pages 23 - 32)*

Julie Parker, Lead Health Protection Nurse and Lesley Jones, Director of Public Health will report at the meeting. Report attached.

8 INFECTION, PREVENTION CONTROL POLICY *(Pages 33 - 36)*

Julie Parker, Lead Health Protection Nurse and Lesley Jones, Director of Public Health will report at the meeting. Report attached.

9 GROUNDWORK UPDATE AMBITION FOR AGEING UPDATE *(Pages 37 - 76)*

Vicki Devonport, Executive Director, Groundwork will report at the meeting. Report attached.

10 SUBSTANCE MISUSE POSITION PAPER *(Pages 77 - 80)*

A report from Jon Hobday, Public Health Consultant is attached.

11 COMBINED BCF AND IBCF MONITORING REPORT *(Pages 81 - 94)*

Phil Thomas, Programme Director (Devolution) will report at the meeting.
Presentation attached.

12 GM HEALTH POPULATION PLAN UPDATE *(Pages 95 - 110)*

The Director of Public Health will report at the meeting. Report attached.

13 URGENT BUSINESS *(Pages 111 - 118)*

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

This page is intentionally left blank

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: Wednesday 13th June 2018

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Sajid Hashmi; Healthwatch Chair, Barbara Barlow; Stuart North; Chief Operating Officer, Bury Clinical Commissioning Group; Steve Taylor; Pennine Acute NHS Trust; Interim Director of Children's Services, Karen Dolton; Jon Aspinall GMFRS; Chair, Bury Clinical Commissioning Group, Dr Jeff Schryer;

Also in attendance:

Jon Hobday – Public Health Consultant
Tracy Minshull – Interim Assistant Director
Phil Thomas – Programme Director
Chris Woodhouse – Improvement Advisor
Julie Gallagher – Democratic Services
Tyrone Roberts, Director of Nursing, Bury & Rochdale Care Organisation
Phil Thomas – Programme Director (Devolution)

Apologies:

Leader of the Council, Councillor Rishi Shori
Cabinet Member for Children and Families,
Councillor Sharon Briggs
Interim Executive Director Communities and Wellbeing, Julie Gonda
Mike Russell, Chief Inspector GMP

Public attendance: members of the public were in attendance

HWB.19 DECLARATIONS OF INTEREST

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.20 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 28th March 2018 be approved as a correct record.

HWB.21 MATTERS ARISING

HWB.22 PUBLIC QUESTION TIME

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

HWB.23 UPDATE FROM THE PENNINE ACUTE TRUST

Steve Taylor, Chief Officer and Tyrone Roberts, Director of Nursing attended the meeting to provide members with an update in respect of Bury and Rochdale's organisational journey from the Care Quality Commission rating of requires improvement to good. The presentation contained information in respect of the following areas:

- Improvement Plan
- New governance structure
- Fragile services, investing in people
- FGH attendances, Ambulance arrivals, 12 hour trolley waits, 4 hour breaches and performance
- Accident and Emergency
- Serious Incident report

The Chief Officer reported that A&E attendances have risen by 8.1% during January and February 2018, this equates to an additional 799 patients. Four hour breaches have significantly reduced from 2112 to 1577 compared to the 12 months previously.

The Chief Officer and the Director of Nursing reported that the key factors in the improvements witnessed are as a result of the changes to the site management arrangements and the empowerment of staff.

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

Responding to a Board Member's question; the Chief Officer reported that there are problems with the estate at North Manchester General Hospital. The CQC inspection findings and the good practice will be shared within the organisation to ensure that there is standardisation and consistency in service provision.

In response to a Member's question, the Chief Officer reported that there are still problem areas within the Trust. With regards to IT infrastructure the Trust acknowledges that this is an area that needs addressing and work is underway with partners at Salford to do that. Responding to concerns raised in respect of outpatient services, the Director of Nursing acknowledged that there have been pressure points in certain specialities and outpatients will be an area for focus in the forthcoming year.

The CCG Chief Operating Officer reported that the hospital had chosen to concentrate on three key areas, including a change in culture and empowerment of staff; the learning and the good practice from this approach will be shared with partners.

It was agreed:

Members of the Health and Wellbeing Board would like to place on record there congratulations and support for all the staff on the Fairfield General Hospital site that have contributed to the improved Care Quality Commission rating.

HWB.24 GREATER MANCHESTER POPULATION OUTCOMES FRAMEWORK AND DASHBOARD

Jon Hobday, the Public Health Consultant attended the meeting to provide members with an update on the Greater Manchester wide population outcomes framework and dashboard. The Public Health Consultant provided members with an overview of the website and key indicators. An accompanying report had been circulated to Members prior to the meeting which contained information in respect of the following areas:

The purpose of the population health plan is the reduction of unwanted and unwarranted variation in standards, improvement in population health outcomes, more consistent adoption of evidence based practice, and the enhanced use of benchmarking data.

The GM population health outcomes framework and Tableau based dashboard, will be utilised as part of an integrated single assurance framework and will be used as the basis for the development of population key lines of enquiry.

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

Responding to a question from the Chair, The Public Health Consultant reported that it is envisaged that the information contained within the dashboard will act as a catalyst for further consideration at a Borough level. It is then up to each area to delve into the data and potentially address via proportionate resources.

In response to a Member's question, the Public Health Consultant reported that the data is comparable and will compare like with like. The information held on the dashboard will be updated automatically.

It was agreed:

Democratic Services will circulate to Board Members, the link to the Greater Manchester wide population outcomes framework and dashboard.

HWB.25 UPDATE FROM THE TRANSFORMATION BOARD

Philip Thomas, Programme Director (Devolution) attended the meeting to provide members with an update in respect of work being undertaken at the Transformation Board. An accompanying report was circulated in advance of the meeting which contained information in respect of the following areas:

- Locality Plan Year End Review
- Transformation Programme
- Creation of Locality Care Alliance
- Creation of a One Commissioning Organisation
- Programme Management Office

Members discussed the need for the HWB to be more informed of the work being undertaken in respect of the transformation monies as well as the role of the Transformation Board.

It was agreed:

A further transformation board report will be considered at the next meeting of the Board. Members request that the report contains information in respect of a breakdown of the transformation projects and the allocation of the transformation monies.

HWB.26 SPECIAL EDUCATION NEEDS AND DISABILITIES (SEND) UPDATE

Karen Dolton, Interim Executive Director Children and Families presented a report to the Board which contained details of the steps taken by the Local Authority, partners, stakeholders and parents to address the areas of weakness identified in the joint area CQC and Ofsted inspection.

Key priority areas of work have been identified for the next quarter, these will include; fresh impetus around the "local offer". A multi-disciplinary team approach with health colleagues to review the more complex cases as well as lessons learnt.

The Interim Executive Director reported that a great deal of work has been undertaken with schools to ensure that schools take ownership of inclusion and develop a graduated support model that supports young people to stay in mainstream education and reduces the number of exclusions and the demand for out of borough placements. Further work includes the planned recruitment of inclusion managers to work with the schools.

Responsibility for overseeing the SEND reforms and holding the SEND system to account sits with the SEND partnership Board which reports to the Strategic leadership team and the Health and Wellbeing Board.

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

Responding to a Member's question, the Interim Executive Director reported that to encourage greater inclusion within schools 20 places have been decommissioned from the secondary Pupil Referral Unit (from a total of 60) as well as the decommissioning entirely of the primary pupil referral unit.

With regards to the role of the Local Authority in relation to schools, the Interim Executive Director reported that the LA has no direct control over schools however they would seek to use their influence. The Local Authority has a responsibility to ensure that a child receives an education.

It was agreed:

That the HWB notes:

1. The progress with the SEND written statement of action and the outputs of the work streams; and
2. Ensure their organisations' continued participation in the work streams and ownership of the actions.

HWB.27 BURY CLINICAL COMMISSIONING GROUP ANNUAL REPORT

Stuart North, Chief Operating Officer, Bury CCG presented for information the Group's Annual Report. The report provides details of the performance overview and analysis, corporate governance report and staff remuneration and financial performance.

It was agreed:

The report be noted.

HWB.28 BURY PSR HUB UPDATE

It was agreed:

That this item will be deferred for consideration at the next meeting of the Health and Wellbeing Board.

HWB.29 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Job Hobday provided members with a JSNA update. An accompanying report had been circulated to members in advance of the meeting and provided details of the most recent work that has been included on the JSNA website, including; pharmacy needs assessment; Oral health data and information, dental health profiles and updates and survey of adults carers summary.

The Public Health Consultant reported that as well as a full refresh/update of the existing documents contained within the work plan, changes to the website are proposed.

Members discussed using the information on the JSNA as well as the information from the GM population health outcomes dashboard to commission services. The Public Health Consultant reported that the JSNA can be used to store softer qualitative data as well as quantitative data.

It was agreed:

The Public Health Consultant be thanked for his attendance.

HWB.30 DEVOLUTION UPDATE

The CCG Chief Operating Officer reported that the Greater Manchester area has been chosen as a Locality Health Care record Exemplar and in doing so has been awarded additional funding of 7.5 million pounds to further develop the integration of health and social care records.

HWB.31 CANCELLATION OF JULY MEETING

The meeting was informed that the next meeting of the Health and Wellbeing Board would be cancelled.

It was agreed:

The next meeting of the Health and Wellbeing Board will now take place on Thursday 27th September 2018.

Councillor Andrea Simpson
Chair

(Note: The meeting started at 6pm and finished at 7.40pm)

Board Date	Agenda Items
13 th June 2018	<ul style="list-style-type: none"> • Devolution update – Stuart North • JSNA Update – Jon Hobday • Wider PSR Reform – Karen Dolton
18:00-20:00	<ul style="list-style-type: none"> • GM Population Health Outcomes Framework and Dashboard – Mark Brown, Programme Managers, Greater Manchester Health & Social Care Partners – Jon Hobday presenting • IPC Policy • Update report from the Transformation Board (recent activity, update on transformation programmes and funding – Helen Smith/Philip Thomas • Update on Early Years Transformation (could include an update on SEND) and any links into GM Children's Health and Wellbeing Board – Karen Dolton • Bury PSR Hub Update – Mike Russell, GMP • CCG Annual Report
	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> • Children's Safeguarding Board Minutes - (Priority 1) • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5)
Board Date	Agenda Items
19 th July 2018	<ul style="list-style-type: none"> • MEETING CANCELLED – items moved to September
18:00-20:00	

Board Date	Agenda Items
27 th Sept 2018 18:00-20:00	
	<ul style="list-style-type: none"> • Transformation Update – Philip Thomas
	<ul style="list-style-type: none"> • Groundwork update on Ambition for Aging Bury and The Social Eating Programme – Vicki Devonport
	<ul style="list-style-type: none"> • Bury's Seasonal Flu Programme 17/18 – Lorraine Chamberlin to bring paper
	<ul style="list-style-type: none"> • Infection, Prevention and Control Policy – Maureen Foden
	<ul style="list-style-type: none"> • Combined BCF and iBCF reporting – Q4 17/18 and Q1 18/19 – Philip Thomas
	<ul style="list-style-type: none"> • Substance Misuse Position Paper – Jon Hobday
	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) – now under Paul Patterson (Urban Renewal) – no longer happening until decision is made • GM H&SC Partnership Minutes – Warren Heppolette
Board Date	Agenda Items
27 st Nov 2018 18:00-20:00	<ul style="list-style-type: none"> • JSNA Annual Update – Jon Hobday - provisional
	<ul style="list-style-type: none"> • Public Health Annual Report – provisional, TBC by Lesley Jones / Jon Hobday
	<ul style="list-style-type: none"> • Safeguarding Adults Annual Report – provisional
	<ul style="list-style-type: none"> • Safeguarding Children's Annual Report
	<ul style="list-style-type: none"> • GM Population Health Progress Review & Forward Look – Lesley Jones to bring paper
	<ul style="list-style-type: none"> • Healthy Schools – Lesley Jones
	<ul style="list-style-type: none"> • The Bury Directory Launch – 20 mins – Matt Peluch
	<ul style="list-style-type: none"> • An update from Warren Heppolette from GM – Please can you see if he is available to attend, please say we would like a quick overview (15 minutes long) before discussing local issues. •

	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) • GM H&SC Partnership Minutes – Warren Heppolette
Board Date	Agenda Items
12 th Feb 2019	•
	•
	•
18:00-20:00	•
	•
	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) • GM H&SC Partnership Minutes – Warren Heppolette
Board Date	Agenda Items
21 st Mar	•

2019 18:00- 20:00	•
	•
	•
	•
	<p><u>Mins of Health & Wellbeing Board Sub Groups</u></p> <ul style="list-style-type: none"> • Children's Trust Board Minutes (Priority 1) • Bury Integrated Health and Social Care Board Minutes (Priority 2, 3 & 4) • Adults Safeguarding Board Minutes (Priority 4) • Carbon Reduction Board Minutes (Priority 5) • Housing Strategy Programme Board Minutes (Priority 5) • GM H&SC Partnership Minutes – Warren Heppolette

Other issues – as per e-mail Chris Woodhouse sent on Friday 18/05/18

Future items

- Need a cross-reference with Health Scrutiny as to what are they looking to consider and will it have been considered by HWB previously?
- More focused piece on Commissioning – considering local Strategic Commissioning Function and GM Commissioning Hub?
- Role of HWB in promoting public health and other health related campaigns.

Transforming Health and Social Care

Bury's Locality Plan

Health and Wellbeing Board

September 2018

Locality Plan

Locality Plan:

- A new transformational model, underpinned by a series of transformation programmes:
 - Enabling local people
 - Giving every child the best start in life
 - Keeping Bury well
 - Transforming mental health
 - Transforming urgent and emergency care
 - Transforming primary, community and social care
- Creation of a locality care alliance – Together 4 Bury: a partnership of local provider organisations, working together to transform how services are delivered, improving outcomes, increasing efficiency and reducing demand
- Creation of a single health and care commissioning function – One Commissioning Organisation: with a focus on commissioning outcome focussed integrated health and care services

Transformation Programmes

Programme Title	Programme Summary
Enabling Local People	Reconfiguring the Health and Social Care system to enable local people to become more active participants in their health and the health of those around them.
Giving Every Child the Best Start in Life	Transforming the way in which Children and Young People are supported, focusing on prevention and early Intervention, and increasing the support available to parents and schools to ensure all children are supported to fulfil their potential.
Keeping Bury Well	Supporting people in Bury to live well, for longer by preventing or delaying the onset of the Long Term Conditions that have the greatest impact on Bury's population e.g. Hypertension, Cancer, Chronic Kidney Disease etc.
Transforming Mental Health	Implementing a new strategy that focuses on enabling prevention, early intervention and peer support in a Neighbourhood setting and ensuring that specialist Mental Health services are available for those who need them, and are accessible in a range of settings, including General Practice.
Transforming Emergency Care	Developing a multi-agency emergency care response which brings together Primary Care, Social Care, Acute Care and the Voluntary & Community Sector, into a single coherent 'offer'.
Transforming Primary, Community & Social Care	Providing a coherent, credible care and support offer in the community to enable a shift from statutory services. This programme will focus on the development of Integrated Neighbourhood Teams, the intermediate care tier and building on the existing General Practice offer.

**MAKING
CHANGE
FOR A
BETTER
BURY**

Transformation Programmes

- Programme refresh completed: revised project and resource plans, return on investment modelling, risk and issue logs developed
- Project level investment agreement agreed for majority of programmes:
 - Agreements set out what each project will deliver and when, the impact and funding requirement to deliver the project
 - Reviewed by a multi-disciplinary scrutiny panel from across health and care partner organisations
 - Agreed by Transformation Programme Board (TPB)
- Transformation fund monies earmarked to programmes linked to investment agreements. Ongoing release of monies conditional upon programme delivery, monitored by TPB
- Final investment agreements (Transforming Primary, Community and Social Care) to be finalised and considered by TPB during Q3 2018/19

Enabling Local People

What we are going to do?

- This programme is being developed and delivered by Bury Council and the Voluntary, Community and Faith Alliance (VCFA) and VCF sector. The focus of 'Enabling Local People' is to achieve real behaviour change within our neighbourhoods and to deliver a sustainable legacy where communities are empowered to develop solutions to the issues that matter most to them. We will put local people, the VCFA, local partners and businesses at the heart of what we do and empower them to help shape and deliver the outcomes identified within the programme.
- This programme will underpin the prevention agenda by providing essential behaviour change support and actively signposting residents to local support and interventions most applicable to them (this will include the wider determinants of health, including loneliness, low level mental health, debt, benefits, housing, education and employment).
- Projects within this programme include a new community engagement framework, developing the Bury Directory, introducing 'One community', low level wellbeing assessment, social prescribing, support for carers, volunteering strategy and people powered health interventions.

Intended Outcomes to be delivered?

- Empower local people to shape decisions, services and support in their local area
- Empower local people to deliver and lead local services and support
- Support residents to take an active role in managing their and others health and wellbeing with confidence
- Connect residents to local, universal and community services and support; including 24/7 digital offer
- Identify carers earlier and support them, via universal services, to maintain their caring capacity; their own health and wellbeing and that of other carers

Next steps

- Recruitment
- Engagement and networking events
- Launch of the Bury Directory, One Community and the Quality of Life Wheel
- Implementation of community led action groups
- Marketing

**MAKING
CHANGE
FOR A
BETTER
BURY**

Giving Every Child the Best Start in Life

What we are going to do?

- There are two distinct elements to this programme:
- Looked After Children Theme – The goal is to reduce the number of LAC and the associated cost of placements through:
 - An increased uptake of permanency options for children and young people who become looked after
 - Reduced reliance on independent fostering agencies and residential placements as more children and young people are placed with Bury's own fostering families or with hosts providing supported lodgings
 - A reduction in the number of children and young people entering care and an increase in the number stepped down as families are supported to resolve the breakdown of parenting relationships.
- Early Help Theme – The goal is to deliver an enhanced and integrated early help offer through:
 - The establishment of the Early Help Hub
 - The setting up of five neighbourhood teams to deliver an integrated early help offer
 - The delivery of training in restorative practices.

Intended Outcomes to be delivered?

- A reduction in the number of Looked after Children by 8% relative to the 2016/17 baseline
- A reduction in statutory safeguarding activity (Children in Need and subject to Child Protection) by 5% relative to the 2016/17 baseline

Next steps

- May 2018 - Investment Agreement signed
- June 2018-Dec 2018 - Detailed design/consultation phase
- January 2019 – Implementation begins.

Keeping Bury Well

What we are going to do?

- This programme seeks to target those at high risk or early diagnosis of a long term condition whilst also being pivotal to boosting the impact of our overall 'Keeping Bury Well' strategy and local delivery of the GM population health plan and helping to ensure a sustainable health and social care system for the future.
- **Scale up Find and Treat:** Investing in a scaled up 'find and treat' programme in primary care to find the missing thousands and ensure everyone is optimally managed to prevent/ slow further disease progression.
- **Integrated Wellness Model:** Preventing and managing long term conditions is through health related behaviour change. We wish to significantly expand the reach of the wellness service and develop it as part of the proposed Greater Manchester 3 tier model.
- **Workplace Health:** People of working age are those who are most at risk of developing long term conditions. Workplaces therefore offer the ideal environment through which to support people to live healthier lives. There is massive potential to achieve greater impact in this area.
- **Falls & Fragility Prevention and Management:** We have been working on whole pathway redesign to embed the prevention, identification and treatment of osteoporosis, fragility and falls as a core priority within our reformed systems.

Intended Outcomes to be delivered?

- The key outcome of this programme is that 'All people of Bury live healthier, resilient lives and have ownership of their health and wellbeing'. This is measured through the following outcome indicators:
 - Life expectancy at birth
 - Healthy life expectancy
 - Self-reported wellbeing

Next steps

- Integrated wellness service live 3 months following funding approval due to recruitment.
- Workplace Health service live 3 months following funding approval due to recruitment.
- Falls, fragility and bone health – due to the 5 elements of this project all milestones can be found in the workbook
- Find and Treat – elements within general practice can commence from day one other areas require further design scoping over the next 6 months.

**MAKING
CHANGE
FOR A
BETTER
BURY**

Transforming Urgent Care

What we are going to do?

- Deliver the following schemes:
 - **NWAS Community Paramedic Green Car** – to provide a see and treat and connect response to lower acuity 999 calls. 7 days a week, 08.00 – 20.00
 - **Integrated Virtual Clinical Hub (IVCH)** – Bury local alternative to 111 delivered by BARDOC which will assess patients and where required book directly into Extended Working Hours GP appointments or Out of Hours GP services
 - **Primary Care Streaming** – GP led streaming at A&E [will be superseded by the Urgent Treatment Centre]
 - **Urgent Treatment Centre [UTC]** - A Primary Care led facility located at Fairfield Hospital which will provide a timely service for patients presenting with minor illnesses and injuries and onward referral where required. 7 days a week, 08.00 – 20.00. Phase 1 will be delivered as a partnership between PAHT, BARDOC and Bury GP Federation
- This programme is also looking at the urgent care element of the Health & Social Care Hubs working with the East sector to develop a model.

Intended Outcomes to be delivered?

- Key outcomes of this programme :
 - Better patient experience – providing the right care in a timely way and in the right place;
 - Enabling more people to be treated and cared for at home and / or in community settings avoiding unnecessary A&E attendance and emergency hospital admissions ;
 - Better integration of urgent care services;
 - A reduction in pressure on the FGH A&E department - improving waiting times and patient flow in the hospital

Next steps

- **Green Car** – Went live 12 hours a day, 7 days a week on 1st Aug 2018
- **IVCH** – Went live 1st September 2018
- **Primary Care Streaming** – Currently operational in the evenings and weekends but will be superseded by the Urgent Treatment Centre when it launches to transfer to UTC
- **Urgent Treatment Centre** – Phase 1 will go live at the end of October 2018

Transforming Primary, Community and Social Care

What we are going to do?

- This programme seeks to reset and transform the out of hospital offer across primary, community and social care. This will be delivered via integrated neighbourhood teams and intermediate care, both working dynamically to develop a fresh view of person centred, multi-disciplinary care. The key principles of the programme are:
 - Home is the preferred setting of care for the people of Bury
 - People will get the right support in the right place at the right time
 - Care is commissioned around the person
 - The health & care system will work together in an integrated way
 - Individual care pathway flow is optimised across Bury
 - Trusted Assessor
- Integrated neighbourhood teams will be expected to work seamlessly with other interventions which focus on the wider determinants of health to ensure a fully person centred approach which thinks individual, family and community.

Intended Outcomes to be delivered?

- The key outcome of this programme is to create a person-centred approach to care and support that improves outcomes and customers/services users stake in their own wellbeing. In addition, this programme will use an outcome based accountability approach, outcomes will also be person centred and focused on improving the experience and outcomes at an individual community level and avoids duplication whilst reducing demand.

Next steps

Integrated Neighbourhood Teams and the Intermediate care tier:

- September 2018: Detailed design work
- October 2018: Early adopters in operation
- March 2019: Evaluation
- April 2019: Full roll out

**MAKING
CHANGE
FOR A
BETTER
BURY**

Together 4 Bury

The work plan for Together 4 Bury details the following 3 themes to be actioned over the next 3 months:

- Governance
 - Establishing a management team
 - Confirming in scope services
 - Preparing for contracting round and winter planning
- System/Target operating model
 - Articulating the model
 - Review current components of the model of care
 - Reviewing GM requirements
- Development of the neighbourhood model
 - Vision workshops
 - Agreeing standard operating model
 - Refresh of delivery plans

One Commissioning Organisation

- Partnership Board meetings held monthly supported by regular development sessions
- Council and CCG Joint Executive meetings held fortnightly
- Year 1 business plan agreed and implementation commenced. Plan comprises 5 priority activities:
 - Develop and implement a target operating model
 - Produce joint commissioning strategy, plans and approaches
 - Establish joint financial planning and reporting mechanisms
 - Establish 'business as usual' risk and quality assurance frameworks and processes
 - Staff development and engagement

Keeping HWB Updated

- The implementation of Bury's Locality Plan is overseen by the Transformation Programme Board, which is accountable to the Health and Wellbeing Board
- It is proposed that this accountability is facilitated by:
 - A Transformation Programme Board Chairs' report to each meeting, summarising items considered by and agreements made at meetings of the programme board
 - A focus on a particular transformation programme at each Health and Wellbeing Board, in accordance with a forward plan. Health and Wellbeing Board to determine that forward plan

Title of the Report	Seasonal Flu Update
Date	27 th September 2018
Contact Officer	Lorraine Chamberlin/Julie Parker
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	Update on Seasonal Flu in 2017/18 season		
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	Priorities 1,2,3,4,		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	Communicable diseases		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	For information only		
What requirement is there for internal or external communication around this area?	Bury Council front line staff should be encouraged to have the Flu Vaccination via internal comms. External comms to encourage all cohorts to take up vaccination - Annual GM Flu Campaign is part of the national Staying Well initiative.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No		

2. Introduction / Background

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. 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. During epidemic seasons, the estimated average death rate is around 5,000 in the UK rising to 14,000 in a severe epidemic. A national vaccination programme aims to protect those who are most vulnerable to the effects of the virus.

A vaccine against seasonal influenza is available to people in Bury in certain at risk groups: -

- children aged 2 to 11 years old (nasal spray)
- people aged 6 months to 65 years with certain medical conditions including diabetes, respiratory disease and morbidly obese;
- pregnant women;
- those aged 65 years or over;
- residents of long-stay care homes or other long-stay care facilities;
- carers;
- In addition vaccination is now recommended for frontline health and social care workers

Bury was an original pilot site for the children's school vaccination programme so whilst most other areas of the country only offered the vaccine to children in school years 1-4, children in school years 1-6 are eligible in Bury. In the 2017/18 season, children aged 2-3 years were offered the vaccine via their GP and reception and older children received it at primary school.

Bury providers of the flu vaccination programme have worked hard to achieve the good results in 2017/18 and Bury's seasonal flu locality group ensures that we maximise uptake through monitoring, implementing actions to address problems, awareness raising, and building upon lessons learned for future years. Bury Public Health Department chair the meeting and members include:

- Bury Clinical Commissioning Group (CCG);
- Pennine Care Foundation Trust – including district nurse representation;
- Greater Manchester Screening and Immunisation Team GMSIT;
- Practice Managers;
- Bury Council;
- Bury Local Pharmaceutical Committee;
- IntraHealth (school programme);

Incidence of Flu in 2017/18

There is no incidence data available for Bury due to system incompatibilities between Bury GP's and the national Flu surveillance programme. However there were 7 outbreaks of respiratory disease in care homes in Bury, 4 of which were confirmed as flu with 2 being Flu A and 2 Flu B. In addition there was an outbreak in sheltered accommodation where Flu A was confirmed.

Vaccination uptake

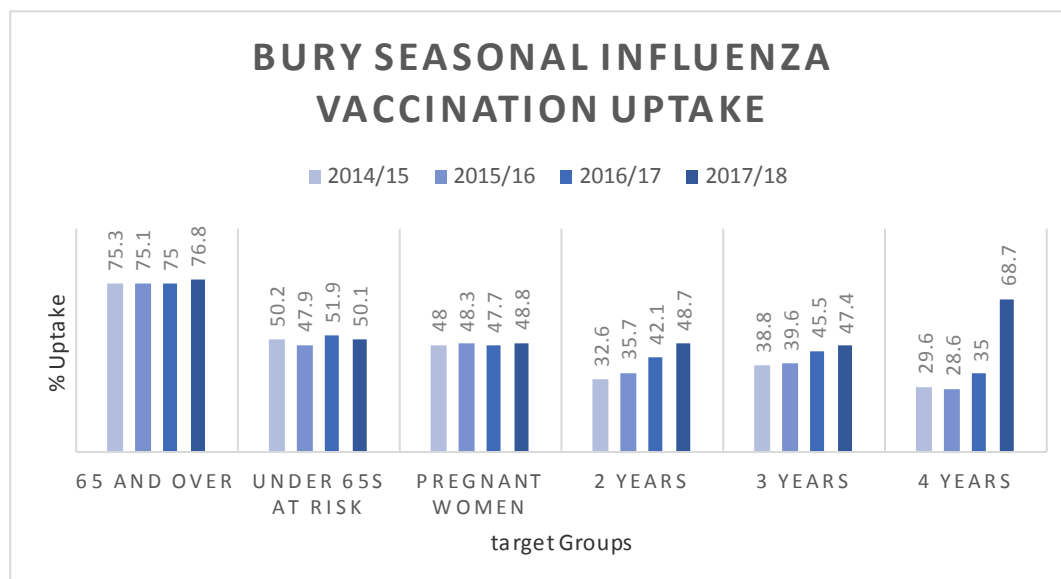
Table 1 below outlines the priorities set by GMSIT for Bury in 2017/18 and the actual overall uptake. We still need to improve performance for 2-3years old, those in the 'at risk group' and pregnant women

Priorities for 2017/18 - Table 1

Cohort	Expected uptake at each practice	Actual uptake across all practices in 2017/18
Healthy 2 and 3 years old	65%	48%
65 years and over	75%	76.8%
6 months to 65 in at risk group	55%	50.1%
Pregnant women	55% aspiration for 75%	48.8%
Primary school	40-65%	66%

Chart 1 shows the annual performance over the last 4 years with improvements in all cohorts except the 'at risk group'

Uptake by risk group and year in Bury -Chart 1



Achievements

Despite not reaching targets for some cohorts in 2017/18 flu season, an impressive 60,395 vaccinations were delivered in Bury

- 40,511 administered in a GP surgery,
- 16,599 nasal vaccines given by Intrahealth schools programme
- 2942 provided in a pharmacy
- 343 given in another healthcare setting

Document Pack Page 26

Table 2 below shows that Bury compares favourably with GM rankings and the national picture but that there are some areas for improvement

Bury Influenza Vaccine Uptake Ranking Nationally and Greater Manchester 2015/16 to 2017/18				
	2015/16	2016/17	2017/18	National Target
Those aged 65 years or over				
Uptake	75.1%	75.0%	76.8%	75%
National Rank (211 CCGs)	10	14	15	
GM rank: (12 CCGs)	9	3	3	
Those aged 6 months to under 65 years in a clinical at risk group				
Uptake	47.9%	51.9%	50.1%	55-75%
National Rank (211 CCGs)	55	49	79	
GM rank: (12 CCGs)	9	7	7	
All pregnant women				
Uptake	47.1%	47.7%	48.8%	55-75%
National Rank (211 CCGs)	39	43	93	
GM rank: (12 CCGs)	5	7	7	
All 2 year olds				
Uptake	35.7%	42.1%	48.7%	40-60%
National Rank (211 CCGs)	112	75	54	
GM rank: (12 CCGs)	6	4	3	
All 3 year olds				
Uptake	39.6%	45.5%	47.4%	40-60%
National Rank (211 CCGs)	91	70	90	
GM rank: (12 CCGs)	6	3	3	
All 4 year olds				
Uptake	28.6%	35.0%	68.7%	40-60%
National Rank (211 CCGs)	120	80	N/A – now part of schools programme	

GM rank: (12 CCGs)	7	4	N/A	
--------------------	---	---	-----	--

Table 2 - Influenza Vaccine Uptake Ranking – Nationally and in Greater Manchester in 2015/16 to 2017/18

GP Practice performance comparison to last year

- 65 and over – 22 practices higher than last year and 6 lower
- At Risk - 13 practices higher than last year and 15 lower
- Pregnant - 15 practices higher than last year and 13 lower
- 2years – 15 practices higher than last year and 13 lower
- 3 years – 15 practices higher than last year and 13 lower

GMSIT and Bury CCG will follow up poorly performing practices to offer support and share good practice. A representative of the GP Practice Managers attend the Seasonal Flu Group.

Actions taken to improve uptake in 2017/18 included**Young children and pregnant women**

Health Protection nurses have been promoting vaccination uptake via Childrens Centres, Childminders and Nurseries.

Schools

The Schools programme saw an increase in uptake from 58% in 2016/17 to 66% in 2017/18 With individual school variations from 37% to 91% but all schools improved. Of particular note was the 63% uptake at Yesioday Hatorah as it was the first time the flu clinic had taken place in the school thanks to good engagement work from Intrahealth. Early contact with Head teachers and Governing bodies by the Health Protection Nurse before the flu season started ensured they were receptive to the schools programme. A press release was tweeted with the Council Leader and Health and Wellbeing lead supporting the initiative.

Carers

Health Protection Nurses have been promoting vaccination uptake via the Carers Centre. A vaccination clinic was held in October at the Bury Carers Centre which will be repeated in 2018/19 season. The centre promotes carers to become registered with their GP in order to access free vaccination and increase their resilience to look after their relative/friend during flu season. We have a good uptake amongst registered carers but many carers do not consider themselves as such, and are not known to their GP. Uptake figures are not available as they are counted within the other risk groups.

Healthcare workers

Pennine Acute Hospital Trust achieved an excellent 79% uptake for vaccination of frontline workers this was an increase from 53.6% and attracted extra CQUIN funding for exceeding 75%.

Document Pack Page 28

Pennine Care also raised uptake from 30.5% to 60.1% and were in the top 5 most improved organisations in the country. Both organisations carried out in house programmes with incentives

Social Care workers (Care Home/domiciliary staff)

The nationally commissioned NHSE influenza immunisation programme for care home and domiciliary care workers was launched during the 2017/18 season. Evaluation of this element of the programme is underway; it is anticipated that this will continue in 2018/19 though we do not have uptake figures in Bury

The Health Protection Nurses engaged with Persona and private care homes to promote uptake for frontline staff to prevent spread of flu to vulnerable clients as well as improving business continuity by lowering sickness rates. 2 care Homes reported 100% staff vaccination. Persona staff uptake was 60 (approx. 25%)

Bury Council Health and Social care staff

Free vaccination vouchers for Bury Council for social care and critical service staff were advertised around Council offices and via the Live Better Feel Better service and we saw an uptake rise from 26 to 85 but this is still a very low proportion of eligible personnel. A report recommending a £5000 budget for a proactive vaccination programme at Bury Council will be submitted to SLT for 2019/20 season with a view to providing vaccination clinics in house.

Older people

There was an increase in uptake among the over 65's of 1.8% which meant 1,094 more people received the vaccination from GP's.

BME population

The Health protection Nurses also promoted vaccination to ethnic minorities via a presentation at a Health promotion Day at ADAB

Challenges for 2018/19 season

Pregnant women

In 2017/18 there was lack of engagement with the Midwife service. As flu vaccination is now part of the midwifery contract the Seasonal Flu Group aim to improve liaison with midwives and the contract manager in 2018/19 and move towards the 55% minimum uptake. 2 new Midwives have been identified to attend the Seasonal Flu Group meetings for 2018/19.

2-3 years old Children

Improving 2-3 year old uptake of the nasal vaccine continues to be challenging and we need to be more imaginative to capture busy parents. Practice Managers have ideas to hold pop up clinics at Nurseries but these have faltered due to indemnity issues for nurses

administering vaccines to children from other practices. This is common across GM and is being looked into by the GM Screening and Immunisation team. Locally new GP groupings (e.g. Tower) may help and the Seasonal Flu Group will try to progress matters in 2018/19 and have approached Health Visitor leads to help in promotion at the routine 2 year check. We need to aim towards 65% uptake.

6 Months to 65 at risk

Promotion through the national Staying Well in Winter campaign, Pharmacy marketing, reminder letters and other follow up media from GP practices will be utilised to try and get a minimum 55% uptake. The Seasonal Flu Group have secured support from the Lifestyle Service to promote vaccination to those in the at risk groups that they frequently come into contact with including those with diabetes, respiratory problems or obesity. There will be opportunities to increase uptake within this cohort through the integrated neighbourhood health & social care teams once established.

Care Homes staff

Health Protection Nurses will engage with Care homes to promote the flu vaccine to staff and try and collect data using a competition as a reporting incentive. We await news from NHS England on free vaccination via GPs or pharmacy for this cohort in 2018/19 as it was announced late in the season in 2017/18.

Outbreaks

Care Home outbreaks were managed in accordance with PHE GM Standard Operating Procedures updated in December 2017.

No of cases of Acute Respiratory Illness in care home residents during reported outbreaks in 2017/18 season	50
No of cases of lab-confirmed influenza in residents	4
Number of residents who received antiviral treatment	2
Number of residents who received antiviral prophylaxis	6
Number of deaths associated with outbreak – i.e. on death certificate	2
Number of days closed to admissions	35

Vaccine Supplies in 2018/19

This year, three types of flu vaccine will be used in the flu programme. This will benefit patients by ensuring that they have the most suitable vaccine that gives them the best protection against flu. The three vaccines are:

- **Adjuvanted trivalent flu vaccine (aTIV)** - This is licensed for people aged 65 years and over and is the vaccine recommended by the Joint Committee on Vaccination and Immunisations (JCVI) for this age group. The deliveries of aTIV to practices and pharmacies will be staged between September and early November.

- **Quadrivalent vaccine (QIV)** - This is recommended for children aged from 6 months to 2 years and in adults from 18 years to less than 65 years of age who are at increased risk from flu because of a long term health condition.

In general practice and via school based programmes:

- **Live attenuated influenza vaccine (LAIV)** - This is a nasal spray and is licensed for children and young people from 2 years old to less than 18 years of age. The age groups targeted in England for this vaccine in 2018/19 are two and three year olds (through their GP surgery) and school aged children in reception class through to Year 5 (through schools). If LAIV is clinically contraindicated QIV is used in this age group. Both are ordered centrally from Vaccine Supply

The GM Screening and Immunisation Team are working with CCGs, GPs and the national team to plan for this change in programme. Supplies of the adjuvanted trivalent vaccine are limited and are being phased in from September to November and it is reported that Bury GP surgeries have ordered the correct vaccine for the over 65s so far.

NHSE advice is to prioritise vaccinations:

- 75 years+ and Care home residents in September tranche
- 65 and older at risk in October tranche
- 65-74 years in November tranche

There is some concern that this could lead to a decrease in uptake by the over 65 cohort unless well managed by the GP practices – advice has been provided by NHSE. Practices may opportunistically vaccinate eligible patients if the recommended vaccine is available, rather than asking them to return later in the season. If the recommended vaccine, adjuvanted trivalent for those aged 65 years and over, is not available the patient should be asked to return when it is. When offering opportunistic vaccination, practices should ensure they hold sufficient stock of vaccine to cover any planned clinics. The Seasonal Flu Group will monitor the phased approach locally and escalate any issues via the Director of Public Health. <https://www.england.nhs.uk/wp-content/uploads/2018/08/flu-programme-delivery-guidance-2018-19.pdf>

Pharmacy Programme

The pharmacy flu vaccination programme was introduced in September 2015 and is designed to maximise uptake in at risk groups. It provides more capacity, opportunities and convenience for patients. Some GPs have voiced concerns that pharmacies are vaccinating their registered patients for whom the GP surgery have purchased vaccines and that they are left with unused vaccines that they may not be able to return. In 2017/18 Bury pharmacies vaccinated less than 3000 compared to 40,511 in GPs surgeries.

In view of the challenge with the staggered vaccine supply some GPs will have to liaise with pharmacies to ensure that their patients are vaccinated in a timely manner.

Promotional work

Document Pack Page 31

There was a perception by the flu group of lack of visibility of the National – Staying Well in Winter campaign in Bury in 2017/18. This was despite us paying £15,000 into a GM enhanced £200k campaign – we will feedback into GMSIT in 2018/19 and not wait for debrief at end of season.

For the 2018/19 season there has to be a change in the message to the over 65s due to the staggered delivery dates. We are waiting for GM promotional information.

A dedicated budget could allow the Seasonal Flu Group to adapt or produce resources to target priority groups in Bury.

3. key issues for the Board to Consider

The Board are requested to:

- Consider the contents of this report with respect to their own organisation's possible contribution to improving the uptake of Flu vaccination in the following cohorts:
 - 2-3 years olds
 - Pregnant women
 - 6 months to 65 years old at risk
- Be aware that we need to increase the number of carers who are registered with GP's.
- Be aware that there may be uptake issues arising from the phased supply of the adjuvanted vaccine for the over 65's
- Encourage Health and Social care workers across all organisations in the Bury area to have the vaccination
- Encourage partnership working between GPs and their local pharmacies to ensure that their patients are vaccinated in a timely manner.

4. Recommendations for action

- Local Care Alliance (LCA) to consider and develop solution to delivery of vaccination programmes in nurseries for 2-3 year olds.
- SRO's for programme 6 of the locality plan to ensure flu vaccinations, especially of under 65 at risk groups and carers are embedded within the role of the new neighbourhood integrated health and care teams
- For flu vaccination status to be checked and addressed within target cohorts (including Carers) prior (elective) or on (non-elective) admission to hospital
- For Council to work with Pennine Acute and Pennine Care to extend good practice in staff flu vaccination programme to social care staff.
- For the One Commissioning Organisation (OCO) to identify a designated budget for the Seasonal Flu Group to undertake local promotional work

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

Funding for Promotional work and cost of providing in house vaccination clinics from within existing budgets of relevant organisations.

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

N/A

CONTACT DETAILS:

Contact Officer: Lorraine Chamberlin/Julie Parker

Telephone number: 0161 253 6790

E-mail address: l.chamberlin@bury.gov.uk / j.m.parker@bury.gov.uk

Date: September 2018

Bury Health and Wellbeing Board

Title of the Report	Infection Prevention Control Policy
Date	3 rd September 2018
Contact Officer	Julie Parker – Lead Health Protection Nurse
HWB Lead in this area	Lesley Jones – Director of Public Health

1. Executive Summary

Is this report for?	Information Y	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	For information and endorsement prior to publication		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Priority 2 – Living Well Priority 4 – Ageing Well		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	N/A		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the contents and endorse the proposed policy		
What requirement is there for internal or external communication around this area?	Board members are asked to share the proposed policy with their teams and key officers where appropriate		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	Bury Infection Prevention and Control Integrated Partnership with council, CCG and Public Health England representation		

2. Introduction / Background

The Infection Prevention and Control (IPC) Policy has been reviewed and updated from the last version published in 2012, in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The policy aims to provide information about the principles of IPC and to describe good IPC practice for staff in adult care services, primarily those working in Care Homes or Domiciliary Care.

The policy also aims to provide guidance on meeting the 10 criteria from Part 2 of The Health and Social Care Act (HSCA) 2008: code of practice on the prevention and control of infections and related guidance (updated 2015), and support adult social care providers to meet the requirements.

Registered care providers are required to comply with the policy as part of the commissioned service contract with Bury Council. Failure to comply can result in suspension of their contract with the council and affect their registration with the Care Quality Commission (CQC).

Aspects of the policy have been discussed and disseminated to Care Home representatives at the Residential Care Home Managers Forum and the Safeguarding Forum and a comprehensive training programme is underway to which all Care Homes are invited to send representatives. Separate training sessions are being planned for Home Care providers to start in the near future.

Compliance will be monitored by the Health Protection Nurse (HPN) undertaking IPC audits, usually annually. Most of the smaller independent living homes and a few homes that have achieved a high percentage and a Green rating consistently over the past few years complete a questionnaire 11 months after their audit to assess if a full IPC audit is required. If there have been no major changes or issues highlighted then the full IPC audit is carried out at 2 years.

Homes are audited and assigned a RAG rating. A copy of the report is shared with the (CQC) and the Provider Relationship Team who have accompanied the HPN on a number of audits so that they have become familiar with the standards.

After auditing the Care Homes are assisted with developing an action plan to address any issue identified and re-audited if required or monitored at the Provider Relationship Officers quarterly visits. The Provider Relationship Team are asked to provide feedback to the Bury Infection Prevention and Control Integrated Partnership (BIPCIP) monthly.

3. key issues for the Board to Consider

This policy is written primarily for adult care services however the principles can be applied to a range of settings.

The key aim is to provide information on the principles of infection prevention and control (IPC) and describe good practice.

4. Recommendations for action

Health and Wellbeing Board to note the content of the policy and endorse its publication.

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 at this point.

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

CONTACT DETAILS:

Contact Officer: Julie Parker – Lead Health Protection Nurse

Telephone number: 0161 253 5577

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


Date: 03/09/18

This page is intentionally left blank

Bury Health and Wellbeing Board

Title of the Report	Ambition for Ageing (Bury) – aligning Groundwork's delivery and investments with local strategies and priorities
Date	27th September 2018
Contact Officer	Vicki Devonport – Executive Director (Groundwork) Julie Bentley – AfA Bury Project Co-ordinator
HWB Lead in this area	Pat Jones- Greenhalgh

1. Executive Summary

Is this report for?	Information 	Discussion 	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	<p>To update and discuss with board members progress and learning from the Ambition for Ageing (AfA) programme in Bury; to discuss achievements and challenges; to clarify how learning from the programme is being shared with strategic partners / budget holders</p> <p>To raise awareness of the new Social Eating Programme in Bury, to be delivered by Groundwork</p> <p>To clarify potential links with the transformation agenda in Bury.</p>		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	<p>Priority 4: Ageing Well</p> <p>Links also to the development of the Loneliness Strategy across Bury</p>		
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	<ul style="list-style-type: none"> Provides a common view of health and care needs for the local community Documents current service provision 		

	<ul style="list-style-type: none"> • Helps to identify gaps in health and care services, documenting unmet needs • Looks at the health of the population, with a focus on behaviours that affect health such as social activity. • Identifies health inequalities • Is concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment and social isolation.
<p>Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.</p>	<p>Key actions for the Board are:</p> <ul style="list-style-type: none"> • to note the content of the report and progress of the AfA Bury programme to date. • to continue to support up and coming events over the next few months, kick-started by the Festival of Ageing across GM in July. • to clarify how the HWB Board might measure success of these programmes in terms of reducing social isolation • to help us make a greater impact by nurturing links to services who also engage with some of the hidden communities. • to share with us any data or contacts relating to Bury residents who are significantly isolated. • To look at learning from the programme to influence social prescribing

	programmes at a local level.
What requirement is there for internal or external communication around this area?	<p>We would always appreciate wider communication about the programmes either via Council media, community events and meetings or via social media.</p> <p>It is not just about events but also sharing some of the stories being told about the difference made, journeys travelled that bring the programme to life and provide the material for case studies and business cases for commissioners</p>
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	<p>The AfA Bury Strategic Partnership Group has been set up to take forward the learning from these programmes. The key links into Bury Council are provided by Cllr Tamoor Tariq and Hayley Ashall and into the VCFA via Sajid Hashmi.</p>

2. Introduction / Background

The Health and Wellbeing Board are committed to ensuring that older people are able to play an active role within their community and understand that for some tackling the impact of social isolation will be all the support they need to lead an independent life.

Effective prevention, reablement, and support which promote independence and community resilience, and build on our community assets, are critical and reduce the need for hospital admission or long-term care and support.

The AfA Bury Programme has brought both investment and opportunity to Bury partners and is acting as a catalyst to drive forward the actions highlighted in the refreshed Bury Joint Health and Wellbeing Strategy 2015-18: Living Well in Bury (Making it Happen Together)

We have attached a briefing note giving some of the progress made to date on the AfA Bury Programme, which was circulated to a wide range of partners as we feel this gives an overview of progress to date. We have also attached the most recent calendar of events as well as a list of the investments made in each ward to date to provide the context to this report.

The AfA Programme in Bury is helping deliver some of the actions set out in the strategy by:

- ensuring older people play an active role within their community, tackling the impact of social isolation
- reducing the likelihood of people experiencing a crisis and if and when they do, reducing the impact of this.
- through the AfA Bury investments we are also attracting additional funding into Bury.

In addition, Groundwork has been successful in its application to deliver the **Bury Social Eating Programme** which will run from September 2018 - March 2020.

- this will bring an investment into Bury of just over £50k over the period of the contract and should help support the development and implementation of Bury's Loneliness Strategy.
- we are in the process of appointing a co-ordinator and a briefing note is attached to give some detail to the objectives of the programme

3. Key issues for the Board to Consider

- How can we further share learning with Bury partners to impact on future service development? How do we influence commissioners to look at the social value as well as the health and wellbeing outcome – who can help us with this?
- Good progress is being made with the programme – but we could do even more if we work with partners to reach those furthest away from social activity.
- How do we make sure that the investments made across Bury lead to sustainable change?
- How will we know if we have been successful in Bury when the investments have been made?
- Are Board members able to help champion the AfA Bury programme?

4. Recommendations for action

- Agree to support the programme, events and champion the programme
- The Board to request an update on the programmes in 6-9 months from Groundwork
- The Board to receive a final report at the end of the programme which considers how Bury partners might embed and consider the impact of the AfA programme across Bury on health and wellbeing when making policy, planning decisions and service developments.

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

CONTACT DETAILS:

Contact Officer: Vicki Devonport, Executive Director

Groundwork - changing places and changing lives in
Bolton, Bury, Oldham & Rochdale

Groundwork, Environment Centre, Shaw Road, Higginshaw, Oldham OL1 4AW

Telephone number: 0161 785 7404 (DD)

0161 624 1444 (main switchboard)

07867 354452 (mobile)

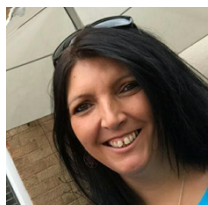
E-mail address: vicki.devonport@groundwork.org.uk

Date: 6th September 2018

Ambition for Ageing Bury – September 18

Progress towards a more Age-Friendly Bury

Who we are



Julie Bentley – Project Co-Ordinator – 07867 354 440 /
0161 785 7414



Who we are working with

- Work continues with local organisations and partners and is being built upon. Great opportunities to meet and catch up with organisations and partners at the Veterans Breakfast and our Age Friendly ward meetings are linking us with local community focussed groups and organisations including Ramsbottom Anglers(based at The Lido at Clarence Park, Moorside), Barley Community Cafe in Prestwich and Radcliffe Borough Football Club in Radcliffe.
- We have linked with Bury Fire Station in developing their community garden and are working with community groups and organisations to develop this underused asset.
- Continued working with local businesses, we attended Bury Expo and Bury Business Academy and developed a Businesses and Communities workshop which we are developing further as groups link with businesses. We currently have a number of community groups benefitting from this workshop through links they have made in gaining discounted / free equipment, resources and volunteers.
- We hosted an LGBT awareness event which has resulted in the Bury LGBT Forum which meets monthly at present and are on their 4th meeting. Work continues to create a more friendly LGBT community in Bury.

Strategy and Partnership

- We have had strategic meetings with Andrea Simpson and Julie Gonda as well as with Hayley Ashall and David Thomas to discuss how we demonstrate learning and what we

need to demonstrate for future commissioning. We are working on developing case studies which can be used to support this learning.

- As Bury council works towards becoming 'Friendly Bury' the work we are doing is linking well with the strategy and we are developing ways of working together to share information and ideas.
- As a partnership group we are sharing information and groups are meeting and working together to make a more Age Friendly Bury. Through sharing the learning gained from the investments the partnership group is aiming to take the learning and embed it into future commissioning.

Where we are investing

Investments continue to be developed with more of a focus on co-design as well as sustainability and legacy. These include investments in groups for different hobbies including a Natter and Knit group, Reading, Music, Computers, Walking, Food and drink. Also 1 off events to be more inclusive and encourage the most socially isolated to join in such as Silver Service at Prestwich Carnival, Love Radcliffe event and the upcoming Let's Celebrate event in Moorside.

The Age Friendly ward groups mean that ideas are being discussed at a more local level and have resulted in the co-design of projects which in some cases mean things are happening in a different way. This will continue to develop.

1. LGBTQ+ - we held an initial meeting, attended Bury pride and held an event to bring people together and raise awareness. We now have a forum which is working to develop ideas to support all LGBT residents in Bury, at the moment with a focus on 50+. We are looking at offering LGBT training for carers which was highlighted as an issue we are keen to address. They are also looking at developing social events and activities and the best way to do this.
2. We are working with marginalised community groups and are developing projects to make sure all groups are included through small investment and through one off larger investments. We are developing ideas to ensure the best possible use for investments to ensure we get sustainable results not just one off events.
3. Multi-Cultural – we will be working on the Collabor8te event and creating a cultural awareness support to enable a greater understanding. We are hoping this will be completed by December.
4. We are developing a 'Changing Places, Changing Lives' project around people to highlight the impact that the project is making to individuals in their local areas.

Evaluations and Case Studies

- More are coming in from groups previously invested in and from these we are identifying further work on them.
- I am working on case studies demonstrating longer term impacts such as gardening projects and how we can link them together, food projects and the Facebook group.
- Really want to highlight the Women of Worth project which resulted in some fantastic feedback and the positive impact that small amounts of funding can have on people's lives and what it means to them.
- Individual case studies will also be completed to demonstrate the impact of people within their communities.

Project Highlights

- The Age Friendly Bury Group continues to have new members and more people are getting involved with the page, adding and sharing information as well as commenting on different projects and ideas. People have started to interact with each other on the page, even arranging to meet at groups so they know someone.



- Bury Expo and Businesses and Communities workshop - some great feedback which has been put together from the event and now looking at how businesses and groups are working together. Already had some successful link ups with The Woodies and Senior Waste Removal who are going to give The Woodies offcuts of wood rather than just getting rid of them.
- LGBT forum has been set up enabling the LGBT community in Bury to have a voice in Bury not only Manchester. Bury Pride – fantastic event to be part of!



- Being contacted to utilise and develop the community garden at the Fire station. Will be a great asset and lots of people keen to get involved so can really involve the whole community with a focus on marginalised groups. First proper planning meeting after today's meeting.
- Our Age Friendly Ward groups are developing well and residents have started to take ownership of them and are planning events to bring their communities together.
- The support, commitment and passion of the volunteers for the project is fantastic! Thanks everyone!
- Bury Veterans and The Mosses Centre applied for a defibrillator to be placed at The Mosses Centre where they meet. It was decided at the Critical Friends group that there were other means to apply for a defibrillator and although the Critical Friends group wanted to support it instead other options were provided to support this. The defibrillator was applied for via The Heart Foundation where they partially fund it leaving £600 to be raised independently. This money has been raised through the work of the volunteers at a cake stall and at Bury Pride as well as the Bury Veterans raising money through sponsorship. It has been great seeing people working together to make something happen.



What we are doing next

- Continue to focus on marginalised groups to develop more community cohesion and small investments.
- Continue to evaluate existing projects and work on ways to develop them for legacy and sustainability. Bring projects together as complete evaluations - e.g highlight the impact of gardening type projects throughout all the wards
- Continue with the development of the Age Friendly ward groups.
- Focus on the 'Changing Places, Changing Lives' to highlight the importance of people both within the project and within the community. This will also have time set aside to work on.
- Continue to focus on the research paperwork, once administrator in place this will enable more research work to be completed and added to the database

What do we need?

- Follow us and retweet us on Twitter there are regular updates and lots of pictures. It's a great way for us to get our message out and show what we are doing – <https://twitter.com/BuryA4A>
- Let us know about any community events we can attend and where possible attend with me, attend to support the project, tell others about the event and get them to attend
- Join our Age Friendly Bury group on Facebook and add your friends and colleagues and share any events you know of which would be suitable for people over 50. This is a great way to quickly get to people and we have had some really positive comments and responses on the page which we can use within our learning.
- Where possible attend community groups and events, people love seeing and meeting new people involved within the project and showing what they are doing.

What we are proud of

- The excellent relationships and friendships that have been built throughout this project.
- The continued support from the fantastic volunteers and their key roles within the project.
- The fun, positive and motivating approach that continues in all aspects of the project.
- Sharing ideas, communities working together and supporting each other, a real sense of community spirit has developed.
- Seeing more people being pro - active about making their communities better not just waiting for things to happen.



This page is intentionally left blank



GMCVO - Ambition for Ageing Scaled Programme 6 Social Eating

Briefing note

July 2018

Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO and funded by the Big Lottery Fund, aimed at creating more age friendly places by connecting communities and people through the creation of relationships, development of existing assets and putting older people at the heart of designing the places they live. Groundwork is already delivering the AfA Programme across Bury.

GMCVO has started to fund some scaled programmes which focus on a specific area / need where they are keen to explore what works. The latest opportunity is a programme of **SOCIAL EATING**.

Groundwork has been successful in its application to deliver the Bury Social Eating Programme which will run for 21 months from July 2018 - March 2020. This will bring an investment into Bury of just over £50k over the period of the contract and should help support the development and implementation of Bury's Loneliness Strategy.

Rationale

Research shows that communal eating increases social bonding and feelings of wellbeing, and enhances one's sense of contentedness and connection with the community. In addition, people who eat socially are more likely to feel better about themselves and have a wider social network capable of providing social and emotional support.

However, a third of weekday evening meals are eaten in isolation, and the average adult eats 10 meals out of 21 alone every week. **Those over the age 55 are most likely to eat alone¹.** There may be a number of barriers to people eating socially including affordability and lack of opportunity.

The purpose of the **Social Eating** programme is to pilot a range of social eating projects, intended to become sustainable in the longer term, and to use the learning gained through delivery to create a 'how to' guide to developing social eating projects.

TLC: Talk, Listen, Change are the project lead and projects will be delivered in 23 wards across four parts of Greater Manchester:-

- Manchester - Southway Housing Trust and Cracking Good Food
- Bolton - Bolton at Home and Food Sync
- Rochdale - Rochdale Boroughwide Housing (RBH) and Heywood, Middleton and Rochdale Circle (HMR Circle)
- **Bury – Groundwork**

¹ <http://www.ox.ac.uk/news/2017-03-16-social-eating-connects-communities>

GROUNDWORK

Environment Centre, Shaw Road, Higginshaw, Oldham OL1 4AW
T: 0161 624 1444 W: www.gwor.org.uk

The programme will focus on people aged over 50 in groups who are often marginalised and therefore at higher risk of social isolation, such as LGBT groups, Carers, people with limiting and long term health issues, dementia and people with no family contact, a history of family conflict or no support from kin.

Older people will have a full role in every aspect of project planning design, delivery and evaluation.

.Ambition for Ageing's intended project outcomes are to:

- ☐ Understand the barriers that people over 50 face which prevents them from engaging in social eating.
- ☐ Increase and improve the social connections of people over 50 engaged in the project.
- ☐ Ensure those engaged in the project are less socially isolated or at lower risk of social isolation.

Vicki Devonport

Executive Director

Groundwork - changing places and changing lives in Bolton, Bury, Oldham & Rochdale

T: 0161 785 7404 (DD) | 0161 624 1444 (main switchboard) | M: 07867 354452 | E:

vicki.devonport@groundwork.org.uk | W: <http://groundwork.org.uk/bbor>

Groundwork, Environment Centre, Shaw Road, Higginsshaw, Oldham OL1 4AW

Ambition for Ageing Bury

Creating age-friendly communities and reducing social isolation

Ambition for Ageing Bury works with people in Radcliffe North, Moorside and St Marys to improve the lives of over 50's and increase opportunities for people to meet up and get involved in community activities. Join us in some of the projects we are already funding and tell us your project ideas – we can invest in them and make them become a reality. For more information or to add details of your group please call 0161 785 7414 or email julie.bentley@groundwork.org.uk – we are often out of the office and in the community so leave a message and we will get in touch.

FOR UP TO DATE INFO JOIN OUR FACEBOOK GROUP AGE FRIENDLY BURY AND FOLLOW US ON TWITTER @BuryA4A

Ambition for Ageing Bury will be holding Age Friendly meetings in each ward every month. We would love to hear your thoughts and ideas about your local area so we can work together to make it more Age Friendly. If you have a project idea we can support you in making your idea a reality.

Dates for your Diaries

Let's Celebrate – Ambition for Moorside. Stalls, entertainment celebrating the best of Moorside.	Clarence Park, Walmersley Road, Bury	Saturday 8 Sept 12pm – 4pm	
Autumn Benefit Ball – raising fund for Bury Pride	Elizabethan Suite, Bury	Friday 28 Sept	Tickets £350 for table of 10 or £40 per person
Craft Fair	Radcliffe Boro Football Club, Colshaw Road, Radcliffe	Sunday 9 Dec 11am – 3pm	To book a stall please email julie.thornton@groundwork.org.uk
Bury LGBT Forum Meeting	The Mosses Centre	Thursday 13 th Sept 4:30pm – 6:00pm	

Bury

Age Friendly Moorside, Bury - Drop in sessions, time for a chat with a brew to find out what's going on locally.	Ramsbottom Anglers Training Room, The Lido, Clarence Park	2nd Wednesday of every month 10am – 12 noon	Julie at Ambition for Ageing 0161 785 7414 or julie.bentley@groundwork.org.uk
Wheels For All Bury (drop in)	Clarence Park	Every Saturday 12:30pm – 2:30pm	Bury Sport and Physical Activity Service Visit https://wheelsforallbury.wixsite.com/buryw4a
Chat and Craft – Learn to knit, crochet, stitch whilst having a chat or just come along for a chat. Drop in - sharing knitting patterns and ideas.	The Mosses Centre, Cecil Street, Bury	Every Tuesday 1pm – 3pm	The Mosses Centre 0161 761 2079
Merrie Melodies - £2	Salvation Army Community Church, Brookshaw Street, Bury	Every Thursday 2pm – 4pm	John 07706 751177
Mosses Memory Group	The Mosses Centre, Cecil Street, Bury	Every Wednesday 1pm – 3pm	The Mosses Centre 0161 761 2079
Bury Jazz Society – Listen to great Jazz music	The Mosses Centre, Cecil Street, Bury	Every Tuesday 7pm – 9:30pm	The Mosses Centre 0161 761 2079

Military Veterans Breakfast - £3.80 – Best breakfast in Bury for veterans and their families	The Mosses Centre, Cecil St, Bury BL9 0SB	Every Wednesday and Friday 9:30am – 11:30am	Contact Borough of Bury Veterans Association on 0161 724 4366
Greenmount Village Community D-Caff – A place to meet for people living with dementia, their carers, family & friends	Greenmount Cricket Club, Brandlesholme Road BL8 4DX	4 th Tuesday of every month 1:15pm – 3:15pm	
Evergreen Group	The Green Café, Clarence Park, Bury	Every Tuesday 11am – 1pm	John 07706 751177
Walking Football £3.50 per session OR FREE with BEATS membership	Castle Leisure Centre, Bolton Street, Bury	Every Tuesday 11:15am – 12pm	www.bury.gov.uk/wellbeing Follow @BuryRelics on Twitter
Sing and Sign group, Communic8te Bury	Communic8te, Tenterden Street, Bury	Starts Tuesday 16 October for 10 weeks 7:00pm – 8:30pm	Contact – enquiries@communic8tebury.co.uk
Menopause Café – Therapy Thursdays	The Green Café, Clarence Park, Bury	Every Thursday 6:30pm – 7:30pm	Contact Supportive Stem Michelle – 07894 441 239 or Vanessa – 07958 411 741
Radcliffe			
Age Friendly Radcliffe North – Drop in sessions, time for a chat with a brew.	Radcliffe Football Club	1st Wednesday of every month 10am – 12noon	Julie at Ambition for Ageing 0161 785 7414 or julie.bentley@groundwork.org.uk
Radcliffe Angling Club – Fishing and also have other	Starmount Lake, Bradley Fold Road,		Go down any morning for more information

events and activities	Radcliffe		
Grumpy Old Bees – helping clean up the local area and support the Cricket Club	Radcliffe Cricket Club	Every day 9.30am	Radcliffe Cricket Club on 0161 723 2604
The Woodies- FREE - Woodworking Group making wood products for homes and gardens	Radcliffe Cricket Club, Homer Street, Radcliffe	Every Monday, Tuesday and Wednesday 9.30am-12pm	Radcliffe Cricket Club 0161 723 2604
Open Door Drop in – FREE Brew and Biscuits	Trinity Baptist Church, Westminster Avenue, Radcliffe	Friday 9:00am – 11:30am	0161 724 4921
Coffee and conversation - £1 – Meet new people, make new friends over tea/ coffee/ toast and biscuits	Ainsworth Community Church Hall	Every second Tuesday of every month 10.30am – 12 noon	Ainsworth Church 01204 398 567
Radcliffe Archery Club – learn a new skill, meet new people and have lots of fun	Radcliffe Leisure Centre, Spring Lane, Radcliffe	Fridays 7.30pm	Attend the session led by John Sheehan
Film Club – Join the group and enjoy a different film each month	The ROC Centre, Westminster Ave, Radcliffe ROC Centre	3 rd Saturday of every month	Contact Les on 0161 280 1453/ 0161 3934511
Keep Fit Sessions	The ROC Centre, Westminster Ave, Radcliffe ROC Centre	Mondays 6.30pm – 7.30pm	Contact Les on 0161 280 1453/ 0161 3934511
Forever Friends – Social group for everyone. Go along and meet new people	Radcliffe Borough Football Club	Every Wednesday 1pm - 3pm	

Creative Writing Group	Radcliffe Library, Stand Lane, Radcliffe, M26 1JA	Every Tuesday 12pm-2pm	Radcliffe Library 0161 253 7160
Over 50's Yoga - £4 per session	Radcliffe Boro Football Club, Colshaw Close, Radcliffe M26 3PE	Every Monday 11am – 12 noon	Mats available and free parking Contact Mandy on 07851 826 437 or littlelotusretreats@gmail.com
Fix It Friday – Bring broken items and learn how to fix them or just have a chat whilst they are fixed. Donation towards tea/coffee	Trinity Baptist Church, Westminster Ave, Radcliffe	Every Friday 9:30am -11:30am	Contact Trinity Baptist Church on 0161 724 4921
Ainsworth Social Group – Challenge Yourself	Ainsworth Community Hall, Ainsworth	Every 1 st and 3 rd Tuesday of every month 7:00pm – 9:00pm	Go along and join their Facebook page – Ainsworth Social Club

Prestwich

Age Friendly St Marys, Prestwich - Drop in sessions, time for a chat with a brew.	Barley Cafe 11, Longfield Centre, Prestwich M25 1AY	3rd Wednesday of every month 10am – 12 noon	Julie at Ambition for Ageing 0161 785 7414 or julie.bentley@groundwork.org.uk
St Marys Flower Park – helping restore the Flower Park	St Marys Flower Park, Prestwich	Every Wednesday and Saturday 10.30am -12 noon	Amanda – 0161 773 7910

St Marys Churchyard Action Group – Looking after the local area	St Marys Churchyard, St Marys Church, Prestwich.	Every Tuesday morning 9.30am Every second Saturday in the	Margaret Wild 0161 773 6083
---	--	--	-----------------------------

		month	
Coffee and Craft – Enjoy a morning of craft with coffee/ tea and great company	Church Lane Community Centre, Church Lane, Prestwich	Every Tuesday 10.30am	Margaret Wild 0161 773 6083
Incredible Edible Bury	Various locations in Prestwich and Radcliffe as well as other parts of Bury		www.iepad.co.uk/
Talk to Me Café – £1 - Friendly and welcoming for EVERYONE to attend for a chat, monthly themes and also signposting to other services	Clarks Hill Community Centre	Every second Thursday in the month 2 – 4pm	Kate – 07719 394 931
Bingo and Quiz – Have fun and meet new people at the Bingo and Quiz	Clarkshill Residential Living	Every second Tuesday in the month 2pm – 3pm	0161 686 8000
Coffee Morning – Join the residents at Clarkshill for their weekly coffee morning	Clarkshill Residential Living	Every Wednesday 10am – 12 noon	0161 686 8000
Monday Night Meditation	Church Lane Community Centre, Church Lane, Prestwich	Every Monday 7.15 – 8.15	Margaret Wild 0161 773 6083
Pilates Group	The Phoenix Centre, St Mary's Park, St Mary's Road, Prestwich M25 1GG	Every Thursday 11am – 12 noon	Lorraine Platt 07855505958

Prestwich Community Cinema	Longfield Suite, Prestwich	Starts at 7.15pm	For info contact 0161 253 7227
Tea Dance	Longfield Centre, Prestwich	Dance class 1.00pm – 1.30pm followed by social dance 1.30pm – 4pm	Contact The Longfield Centre 0161 253 7227
Tennis Coaching (booking required)	St Mary's Park	Every Thursday 7:00pm – 8:00pm Every Saturday 12:30pm – 4:30pm Every Sunday 11:30am to 4:00pm	Visit www.burytennis.co.uk
Playwriting Workshops	Barley Café, 11 Longfield Centre, Prestwich	Every other Wednesday 6:30pm – 8:30pm	Contact Julian on 07885 680 129 or manchesterplaywrightsforum@hotmail.com
SMART recovery - FREE	Barley Café, 11 Longfield Centre, Prestwich	Every Friday 6:45pm – 9pm	
Prestwich Ramblers – Contact before attending	Creative Living Centre, 1a Rectory Lane, Prestwich, M25 1BP	Every Tuesday 10:30am – 11:15am	Contact 0161 696 7501 to find out more and check availability
Knitting Group – Contact before attending	Creative Living Centre, 1a Rectory Lane, Prestwich, M25 1BP	Every Monday 1:30pm	Contact 0161 696 7501 to find out more and check whether available spaces
Art Group – Contact before attending	Creative Living Centre, 1a Rectory Lane, Prestwich, M25	Every Monday 2pm	Contact 0161 696 7501 to find out more and check availability

	1BP		
Music Therapy – Contact before attending	Creative Living Centre, 1a Rectory Lane, Prestwich, M25 1BP	Every Friday 11:15am	Contact 0161 696 7501 to find out more and check availability
Singing – Contact before attending	Creative Living Centre, 1a Rectory Lane, Prestwich, M25 1BP	Every Friday 2pm	Contact 0161 696 7501 to find out more and check availability
Purple Room Café	The Fed, Heathlands Village, Heathlands Drive, Prestwich	Every Wednesday 1pm – 3pm	Contact The Fed for more info on 0161 772 4800

Investment Spend Jan - July 18			
Group Name	Brief Overview	Amount	Match Funding
Radcliffe North			
Jigsaw Link	Taster lessons to develop sessions for people who are socially isolated	£1,783.28	
Shiny Music	Cake and Cabaret - bringing an event to sheltered living accommodation so people can see what it is like then access themselves or book.	£1,300	
WOW	IT equipment to enable the group to upskill and also access services ie patient access, as well as utilising online exercise classes etc.	£2,000.00	
Redbank TRA - Gardening Collaboration	Gardening project working together with other local groups such as Corrie Gardeners and The Woodies to create a memorial space and gardening group	£2,000	
Little Lotus Yoga	Yoga sessions at Radcliffe Boro Football Club	£1,910.00	
Bury Cancer Support Centre	Health walks	£1,902	
Pet Therapy - Stay n Play Doggy Day Care	Pet therapy sessions in a variety of settings across Bury to highlight how Pet therapy can benefit older people	£2,000	£2,000
Love Radcliffe	Event celebrating all things Radcliffe	£1,477.60	
Fishing Skills	Sharing skills about fishing and how to fish.	£420.00	
Radcliffe Primary School	Intergenerational chicken coop with a view to bringing the community together	£1,377.88	
WOW	IT skills and development of a community IT booklet	£2,000	
Radcliffe Male Voice Choir	Equipment for the choir to develop and sustain their group	£1,149	
	WARD TOTAL	£19,320	
ST MARYS			
GMP - Hate Crime Boxes	Hate crime boxes to be used in synagogues in Prestwich area. These will support the community in feeling that they can report hate crime which is a growing issue. The groups will also be trained in hate crime through Abs at GMP and this will be part of the ongoing campaign around hate crime in Bury	£354.38	
Story Sacks	Intergenerational 4 week sessions for grandparents and grandchildren to create story sacks	£482	
The Fed/ Macabi	Community café focussed on bringing socially isolated people out of their homes and providing another base in the community instead of The Fed	£840.00	
Reading Group	Range of Kindles to develop the reading group and be more inclusive to everyone	£1,829.88	
Silver Service - Prestwich Carnival	Silver Service event at Prestwich carnival to enable people who cannot usually access the carnival the ability to access it	£2,000	£1,860
Creative Living Centre - Move to Wellbeing sessions	Exercise sessions to support and improve wellbeing	£1,942.77	
	WARD TOTAL	£7,448.97	
MOORSIDE			
Seedfield Methodist Church	Fitting out a room with computer, smart LCD screen, wi-fi internet access to enable groups using the building to access and use technology	£2,000.00	£346.00

Natter for Knitters	Following on from a one off Natter and Knit session to bring groups together it was requested that this groups was set up to meet every week giving people both a regular group and a drop in group where they could meet, learn new skills, share ideas and generally support each other	£1,081.60	
Welfare and Mindfulness	Specific Welfare and mindfulness sessions to deal with PTSD, stress etc	£1,587.60	
Self Led Walks - ALL	Booklets to be made available to all so people can access walks without joining a group	£2,000	£1,018
Lip Reading - Communic8	Lip reading classes	£1,693.10	
Fix It Café	Room hire and Pat tester to enable the group to run effectively. The PAT tester will also offer a service to community groups which they can give donations to.	£1,101.94	
Empowering Women Digitally	Computer and table sessions	£1,998	
Over 50's Coffee Morning	To provide somewhere for people to meet and socialise close to home rather than travelling into Bury.	£500.00	
Reading Group	To set up and develop a reading group for residents.	£1,159.88	
Moorside Circle	To develop a circle group which will support residents in joining in social activities providing them with information and the opportunity to go on trips etc.	£1,975	
Supportive Stem	Menopause Café - to bring women together as a social group to discuss everything menopause. Also to have specific sessions for men to help their understanding.	£1,950	
Musical Memories	Memory group sessions for people with dementia at any stage.	£1,917	
	WARD TOTAL	£18,964.12	
	MATCH FUNDING TOTAL		£5,224.00
	OVERALL TOTAL	£45,732.85	

Bury Health and Wellbeing Board

Title of the Report	Combatting Loneliness in Bury
Date	26 September 2018
Contact Officer	Hayley Ashall, Head of Social Development & Engagement, Strategic Planning & Development Manager
HWB Lead in this area	Cllr Andrea Simpson, Lead for Health and Wellbeing Julie Gonda, Interim Executive Director Communities and Wellbeing

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	<p>To inform the Board a loneliness strategy and action plan for Bury has been formulated and to gain endorsement from the Board.</p> <p>To inform the Board the intention to start a task and finish group to ensure the actions are mobilised and also to gain support for a pilot and workshop later in the year.</p>		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	As loneliness can affect anyone at any time in life then this work is related to the first four health and wellbeing strategy priorities (Starting well, living well, living well with a long term condition or as a carer and ageing well).		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	As above this links to the life course priorities.		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	<ul style="list-style-type: none"> • To endorse the paper, strategy and action plan • To support the formation of a task and finish group and make recommendations for membership • To endorse, support and help promote the workshop planned for November 2018 		

What requirement is there for internal or external communication around this area?	For Board members to help play their role in communicating the messages about loneliness in order to raise the awareness to our people, partners and workforce.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	<ul style="list-style-type: none"> • C&WB SMT • Relevant Lead Member

2. Introduction / Background

Before her death in 2016, MP Jo Cox set up the Loneliness Commission, following her death it was co-chaired by Seema Kennedy MP and Rachel Reeves MP. The Commission has grown and gained momentum and now highlights the detrimental impact of loneliness on people's lives and the economy. Jo Cox's own experience of feeling lonely at university and then seeing it first hand in her constituency areas fuelled her to derive the commission.

Over the past 18 months, people, community groups charities and businesses have been working together with the co-chairs and via their work have reached thousands of people across the country: young and old, disabled people, carers, parents, refugees and people seeking asylum, employers and the many people who simply started a conversation or said they were 'happy to chat'.

The Commissions Vision

The commissions vision is that people come together to help one another with as little as a conversation, recognising that as Jo Cox is known to have said 'we have more in common than divides us'. It shouldn't take a disaster or crisis for community intervention to occur but this should be an everyday normal part of life.

Society today generates calls on our time, more pressure from home, school and work; less time to meet and get to know one another. Technology provides us with a tool to meet and create links on line and there are so many opportunities in our local area to become connected to local people, service and support in person. Despite the available support and opportunities many people are still lonely and isolated so it's how we identify, signpost, support or connect those people.

The Commissions work is about starting a conversation to ensure the future is one of connection, kindness and community not isolation, separation and loneliness.

The commission has gone from strength to strength, seeing Britain's first loneliness minister (potentially in the world) appointed, Tracy Crouch.

Earlier in the year a motion was passed at Council, asking for a Loneliness strategy to be formulated along with an action plan outlining activities required to tackle loneliness in Bury.

3. Key issues for the Board to Consider

What is Loneliness

Loneliness in the oxford dictionary is described as sadness because one has no friends or company; the fact of being without companies; solitariness; of a place the quality of being unfrequented and remote; isolation.

Loneliness doesn't discriminate and can affect anyone at any age, from any background, at any time of life, even those with people and support around them may not feel connected and may feel lonely. We all will have likely experienced feelings of loneliness at some point in time, however, it is when it is continuous and day to day normality, that it becomes chronic and likely to impact on our health and wellbeing. This can lead to difficulties in connecting with others and forming relationships.

Several studies over the years have tried to identify the levels of loneliness across the UK and among different groups. Studies found consistent levels of loneliness within the older generation reporting between 5-15% suggesting they are often or always lonely. Although there are some studies looking at loneliness amongst children, young people and adults of working age this is less robust and something that we should do more of.

What the Statistics tell us about who experiences loneliness:

- Over 9 million adults are often or always lonely (British Red Cross and Co-op)
- 43% of 17 – 25 year olds using Action for Children services experienced problems with loneliness (Action for Children)
- Research with pre-school children found that more than one-in-ten say they are lonely and unhappy with their social relationships. (Action for Children)
- One-in-five children aged seven to 12 say they are lonely sometimes or often. (Action for Children)
- Four-out-of-five adolescents report feelings of loneliness at some time, and almost a third describe these feelings as persistent and painful. (Action for Children)
- In a survey on student mental health, loneliness was ranked as the fifth most important out of ten 'grand challenges' faced by university students in the UK. (Action for Children)
- Action for Children's recent poll of over 2000 parents found that more than half had experienced a problem with loneliness, with a fifth feeling lonely in the last week.
- Over half of parents (52%) have had a problem with loneliness with 21% feeling lonely in the last week. (Action for Children)
- 72% of young people reported that they had recently felt lonely or isolated. (Dame Kelly Holmes Trust)

- Young people in the North of England (78%) experienced higher levels of loneliness than those in the South of England (71%).
- 50% of disabled people will be lonely on any given day (Sense)
- For 3.6 million people aged 65 television is the main form of company. (Age UK)
- 38% of people with dementia said that they had lost friends after their diagnosis. (Alzheimer's Society)
- 58% of migrants and refugees in London described loneliness and isolation as their biggest challenge. (The Forum)
- More than 1 in 3 people aged 75 and over say that feelings of loneliness are out of their control. (Independent Age)
- 8 out of 10 carers have felt lonely or isolated as a result of looking after a loved one. (Carers UK)
- More than 1 in 10 men say they are lonely, but would not admit it to anyone. (Royal Voluntary Service)

Various things in life can lead to someone being lonely for instance a person who has outlived their friends and family. Research has shown life transitions including moving home; changing schools or work; coming to the country as an asylum seeker; leaving the armed forces; leaving care; becoming a carer; experiencing family breakdown or bereavement and or developing a health condition all can lead to chronic loneliness. There are also some groups of people who maybe more vulnerable to becoming lonely when compared to others groups of people. Research shows loneliness is more prevalent amongst disabled people, those with a mental health issue, those in poor health, those who live alone, the oldest older people, carers and people from some but not all minority ethnic communities.

The numbers of people who are either lonely and or are being identified as lonely are on the increase. Evidence nationally and locally shows loneliness isn't just detrimental for individuals but also to the economy. In the Greater Manchester Population Health Plan 2017-2021, it is estimated that less than 30% of presenting issues at GP surgeries actually require clinical intervention, and 70% of appointments are actually down to issues around wider social determinants, a figure which rises in areas of deprivation.

- Loneliness costs UK employers £2.5 billion per year. (Co-op)
- Disconnected communities could be costing the UK economy £32 billion every year. (Big Lunch)
- Three out of four GPs say they see between 1 and 5 people a day who have come in mainly because they are lonely, and one in ten sees between six and ten such patients daily. (Campaign to End Loneliness)
- Weak social connection is as harmful to health as smoking 15 cigarettes a day. (Holt Lunstad)

Starting to take action on loneliness in Bury

The evidence and research is overwhelming, loneliness is real and impacts on a significant amount of people every day. Given that loneliness is about connectivity, it would be reasonable to suggest that some, if not most cases of loneliness could be preventable and or certainly supported to reduce loneliness amongst our population.

To help raise awareness of loneliness in Bury, a strategy on a page has been developed (see appendix 1) and an action plan outlining some of the potential activities required has been developed to accompany the strategy (see appendix 2).

The basis of the strategy and action plan, is about raising awareness of loneliness, encouraging and enabling people, partners and workforce, to help identify when a person may be suffering from loneliness and help to signpost, direct or connect them. This might be in the form of a community group, connecting to a neighbour to grow a friendship, being supported by a volunteer or a befriender or helping connect a person to a relevant organisation or service to support a particular condition or need. At the bare minimum this is about starting a conversation and asking someone 'how are you?'

Next steps

It is recommended that a task and finish group (cross sector and organisations) is formulated to support the strategy and action plan, develop further actions and gain commitment to support the 'taking action' on loneliness in Bury.

It is also recommended we pilot some focussed activity in a particular area, this might include working with GPs, local organisations and services to identify the triggers for loneliness and those who they believe are lonely. They working with volunteer befrienders, the neighbourhood engagement team, community teams and organisations, will help to connect them. The pilot would enable us to test some of the suggested activities and also enable us to map the existing services and excellent work already tackling loneliness. The result of the pilot would help shape an offer that we could roll out to other areas in Bury. It is suggested this work will start with a workshop, inviting local people, organisations and professionals, to understand better what loneliness is and how it impacts people, identify potential triggers, solutions and develop mechanisms or ideas of how we could connect people to the solutions. Following the workshop the task and finish group will develop the pilot and campaign to accompany the work. The workshop will likely take place in early November and the pilot will be in the Whitefield, Unsworth and Pilkington Park area.

There is commitment from the Co-op to fund refreshments at the workshop and the Social Development and Engagement team will facilitate the workshop and support the task and finish group and the pilot. However there is an ask for other teams, services and organisations to help fund and or support the loneliness strategy, pilot and ongoing work, therefore any commitments or suggestions would be welcomed.

4. Recommendations for action

- a) The Board to endorse the paper, strategy and action plan.
- b) The Board to support the formation of a task and finish group and make recommendations for membership.
- c) The Board to endorse, support and help promote the workshop planned for November 2018.
- d) The Board to identify potential funding streams that may be used to support this work.

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 known legal implications to this report, some funding has been identified for the work to date and other sources of funding are being explored.

- e) **Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.**

CONTACT DETAILS:

Contact Officer: Hayley Ashall

Telephone number: 0161 253 7927

E-mail address: h.ashall@bury.gov.uk

Date: 26.09.18

Outcomes

- To reduce levels of isolation and loneliness in Bury residents.

Outputs

- Identify Bury residents who are isolated & lonely.
- Support more Bury residents who are identified as isolated & lonely.
- Providing support to those who are not currently supported or engaged with services.

Key Performance Measures

- Increase the number of Bury residents identified or registered as isolated and lonely.
- Reduce the number of Bury residents who are isolated and lonely.
- Increase the number of services available to local people to which reduces levels of isolation and loneliness.
- Increasing the number of new community opportunities (in order to start the conversation and bring people together.)

Risks

- That we are not able to identify residents who are isolated & lonely.
- That there aren't enough services available to support those identified.
- We aren't able to secure funding from the transformation fund to develop and scale up the resource and services to support the strategy.
- The resource to be able to deliver the work outlined in the strategy and action plan.

Bury Loneliness & Isolation Strategy

Loneliness and feeling isolated is something that can affect anyone at any time of their lives. Although we may all have experienced this; it is when it is something a person experiences every day that it becomes chronic and likely to impact on their health and wellbeing. This can lead to difficulties in connecting with others and forming relationships. Disconnected communities could be costing the UK economy £32 billion every year and yet there is so much research and evidence to show as little as starting a conversation with someone, and signposting/ connecting them to services can drastically reduce loneliness and isolation. The Loneliness Commission stimulates a call to action to all Local Authorities to set out a local strategy and action plan of how they would tackle loneliness and isolation in their local area. In Bury there is a lot of work underway however there are further areas for action and development identified.

Existing work

- Started conversations with people as part of new neighbourhood model.
- Participatory budgets and events.
- Councillor discretionary budgets.
- Local led action groups, community group's schemes and work underway.
- Development of Community Hubs.
- Development and sustainability of the VCF sector and the VCFA.
- Bury Dementia Friendly work.
- Development of the 'Friendly Bury' concept; work in tray.
- Carer's groups and carers support.
- Help Yourself to Wellbeing.
- The Bury Directory, digital platform.
- Development of Engagement HQ.
- Social Prescribing pilots.

Areas for Action

- Strategy, action plan, project group.
- Raising awareness of loneliness and isolation across officers, Councillors and partners; encouraging them as part of their roles and within their personal lives to 'start a conversation'.
- Identify communities and groups who are more likely to be affected by loneliness and isolation.
- Mapping exercise and gap analysis of existing services and support.
- Data collation and setting measures.
- Investing in local services, stimulating innovation of new services.
- Working with partners including VCFA
- Developing social prescribing model.
- Scaling up the neighbourhood working model.

Interdependencies & other strategies

- Neighbourhood working Model & development of Neighbourhood Hubs
- The development of the Voluntary, Community and Faith Alliance
- Enabling Local People work stream (social prescribing, People Powered Health and the digital first offer via The Bury Directory)
- Review of social care and move to an asset based approach
- Commissioned services
- Dementia Friendly Strategy; Age Friendly Strategy; Autism Strategy
- Mental Health strategies; Prevention Strategy

Key Priorities

- To reduce loneliness and isolation for all Bury residents. (Young and Old).
- To have a high level overarching strategy embedding the recommendations of the Jo Cox Commission on combatting loneliness that existing strategies can be aligned to.
- An action plan developed to outline activities as part of that strategy.
- A suite of tools, training and marketing materials are generated for staff, Councillors and partners to use.
- Existing work to combat loneliness & isolation is mapped and tracked.
- Identification of residents who are lonely.

Workforce

- **Local Authority Officers:** as part of existing work and working to the strategy by supporting colleagues, service users & members of the public; 'starting a conversation' identifying those isolated and connecting to relevant services.
- **Ward Councillors:** as part of their work in supporting residents in their ward 'starting a conversation' identifying those isolated and connecting to relevant services.

Key Partners

- **Voluntary, Community and Faith sector organisations** by 'starting a conversation' identifying those isolated and connecting to relevant services and where appropriate providing services aimed at reducing isolation and loneliness.
- **Public and private sector organisations** by 'starting a conversation' identifying those isolated and connecting to relevant services and where appropriate providing services.
- **Bury Residents** as part of 'Enabling Local People' help themselves and others who may be isolated by starting a conversation with other residents and or services.

This page is intentionally left blank

Bury Loneliness and Isolation Strategy Action Plan

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
June 2018						
30.06.18	Create a draft high level Bury Loneliness and Isolation strategy	Project Group SMT/ SLT	Strategy on a page document		Hayley Ashall	Complete
30.06.18	Create a draft Bury Loneliness and Isolation strategy action plan	Project Group SMT/ SLT	Action plan document		Hayley Ashall	Complete
30.06.18	Identify funding to deliver the actions set out in the action plan and strategy	Project Group SMT/ SLT	Make any appropriate bids		Hayley Ashall	Agreed PB, DB, VCFA innovation fund. Need to identify other funding
30.06.18	Identify existing strategies that align to or support the Loneliness & Isolation Strategy	Project Group SMT/ SLT	Excel spreadsheet or database		Hayley Ashall - linking in with PMs, managers, policy and other teams	Update the strategy and action plan where applicable
July 2018						
31.07.18	Bury Loneliness and isolation strategy signed off	CWB SMT & Lead Member	Strategy on a page		Hayley Ashall	Complete
31.07.18	Bury Loneliness and isolation action plan signed off	CWB SMT & Lead Member	Word document		Hayley Ashall	Complete
31.07.18	Updating the Bury Loneliness and isolation strategy and accompanying documents to reflect the prevalence of youth loneliness	Lead Member Interim ED CWB	Word documents and briefing note		Hayley Ashall	Complete
August 2018						
03.08.18	Attend Lead Members Portfolio session to update and gain agreement from Lead Member re updates for prevalence of youth	Lead Member Interim ED CWB	Word documents and briefing note		Hayley Ashall	Complete

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
	loneliness					
30.08.18	Detailed project plan to underpin the action plan and strategy developed	SMT			Hayley Ashall	Detailed project plan to underpin the action plan and strategy developed
30.08.18	Start mapping exercise of existing services	SMT Project group	Excel	Numbers of existing services – use as a benchmark for reporting progress	Lead/ PM TBD team Performance team VCFA	Linking in with partners, officers, utilising the Bury Directory. Also VCFA.
30.08.18	Identifying funds to use to support the development of schemes, groups and projects to combat loneliness and isolation	Public and partners Councillors	Map grants and funds available		Hayley Ashall Neighbourhood Team	Can use DB, PB, social capital fund and community safety fund and VCFA Innovation Fund. Ambitions for ageing fund
September 2018						
30.09.18	Task & Finish group – assign and invite	T&F group potential membership			Lead/PM	Task & Finish group nominees from H&WB Board (links to Enabling Local People work)
30.09.18	Development Draft communication plan	T&F Group	Communication and engagement template from the commissioning suite		Hayley Ashall	
30.09.18	Take Loneliness strategy and report to H&WB Board	H&WB Board	Report		Hayley Ashall/ Dave Thomas	
October 2018						

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
31.10.18	Briefing note to councillors and senior managers about the Loneliness Commission and letting them know about workshops	Councillors Senior Managers	Briefing note		Hayley Ashall	Drafted – needs to be sent out
31.10.18	Draft an article for team brief on work planned and what's been agreed	Council Officers	Briefing note		Hayley Ashall	
31.10.18	Draft article to go out to CCG colleagues	CCG recipients	Brief note		Hayley Ashall	
31.10.18	Start to collate current numbers & details of services supporting the reduction of loneliness and isolation in Bury	T&F group All	Excel Database report	Numbers of existing services – use as a benchmark for reporting progress	Hayley Ashall TBD team Performance team VCFA	Utilising entrees on TBD List of commissioned services VCFA list of VCF groups and services
31.10.18	Design e-learning and workshops	Various workshops tailored to audience	Presentation FAQ Handout E-learning for those who can't attend	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall	
31.10.18	Booking of rooms and meeting space for workshops/ drop ins	SMT Project group	Need a plan of sessions on word for distribution		Hayley Ashall	
31.10.18	Design marketing materials	Residents Councillors Officers Partners VCF	PR Email Team brief Leaflet poster	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall	Does this link with any PH or other campaigns

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
31.10.18	One Community Page development	Residents Councillors Officers Partners VCF	One Community Loneliness and Isolation engagement page	Engagement Surveys Feedback Asset mapping	Lauren Craig	
November 2018 2018						
30.11.18	Hold workshop to design pilot	Two workshops range of cross sector colleagues, public and partners	Presentations Groups work		Social Development & Engagement Team Cllr Simpson	The workshop will inform the pilot
30.11.18	Start training via e-learning and workshops for Councillors delivered	Various workshops tailored to Councillors	Presentation FAQ Handout E-learning for those who can't attend	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall	This is around embedding the 'start a conversation into their role and connecting people to services'
30.11.18	Start training via e-learning and workshops for relevant council staff delivered	Various workshops tailored to council staff	Presentation FAQ Handout E-learning for those who can't attend	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall Neighbourhood Engagement Team	This is around embedding the 'start a conversation into their day job and connecting people to services'
30.11.18	The Bury Directory includes services from mapping exercise, run some promotion on the directory	Public Partners Council officers	TBD paperwork and process	Need to promote the service in the directory once included	TBD Team	Need to write in to the BD plan of work – this will be ongoing
30.11.18	Scaling up the new neighbourhood working model (part of transformation fund– Enabling local people work stream)	SMT/ SLT T&F Group Transformation process colleagues	Suite of documents linked into the transformation fund and existing neighbourhood modelling work and	Ensuring the services delivery can identify, support those with and reduce levels of loneliness	David Thomas Hayley Ashall	Link into existing work and plans

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
			plans			
December 2018						
31.12.18	The Task & Finish Group to start planning the pilot	T&F Group	Suite of documents	Pilot design and parameters	T&F Group	
31.12.18	Start to design/ consider a way to collate numbers of Bury residents who are lonely and isolated	T&F group	Excel Database report	Numbers of existing residents – use as a benchmark for reporting progress	Lead/ PM Performance team Partners VCFA	Will need support from internal teams & partners already collate this
31.12.18	Start training via workshops for VCFA colleagues delivered	VCFA colleagues and representatives	Presentation FAQ Handout E-learning for those who can't attend	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall Neighbourhood Engagement Team	Highlighting the importance of their role in this agenda and connecting to other services
31.12.18	Start training via workshop to partners of public and private sector colleagues delivered	Various workshops tailored to partners of public and private sector colleagues	Presentation FAQ Handout E-learning for those who can't attend	The core of the project and work; along with the role they can play and expectations in them.	Hayley Ashall Neighbourhood Engagement Team	Highlighting the importance of their role in this agenda and connecting to other services. Where possible staff starting a conversation.
January 2019						
31.01.19	Develop a social prescription model (part of transformation fund– Enabling local people work stream)	SMT/ SLT T&F Group Transformation process colleagues	Suite of documents linked into the transformation fund	Ensuring the services delivery can identify, support those with and reduce levels of loneliness	Shenna Paynter Hayley Ashall Sajid Hashmi VCFA	Link into existing work and plans
31.01.19	Start the work to start the pilot	T&F Group	Meetings and		T&F Group	

Date	Activity	Audience	Format	Key Message(s)	Delivered by	Notes/progress
			communications			
February 2019						
28.02.19	Review the work to date	T&F Group SMT/ SLT	Utilising strategy, action plan and PMO detail	Success and where not achieved what can we do	Hayley Ashall	Record work and progress throughout the first year via PMO updates and processes
28.02.19	Refresh the strategy in line with work to date and future direction	T&F Group SMT/ SLT	Strategy document		Hayley Ashall	
28.02.19	Refresh and update the action plan	T&F Group SMT/ SLT	Action plan document		Hayley Ashall	
March 2019						
31.03.19	Produced and circulated an update position report to the relevant channels.	T&F Group SMT/ SLT Partners and public	Report	Achievements and work to date, lessons learnt and next steps.	Hayley Ashall	
31.03.19	Start to plan the next year's work plan	T&F Group	Report & Action plan			

Bury Health and Wellbeing Board

Title of the Report	Substance Misuse position paper
Date	03/08/19
Contact Officer	Jon Hobday (Consultant in Public Health)
HWB Lead in this area	Lesley Jones (Director of Public Health)

1. Executive Summary

Is this report for?	Information x	Discussion x	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	For information and endorsement of the approach		
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 1, 2 and 3		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page			
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	Endorse and support the decision to go with option 1 to commission an all age Substance Misuse service.		
What requirement is there for internal or external communication around this area?	This will be communicated with all internal stakeholders including the CCG and relevant health services. This will also be communicated with all current providers and advertised and promoted at the appropriate time during the commissioning process.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The paper will be taken to other boards as appropriate, following the HWB. The paper has been to Senior Leadership Team.		

2. Introduction / Background

In 2013 Bury council went out to tender for the local adult substance misuse service. One Recovery Bury won the contract through a competitive tendering process. As a result they were awarded a 3 +1 year contract that commenced in February 2014. The contract entered into the first plus 1 on 05/02/17 and was extended for 12 months on 05/02/18. Therefore there is approximately 7 months left on the current contract. The contract value for the service is approximately £1,765,400 per year. The total contract value includes the £160,000 investment towards the Greater Manchester Tier 4 Framework for inpatient detoxification treatment. In addition a small number of Bury residents require community rehabilitation following on from detoxification, this is funded through separate monies and costs approximately £130,000 annually.

In 2014 Bury council went out to tender for a young peoples and families substance misuse service. This tender was won by Early Break who provide the service for young people up to the age of 18 years. This was originally a 2 year contract which commenced on 1st October 2014 and finished 30th September 2016. The contract has since been extended twice and most recently extending until 31st March 2019 (to bring it in line with the adult substance misuse service). The current level of investment into the young people substance misuse service for 2018/19 is £223,054 per year.

Aligning the contract end dates has potentially provided an opportunity to transform how substance misuse services are delivered across the life course. It would allow us to rethink the delivery in line with the transformational and locality plans to ensure best outcomes are achieved through our investments.

In 2015 Bury launched a multi-agency drug and alcohol strategy for 2015-2018, with 3 key aims – reducing demand, restricting supply and building recovery in communities. The strategy outlines the important links with the wider determinants that impact on the extent of the problems including housing and homelessness, employment, education, mental health and crime. A local action plan was produced to support the strategy however this is in need of updating.

In addition it is important to note the aims align and cover much of the 6 key priorities within the draft GM drug and alcohol strategy, including;-

- Prevention and early intervention
- Reducing drug and alcohol related harm
- Building recovery in communities
- Reducing drug and alcohol related crime and disorder
- Managing accessibility and availability to drugs and alcohol
- Establishing a diverse, vibrant and safe night time economies

In March 2017 a position statement was produced for the young people's and families substance misuse in Bury. This provided an overview of the usage of the young people's substance misuse service during 2014/2015 and 2015/2016 and highlighted factors that may impact future demand.

The commissioning of the new drug and alcohol service provides an opportunity to align the national and GM strategy and the all age approach. This should in turn help to provide a clear strategic focus across both children and adults.

3. key issues for the Board to Consider

There are a number of potential options as to the next steps all of which have pros and cons – these are outlined below

Option 1

Commission an all age service

Option 2

Commission two services one for children and young people and one for adults

Option 3

Roll current contracts and do some development work on the transition

Option 4

Explore if we can join other existing contracts within neighbouring authorities

4. Recommendations for action

Following detailed discussions with the senior leadership team it was recommended that **option 1** 'to commission an all age service' would be the

most effective approach. An appropriate and effective service specification will be developed to ensure all elements of the life course approach are addressed appropriately.

The board is being asked to endorse and support the decision.

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).

As part of the process work has been done with the legal team to risk assess the delay of the new contract until August 2019. In addition as part of the service specification development potential options for making savings on the contract will be explored.

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

A detailed equality impact assessment will be developed as part of the service specification.

CONTACT DETAILS:

Contact Officer: Jon Hobday (Consultant in Public Health)

Telephone number: 0161 253 6879

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

Date: 03/09/18

Better Care Fund & Improved Better Care Fund

Health and Wellbeing Board

September 2018

Background

Better Care Fund

- To drive transformation and integration of health and social care
- 5 national conditions, e.g. jointly agree BCF plans, to pool the BCF via a section 75 agreement, all of which have been met.
- Plan signed-off and monitored via the local Health and Wellbeing Board
- Targets set and performance monitored against a number of metrics
- Implement the 'High Impact Change Model – Managing transfers of care between hospital and home'

Improved Better Care Fund

- Paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.
- can be spent on:
 - Meeting adult social care needs
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensuring that the local social care provider market is supported

Localities are required to provide quarterly BCF updates, signed off by the Health and Wellbeing Board (to meet national reporting timescales this is via Cllr Simpson's delegated powers)

BCF Operating Guidance 2017/19

- Published 18 July 2018
- Refreshed guidance for localities for approved 2017/19 BCF plans, including:
 - Framework for ongoing BCF requirements
 - Ways in which:
 - Plans can be reviewed
 - Metrics refreshed
 - Delayed transfers of care (DToC) reduction ambitions for 2018/19
(N.B. Bury DToC reduction target is a proportion of a Greater Manchester system requirement)

2018/19 BCF plan

Developed and submitted as part of BCF 2017-2019 plan

Key areas of spend	2018/19 planned expenditure
CCG Non-elective admissions contingency	£1.67m
Community health services	£0.27m
Mental health	£0.84m
Primary care (inc extended access (£1.24m))	£1.72m
Adult social care (Inc Killilea (£1.14m), Reablement (£2.3m) and Protecting social care (£2.52m))	£7.37m
Meeting Care Act requirements	£0.63m
Disabled facilities grant	£1.70m

BCF metrics

- 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

Non-elective admissions

Non-Elective Admissions (NEA)	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
BCF submission planned activity	4,854	4,786	4,744	4,744	4,732
Actual activity level	5,516	5,930	-	-	-
Revised BCF NEA targets	N/A	5,479	5,359	5,662	5,602

Performance:
 Q4 2017/18 – not on track
 Q1 2018/19 – not on track

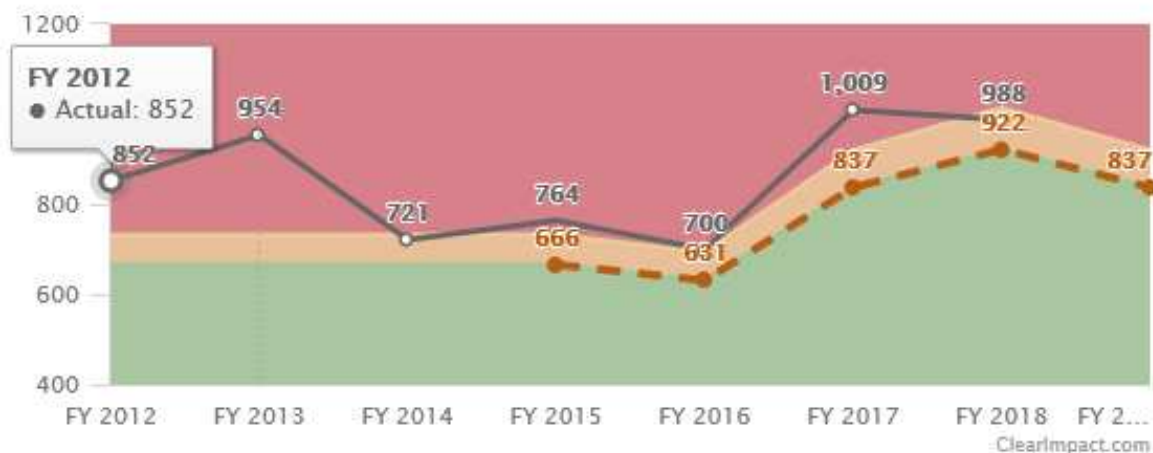
Review – target revised to align to CCG operating plan

Rationale – as per BCF operating guidance

Remedial actions:

- Planned activity levels remodelled as part of CCG 2018/19 operating plan refresh
- Negotiation of ambulatory care coding ongoing
- Admission avoidance through step-up use of intermediate care capacity

Permanent admissions



Performance:
Q4 2017/18 – not on track
Q1 2018/19 – on track

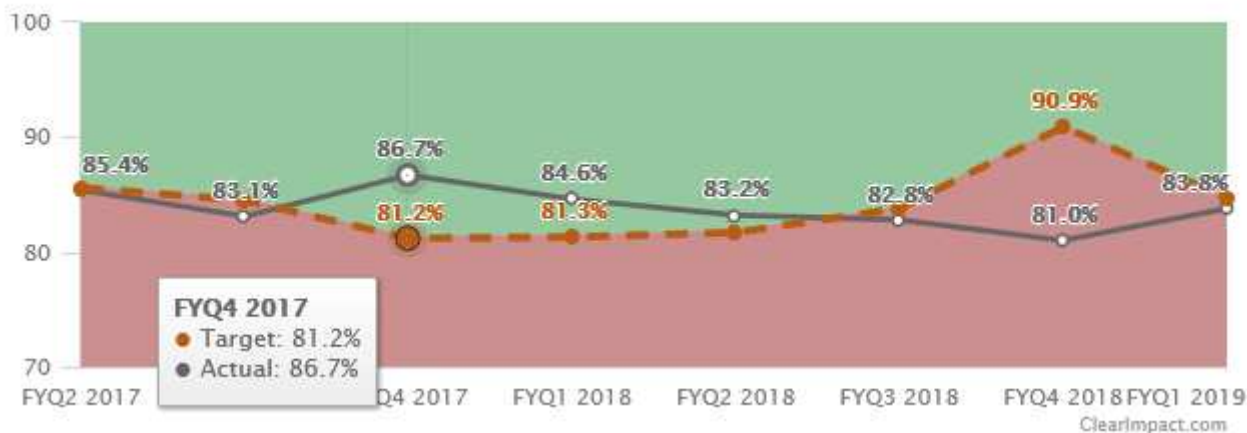
Review – retain level of ambition in 2017/19 plan submission

Rationale – it is anticipated that the target will be met during 2018/19 (20% reduction in rolling 12m admissions figure)

Remedial actions:

- Modelled further impact of new intermediate care model, discharge to assess beds, zonal homecare model etc expected to deliver target performance during Q3

Effectiveness of reablement



Performance:
Q4 2017/18 – not on track
Q1 2018/19 – not on track

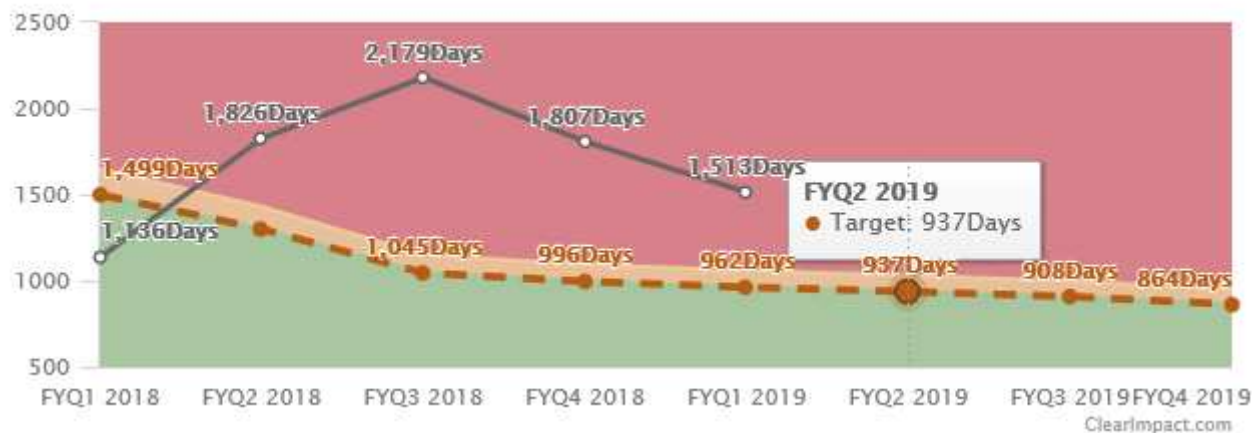
Review – retain level of ambition in 2017/19 plan submission

Rationale – whilst metric has not been met for previous 3 quarters (N.B. 2 months were within 1 percentage point of target) historically the target has been met.

Remedial actions:

- Service experiencing significant increase in levels of complexity
- Balancing screening referrals to ensure suitability for service vs enabling discharge
- Review of reporting - less complex reablement cases supported by Home in a Day service
- New service / staff still being embedded – improvements being observed
- Recruiting to vacant posts and managing sickness absence

Delayed transfers of care (DToC)



Performance:
Q4 2017/18 – not on track
Q1 2018/19 – not on track

N.B. performance chart reflects target at point of Q1 2018/19 submission

Review – revised to 14 delays per day (June actuals: 21.93)

Rationale – Bury's proportion of GM-wide DToC target

Delayed transfers of care (DToC)

Remedial actions:

- Improved data quality / recording, improving understanding of delays and targeting interventions
- Strengthened performance management – DToC owned by integrated discharge team; daily discharge meetings; weekly review of 7+ days delays
- Weekly Gold and regular system flow meetings to support immediate operational and longer term decisions to reduce DToC
- Targeted interventions:
 - MH DToC – multi-agency working (inc social housing, commissioning etc), pathway review; active performance and delay management; attendance at bed meetings
 - Bed base review – developing options to reconfigure capacity, ensuring adequacy of discharge to assess; intermediate care; residential and nursing with dementia etc beds
 - Exploring community ‘in-reach’ model – to plan and support discharge
 - Flexible deployment of resource – e.g. reablement into Home in a Day service

High Impact Change Model

- A successful **High Impact Change Model (HICM)** will assist in managing transfers of care
- Programme management approach introduced to delivery increasing levels of maturity to local arrangements
- Oversight provided by System Flow Group
- Status:

	Early discharge planning	Systems to monitor patient flow	Multi-disciplinary /multi-agency discharge teams	Home first/discharge to assess	Seven-day service	Trusted assessors	Focus on choice	Enhancing health in care homes	Red Bag scheme
Q4 17/18	Plans in place	Established	Mature	Plans in place	Established	Established	Plans in place	Established	Plans in place
Q1 18/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Plans in place

iBCF plan

2017/18 projects	Q4 / year-end summary
Care at home	New home care model procured and implemented.
Residential care	Discharge to assess capacity in place. Improved market stability, securing sufficiency of supply, working with providers on national living wage and other cost pressures
Supported living services	Improved market stability, supporting provider cost pressures through fee increases for supported living services for people with a learning difficulty
Reablement	Killilea capital programme complete. New bed based and community reablement models established.
2018/19 additional allocation funded projects	Notes / narrative
Meeting adult social care needs, inc: <ul style="list-style-type: none"> Community care – care at home Community care – residential ASC staff capacity 	<ul style="list-style-type: none"> Maintenance of previous levels of provision Maintenance of previous levels of provision Leadership, safeguarding / protection

iBCF Performance Metrics

Requirement to identify up to 5 key metrics to assess impact of iBCF spend

Local metrics, related to areas of spend:

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

This page is intentionally left blank

MEETING:	Population Health Programme Board
DATE:	30/04/2018
ITEM NUMBER:	3
SUBJECT:	Population Health Programme Plan: Progress Review and Forward Look
RECOMMENDATION:	To note the content of the report and support the continued implementation of the Population Health plan
ACTION REQUIRED:	Information Only
AUTHOR:	Sarah Price, Executive Director for Population Health and Commissioning

1.0 INTRODUCTION

- 1.1. This report provides an overview of activities undertaken in 17/18 towards the priorities set out in the Greater Manchester (GM) Population Health Plan.
- 1.2. The report will cover the following areas:-
 - Work to date to agree allocation of Population Health Transformation Fund monies against a number of strategic business cases and;
 - Progress so far in terms of implementation of a number of early programmes of work as part of the plan.
 - A forward look at future planned activities.

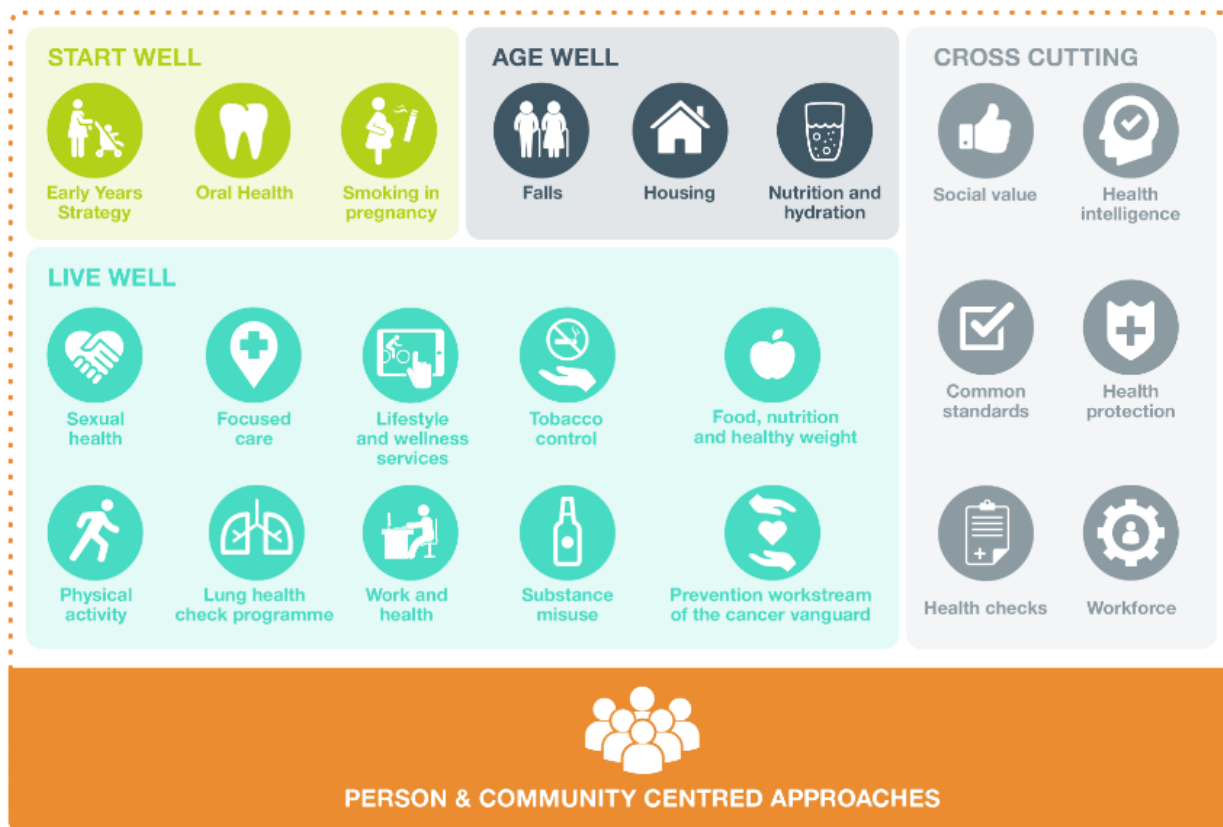
2.0 BACKGROUND

2.1. GM Population Health Plan

- 2.1.1. The GM devolution agreement and taking charge of GMs £6b health and social care budget has provided an unprecedented opportunity to address the deep rooted health inequalities and the chronic disease epidemic which we are facing. GMs strong track record of collaboration across NHS, local authority, business and VCSE sectors alongside the new devolved integrated system provides the right environment for breaking down organisational silos, garnering the assets of individuals and communities to take control of their own health, and harnessing the energy of all stakeholders across

GM in the pursuit of health gain. Significantly it allows us to focus on the root causes of ill-health, for example strengthening the links between health, work and economic prosperity to take a truly whole systems approach to population health and wellbeing.

- 2.1.2. International and national policy identifies early intervention and prevention as the most cost effective, affordable and sustainable course of action to cope with the sharply rising burden of avoidable illness driven by our lifestyles, other demographic changes in particular population aging and by deprivation and social and economic influences. Evidence suggests most prevention and population health interventions are cost effective, meaning they generate a better outcome than the next best alternative use of resources and will save the public purse in the short and longer term as well as delivering improved and sustainable health outcomes and contributing to wider sustainability and economic, social and environmental benefits.
- 2.1.3. Within GM, Population Health is seen as a whole system issue requiring a whole system response. To address this, the GM HSC Partnership agreed a single GM wide [Population Health Plan](#) in January 2017. The Plan built on and reflected prior commitments made in the MoU with PHE (July 2015) and the GM Taking Charge Together Plan (December 2015) to prioritise the prevention agenda and the rebalancing of investment towards prevention to deliver the best outcomes for the health and wellbeing of GM's population.
- 2.1.4. The Population Health Plan set our collective ambition for delivering a radical upgrade in population health; it is focused on five priority themes: The first three (start well, live well, age well) sets out our approach to delivering population health consistently at scale across GM and taking the multiple opportunities across the life course to enhance quality of life. The Plan also sets out our ambition to create a unified population health system across the GM economy which is organised to deliver at pace and scale. Our Plan also embraces the concept of asset-based community development and actively involving our communities as a way of doing business.



2.1.5. The GM Population Health Plan is aligned with the Mayoral Manifesto, GM Strategy and includes key shared commitments including: early years and school readiness; work and health; healthy aging; physical activity and the promotion of active travel; air quality and social prescribing.

2.2. Strategic Investment Case

2.2.1. Following the sign off of the plan a Strategic Investment Case for Population Health was developed following an extensive process of engagement and socialisation over a 6 month period with localities, GM Mayor, wider system leaders supporting the delivery of the population health plan and strategic groups within GM Governance. The paper outlined a broad investment framework to underpin the implementation of the Plan over the remaining years of the devolution period and secured the allocation of up to £30m of GMHSCP transformation funding. A minimum ask of £25m was agreed with a further potential £5m subject to review.

2.2.2. The investment agreement also recognised that not all programmes of work within the Population Health Plan required investment. Key priorities for investment have been selected based on best available evidence of impact; areas which would benefit from scaling up practice across GM; are central to accelerating progress on population health at pace and scale or have been highlighted by citizens and the wider system as the right things to invest in.

2.3. Governance & Decision Making

- 2.3.1. In the build up to the development of an overarching Strategic Investment Case (SIC), a GM Population Health Programme Board was set up to guide the development of the SIC and to maintain oversight for delivery of the Programme. Alongside the programme board an Investment Oversight Panel was established to oversee the Transformation Fund process in relation to Population Health, review individual submissions and make recommendations to the Population Health Programme Board in respect of awarding monies from the Transformation Fund allocation.
- 2.3.2. Reporting to the Programme Board are then a subset of boards and groups which ensure oversight and drive delivery of each of the individual projects. These groups report progress into the board and escalate risks and issues where appropriate.

3.0 INVESTMENT CASE DEVELOPMENT AND AGREEMENT ON FUNDING ACTIVITIES

- 3.1. Over the last 12 months the PH Board have approved investment in population health initiatives totalling over £21.0m. In the coming few months further funding cases will be agreed totalling investment of £25m in delivering population health outcomes.
- 3.2. In line with the strategic investment case recommendations a further submission has been made to the transformation fund for an additional £5m funding allocation. This would be used to invest in the remaining priorities of the plan which are currently un-funded based on spending profiles described above.

4.0 POPULATION HEALTH – OVERVIEW OF KEY ACTIVITIES IN 2017/18

- 4.1. In 2017/18 we have moved into the implementation phase of the Population Health Plan and the following section highlights the key progress that has been made over the last 12 months. Significant progress has been made in developing GM wide whole system approaches to tackle the main causes of ill health through the sign off and launch of the following strategies and action plans:
 - [The GM Making Smoking History strategy 2017-21](#), endorsed by the GM Strategic Partnership Board in July 2017, which will identify innovative and evidenced based approaches to reduce smoking rates by one third by 2021.
 - [The GM Moving Strategy 2017-21 refresh](#), endorsed by the GM Strategic Partnership Board in July, to increase levels of physical activity across GM.
 - The prevention chapter of the [GM Cancer Plan](#) and the initiation and development of the prevention work stream of the GM Cancer Vanguard which identified innovative approaches to increasing cancer screening uptake, awareness and behaviour change.
 - The new GM Integrated Substance Misuse Strategy, due to go through due governance in summer 2018.
 - [The GM Ageing Strategy](#) approved in March 2018, which is also one of four GM Mayoral Reform priorities.
- 4.2. These strategies are pivotal as they set out a new level of ambition regarding population health, going further and faster than other city regions to deliver a radical upgrade in population health that ensures innovative approaches at scale to drive long-term behaviour changes and reduces current and future demand on health services from lifestyle related long term conditions.

- 4.3. Alongside these strategies, and also key to the overall success of the Population Health Plan are our proposals to fundamentally reform the GM Public Health system which were progressed through AGMA Wider Leadership Team and approved by the GM Health and Social Care Strategic Partnership Board in Spring 2017.

These proposed the establishment of a unified Population Health system for GM that:

- Is united in its focus on the delivery of agreed priority population health outcomes and long term sustainability.
- Defines a set of population health goals that are recognised and embedded within all relevant GM programmes and services.
- Develops greater consistency of approach and common standards for delivering population health outcomes across GM, in terms of planning, monitoring, commissioning and service delivery for population health.
- Is consistent with the principle of subsidiarity (decisions are made at the most appropriate level) within GM, recognising the 'place' (Local Authority footprint) as the primary unit of planning whilst also being cognisant of the needs of communities of identity.
- Creates a strong and able cadre of population health leaders across GM, supported by clear governance and accountability and reporting systems, and a specialist public health workforce.
- Extends commissioning and delivery of some public health functions at GM level to achieve additional impact, complementary to that at locality level.
- Drives out inefficiencies and unnecessary variation in the system

- 4.4. Progress has been made in delivering these highly ambitious plans but, given the inherently transformational nature of system reform, and given the propensity for 'wicked issues', the rate of progress has been slower than for the issue-based Population Health Plan proposals.

Key achievements over the last 12 months include, but are not exclusive to:

- Development of a [GM Population Health Outcomes Framework](#) and accompanying online dashboard. This includes the establishment of trajectories as a means for identifying improvements of time.
- Co-production of a set of GM common standards for prescribed and core PH functions and other GM PH priorities.
- Agreement and implementation of a single integrated assurance process whereby population health outcomes, improvement trajectories and standards have been incorporated into the existing GM and locality assurance process.
- Development of proposals and an investment proposition in relation to a unified GM Population Health Intelligence system as part of a wider health intelligence system transformed through Taking Charge with a focus on
 - A unified Health Intelligence Function
 - A skilled and motivated workforce
 - An enabled population
- Commissioning of an independent review of the current Health Protection system to aid the development of detailed proposals for a unified GM Health Protection System.
- Devolution of responsibility for HIV treatment services (and associated funding) to GM under specialist commissioning transfer.
- Development of draft GM strategies for Drugs and Alcohol, and Sexual and Reproductive Health.

- Commissioning an independent review of the current GM Sexual and Reproductive Health system and the development of a set of detailed proposals for the form and function of a future integrated Sexual and Reproductive Health system.
- Establishment of the GM Commissioning Hub in order to identify areas for the development of GM service specifications and potential GM commissioning.
- Development of draft GM Population Health Workforce Transformation proposals and alignment with wider GM Workforce Strategy.
- Increased Population Health system reform investment from GM Directors of Public Health.
- Increased alignment with Mayoral work programme.

4.5. In addition, a number of other opportunities have emerged since the development of the PHP, which will be progressed during 2018/19 including the GMCA (Public Health Functions) Order 2017 and the development of System Architecture / New Models of Care.

4.6. Another area where we are taking a whole system and cross public sector approach is around our Health and Justice agenda. Following the recent commissioning of the GM integrated custody healthcare and liaison and diversion service, we are now seeking fresh insight to help inform the development of the first ever evidence-led GM Health and Justice Strategy. The strategy will be informed by a number of pieces of work including a commissioned independent strategic review , a thematic roundtable event and the development of a Health Needs Assessment guide & ROI tool with Public Health England.

5.0 THE DEVOLUTION DIFFERENCE – SO FAR

15 months after agreeing GMs first ever Population Health Plan devolution is making a difference to everyday lives in Great Manchester.

5.1. Making Smoking History

5.1.1. In July 2017 the Mayor of GM launched the GM Making Smoking History strategy aiming to at a pace and scale faster than any other major global city to reduce smoking by around a third to 13% by 2021, closing the gap with England, delivering 115,000 fewer smokers, saving thousands of lives. By 2027 we aim to deliver a tobacco- free generation by reducing adult prevalence to less than five per cent. An investable proposition and implementation plan for years 1 & 2 of the strategy was produced, with over £3million now secured from the Transformation Fund and matched funding being pursued through applications to Cancer Research UK and The Bloomberg Fund.

5.1.2. For the first time, GM smokers are able to access tailored help and advice to quit 7 days a week from the Stop Smoking GM Helpline launched 1st January 2018 on the MyCityHeath GM state of the art digital platform. 95% of GM smokers are not quitting with local services but more than 7 out of 10 do want further motivation, advice and support to quit successfully. MyCityHealth's smoking pages were refreshed and relaunched based on user insight, engagement and evaluation leading to a 425% increase in engagements.

5.1.3. Two further pieces of work also kicked off in January around e-cigarettes, including an innovative e-cigarette pilot in partnership with Salford City Council and local social housing providers. The pilot has enabled 1000 smokers, living in social housing where smoking rates are significantly higher, to access to a free e-cigarette starter kit, alongside local stop smoking support. Independent evaluation will

include follow up at 6 and 12 months. Alongside, our partnership with CRUK resulted in the organisation's first mass media e-cigarette campaign being delivered in GM.

- 5.1.4. In February we launched our Don't Be the 1 integrated multi-media campaign centred on the smoking kills 'One in Two' message. Pre campaign research identified that 9 out of 10 GM smokers were unaware that smoking kills 1 in 2 with half believing the odds to be somewhere between 1 in 10 and 1 in 20. Evaluation is underway, however previous campaign evaluation suggests 70% of our 393,000 smokers in GM will have engaged and around 90,000 would be expected to take some quit related action as a result of the campaign.
- 5.1.5. February also saw the launch of our History Makers Consultation, a radical public engagement conversation providing opportunities for members of the public to learn about and engage with the tobacco strategy including potential policy and regulatory changes. Over 200 advocates from across our 10 boroughs signed up to be History Makers, becoming the "face" of the campaign. To date there have been over 4500 responses. The consultation will run to April 30th.



***Case Study:** Leigh Webber is a 55-year-old teaching assistant from Timperley. A former heavy smoker, Leigh was diagnosed with lung cancer in 2017. She was successfully treated and is now in remission. Her consultant attributes that outcome partly to the fact that Leigh had given up smoking and got fit before her cancer diagnosis. An extremely keen runner, Leigh has gone from smoking 20 a day and eating junk to being one of the best runners in her age group. Leigh's enthusiasm for her new life is infectious. As an ambassador for choosing a healthier, happier, longer life she is determined to help us Make Smoking History. See [Leigh's video](#) for more of her story.*

- 5.1.6. The CURE secondary care programme is being trialled at Manchester FT Wythenshawe site for roll out across GM. Deaths from cardiovascular events are expected to start to fall immediately with deaths from all causes are expected to drop by 40% at 2 years in treated smokers. Expected pilot site outcomes include: 165 fewer admissions at 30 days, 310 fewer admissions at 1 year, 157 lives saved at 1 year and 929 successful quitters. The potential GM wide impact of this programme in targeting and supporting our sickest smokers and delivering a truly smokefree NHS is enormous.

5.2. Early Years

- 5.2.1. System leadership of this agenda is shared across the system with clear commitment to improving School Readiness made in the GM Taking Charge Strategy, GM Strategy, GM Population Health Plan, GM Start Well Strategy, GM Mental Health Strategy and the GM children and young people health and wellbeing strategy. Recently revised governance for this agenda has resulted in the development of a GM School Readiness Board co-chaired by Joanne Roney, Chief Executive of Manchester City Council and Jon Rouse, Chief Officer GMHSCP.
- 5.2.2. The Start Well programme within the GM Population Health Plan aims to support the delivery of integrated early intervention and prevention services across all localities in GM with the following specific objectives:

1. Fully implement the core elements of the GM Early Years delivery model (EYDM) which comprises 4 key elements:
 - High Quality Universal Services
 - 8-stage New Delivery Model assessment pathway
 - A range of multi-agency pathways
 - A suite of evidence based assessment tools and targeted interventions.
2. Develop a sustainable, resilient and consistent set of GM interventions to stopping smoking in pregnancy (investment committed).
3. Develop IMT proposition to improve data processes to track progress and allow earlier intervention (additional investment required via GM Connect work programme).
4. Implement evidence informed interventions at scale in a targeted and consistent manner across GM to improve oral health and reduce treatment costs within 3-5 years (investment committed).

Early Years: Reducing Smoking in Pregnancy

- 5.2.3. Quitting smoking is one of the best things a woman and her partner can do to protect their baby's health through pregnancy and into early childhood. Children born into households where both adults smoke are four times more likely to take up smoking themselves. GM currently has the smoking rate at time of delivery rate of 12.8%, the national average is 10.8%. Our ambition is to halve this rate to no more than 6% in any locality by 2021 and ultimately for every baby to be born smokefree. Reducing smoking rates in our most vulnerable families could also lift as many as 21,110 children above the poverty line in GM.
- 5.2.4. A GM level, universal approach to smoking cessation in pregnancy with a targeted element focussing on our most vulnerable will help deliver smoke free pregnancies and smoke free childhoods. It will reduce the social norm of smoking, its prevalence and increase the number of smokefree homes across GM; this will directly contribute to a reduction in the number of children starting to smoke.
- 5.2.5. The implementation of the programme began in December 2017. It will ensure 36,500 pregnant woman and their families will receive consistent support and advice regardless of where they give birth in GM. It will be implemented in all parts of GM during 2018 and is being rolled out on a cluster basis. All pregnant women who are smoking at booking (c4000 women) will be engaged. We expect to support an additional 3000 women through programme interventions during their pregnancies during 2018/19 and to deliver around 1,250 additional smokefree babies this year. Saving babies lives, delivering better births and securing a tobacco free generation.
- 5.2.6. Smoking cessation in pregnancy is delivered via the babyClear model and requires testing of all pregnant women for carbon monoxide exposure and referring those with a positive reading to smoking cessation services. This is being rolled out in three clusters with full implementation in Rochdale, Bury, Oldham and North Manchester from May 2018 with in all other areas by September 2018.
- 5.2.7. A smoke-free pregnancy incentive scheme was launched across GM in all areas except Wigan in February 2018 which targets a defined group of vulnerable women living in communities where smoking rates are highest, and who would find it hardest to maintain a quit without additional support. We expect to engage up to 1,200 women on the scheme this year. Previous scheme data suggests

that we can expect around 600 of those vulnerable women will still be quit 3 months after they deliver their babies.

Early Years :Oral Health Improvement

- 5.2.8. The latest oral health survey of five year old children (DPHEP, May 2015) found that 36% of five year olds in GM (GM) had tooth decay compared with 25% in England. However, the GM prevalence of tooth decay in five year olds shows a marked inequality between Local Authority areas with the worst being: Oldham (51%), Salford (51%), Rochdale (44%) and Bolton (41%).
- 5.2.9. Oral health is an important part of general health and wellbeing. A healthy mouth enables children to communicate, eat and enjoy a variety of foods, socialise and attend school as well as contributing to their self-esteem, confidence and readiness to learn. Dental decay is highly prevalent in GM and the impact on both society and the individual is significant, causing pain, discomfort, sleeplessness, limitation in eating leading to poor nutrition and time off school or work as a result of dental problems. In 2015/6 treatment of preventable tooth decay in children cost GM circa £20 million, representing a significant proportion of the total annual spend for dentistry, of around £200 million.
- 5.2.10. Extraction of decayed teeth under general anaesthetic (GA) is the most common reason for a child aged between five and nine years of age to be admitted to hospital in England, with more than twice as many admissions as the next most common reason of tonsillitis
- 5.2.11. There is a strong evidence for interventions to improve the oral health of children. The following three having the strongest evidence base, feasibility of implementation and show the greatest financial return on investment:
- Daily supervised brushing programmes in all nursery and reception classes
 - Distribution of free toothbrush and toothpaste packs and oral health advice Health Visitors.
 - Fluoride varnish application at least twice yearly for every child
- 5.2.12. This large scale intervention programme which will is now in its delivery phase and i.e. embedding proven approaches consistently at scale across our 4 localities with the worst oral health in under 5s in a way that has never been achieved before
- Health Visitor teams in these localities have received refresher training on oral health to ensure consistent, evidence based advice to young families. Free toothbrush and paste is now being provided to all young families through the health visitor contacts, totally over 13,000 children per annum.
 - All 106 dental practices are to seeking to increase coverage of the first dental check (under 2s) and their fluoride interventions and from 1st April, 50 of these dental practices have been commissioned to deliver enhanced provision, providing additional access capacity for c. 5,800 children.
 - The team is currently working with all nursery and reception classes to implement the consistent brushing programmes for children from September 2018 when the new school year starts.

5.3. Focused Care in General Practice

- 5.3.1. Focused care is a model to support patients and staff working in GP practices in areas of severe deprivation. These practices experience significant increases in volume of work and also complexity caused by the combination of physical and mental health combined with complex interplay with social

circumstances and often addiction. This tri-morbidity and complex interplay puts significant strain on primary care personnel.

- 5.3.2. FC supports GPs and primary care teams and builds resilience. A GP that has had FC in their practice for 4 weeks reported that “FC is allowing me to be doctor I wanted to be when I entered medical school.”
- 5.3.3. Focused Care is engaged with 52 practices across GM, 31 of which are under the GM HSCP Population Health pilot funding. Oldham CCG and Rochdale CCG have directly commissioned additional local practice delivery.
- 5.3.4. The pilot is to be independently evaluated, including the development of an ‘app’ collecting activity data from across the practice workers’ caseloads. As at January 2018, 705 assessments covering 622 households detailed on the App.



***Case Study:** Alice* is a 49 year old lady, with complex medical and mental health needs, and significant social vulnerability. She was referred jointly to Focused Care by the Police and her own GP – both due to inappropriate and frequent contacts.*

Living alone in a flat, she was regularly contacting the police concerned about her neighbours, whether or not there was an actual problem found. Since engaging with the Focused Care Practitioner, she has found a safe point of contact and support, which has meant that she is now in touch with the Police less. She is supported to her medical appointments with the Focused Care Practitioner, and is more appropriately contacting health services. This is an ongoing case, for which there is no easy solution, but the help provided by a Focused Care Practitioner has enabled positive changes to be made.

5.4. Malnutrition and Dehydration in Older People

- 5.4.1. This programme is a classic early identification public health intervention targeting adults aged 65+ living in the community who may be at risk of malnutrition and dehydration. Both malnutrition and dehydration are often missed as risk factors in later life or they are misunderstood as a normal part of the ageing process.
- 5.4.2. The method of identification in this programme is the innovative paperweight armband, developed by Salford partners as a non-clinical and non-threatening way to identify malnutrition risk and start a conversation about weight loss, diet, appetite and food accessibility for example. This is accompanied by easy-to-use materials which support older adults and their families to follow good nutritional self-care and avoid further weight-loss. The 5 pilot localities of Bolton, Bury, Oldham, Rochdale and Stockport will also develop a range of awareness raising opportunities over the course of pilot.
- 5.4.3. The pilot begins frontline delivery this month (May 2018), with each locality aiming to target older adults who are likely to be more vulnerable to malnutrition risk, broadly in line with expected prevalence. The programme aims to achieve positive individual outcomes, including weight gain, weight maintenance and changes of dietary habits, for at least 3 in 10 adults who have been identified as at risk of malnutrition which is over 7,000 older people across the 5 pilot boroughs. In line with the

Salford experience, stimulating increases in primary care recording of underweight BMI is a specific objective.



***Case study:** Jane, aged 91, lives alone had a history of heart disease (2 heart attacks), COPD, and skin cancer. She attended A&E at Salford Royal where as part of discharge it was established that she was having difficulties with eating meals. During the initial home visit, discussions with Jane identified that she had lost a lot of weight, and had no motivation to cook or eat well. The support worker discussed the aims of the 'paperweight armband' test, which identified that Jane was at risk of malnutrition. Jane had good family support networks but was also lacking motivation to cook at this time. The support worker provided Jane with the nutrition leaflet 'How to improve your food & drink intake if you have a poor appetite'. Over the following 8 eight weeks, the support worker visited Jane and on the visits encouraged and reminded her to increase her nutritional intake. Overall outcomes in this case included improved confidence, reduced attendance at GP and growing independence in the context of receiving reablement support. She also became interested in food and nutrition again, which led to:*

- At the end of the 8 eight-week reablement period Jane had gained 4kg in weight*
- Jane was making home cooked meals 2-3 times per week.*
- Jane was out with friend 2- 3 times per week, including a lunch group*

5.5. Physical activity

- 5.5.1. The GM Moving Strategy refresh raised GMs level of ambition around reducing physical inactivity committing us to double the rate of past improvements reaching the target of 75% of people active or fairly active by 2025.
- 5.5.2. The MOU with SE has signalled a different way of working which has already led to £1m been secured from Sport England to address physical inactivity in older adults. GMs active aging programme was launched in March 2018, a transformational whole system approach to addressing inactivity and enabling active lives in Greater Manchester. This evidence based, insight led approach, which embeds physical activity at the heart of reform in GM, will lead to population scale change in physical activity behaviour.
- 5.5.3. In addition the announcement by Sport England in November that GM is one of the 12 local delivery pilots will bring significant investment in GM to address our high rates of physical inactivity (minimum investment c£20m). The LDP will focus on three target audiences: help children to be more active outside school; support the unemployed or those at risk of unemployment due to ill health ;those aged 40 -60 at risk of or with a long term condition. Work is underway to engage the audiences, those that work with them and local/national experts in the field to inform and shape the proposal and implementation phase which will begin in summer 2018.

- 5.5.4. GM has been announced as the world's first City Region committed to The Daily Mile by encouraging all its residents to get moving and adopt 15 minutes of physical activity every day. This sets a target for all nurseries, schools, universities and workplaces to adopt The Daily Mile. 43% of schools in GM are already on board with the initiative, contributing to the 2020 ambition of 75% of primary schools across GM regularly taking part in The Daily Mile, this will see over 180,000 children a year by 2020 which will see over 180,000 children.



Case Study: Ladybarn Primary School implemented The Daily Mile programme two years ago and are in no doubt about the benefits it offers their students. "I've seen that children's body shapes have changed, their confidence has increased, their fitness levels have increased and they've started winning a lot more competitions," said Assistant Head and Year Four Teacher, Ms Cree. "They have improved their fitness levels and they really enjoy running, it's just had a really positive impact on their whole fitness life."

- 5.5.5. The Walking and Cycling Report, 'Made to Move' from the GM Walking and cycling commissioner, Chris Boardman was approved by GM leaders in December 2017. It outlines how to deliver a step change in walking and cycling in GM and calls for £1.5bn investment. This work is aligned to GM Moving ambition and will accelerate the walking and cycling components of GM Moving.

6.0 THE DEVOLUTION DIFFERENCE – STILL TO COME

- 6.1. Our remaining Phase two programmes, have either just had funding approved and will go into delivery from August 2018 onwards or are going through the final business case approval process for delivery from 2019 onwards.

6.2. Health and Employment

- 6.2.1. The GM Working Well (Early Help) Programme will develop and test an effective early intervention system available to GM residents in work who become ill and risk falling out of the labour market, or are newly unemployed due to health issues. It will support up to 14,000 GM residents between March 2019 and 2022, targeting occupational health and condition management support alongside employment rights and impartial careers advice and guidance. The primary focus will be on people employed in small and medium sized enterprises (SME) across GM, with referrals sourced from General Practitioners (GPs), employers and individuals directly. Jobcentre Plus will be a sign posting partner for those who are newly unemployed.

- 6.2.2. The primary outcomes the programme will test are whether the support provided enables a rapid and sustainable return to work, although there will be significant further learning captured in the evaluation process to inform financial sustainability modelling. The aim is to support more people with health conditions and disability to remain in the labour market, to support productivity, reduce non-clinical demands on primary care and to reduce the flow of people who move onto long-term sickness and disability benefits.

- 6.2.3. The programme has successfully completed its phase one development phase, including programme design, business case approval and procurement imitation. During 18/19 the new service will be

tendered and the contract mobilised to begin delivery in March 2019. Funding for the programme totals £8million secured from Health & Social Care Transformation Fund, DWP/DH Work & Health Unit, Reform Investment Fund and European Social Fund.

6.3. HIV eradication

- 6.3.1. GM has set itself an ambition to eradicate HIV within a generation. Our plan is to address this through: optimizing prevention; scaling up testing and optimizing programmes of treatment for those who are HIV positive, with a particular focus on those at greatest risk. Thus early intervention programme is in its mobilisation phase with delivery commencing in August 2018.
- 6.3.2. In terms of expected reach and outcomes, the project is predicted to increase diagnosis rates (the proportion of the undiagnosed stock that is diagnosed each year) to 60% by March 2021, which under the modelled assumptions equates to 92% of people living with HIV in GM knowing their status, compared to the 2016 baseline estimate of 87%. This would ensure that the first of the Joint UN Programme on HIV/AIDS (UNAIDS) 90-90-90 target aspirations was met, for 90% of people living with HIV in GM to know their status by the end of the programme lifetime in March 2021.
- 6.3.3. A total of 145 diagnoses are estimated to be avoided over the nine years from 2018/19– 2026/27; this comprises a decrease in very late diagnoses of 104, and a decrease in late diagnoses of 110; overall, the number of early diagnoses over the period will increase by 69. The benefits comprise health and care savings associated with earlier and avoided diagnosis, and are anticipated to total some £24.5m.

6.4. Drugs and alcohol

- 6.4.1. A single GM Drug and Alcohol Strategy has been developed, which sets out GM's collective ambition to significantly reduce the risks and harms caused by drugs and alcohol. In comparison to the rest of the country, drug and alcohol use has a disproportionate impact on health outcomes and life expectancy in GM and we are starting from a challenging position, particularly in relation to alcohol. The financial cost of alcohol to GM is significant. It is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum.
- 6.4.2. As part of this jointly led strategy development, population health have recently approved two investment propositions relating to;
- A programme of activity aimed at engaging local people to engage in a wide-ranging engagement exercise aimed at tackling the harm associated with Drugs and Alcohol. This proposal focusses on the progression of a 'Big Alcohol Conversation' for GM aimed at engaging the wider population of GM and specific population cohorts and segments through a balance of social and digital media engagement, and direct 1 to 1 and group engagement at a locality and neighbourhood level. The Big Alcohol Conversation has a whole population reach, but with a specific focus on the "moderately unhealthy" cohort of the GM population
 - A programme which contributes to an ambition within the Strategy to reduce the harm experienced by children and young people in GM as a result of parental substance misuse, and additionally contributes to GM ambitions relating to giving every child the best start in life. This specific investment proposition relates to a programme of activity aimed at reducing alcohol-exposed pregnancies and, as a consequence, eliminating new cases of Foetal Alcohol Spectrum Disorder (FASD) in GM.

6.5. Health Checks

- 6.5.1. The NHS Health Check is a national mandated programme that invites all adults in England aged 40-74 (who haven't already been diagnosed with one of the specified long term conditions) once every five years aims to review their risk of cardiovascular disease (CVD) and other non-communicable diseases such as stroke, diabetes, chronic kidney disease and dementia. Across GM there is significant variation in the level of investment, offer and uptake of NHS Health Checks, leading to approximately 594,000 eligible GM adults who have not yet had a Health Check.
- 6.5.2. The growing evidence base on prevention of CVD and the NHS Health Checks programme suggests targeting those at most risk is cost effective. PHE have now agreed that they will work with GM to trial a targeted offer which invites those most at risk for a face-to-face check utilising a neighbourhood model approach to support those at lower risk with advice and signposting through a digital approach.
- 6.5.3. The targeted model will provide face to face Health Checks to a smaller proportion of the population. This will free capacity in the Health Check system to target checks to those at higher risk for CVD and associated conditions. A targeted Health Check alongside other complementary programmes, such as a GM Healthy Hearts Programme could result in 600 fewer deaths (by 2021).
- 6.5.4. The face to face model will be tested in one or two localities in 2018. Initial priority areas would include Manchester (given that it has the highest number of CVD deaths to prevent) and Salford (due to its organisational maturity with regards to data sharing, high need and identified priority to improve Health Check uptake).

6.6. Food, Nutrition & Healthy Weight

- 6.6.1. A focus on food and nutrition is a natural sister programme to GM Moving and the population health physical activity programme, which together address the two most influential individual and social factors in obesity and overweight at a population level.
- 6.6.2. This programme which is the final stages of scoping proposes to develop a GM strategic leadership approach to food and nutrition which is like that adopted by many urban cities across the UK and internationally with the aim of developing sustainable food systems and promoting healthy diets.
- 6.6.3. The essence of this proposal is to enable the development of food system change leadership through a multi-agency food leadership body for GM, harnessing the existing expertise in the VCSE and social housing sectors and engaging wider leaders and sectors. The proposed 2-year programme capacity development resource will include a fund earmarked specifically to enable a feasibility study to be commissioned which will identify opportunities within the remit of public sector authorities and organisations to apply positive influence on the food environment. The business case will be brought forward for approval in May 2018.

6.7. Falls prevention

- 6.7.1. The collaborative work under development through the falls programme aims to stimulate best practice across the health and social care system and environment which will reduce the incidence and impact of falls in the community and reduce hospital admissions due to falls. The programme is primarily designed to support and influence commissioning decisions and will therefore work with the GM commissioning hub to ensure that the outputs support effective commissioning in the arena of falls prevention and management.

- 6.7.2. There are currently 4 themes under consideration which are: falls in the context of frailty and care home provision; case finding and managing rising falls risk; case finding and managing high falls risk, and fracture liaison services (FLS). The outputs from the programme are likely to include an outline business case for investment, quality and care standards for relevant aspects of the pathway e.g. fracture liaison services, standards and practice in care homes, and a monitoring / evaluation framework.
- 6.7.3. Alongside these outputs, wider learning from the programme is expected to include a shared understanding of falls risk factors and markers, the opportunities to case-find and reduce falls risk at an earlier stage, and best value investment of limited resources, all in the context of an optimal approach to falls prevention.

7.0 RECOMMENDATION

- 7.1. The Population Health Programme Board are asked to:
- To note the content of the report and support the continued implementation of the Population Health plan

This page is intentionally left blank

Bury Health and Wellbeing Board

Title of the Report	Carers Charter for Greater Manchester
Date	26 September 2018
Contact Officer	Hayley Ashall, Head of Social Development & Engagement, Strategic Planning & Development Manager
HWB Lead in this area	Cllr Andrea Simpson, Lead for Health and Wellbeing Julie Gonda, Interim Executive Director Communities and Wellbeing

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	Following the development of a carer's charter for Greater Manchester, the Board are asked to show their commitment to the charter by ratifying the charter for Bury. The Board are also to be made aware of the GM Exemplar Framework & Good Practice Models document.		
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	As anyone at any time in life can be a carer then the carers charter is related to the first four health and wellbeing strategy priorities. However it is mostly aligned to living well with a long term condition or as a carer priority.		
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	As above this links to the life course priorities.		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	For the Board to acknowledge and ratify the Carers Charter for Greater Manchester and to acknowledge awareness of the GM Exemplar Framework & Good Practice document.		
What requirement is there for internal or external communication around this area?	For Board members to help play their role in communicating the messages about carers and the		

	carers charter for Greater Manchester in order to raise the awareness to our people, partners and workforce.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The charter has been signed off and endorsed by Greater Manchester Combined Authority. The GM Exemplar Framework & Good Practice document is currently being presented to the various GM groups.

2. Introduction / Background

Carers Trust defines a carer as 'anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.'

The number of unpaid carers is increasing steadily throughout the UK. There are approximately 280,000 carers in Greater Manchester, who make up a crucial part of the health and social care system, and represent a low-cost and high value resource, which many Charities believe, reduces demand on Local Authority and NHS services. However, as well as supporting people with a range of needs, carers themselves have multiple needs, not all of which are currently being consistently met within Greater Manchester. In Bury alone, we currently know of approximately 3000 adult carers but we acknowledge there may be many more who do not receive any support to undertake their caring role. The 2011 census tells us that the number of people who state they provide unpaid care in Bury is 19,954 (11% of our population).

Current Carers Support in Bury

Bury Council and Bury CCG jointly commission Bury Carers Centre and the contract is currently with the Gaddum Centre. The service operates in the centre of Bury, but is required to offer a range of support in a variety of locations throughout the borough at a time convenient to carers.

Bury carers have their own Carers Forum, which has gone from strength to strength and since 2009 has been increasing its membership numbers. The forum provides a vehicle for carers to meet and support each other, develop friendships, share experiences and information, invite guest speakers and arrange events and outings for carers.

Bury Council commissions the Fed to run 'Time for You' which is primarily a volunteer service enabling carers to have a break from their caring role (in addition, Officers run carer groups). The service is aimed specifically at carers within the Jewish Community.

The Community Mental Health Team offers assessment and support for carers looking after someone with mental health needs who are open to the Community Mental Health/ Early Intervention Team.

Bury Council support carers with personal budgets. 315 adult carers, caring for an adult, received a statutory carers assessment during 2017/18. Bury Council does not currently charge carers for carer support services or require carer contributions.

The Activity Lifestyle Discount card entitles carers to discounts on a wide range of sport activities at Bury Leisure Sport & Fitness Centre's, as well as savings on library services, theatre tickets and allotment plots.

Work is currently underway to redesign the Bury Council Working Carers Employee group by utilising the 'One Community' engagement tool. We have a Guide for Working Carers which was updated in November 2017 which includes tips for managers. The document is available on our intranet pages and, at the point it was updated, a global email was sent to staff to notify them of the support available.

Bury Council has made significant improvements to the carer information available on the Bury Directory to comply with the Care Act.

NHS Bury CCG operates a primary care quality scheme to identify carers and their needs.

Bury Carers Strategy Group

The Bury Carers Strategy Group meets quarterly and monitors progress against the Bury Adult Carers Strategy Action Plan (the group is made up from a range of agencies and carer representatives). One of the quarterly meetings takes place at the Carers Forum where carers have the opportunity to feedback their thoughts and ideas. The Bury Carers Strategy Group ensures that strong links are in place with the Bury Triangle of Care Group.

The Bury Adult Carers Strategy and Action Plan will need to be aligned with the new National Carers Action Plan, the Social Care Green Paper due to be published shortly and the GM Carers Charter (see appendix 1).

ADASS Strategic Lead for Carers

Julie Gonda, Interim Executive Director of Communities & Wellbeing is the new ADASS Strategic Lead for Carers and the Carers Champion for Bury Council & Six Town Housing.

Cllr Andrea Simpson, Lead Member for Health and Wellbeing is the GM Councillor Lead for Carers.

Memorandum of Understanding

Bury Council is working on a Memorandum of Understanding between adult's and children's services. The idea of this document is to outline an all age carer's provision and support young carers and families to receive personalised and joined up support, especially around the transition stage.

GM Carers Work

The Care Act 2014 was designed to improve support for carers, but the 'State of Caring 2016' report by Carers UK and the Carers Trust report 'Care Act: One Year on', both show that carers are still struggling to get the support they need to care well, maintain their own health, balance work and care and have a life of their own outside caring. (*GM MoU*)

GM want to change this and so as part of the GM Health and Social Care Partnership developed a programme of change, one action was to formulate a GM Carers Charter (see appendix 1) and to make it real across Greater Manchester. The priorities were identified through stocktake of support currently available, gaps or inconsistencies, and wanting best practice. It is also based on carer's feedback and feedback from carer's organisations. The priorities include:

- Identifying carers
- Improving health & wellbeing
- Carers as real and expert partners
- Getting the right help at the right time
- Young carers
- Carers in employment

The GM carers charter and commitment was signed by Greater Manchester Health and Social Care Partnership organisations including voluntary, community and social enterprise groups in January 2019, Andy Burnham, Mayor of Greater Manchester, : "The Greater Manchester Charter is a real commitment to the people who dedicate themselves to helping others and often have to fight every day to get the help they and their loved ones need. Carers play such a vital part in the health and wellbeing of those they care for so it is only right that we should help and support them as well.

"To help enable carers to get the support they need to live their lives, or to continue or get back into work, this charter is a major step and will help everyone involved. Greater Manchester is taking a lead and is putting better support at the heart of our integrated health and social care system."

GM Exemplar Framework & Good Practice Models

The GM Exemplar Framework for Carer Services sets out how, through building on good practice, locally and nationally and by listening to the needs of carers, we can build a coherent service offer for carers across GM. The aim of the framework is to enhance the standard of carer services and reduce variation in service delivery across localities whilst supporting localities to effectively assess what is need and tailor it to meet local conditions.

The Framework will be developed through the GM Support for Carer programme.

Carers Consultation

On the 19th September a 12 week borough wide carer's consultation started, this is open to all carers and those supporting cares in Bury. The consultation will enable us to understand from carers and those supporting carers, what services are currently available and what services and support carers feel there should be in Bury. Once we have an understanding of that we can look at our current services and identify any gaps. This will mean looking at commissioned and community services and developing these to meet the needs of carers in Bury.

The consultation comes at a good time as we can utilise the feedback from the consultation, alongside the commitments and aspirations of the GM carers Charter, the National Carers Action Plan and the Social Care Green Paper due to be published shortly; to ensure that services and support for carers in Bury are aligned to these principles. Once the outcomes of the consultation is known a further paper will be brought back to the Health and Wellbeing Board with recommendations of how services in Bury can align to the Charter and other requirements.

3. key issues for the Board to Consider

The GM carers charter sets out a commitment to carers, acknowledging carers should have the right to be respected, valued and supported, equally in their caring role, as experts for their cared for and as individuals in their own right.

The GM charter sets out what a carer can expect, this includes being identified as a carer as early as possible, to have choice and control about their caring role, to be able to stay well and healthy, to be socially connected supported to fulfil employment or educations and for young carers to ensure they are equipped with the skills and support to care. The Charter endorses that as experts by experience how the carers should be involved in monitoring and reviewing of services, co-production and design and describes how working in partnership several things can be achieved to support carers. It is doubtful that any person involved in providing, commissioning or supporting carer's services and support would disagree with the commitments detailed in the charter.

The aspirations set out in the GM carer's charter are ones which Bury should sign up to and endorse. Therefore the Board is asked to acknowledge the GM Charter and also agree to endorse this as a charter for Bury.

4. Recommendations for action

- a) The Board to endorse and agree to sign up to the GM Carers Charter
- b) The Board to help promote the carers consultation
- c) The Board to acknowledge awareness of the Exemplar Framework & Good Practice document

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 known legal or financial implications to the endorsement of the GM Carers Charter. Once the outcomes for the borough wide carers consultation are known then any financial and or legal implications will be reviewed.

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

CONTACT DETAILS:

Contact Officer: Hayley Ashall

Telephone number: 0161 253 7927

E-mail address: h.ashall@bury.gov.uk

Date: 26.09.18

Carers charter

for Greater Manchester

We believe all carers have a right to be respected, valued and supported, equally in their caring role, as experts for their cared for and as individuals in their own right.

What is a Carer?

A carer is someone of any age who supports, unwaged, a relative, partner or friend who due to physical or mental illness, disability, frailty or addiction could not manage without that support.

As a carer you can expect

- To be identified as a carer as early as possible, be informed, be respected and included by health and social care professionals.
- To have choice and control about your caring role, get the personalised support you need as a carer to meet you and your family's needs.
- To be able to stay healthy and well yourself, and for your own needs and wishes as an individual to be recognised and supported.
- To be socially connected and not isolated.
- To be supported to fulfil educational and employment potential, and where possible in maintaining employment.
- If you are a young carer or young adult carer, to be supported so you are able to thrive and develop educationally, personally and socially, and you are protected from excessive or inappropriate caring roles.

Having a voice - Carers as equal partners

- Valued, respected and recognised as 'experts by experience', in monitoring and reviewing services, and co-production to redesign, commission or procure carer support services.
- Supporting and developing training programmes to raise the awareness and understanding of the needs of carers and their families, and of local carer support services for health and social staff and partner organisations.

Working together in partnership

- To ensure the independence and physical and mental health of all carers and their families
- To empower and support all carers to manage their caring roles and have a life outside of caring
- To ensure that all carers receive the right support, at the right time, in the right place, including when caring comes to an end.
- To respect all carers' right to decide and choose in relation to how much care they will provide and respect all Carers' decision about not providing care at all
- To ensure all carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services.

Greater Manchester Health and Social Care Partnership, local authorities and voluntary and community organisations are committed to working together in partnership to provide the best quality support for all carers, through our commitment to carers and action plan.



This page is intentionally left blank