

# **AGENDA FOR**

## **HEALTH AND WELLBEING BOARD**

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**To: All Members of Health and Wellbeing Board**

**Board Members** : Councillors D Gunther, T Tariq, E O'Brien, Andrea Simpson (Chair), Bury Clinical Commissioning Group Chair, Dr Jeff Schryer; Director of Public Health, L Jones, Mike Brennan Greater Manchester Police, Representing the Voluntary, Community and Faith Sector Alliance, S Hashmi, Executive Director of Strategic Commissioning Will Blandamer, K Dolton Executive Director Children and Young People, Healthwatch Chair, Barbara Barlow; V Hussain, Nicola Mayor GMFRS, Steve Taylor Pennine Care, Chief Executive Geoff Little and Representative LCO Kath Wayne-Jones.

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:-

<b>Date:</b>	Wednesday, 30 September 2020
<b>Place:</b>	Microsoft Teams
<b>Time:</b>	6.00 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 MATTERS ARISING**

### **4 MINUTES OF THE PREVIOUS MEETING** *(Pages 1 - 6)*

That the minutes of the meeting held on the 21<sup>st</sup> July 2020 are attached for approval.

### **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 KINGS FUND - POPULATION HEALTH SYSTEM** *(Pages 7 - 16)*

Will Blandamer Executive Director of Strategic Commissioning, Communities and Wellbeing to provide an update. Report and presentation attached.

### **7 ROLE AND FUNCTION OF THE HEALTH AND WELLBEING BOARD** *(Pages 17 - 20)*

Will Blandamer, Executive Director of Strategic Commissioning to present at the meeting. Report attached.

### **8 MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD** *(Pages 21 - 24)*

Will Blandamer, Executive Director of Strategic Commissioning to present at the meeting. Report attached.

### **9 COVID-19 UPDATE**

Lesley Jones, Director of Public Health to provide an update at the meeting.

### **10 WIDER DETERMINANTS** *(Pages 25 - 32)*

Lynne Ridsdale, Deputy Chief Executive to present at the meeting. Presentation attached.

**11 HEALTH-RELATED BEHAVIOUR** *(Pages 33 - 38)*

Lesley Jones, Director of Public Health to provide an overview of approaches to health related behaviour change. Presentation attached.

**12 PUBLIC SERVICE REFORM** *(Pages 39 - 48)*

Bury Neighbourhood Model, Lynne Ridsdale Deputy Chief Executive to update. Presentation attached.

**13 COMMUNITY CONNECTIONS/PLACE**

No report on this occasion.

**14 FORWARD PLAN** *(Pages 49 - 50)*

Attached for information.

**15 URGENT BUSINESS**

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

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**Minutes of: HEALTH AND WELLBEING BOARD**

**Date of Meeting:** 21 July 2020

**Present:** Councillors D Gunther and T Tariq, Bury Clinical Commissioning Group Chair, Dr Jeff Schryer; Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Director of Public Health, L Jones, Mike Brennan Greater Manchester Police, Representing the Voluntary, Community and Faith Sector Alliance, S Hashmi, Executive Director Communities and Wellbeing, Julie Gonda; K Dolton, Executive Director Children's Service, Healthwatch Chair, Barbara Barlow; V Hussain and Nicola Mayor GMFRS.

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor E O'Brien, Steve Taylor Pennine Care, Geoff Little, Kath Wayne-Jones,

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**HWB.82 DECLARATIONS OF INTEREST**

Councillor Simpson declared a personal interest in all matters under consideration as an employee of the NHS.

**HWB.83 MATTERS ARISING**

**It was agreed:**

An update on Mental Health and Primary Care should be brought to the 30<sup>th</sup> September 2020 meeting.

**HWB.84 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That The minutes of the meeting held on the 20th February 2020 be approved as a correct record.

**HWB.85 PUBLIC QUESTION TIME**

There were no public questions.

**HWB.86 PHARMACEUTICAL NEEDS ASSESSMENT - APPLICATION TO CHANGE PHARMACY PROVISION WITHIN BURY**

Lesley Jones, Director of Public Health, provided an update on the application to change a pharmacy provision.

**It was agreed:**

The Board had no comments to submit regarding the proposal and was happy to not submit any comments on the matter.

**HWB.87 SECONDARY CARE**

Simon Featherstone, Interim Chief Officer/Director of Nursing Bury Care Organisation provided the Board with a presentation on Secondary Care Recovery.

Following the presentation there was discussions regarding how demands for the Flu Vaccine may need adapted services. It was clarified that Bury does have a Bury wide Flu Planning Group which is looking at preparing for the increase in demand.

**It was agreed:**

Simon be thanked for his presentation.

**HWB.88 COMMUNITY VOLUNTEERS**

Sajid Hashmi, Bury Voluntary, Community and Faith Alliance provided an update on Community Volunteers.

Discussions took place regarding social isolation and preventative support such as the social prescribing service and the refreshed Loneliness Strategy.

The Board discussed how the amount of volunteers has decreased now people are entering back into work and engagement is taking place to see if any previous volunteers can offer any additional support.

**It was agreed:**

That Sajid be thanked for his update.

**HWB.89 GREATER MANCHESTER POLICE UPDATE**

Mike Brennan, Greater Manchester Police Provided the Board with an update on Greater Manchester Police's COVID-19 Recovery.

GMP Initially assisted the public and the local authority to support businesses via the 4 E plan. This went very well and was positively received in Bury with very good compliance from the members of the public. One of the main areas of support was around licensing and compliance for certain businesses such as hairdressers, barbers and licensed premises. GMP have been integral in the support and planning with partners of re-opening of the night time economy in Bury and continues to be one of our key areas of business.

**It was agreed:**

That Mike be thanked for his presentation.

#### **HWB.90 GREATER MANCHESTER FIRE AND RESCUE SERVICE UPDATE**

Nicola Mayor, Contingency Planning Unit gave an update on the Greater Manchester Fire and Rescue Service. Val Hussain, Greater Manchester Fire and Rescue Service advised that partnership working is essential for the Fire Service to target vulnerable households who are most at risk of fire. Safe and Well visits are not taking place in person and instead conversations are taking place on the phone. Smoke alarms and fire retardant blankets are being set out to those who require it and if people are at a particularly high risk of fire or arson the service are entering people's homes to fit fire alarms with full PPE equipment.

##### **It was agreed:**

Nicola and Val be thanked for the presentation and update.

#### **HWB.91 NURSING & RESIDENTIAL HOMES**

Julie Gonda, Director of Community Commissioning (DASS), provided an update on Nursing and Residential Homes. Julie Gonda advised there has been approximately an 11% reduction in numbers of people in care homes, conversely there has been an 11% increase in care at home services showing the customers have stayed constant but service delivery has changed.

Councillor Simpson, wished to congratulate care providers on their recognition of hard work and dedication. A thank you was also given to the Provider Relationship Team who work hard with our care homes to ensure they are well supported.

##### **It was agreed:**

That Julie Gonda be thanked for her update.

#### **HWB.92 TEST AND TRACE**

Lesley Jones, Director of Public Health Bury provided an update on test and trace. Since the last Health and Wellbeing Board there has now been over 1300 confirmed cases and sadly, 230 COVID related deaths, we have seen the establishment and easing of lockdown too. The national test and trace system been set up and as part of that Bury has published our local outbreak plan on 30<sup>th</sup> July. Sets out our arrangements on how we interface with other tiers and set about outbreak management. The plan is overseen by the COVID-19 Health Protection Board. Since establishment of the Board there has been 220 confirmed Bury cases with 58% of contacts followed up and tier 1 part of the system having 100% contact.

There have been outbreaks in Care Homes in Schools and Early Year settings but these have changed and improved. A new contain framework has been published by Government, including new powers to close venues and outdoor events. We do anticipate a likely second wave, it is suggested this time is to strengthen

community engagement especially with BAME communities and the younger population along with those who are high risk of contracting the virus.

**It was agreed:**

That Lesley be thanked for her update.

## **HWB.93 CHILDREN SERVICES**

Karen Dolton, Executive Director Children's Services provided an update on School's. Following the lockdown Schools have been open for key workers and vulnerable children. There has been a large amount of work that has took place to encourage parents of vulnerable children send their Children to school during this time. Extended opening up on 22.06.2020 to other cohorts of students; Reception, Year one, Year six and Year ten. Following this risk assessments have been taking by schools to outline if they can take wider cohorts of children.

Before the summer schools were between 15-17% of children back in Schools, which was one of the best in Greater Manchester. Large amount of work before September opening. Heads want children to return to school, however a large amount of the first term is likely to consist of chasing parents and families up to discuss about children returning. Throughout the pandemic, remote and distance learning has been provided for home use and the Bury's Teachers Alliance is doing a review on the provision so any good practice can be continued.

Specialist Schools in the Borough have had a fairly low number of students returning, this is due to a large amount of the students shielding under Government Guidelines and the provision for remote learning has been so excellent it has felt safer for parents to continue this.

On return from lockdown some children may have thrived during the lockdown period but some may need support to catch up. So re baselining will take place and the first term will likely be teachers assessing where the children are at in their abilities and providing a work programme to support them.

The Board discussed how confident they are that schools have worked hard to support their children and families. Along with a special thanks for the strong contribution of Karen Dolton, Julien Kramer and Paul Cooke who have provided great leadership behind the scenes. Karen Dolton is due to leave the Council soon and this is her final Health and Wellbeing Board so the Board wanted to place their thanks on record for all her work at Bury Council.

Councillor Tariq, Cabinet Member for Cabinet Member Children, Young People and Skills advised that as a department we have been leading and engaging with the advisory group of Head Teachers. They have given focus and accountability accompanied by daily briefings. Weekly meeting with teacher union leads.

The Borough reopened schools on the 22/06/2020 going against Government guidance however following the opening there was 3 episodes of COVID-19 outbreak within schools. This demonstrated why moving to a later opening date than the Governments request for the 1<sup>st</sup> of June felt justified. Fiona Robinson who runs St Marie's Roman Catholic Primary School was commended across Greater

Manchester for the way they dealt with the outbreak. A Virtual Conference with all Bury Head teachers is due to take place just before the term begins after the summer to support Schools.

**It was agreed:**

1. That Karen Dolton be thanked for her update
2. That Councillor Tariq be thanked for his update
3. That Karen Dolton be thanked for all her contribution to Bury's Health and Wellbeing Board and we wish her well for her future.

**COUNCILLOR A SIMPSON**  
**Chair**

**(Note: The meeting started at 6.00 pm and ended at 8.30 pm)**

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# A vision for population health

## Towards a healthier future

### Overview

- Substantial improvements in life expectancy over the past 100 years mean that people are living longer, healthier lives than ever before.
- However, England lags behind other countries on many key health outcomes, improvements in life expectancy have stalled and health inequalities are widening. To address this, we need to move away from a system just focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health.
- Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. This report outlines The King's Fund's vision for population health, our reasoning for why such a vision is needed and the steps required to achieve it.
- Our vision is to reduce inequalities and achieve health outcomes on a par with the best in the world by focusing on population health locally, regionally and nationally. The report outlines a framework for population health centred on four pillars: the wider determinants of health; our health behaviours and lifestyles; the places and communities we live in; an integrated health and care system.
- We call for action at national, regional and local levels. This should include: ambitious and binding national goals to drive progress; a cross-government strategy for reducing health inequalities; stronger political and system leadership; greater clarity on the roles and accountability of national bodies and local organisations; and increased investment in prevention, public health and spending that supports population health.
- In recent years, The King's Fund has played a key role in promoting integrated care and supporting place-based systems of care. This report marks the next stage in our journey and signals that population health will be a key focus of our work in future.

### The case for change

Over the past 100 years, in common with other developed countries, England has made a great escape from poor health and short life expectancy. This has been due to improvements in sanitation, medicines and health care, underpinned by economic growth, improved living standards and the establishment of the welfare state. Life expectancy has improved and, although inequalities in health have been ever-present, as a population we are healthier than ever before.

However, progress against many key measures has stalled and risks going into reverse. Data shows that there has been little or no improvement since 1990 in how long people live with illness and disease. England lags behind comparable nations on many key measures of health outcomes, and our obesity rates are among the worst in western Europe. Improvements in life expectancy have ground to a halt. Inequalities in health are widening, condemning some people to live much shorter lives, in poorer health.

An important shift is taking place in the burden of disease, from mortality to morbidity, with people living for many years with chronic conditions, in pain and with mental ill health. Much of this is preventable, yet the NHS remains, at heart, a treatment service for people when they become ill, and we lack a comprehensive approach to keeping us well.

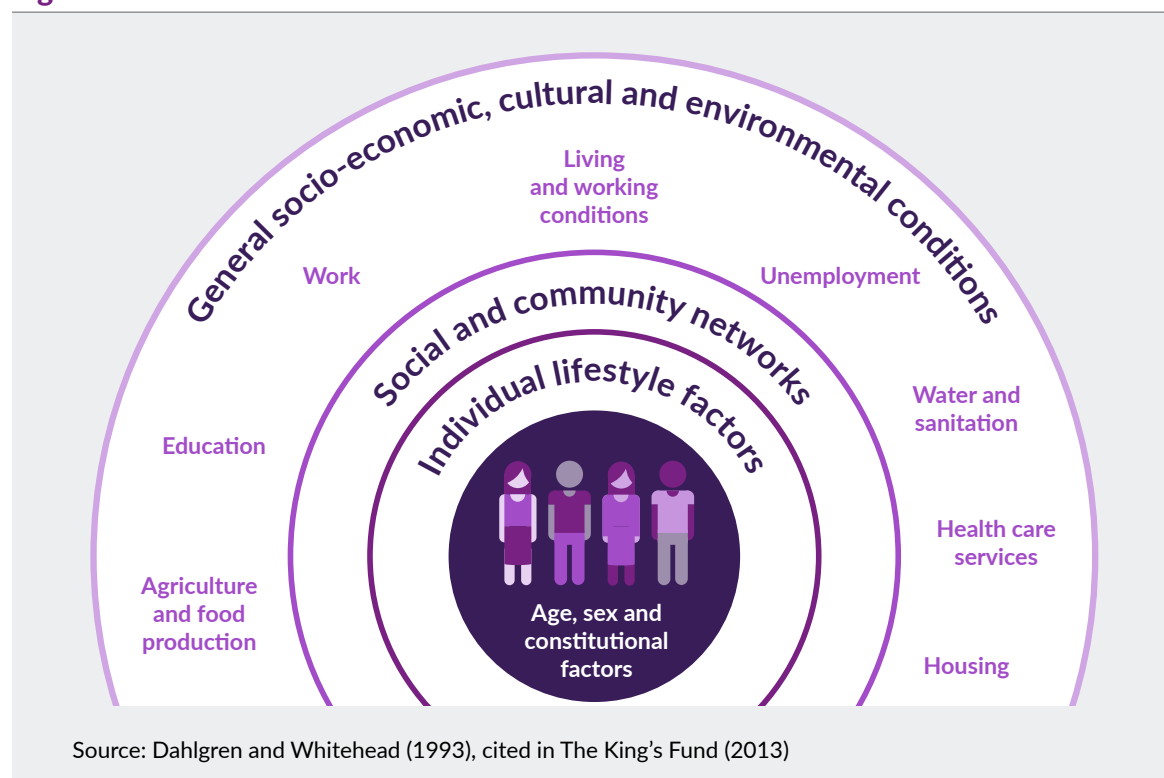
NHS organisations have a critical role, not just as providers of health services but as employers, key players in their local economies and anchor institutions in their communities. However, these challenges cannot be addressed by the health and care system alone; a much broader approach is required that pays more attention to the wider determinants of health and the role of people and communities.

The Secretary of State for Health and Social Care has published a vision for prevention, identifying this as a key priority and signalling that a Green Paper will be published in 2019. This is encouraging, but previous ministers have arrived in office with good intentions and talked up the importance of prevention and public health only to end up not delivering as other challenges consume their time and political capital. It must be different this time.

## What affects our health?

Our health is shaped by a range of factors, as set out in Figure 1. It is hard to be precise about how much each of these factors contributes to our health, but the evidence is convincing that the wider determinants of health in the outer ring have the most impact, followed by our lifestyles and health behaviours, and the health and care system. There is also now greater recognition of the importance of the communities we live and work in, and the social networks we belong to.

**Figure 1** What affects our health?



## What is population health?

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. There is no single accepted definition of population health. We see it as a broad overarching concept, encompassing but going beyond the NHS, public health and population health management.<sup>1</sup> Crucially, it focuses on the wider determinants of health and the role of people and communities.

<sup>1</sup> Population health management uses data to plan and deliver care to achieve maximum impact on the health of a population.

### Our vision for population health

Our vision for population health is that:

*Health outcomes and inequalities in health in England will be on a par with the best in the world. This will be achieved by a consistent and coherent focus on population health locally, regionally and nationally.*

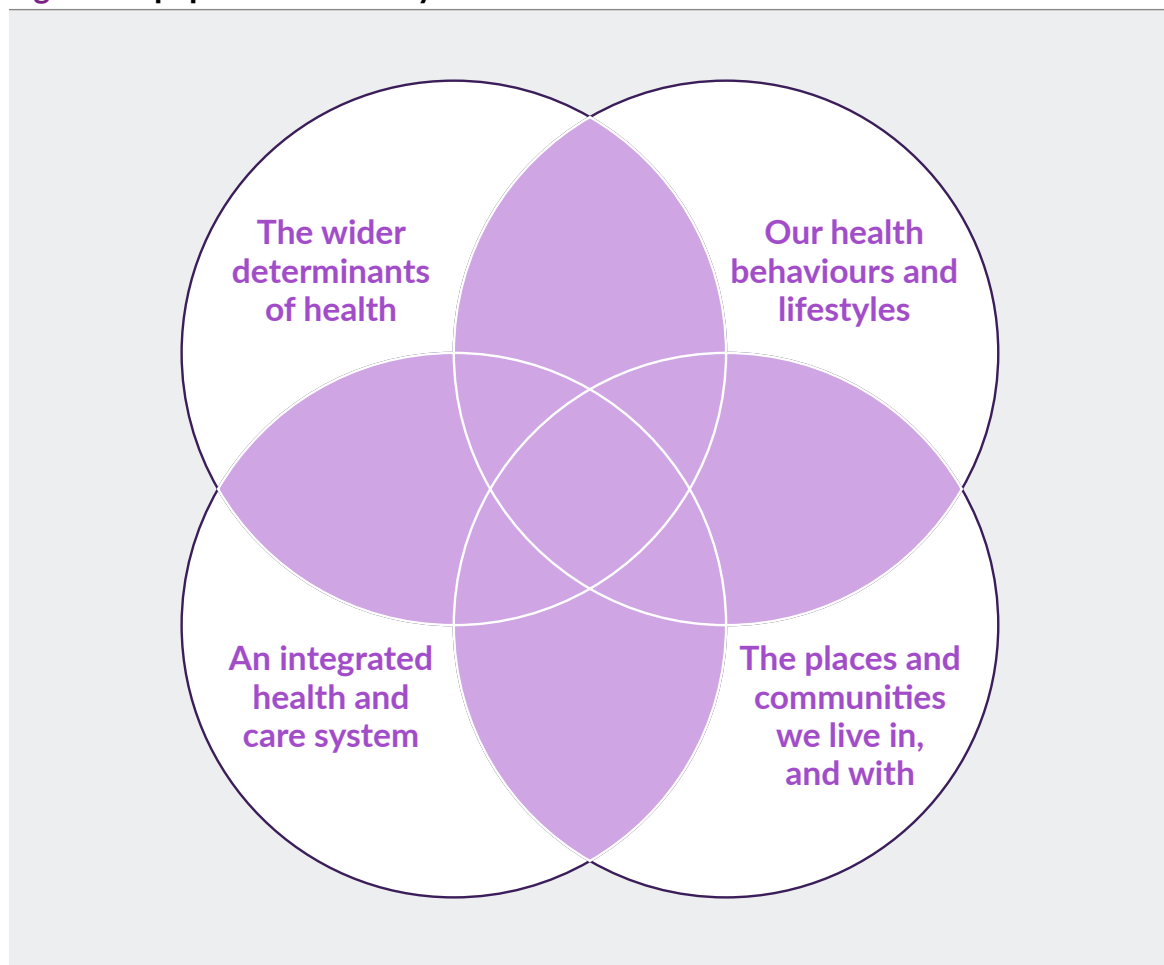
In recent years, health policy has focused on the funding, organisation and delivery of services, with insufficient attention paid to population health outcomes and the factors shaping them. Progress has been measured by how the system is performing rather than by the health of the whole population. The first step to achieving our vision therefore is to set a small number of ambitious and binding national goals to drive improvements in population health, including reductions in health inequalities.

### A framework for action: the four pillars of population health

Our vision for population health is based on the four interconnecting pillars in Figure 2.

- There is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.
- **Our health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to health outcomes.
- There is now increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health.
- Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs rather than within organisational silos.

**Figure 2 A population health system**



Together, the four pillars form the basis for a **population health system**. As a concept, this is not new. However, current efforts in relation to the pillars are not in balance and there is not enough focus on the pillars as interconnecting parts of the same system. A more balanced approach is required that distributes effort across all four pillars and, crucially, makes the connections between them.

### What needs to change?

Achieving our vision and delivering improvements in population health will require concerted action at national, regional and local levels, drawing on the assets of people and communities. Improving population health is a shared responsibility and progress also depends on supporting people to live healthier lives. We recommend change in three main areas.

#### Leadership

Strong political leadership is essential to ensure that improving population health is a key priority for the health and care system and across government. In reducing health inequalities, lessons can be learnt from the progress made under the last Labour government. England can also learn from other countries, including Scotland and Wales, which have taken a bolder approach to improving population health. Effective local system leadership is also vital. The complexity of local structures means that approaches will vary from place to place with health and wellbeing boards, integrated care systems (ICSs), sustainability and transformation partnerships (STPs) and political leaders such as elected mayors all having key roles to play.

Our recommendations to strengthen leadership for population health include the following.

- Population health and health inequalities must be at the heart of the role of the Secretary of State for Health and Social Care.
- The government should announce a new cross-government strategy to reduce health inequalities.
- The government should ensure that arrangements are in place to co-ordinate action on population health across Whitehall departments and that all relevant government policies are subject to a health impact assessment.
- Lessons should be learnt from previous successes in tackling health inequalities and from the experience of other countries, including Scotland and Wales.
- Local system leaders and politicians should champion population health. Local authorities have a key role to play working with the NHS and other partners including through health and wellbeing boards, STPs and ICSs.

### **Roles and accountability**

At national level, greater clarity is needed about the roles and responsibilities of NHS England and Public Health England in particular. Accountability for improving population health at local and regional levels is currently weak and confusing. Strategic bodies, such as HWBs, STPs, ICSs and political leaders such as elected mayors have important roles to play in ensuring that local actions are aligned with national goals. The NHS long-term plan, new five-year STPs to be developed in 2019 and the forthcoming Green Paper on prevention provide opportunities to clarify this.

Our recommendations to clarify roles and strengthen accountability include the following.

- The government should set ambitious and binding national goals for population health and health inequalities.
- The government should provide greater clarity about the roles of NHS England and Public Health England in achieving these goals. As part of this, the role of Public Health England should be reviewed to ensure it has the authority to provide effective leadership and challenge to government.
- Strategic bodies, such as HWBs, ICSs, STPs and local political leaders such as elected mayors should ensure clarity about roles and accountability for population health and alignment of local actions with national goals.

### **Funding and funding mechanisms**

Political attention tends to focus on the NHS, with funding following accordingly. In contrast, short-sighted cuts to the public health grant mean that local authority spending per head on key prevention services is on track to fall by almost a quarter in real terms between 2014/15 and 2019/20. We need to rebalance resources between the four pillars in our framework, starting with the restoration and protection of public health funding. The government can also play a strong role in supporting people to live healthier lives through tax and regulation, as shown by the impact of the Soft Drinks Industry Levy.

Our recommendations to rebalance spending to support population health include the following.

- The forthcoming Spending Review should restore public health grants to local authorities to at least 2015/16 levels (an increase of at least £690 million) and move to multi-year funding settlements.

- The Spending Review should announce moves to trial new funding mechanisms for prevention, such as a prevention transformation fund.
- Building on the lessons from the Soft Drinks Industry Levy, the government should be bold in using taxation and regulation to support health improvement.

### Where next?

Making our vision for population health a reality will require concerted, systematic and coherent efforts over many years. We hope that the framework we have set out will provide a starting point for this and a useful tool for developing population health systems at national, regional and local levels.

This also signals a new phase of work for The King's Fund. Building on our work to promote integrated care and support place-based systems of care, population health will be a key focus for us in future. We hope that you will join us as we embark on the next stage in our journey.

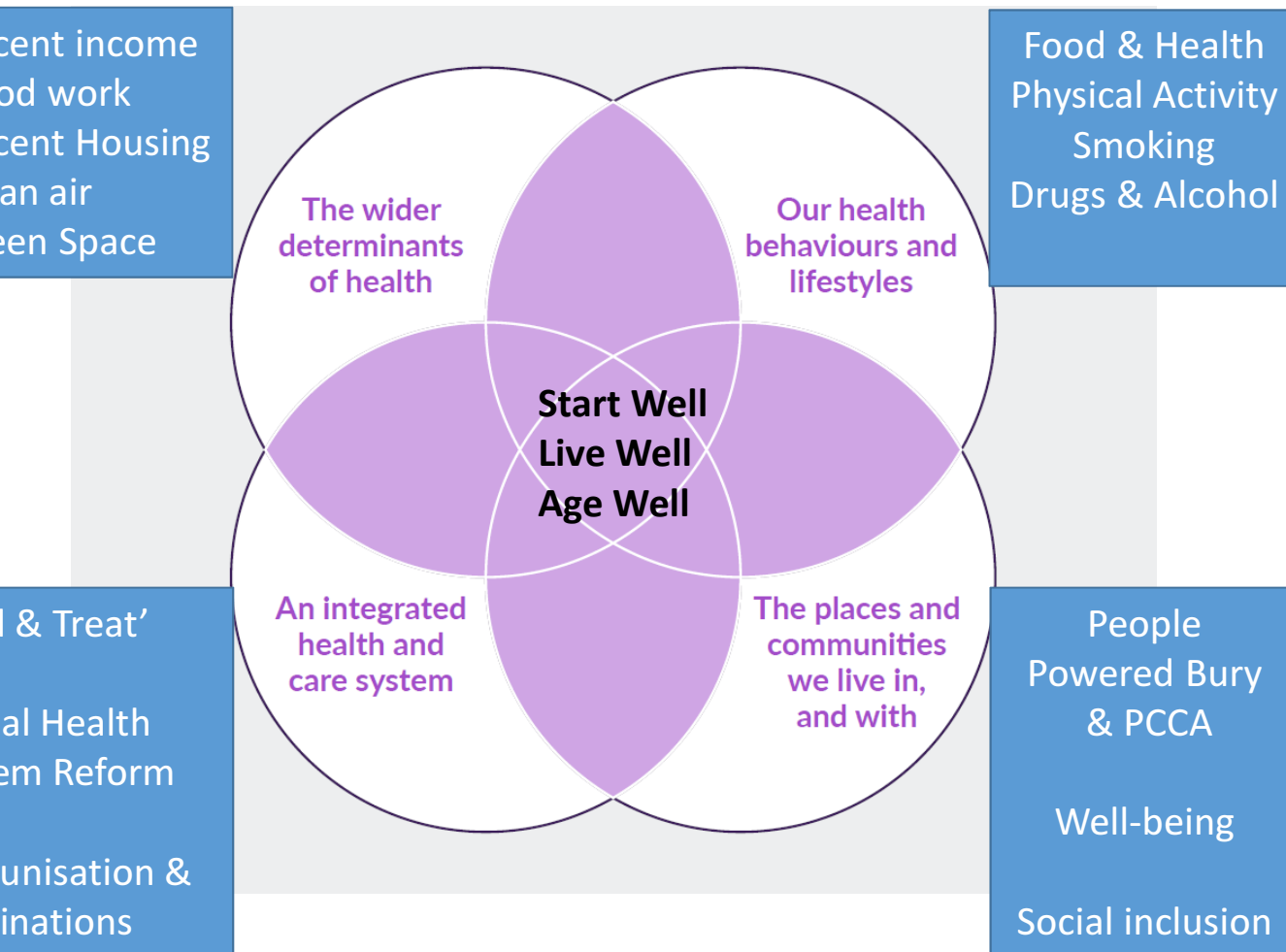
To read the full report, *A vision for population health: towards a healthier future*, please visit [www.kingsfund.org.uk/publications/vision-population-health](http://www.kingsfund.org.uk/publications/vision-population-health)

**The King's Fund** is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

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# Creating a population health system

Goal: Adding years to life, adding life to years and reducing inequalities



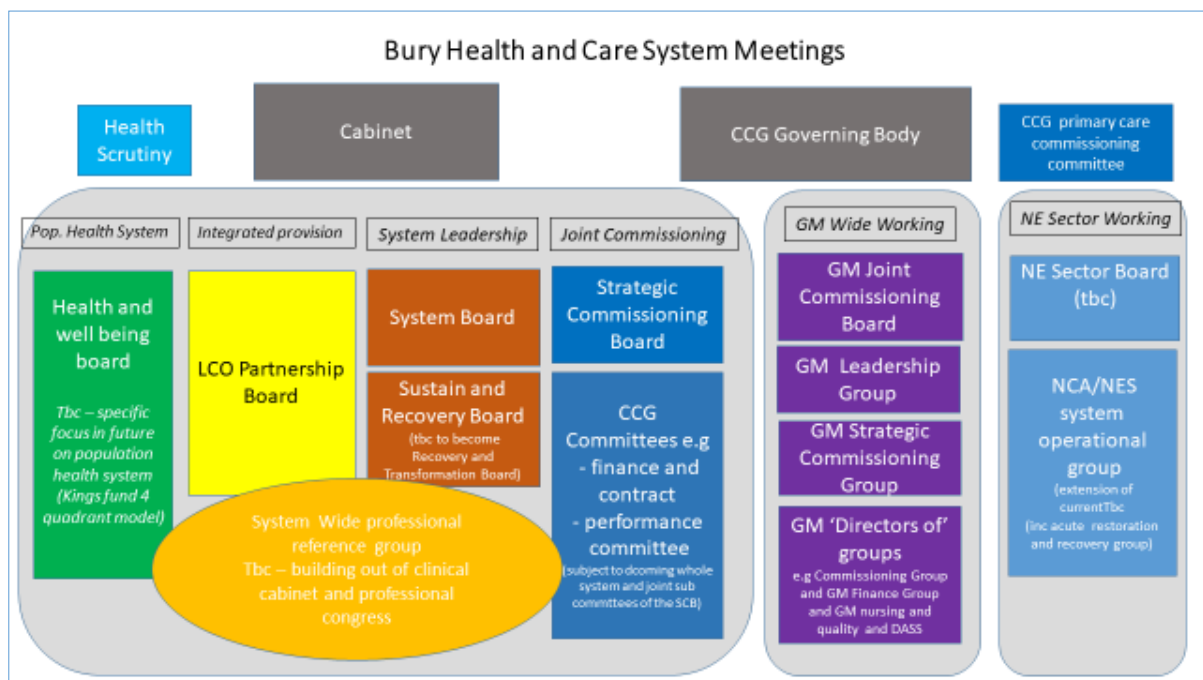
## Local Outbreak Plan:

- Monitoring & surveillance
- Comms & engagement
- Enforcement
- Testing
- Contact Tracing
- Outbreak Management
- Contain measures

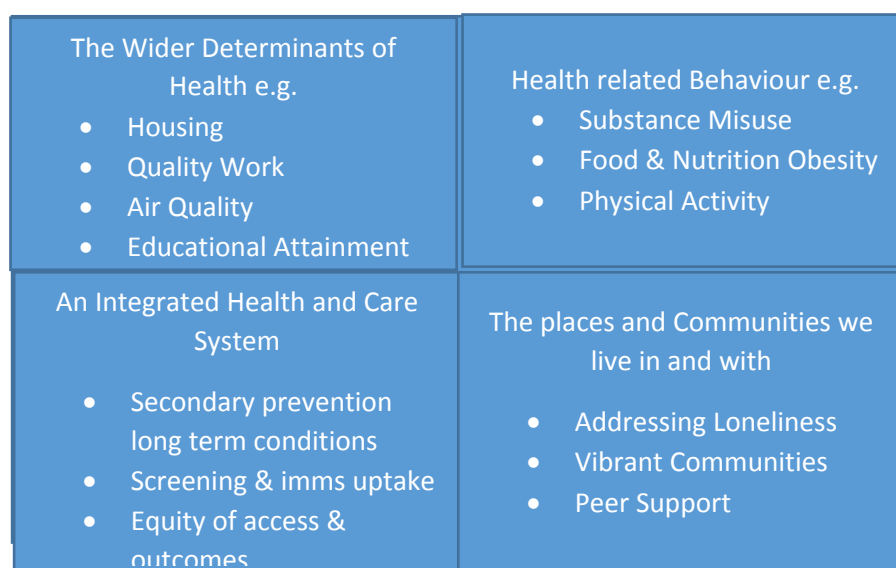
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**Role and Function of the Health and Well Being Board in Bury****Discussion Paper****18/8/20**

1. The Health and Well Being Board is committee of the Council required by statute. Its precise responsibilities can be quite broad but are focused on co-ordinating the Joint Strategic Needs assessment, and the local pharmaceutical needs assessment, and providing a focal point for senior leadership in partnership organisations on health and care.
2. In some districts in Greater Manchester the Health and Well Being Board operates as the apex of health and care system partnership working, working to review the operation of the health and care system itself as well as focusing on those actions that will address population health and wellbeing.
3. The partnership system in Bury is complex and there is a risk of duplication of effort and lack of clarity of the role of each senior leadership meeting. In particular, in Bury, a System Board has been established, comprising senior leadership from all major partners in the health system.
4. The system board co-ordinates the production of strategy and transformation programmes, and recognises the unique role of the Strategic Commissioning Board as effecting the commissioning consequences of the strategic intent as determined by prioritisation and available funding. The system board also recognises the board of the Local Care Organisation – established as a system integrator for provider services in community based health and care, and having an independently chaired board.
5. The System Board also receives the work of the system wide recovery and transformation programme - with a focus on the big transformation programmes of work we have as a system (urgent care, planned care, mental health, population health, and community based services (inc primary care, community health, adult social care, learning disabilities and others).
6. The system board therefore provides a leadership focal point for the strategy and transformation of the operation of the health and care system. However the Bury locality plan 2019-2024 recognises that the likelihood of the Bury Health and Care system being clinically and financially sustainable is significantly dependent on a step change in population health gain and a reduction in health inequalities. This is because we need to harness the fully effect of a range of interventions outside of the health and care system that have in their grasp the opportunity to reduce demand and cost in the health and care system.
7. A Health and Well Being Board providing the visible leadership on supporting the population health system development, in the context of (and challenging as required) the vision for Bury 2030 would be an important component of our partnership arrangements, which can be summarised as below.



8. Inviting the Health and Well Being Board to focus on developing the population health system as its unique role in the partnership arrangements will reduce some current confusion and duplication over meeting roles. It will provide the necessary leadership, vision and grip on the step change in population health and well-being required. Importantly it will provide a focal point for our work on addressing pernicious health inequalities in the borough – in circumstances where we know progress in improving life expectancy has stalled and there is evidence of rising health inequality – almost certainly to be exacerbated by the consequences of the pandemic.
9. A framework for the work of the Health and Well Being Board on the population health system would be the Kings Fund (2019) four quadrants diagram.



10. It will be noted that the work on an integrated health and care system is recognised by the Kings Fund to be an important component part of a population health system. It

demonstrates that the Health and Well Being, while not duplicating the role of the System Board, will have an interest in ensuring the health and care system itself has a focus on addressing population health gain and health inequalities.

11. It will also be noted that in Greater Manchester we have the GM public Service Reform programme – recognising neighbourhoods of 30-50,000 not only as the currency of integration in health and care but for the joined up and integrated work of wider public services including education, GMP, DWP, housing providers and others. The Health and Well Being Board will therefore have a particular interest in the pace and extent of the ambition around integrated public services in the borough.

### **Recommendation**

12. The following recommendations are made:
  - The Health and Well Being Board is invited to consider this proposal to confirm the unique proposition of the meeting and its relationship to the wider health and care system partnership arrangements.
  - The Health and Well Being Board is invited to frame future agendas according to the 4 quadrant model described.
  - The Health and Well Being Board is invited to consider its own terms of reference and membership to ensure the necessary role and attendance to discharge its obligation under this proposal.

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**Membership of the Health and Well Being Board in Bury****Discussion Paper****30/09/20****1. INTRODUCTION**

- 1.1 The Bury Health and Wellbeing Board is a statutory committee of Bury Council. It brings together senior leaders from across Bury Council and the NHS with Elected Members, Healthwatch, Greater Manchester Police, Greater Manchester Fire and Rescue Service and representatives from the community and voluntary sectors, to set out a vision for improving health and wellbeing in the Borough.
- 1.2 The Health and Wellbeing Board supports and encourages partnership arrangements to ensure that services are effectively commissioned and delivered across the NHS, social care, public health and other services. Its main purpose is to ensure improved health and wellbeing outcomes for the whole population of Bury.
- 1.3 The membership has been expanded to include a greater range of partners on the board. In January 2017, the board welcomed Pennine Acute Hospitals Trust and Pennine Care NHS Foundation Trust as members of the Board. In January 2020 the board welcomed a representative of the LCO.

**2. CURRENT MEMBERSHIP**

- 2.1 Membership of the Health and Wellbeing Board is made up of leaders across the NHS, Social Care, Public Health and other services directly related to the health and wellbeing agenda.
- 2.2 Core voting members:
- A nominated representative from the voluntary sector
  - Cabinet Member, Health and Wellbeing
  - Cabinet Member, Children and Young People
  - Leader of the Council
  - Shadow Cabinet Member, Health and Wellbeing
  - Executive Director, Children, Young People and Culture
  - Executive Director, Communities and Wellbeing
  - Director of Public Health
  - Two nominated representatives from the Clinical Commissioning Group
  - A nominated representative from the Local Healthwatch
  - A nominated representative from the Greater Manchester Police.
  - A nominated representative from Greater Manchester Fire and Rescue.
  - A nominated representative from Pennine Acute NHS Trust.
  - A nominated representative from Pennine Care NHS Foundation Trust.
  - Executive Director of Strategic Commissioning
  - A nominated representative from the LCO

2.3 The Board may also decide to co-opt/invite by invitation additional members to advise in respect of particular issues. These may include representatives from:

- NHS England
- North West Ambulance Service
- Police
- Clinicians
- Coroner
- Other provider organisations
- Government agency
- Representatives from the Charity sector

2.4 The Health and Wellbeing Board can, in agreement with full Council, appoint additional members to the Health and Wellbeing Board (Section 194, Health and Social Care Act).

### **3. FUNCTIONS OF THE BOARD:**

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

- Strategic influence over commissioning decisions.
- Bringing together clinical commissioning groups (CCGs) and councils to develop a shared understanding of communities' health and wellbeing needs.
- Lead the preparation of a Joint Strategic Needs Assessment (JSNA).
- Develop a health and wellbeing strategy to address needs identified in the JSNA including recommendations for joint commissioning.
- Drive local commissioning of health care, social care and public health
- Consider and contribute to debates about issues which affect health and wellbeing, such as housing and education services.
- Overseeing the production of the Pharmaceutical Needs Assessment.
- Contributing to and approving the Better Care Fund.

### **4. EXTENSION OF INVITATIONS:**

4.1 It is proposed that the Health and Wellbeing Board extend invitations to the health and wellbeing board to:

- Cllr Charlotte Morris – Lead member for population health
- Representative from Six Town Housing

4.2 Consideration of other membership –an opportunity for the committee to consider whether the current membership reflects the ambition of the proposed new role and focus of the health and well being board

### **RECOMMENDATION:**

The following recommendations are made:

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

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

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# Bury 2030 Update & Summary

# Reminder – Proposed Bury 2030 Vision

“Equal life chances for all our residents, across every township and at a level which surpasses the UK average”

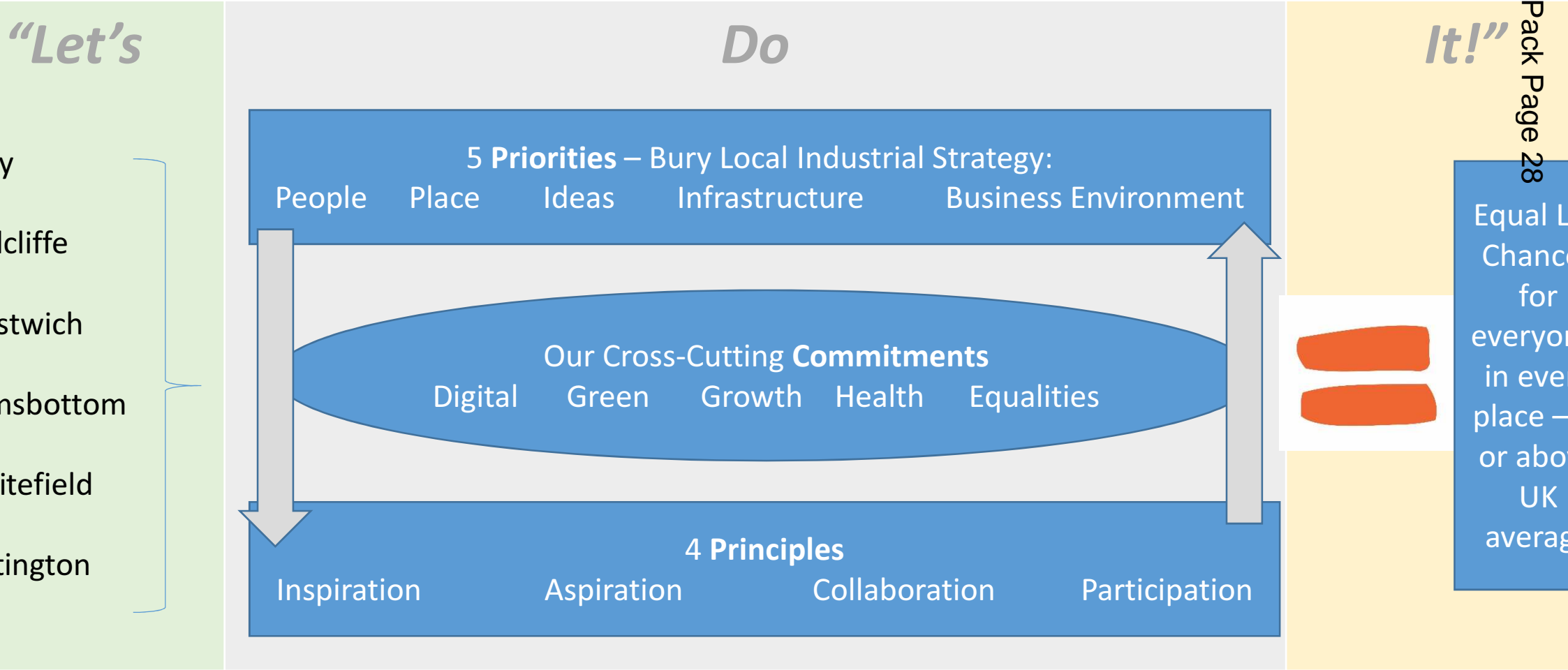
- Our objective - Bury stands out
  - Gaps between lives narrowed
  - Economy recovered
  - Six places we are happy to call home
  - The value of community
  - System sustainability
- Proposed Outcomes
  - Rate of economic growth/relative deprivation
  - Education and skills
  - Carbon neutral

# Strategy development – reminder of process to date

- Consultation exercise autumn 2019
  - Team Bury partnerships
  - One Community survey and f2f fieldwork
  - Faith Leaders & CVS Chief Officers
- “People Powered” workshop January 2020
- Partnership away day January 2020
- Individual strategy development:
  - Health & Care Locality plan
  - Regeneration framework
  - Housing strategy
- Bury Leadership Board discussions. Key messages: equality; accessibility; social value and community empowerment
- Emergent thinking tested in practice through emergency response

# Proposed Framework

As Victoria Wood said ..... *Let's Do It!* ....



# Outline Delivery Plan 2020-22 (Recovery)

People	Places	Ideas	Infrastructure	Business
<p>We will drive the health, wellbeing and connectedness of our people through:</p> <ul style="list-style-type: none"> <li>a new physical activity strategy;</li> <li>mental health review</li> <li>led by embedding progress with:</li> <li>community healthcare;</li> <li>children's school readiness and early help and educational attainment</li> </ul>	<p>We will develop:</p> <ul style="list-style-type: none"> <li>Place regeneration plans to the point of business case within Radcliffe, Prestwich and Bury town centre</li> <li>a One Public Estate</li> <li><b>Carbon ?</b></li> </ul>	<p>We will harness Ideas through:</p> <ul style="list-style-type: none"> <li>the establishment of a community fora;</li> <li>equalities strategy;</li> <li>strengthening the Youth Cabinet</li> <li>a refresh of the Armed Forces' Covenant and</li> <li>new infrastructure organisation and strategy for the voluntary &amp; community sector</li> </ul>	<p>Infrastructure improvements will include:</p> <ul style="list-style-type: none"> <li>5G roll out</li> <li>upgrades to xxx miles of highway</li> <li>the creation of xx cycling and walking routes</li> </ul> <p>We will implement the housing strategy, including homelessness prevention</p>	<p>Local Business will benefit from:</p> <ul style="list-style-type: none"> <li>large-scale land release in the Northern Gateway</li> <li>a borough skills strategy</li> <li>a partnership with Bolton University and</li> <li>a COVID economic recovery strategy with a focus on local spend</li> </ul>

# Proposed Principles

## Inspiration; Aspiration; Participation; Collaboration

**Inspiration** – we are proactive and creative, building on our collective strengths to make a difference to what matters most to us by:

- Really listening to understand each other and our shared potential
- Growing relationships & new connections across boundaries
- Being open to trying new things and doing things differently
- Valuing the skills, strengths and successes of individuals and communities

**Aspiration** – We realise hopes and dreams by:

- Demonstrating pride in our collective and individual achievements and of our place
- Ensuring everyone has an equal voice and equal life chances
- Championing innovation, always looking for ways to improve quality of life for all
- Being courageous and stepping out of our comfort zone
- Harnessing and nurturing all talents
- Opening doors at every opportunity

**Participation** – We all take responsibility for making a difference by:

- being solutions-focussed in addressing in tackling our challenges
- Asking “what matters to you? How can I help”?
- Being flexible and putting our energies where we can make most difference
- Demonstrating dignity, kindness and respect in everything we do

**Collaboration** - We will bring our collective talents, energies and power together for the greater good by:

- Bringing people together from all corners of life
- Listening and learning from all voices
- Trusting and helping each other, always working together
- Listening when others talk: responding, helping and enabling
- Supporting development and growth and removing barriers to collaboration

# Next Steps & Ask from Leaders

- Overall framework to be tested with all system leaders by mid-October:
  - Bury Leadership Board
  - Systems Board & LCO
  - Community safety Partnership
  - Bury Business Leaders
  - Bury Councillors
- Additions/comments incorporated
- Approval as basis for consultation by end of October
- Consultation November / December 2020 for launch early 2021
- Asks from Partners:
  - Input & ownership; borough not council vision
  - Priorities 2023 onwards?

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# Health related behaviour change

Lesley Jones

Director of Public Health

# Modifiable risk factors: Overview

- 60-70% of long term conditions are considered preventable
- Key modifiable risk factors are : smoking, physical inactivity, poor diet, overweight and obesity, excess alcohol consumption
- Positive benefits – more than absence of disease
- Significant inequalities



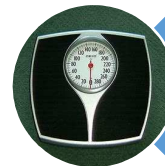
A fifth of adults physically inactive  
(20.9%)



12% Adults still smoking



Less than half adult population  
meeting '5 a day' fruit and veg  
guidelines (46.3%)



More than half adults overweight  
and obese (59%)



Alcohol related admissions  
626/100,000



# The Behaviour Change Wheel

(Michie et al, 2011)

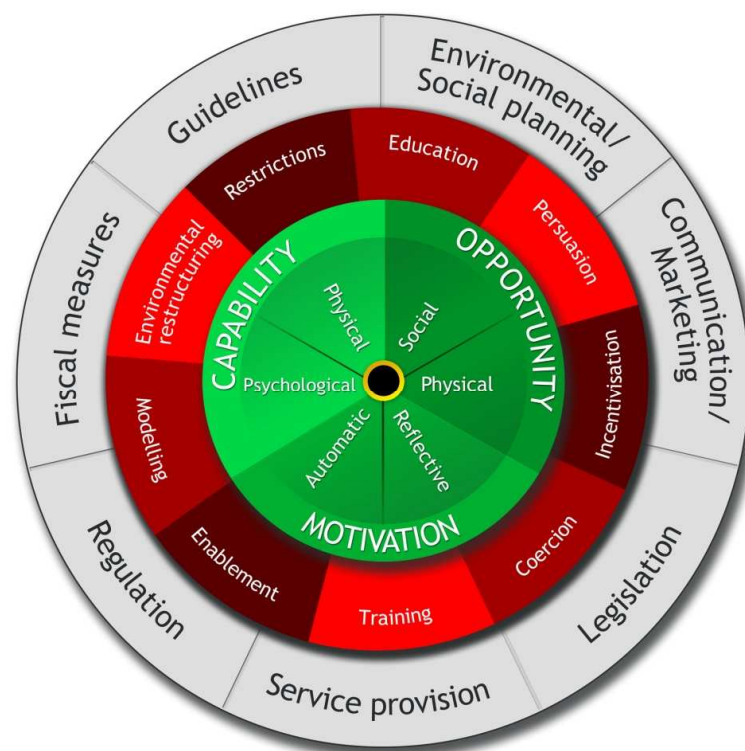
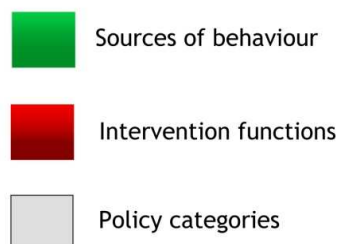
Synthesis of 19 Frameworks to classify interventions

Centre: COM-B Model

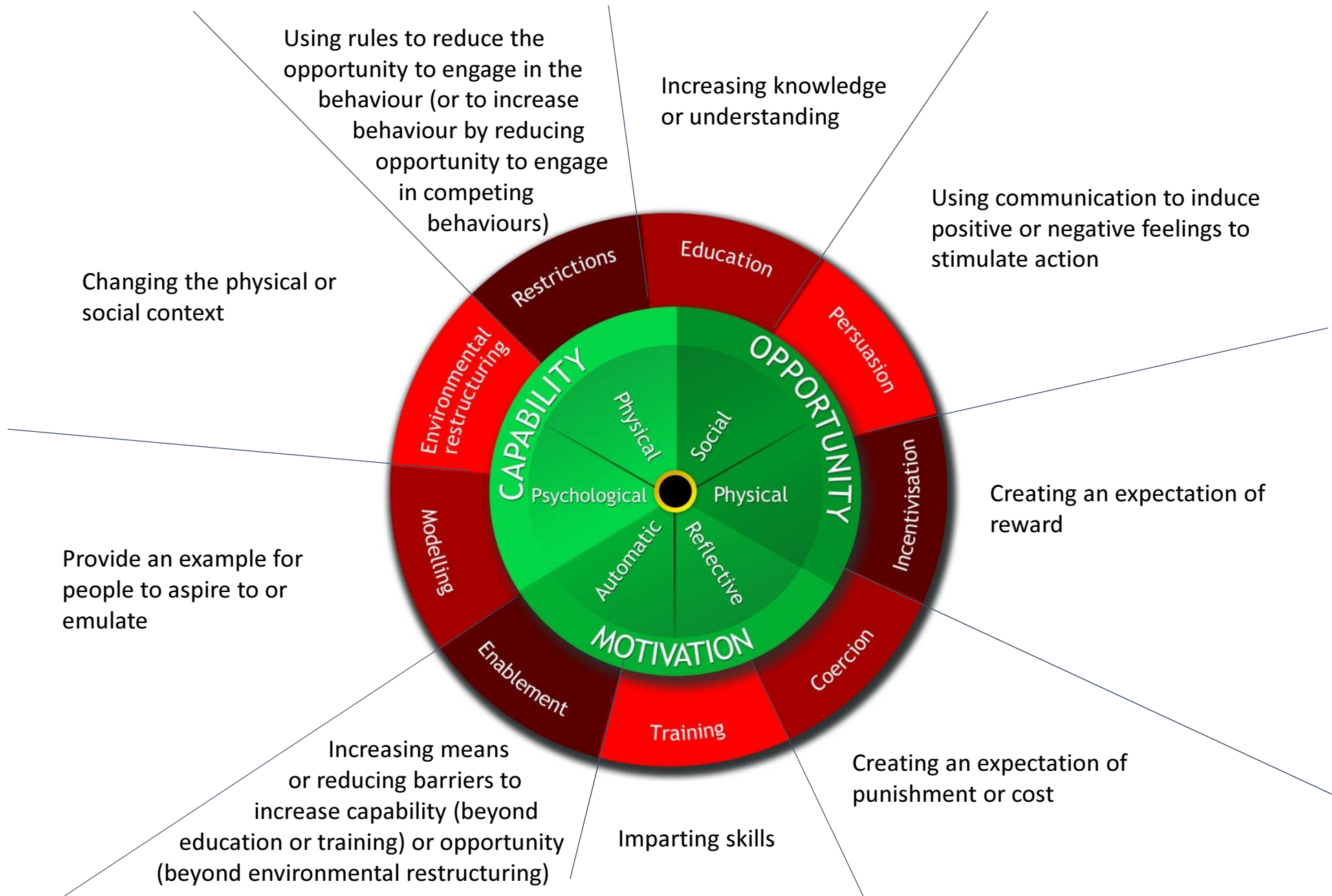
Inner Ring: 9 intervention functions

Outer ring: 7 Policy categories

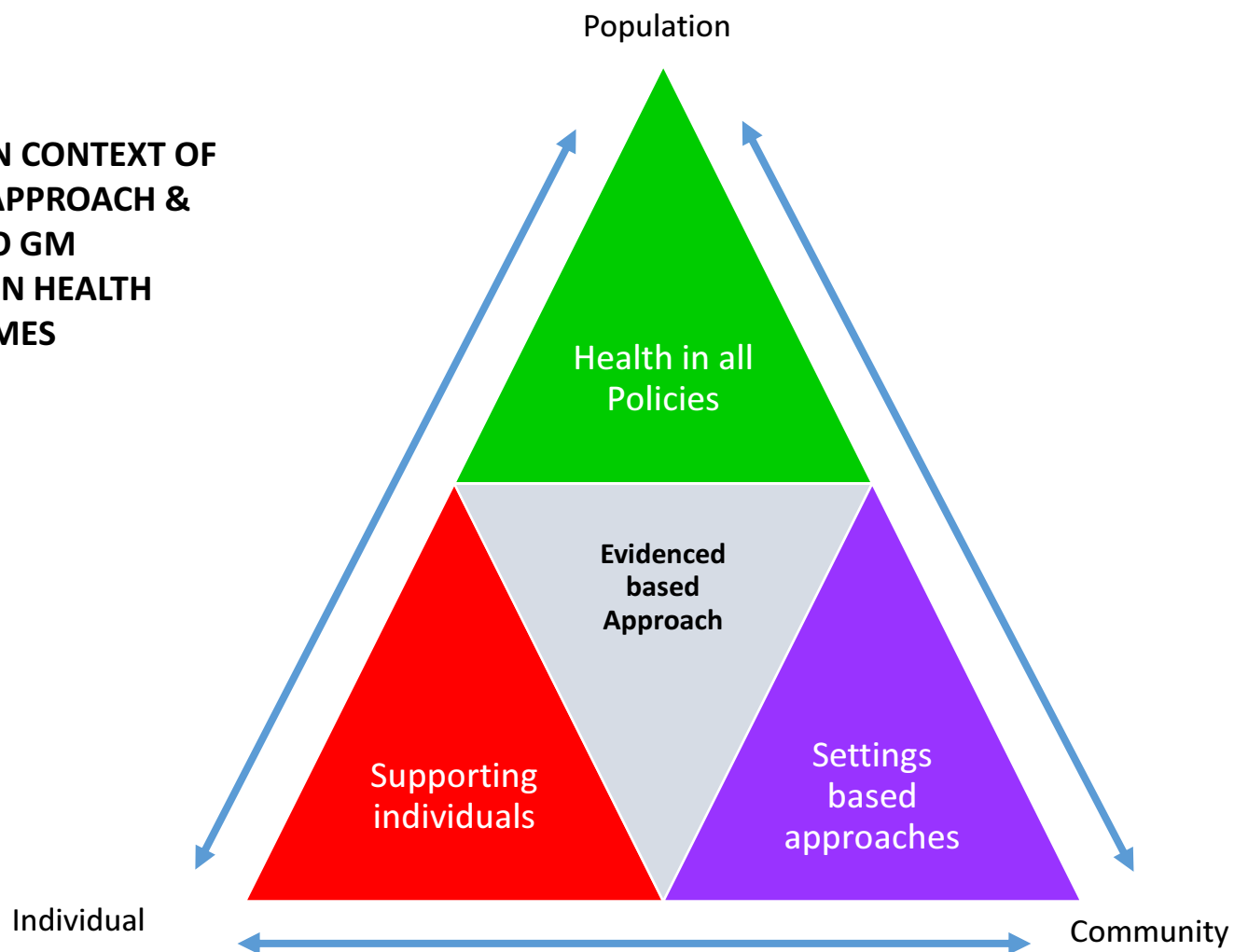
**What is causing the behaviour – how best to intervene?**



# Behaviour Change Wheel: Intervention Functions



**DELIVERY IN CONTEXT OF  
BROADER APPROACH &  
ALIGNED TO GM  
POPULATION HEALTH  
PROGRAMMES**



# Bury Neighbourhood Model

## Key Design Principles

# Objectives

- Local, place-based ownership & action
  - Bury; Radcliffe; Whitefield; Ramsbottom; Prestwich
- Vehicle for both community capacity & engagement
- Joined-up, targeted public service resources against greatest need:
  - Population-wide basis i.e. deprivation
  - Individual cases: intervene early; do less
- Improve outcomes
  - 2018 IoMD: same areas of deprivation, worse outcomes
- To seize the moment – 800 COVID volunteers supporting 2000 people

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# Actioning the Vision: Community Hubs

Component	Current Status	Next Steps
Public Service “Wellness”	5 x Community Hubs by neighbourhood; emergency response	<ul style="list-style-type: none"> <li>Establish medium term public service capacity for Hubs: Leaders &amp; Connectors?</li> <li>Agree interface with existing local self-care services e.g. The Bury Directory team; staying/living well; substance misuse; smoking cessation; libraries; leisure; food poverty; low-level mental health; neighbourhood-based day care (Persona)</li> </ul>
Community capacity	800 volunteers – emergency response	<p>Shore up medium-term volunteer capacity:</p> <ul style="list-style-type: none"> <li>Risk assessment</li> <li>Thanks &amp; recognition</li> <li>VCSE sustainability strategy (60% at risk)</li> <li>Other?</li> </ul> <p>VCSE strategy – VCFA contract expires 20/21</p>

# Actioning the Vision Data Warehouse

Component	Current Status	Next Steps
<p>Central data warehouse to drive the system:</p> <ul style="list-style-type: none"><li>• population &amp; neighbourhood-wide data</li><li>• Individual case management trends/overlap</li><li>• - evaluation &amp; outcomes</li></ul>	<p>Engine room model providing data sharing &amp; tasking on domestic abuse case work</p>	<ul style="list-style-type: none"><li>• Determine IG scope for warehouse model</li><li>• Develop meaningful reporting &amp; analysis of non-personal data</li><li>• Develop programme plan for development of data warehouse: information requirements; system platform/functionality &amp; build; governance; reporting &amp; analysis format &amp; conventions; staffing capacity</li></ul>

# Actioning the Vision

## Early Help

Component	Current Status	Next Steps
Children's	Organised in 3 x teams (Social care & Schools)	<ul style="list-style-type: none"> <li>• Map interface with adults teams</li> <li>• strengthen role and voice of school leaders</li> <li>• evaluation</li> </ul>
Adult's	Some capacity in Engine Room (multi-agency DA)	<ul style="list-style-type: none"> <li>• Extrapolate early help capacity from ER as nucleus from which to grow</li> <li>• Agree services in scope: housing; police; Youth Justice; LA enforcement</li> <li>• Identify best practice standard operating procedures as framework</li> </ul>
Both		<ul style="list-style-type: none"> <li>• Determine common risk stratification model</li> <li>• common active case management / key worker approach</li> </ul>

# Actioning the Vision

## Integrated Neighbourhood teams

Component	Current Status	Next Steps
5 x INTs	<ul style="list-style-type: none"> <li>• Teams by neighbourhood</li> <li>• Single line management</li> <li>• Stood down during emergency</li> <li>• Health &amp; Care Recovery work-stream</li> </ul>	<ul style="list-style-type: none"> <li>• Return INT model</li> <li>• Confirming the target cohort</li> <li>• embed mental health (not just clinical need but wellbeing); social work and social prescribing in the teams</li> <li>• strengthen patient voice outside of the case worker role</li> <li>• establish the rhythm of active case management and evaluation outcome on a multi-agency basis</li> </ul>

# Actioning the Vision Governance

Component	Current Status	Next Steps
Governance	PSR Board – borough-wide	Establish 5 x Neighbourhood Boards. Agree Membership & Chair Re-configure PSR Board to single Borough Neighbourhood Board
Community Voice	Individual consultation for a e.g. Township Boards	Identify best-practice based resident fora design by neighbourhood
Finance	GM Reform funding attached to Engine Room	Identify finance lead & investment strategy for new model

# Next Steps 2020

- Immediate actions – recovery; summer 2020
  - Health & Care Recovery work-stream to re-establish 5 INTs
  - Community Hubs to plan for residual emergency demand & volunteer sustainability
- Model design & consultation: July – end Oct
  - Design finalised including resident voice/ fora
  - Consultation on neighbourhood model within wider strategy for 2030 – October
- Implementation of agreed model. Early priorities, by end of this FY:
  - Migration of Engine Room Early Help to wider model across broader case work & partnership work
  - System data as basis for targeted action
  - Self-care services established in Hubs at a neighbourhood level
  - VCSE capacity / CFA contract re-commissioned
  - Define work programme 2021+ -

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## Health and Well- Being Board Forward Plan (Draft)

Date	30 <sup>th</sup> Sept 2020	18 <sup>th</sup> Nov 2020	21 Jan 2021	14 April 2021	TBC – June 2021	TBC – Aug 2021
General/ Routine	<p>Role of the Health &amp; Well-being Board (WB) <b>For agreement</b></p> <p>Population Health System Reform (to include input on Kings Fund Framework and Framework Institute Narrative (LJ) <b>For Discussion</b></p> <p>Strategic Priorities for Bury &amp; proposed forward plan (LJ) <b>For agreement</b></p> <p>Covid-19 update (LJ) <b>for information</b></p>	<p>Outcome and Performance Report</p> <p>Covid-19 update</p>	<p>Outcome and Performance Report</p> <p>Covid-19 update</p>	<p>Outcome and Performance Report</p> <p>Covid-19 update</p>	<p>Outcome and Performance Report</p> <p>Covid-19 update</p>	<p>Outcome and Performance Report</p> <p>Covid-19 update</p>
Wider determinants		Anti- Poverty Strategy	Housing Strategy	Work & Health	Clean Air strategy	Community Safety
Health Related Behaviour		Food & Health Strategy	Physical Activity Strategy (Progress report)	Tobacco Strategy	Drug & Alcohol Strategy	Mental Well-being
Places and Communities		People Powered Bury/PCCA	Social Prescribing	Community Alliances and engagement	Ethnographic Approaches	Personal Budgets

## Health and Well- Being Board Forward Plan (Draft)

		overarching Framework ad				
Integrated Health & Care		LTC management & secondary prevention	Imms & vac uptake (including Flu)  Sexual Health Provision	Early Years Delivery Model	Equity of access & outcomes (planned care)	Equity of access and outcomes (mental health)