

**Minutes of: HEALTH AND WELLBEING BOARD**

**Date of Meeting:** 14 April 2021

**Present:** Councillor A Simpson (in the Chair)  
Councillors T Tariq

Lesley Jones, Director of Public Health, Julie Gonda, Director of Community Commissioning across the Council and CCG and Director of Adult Social Services, Kath Wynne-Jones, a representative of the LCO, Sajid Hashmi, Chief Officer Bury VCFA, Tyrone Roberts, Director of Nursing, Sharon McCambridge, Chief Executive of Six Town Housing, Katherine Atton, Greater Manchester Police

**Also in attendance:** Dr Rebecca Fletcher, Chair of Bury, Rochdale and Oldham Child Death Overview Panel, Kathy Batt, Independent Chair Bury Integrated Safeguarding Partnership, Ian Mello, Director of Commissioning, NHS Bury CCG, Penny Martin, Director of Operations, Bury Care Organisation

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

**Apologies for Absence:** Councillor E O'Brien, W Blandamer and Councillor C Morris

---

**HWB.335 APOLOGIES FOR ABSENCE**

Apologies are noted above.

**HWB.336 DECLARATIONS OF INTEREST**

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

**HWB.337 MINUTES OF PREVIOUS MEETING**

That the minutes held on the 18<sup>th</sup> November 2020 be approved as a correct record.

**HWB.338 MATTERS ARISING**

It was agreed:

1. That the Terms of Reference be noted.

**HWB.339 PUBLIC QUESTION TIME**

There are no public questions.

**HWB.340 CHAIRS REMARKS**

Councillor Simpson gave a verbal update, explaining the items on the agenda.

**HWB.341 REPORTS TO BE RECEIVED BY THE HEALTH AND WELLBEING BOARD**

**HWB.342 BURY INTEGRATED SAFEGUARDING PARTNERSHIP - ADULT SAFEGUARDING ANNUAL REPORT 2019-2020**

Kathy Batt, Independent Chair attended to provide an update on the Adult Safeguarding Partnership Annual Report 2019-2020. The report covers the period from 31 March 2019 to 1 April 2020. The report is a statutory requirement of the Board and has been delayed due to the pandemic. In future, the Bury Integrated Safeguarding Annual Report will include both adults and children's information.

The Adult Safeguarding Board commissioned two safeguarding adult reviews which were reported on after March 2020. Both reviews provided valuable learning which will now be incorporated into the multi-agency training programme. Some of the issues raised such as the fragmentation of mental health services, the tension around consent and the use of Section 42 enquires are not unique to Bury.

The Coroner's Office had raised concerns around Section 42 enquiries, they were concerned that Bury, Oldham and Rochdale were not doing enough official Section 42 enquiries. This has led to reflection, a tri-borough training event and looking at protocol and procedures.

The report includes individual agency reports. Kathy Batt explained that when the pandemic started all meetings and training went online. It was reported that attendance at meetings has been excellent.

A member agreed that it is useful that the Annual Report will combine children's and adults safeguarding in the future.

It is hoped that the Bury neighbourhood model of working would help people to engage more through community hubs to get involved in the safeguarding process.

**It was agreed:**

1. Kathy Batt be thanked for the update.

**a CDOP ANNUAL REPORT**

Dr Rebecca Fletcher, Chair of Bury, Rochdale and Oldham Child Death Overview Panel (CDOP) attended to provide a presentation and report on the Child Death Overview Annual Report.

The report includes data from closed cases from 1 April 2019 to 31 March 2020. The purpose of the Bury, Rochdale and Oldham CDOP is to undertake a review of all child deaths up to the age of 18 years.

There was a review of 29 closed cases in Oldham, Rochdale and Bury. The majority of child deaths in Oldham, Rochdale and Bury occurred in the first year of life; 66% of these cases were expected deaths. These figures were also similar to

Greater Manchester and the National CDOP reports. Prematurity was a theme in child deaths under the age of 1 and contributed to 76% of deaths; gender, deprivation and ethnicity were themes noted both locally and nationally.

There were modifiable risk factors which were identified as maternal obesity, maternal smoking and risk factors for sudden, unexpected deaths in infants.

In the Greater Manchester report during 2019/2020 there were 129 child death cases reviewed by Greater Manchester CDOPs and 240 child death notifications. Potentially modifiable factors were identified in 40% of all closed cases.

The recommendations focus on:

- Inequalities
- smoking cessation
- Reduce levels of obesity throughout the population
- Commission a review on 5-year Greater Manchester data
- A request on Greater Manchester data on suicides
- Ensure a mental health representative attends CDOP
- Implementing an electronic CDOP system (this went live on 1st April)

A member of the Board questioned the percentages of unexpected deaths in Bury. It was explained that as the numbers are small it can make a big difference to the percentages. It was explained that it is an interest to look at 5 years' worth of data.

A discussion took place around preventable deaths and the plans to highlight this to drive behaviour change. Bury has programmes in place focussed on addressing modifiable risk factors.

**It was agreed:**

1. Dr Fletcher to be thanked for the update.
2. That the Health and Wellbeing Board approve the contents of the reports.

**HWB.343 DEVELOPING THE POPULATION HEALTH SYSTEM FOR BURY**

**HWB.344 RECAP ON OUTPUTS AND NEXT STEPS FROM THE HEALTH INEQUALITIES WORKSHOP**

Lesley Jones, Director of Public Health thanked members for their attendance at the Health Inequalities Workshop.

The workshop focused on health and care systems, the presentations shown how the 4 king funds quadrants that the Health and Wellbeing Board will be based around are also interconnected.

Following on from the workshop the aim is to look at issues from the perspective of inequalities to better develop understanding into planning and ways of working.

**HWB.345 OUTCOME AND PERFORMANCE - PROGRESS ON DEVELOPMENT OF THE FRAMEWORK AND MEASURING INEQUALITIES**

Lesley Jones, Director of Public Health gave an update on the development of the framework and measuring inequalities.

The work that is being undertaken is in context of the development of the Bury strategy and 'Let's Do It' strategy and trying to create a single framework.

Lesley Jones explained the framework using PowerPoint slides. As the system operates it will hopefully focus on improved quality of life in particular, life expectancy and healthy life expectancy.

The framework will be looking at measures that could be broken down at a neighbourhood level and build in how to systematically collect, quality information to sit alongside this.

Board members thought that this is a useful framework and would like to be involved with the framework.

**It was agreed:**

1. Lesley Jones will continue to develop and look at how to involve colleagues with the metrics.

**HWB.346 QUADRANT UPDATE**

**Elective Care 'Building Back Better'**

Ian Mello, Director of Secondary Care Commissioning, Bury CCG and Penny Martin, Director of Operations, Northern Care Alliance attended the meeting to provide a presentation.

Covid-19 has significantly impacted upon the delivery of acute services across the NHS. There has been considerable increase in the time patients are waiting to receive non-urgent treatments. There is a joint programme of work to change the ways of delivering acute care to patients. The key focus is addressing health and inequalities and inclusion at a neighbourhood level.

Since the pandemic began Bury has experienced significant decreases in elective activity across acute providers. 43% of patients on waiting lists have been waiting 18 weeks or longer and 10% of patients on the waiting list are waiting 52 week or longer. There is an increased demand on primary care clinicians and secondary care clinicians from scanning waiting lists to make sure people are not being harmed by waiting a long time for their treatment.

A plan of the programme was shared with members, including timescales of when the programme would be implemented. The framework is inclusive, and all care organisations and localities are involved in the programme. New approaches will be explored to re-design person-centred, neighbourhood based holistic models across multiple agencies. The system will consider overarching socioeconomic approaches, rather than just statutory healthcare targets. The programme will be evaluated by outcomes.

Greater Manchester Elective Care Chair has requested that this way of thinking be shared, so other partners across Greater Manchester can implement it.

A member discussed issues of patients returning to their G.P's because they are still on the waiting list which is causing an increased demand in primary care. It was suggested that some communication should be created about the reality of the size of current waiting lists.

**It was agreed:**

1. Ian Mello and Penny Martin be thanked for their update.
2. Ian Mello and Penny Martin update at a future Board meeting.
3. Penny Martin to create communication about the reality of the size of current waiting lists.

**Developing Neighbourhood Health Improvement Plans**

Lesley Jones, Director of Public Health gave an update on the early stages of work that is being developed in relation to the Neighbourhood Health Improvement Plans.

The Neighbourhood Improvement Plans are being developed to align with the vision, aims and objectives of a number of key existing strategies to significantly reduce health inequality in Bury. The vision is to ensure the people and communities of Bury are supported to recover both physically and mentally from living with COVID-19, individually and collectively.

The data collected shows that COVID-19 has had negative impact on mental and physical health. People are needing more support around mental health, getting active, eating healthier and alcohol consumption. Data identified certain groups that have been impacted more than others during the pandemic where there will be targeted work. COVID-19 is considered as the deconditioning pandemic which has increased inequalities.

Jon Hobday, Consultant in Public Health will be programme lead with the Public Health Team and the Live Well Team to acting as facilitators.

A Board member explained that businesses were working through Bury Business forum to donate a small amount of money to create a neighbourhood fund, there is no money in the fund yet, but a lot of interest.

Board members expressed the importance of including wider staff across the neighbourhood hubs.

Kath Wynne Jones explained that the health and care teams are working with different partners and are looking at a broader piece of work around the early help offer at neighbourhood level.

**It was agreed:**

1. Lesley Jones be thanked for the update.

2. Kath Wynne Jones to present information about the early help offer at a future Board meeting.

### **Wider Determinants of Health**

Tracey Flynn, Unit Manager for Economic Development provided a report to the Board on work, employment and skills for information.

A discussion took place between members who thought that this is important work. It was thought that work needs to be completed with organisations and businesses to enable them to be good employers looking at the health of their staff.

Tracey to be invited to a future Board Meeting to look at how relationships can be built further.

It was agreed that this work could link in with the anti-poverty strategy.

### **It was agreed:**

1. Tracey Flynn to be invited to a future Board.
2. The anti-poverty strategy to be on the agenda at a future Board meeting.

### **Social Prescribing**

Sajid Hashmi, Acting Chief Officer Bury VCFA updated the Board on Social Prescribing.

VCFA Beacon social prescribing service helps patients access support and help in the local Voluntary Community and Faith Sector (VCSE) that can help them improve their health and wellbeing.

The service helps reduce the pressure on the G.P and gives patients the opportunity to take control of their own health. A significant part of the work is around loneliness and isolation.

The service is open to people who are aged over eighteen, registered with a Bury GP, are a Bury Resident and willing to engage with the programme.

The impact the service had on the people that were referred were that:

- 60% of referrals increased their satisfaction.
- 40% increased in feeling of worthwhile.
- 80% increased happiness levels.
- 80% decreased in anxiety levels.

It is expected that this impact will be higher in the future as in the last 12 months, the service was operating remotely and there was no face-to-face contact.

It was explained that people can self-refer to social prescribing and also be referred through their G.P and Secondary Care.

It was explained that Bury Primary Care network only has one social prescriber, The Beacon Service is negotiating with them to fund one more social prescriber.

**It was agreed:**

1. Sajid Hashim be thanked for the update.
2. That a summary of conditions be circulated or reported on at a future Board.

**HWB.347 COVID 19 UPDATE**

Lesley Jones, Director of Public Health provided a verbal update on COVID-19.

Cases have decreased to around 30 per 100,000 and there have been no reported cases in care homes in the last couple of weeks.

The vaccination programme is being rolled out and the uptake for the vaccine has been good. There is some targeted work being done where the uptake has been slightly lower. The programme is focusing on second doses at the moment.

England is now in the second phase of easing the lockdown. There has been re-emphasis on the message of 'hands, face, space and air' and also 'test, trace and isolate'. Every person in England is now able to have two lateral flow tests per week, there is a wide availability of test kits. It is important to stop the transmission of the virus to stop the spread of the variants of concern.

Hospital activity is reducing although the system is under pressure from other none COVID-19 activity.

**HWB.348 URGENT BUSINESS**

There was no urgent business.

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

**(Note: The meeting started at 6.00 pm and ended at 7.48 pm)**