

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Penny Martin, Geoff Little, Lesley Jones, Councillor Eamonn O'Brien, Councillor Roger Brown, Will Blandamer, Adrian Crook, Kath Wynne Jones, Ruth Passman, Sharon McCambridge, Councillor Tamoor Tariq (Chair), Dr Cathy Fines, Supt Arif Nawaz, Helen Tomlinson, James Willmott, Councillor Nathan Boroda, Councillor Tom Pilkington, Jeanette Richards and Councillor Lucy Smith

Non-Voting Members :

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, 7 July 2022
Place:	Microsoft Teams
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 5 - 10)*

The minutes of the meeting held on 28th March 2022 are attached.

4 MATTERS ARISING *(Pages 11 - 22)*

Data referring to the frailty assessments that have taken place in Bury compared to the other localities within Greater Manchester is attached for information following the consideration of the Frailty item at the meeting held on 28 March 2022.

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 TEAM BURY GOVERNANCE - IMPLICATIONS FOR THE HWB *(Pages 23 - 24)*

Deputy Chief Executive, Lynne Ridsdale will provide a verbal update.

7 WIDER DETERMINATION OF POPULATION HEALTH - ANTI-POVERTY STRATEGY *(Pages 25 - 58)*

Lynne Ridsdale, Deputy Chief Executive to present the attached report.

8 THE EFFECTS OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - THE RADCLIFFE PEOPLE & COMMUNITIES PLAN *(Pages 59 - 138)*

Lynne Ridsdale, Deputy Chief Executive to present the attached report.

9 BEHAVIOURAL AND LIFESTYLE DETERMINANTS OF HEALTH - KHAN TOBACCO REVIEW *(Pages 139 - 142)*

Sarah Turton, Public Health Practitioner to present the attached report.

10 HEALTH AND CARE SYSTEM - VACCINE UPDATE *(Pages 143 - 156)*

11 HEALTH PROTECTION GOVERNANCE *(Pages 157 - 164)*

Lesley Jones, Director of Public Health to present the attached PowerPoint slides.

12 BETTER CARE FUND 2021-22 YEAR END REPORT *(Pages 165 - 172)*

Will Blandamer, Executive Director of Strategic Commissioning will provide a verbal update. Report attached.

13 DRAFT PNA *(Pages 173 - 318)*

Shenna Paynter, Public Health Programme Lead to present.

14 GM POPULATION HEALTH BOARD FEEDBACK *(Pages 319 - 348)*

Lesley Jones, Director of Public Health to provide a verbal update. Reports for information attached.

15 URGENT BUSINESS

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

16 FOR INFORMATION *BURY INTEGRATED SAFEGUARDING ANNUAL REPORT 2020-2021** *(Pages 349 - 388)*

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Minutes of: Health and Wellbeing Board

Date of Meeting: 28 March 2022

Present: Councillor A Simpson (in the Chair)
Councillors R Brown, D Quinn and T Tariq

Also in attendance: Isobel Booler, Director of Education and Skills
Sarah Turton, Public Health Practitioner
Adam Webb, Chief Officer of Bury Healthwatch
Arif Nawaz, Superintendent at Bury
Tyrone Roberts PAHNT
Will Blandamer, Executive Director Adult Care and Health
Helen Tomlinson, Chief Officer Bury VCFA
Jon Hobday, Public Health Consultant
Lesley Jones, Director of Public Health
Sharon McCambridge, Chief Executive of Sixtown Housing
Ruth Passmore, Chair of Healthwatch Bury
Steven Senior, Senior Consultant Public Health

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

Apologies for Absence: G Little, Councillor E O'Brien, D C Fines and J Willmott.

HWB.1 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.2 DECLARATIONS OF INTEREST

Councillor Simpson declared an interest in the NHS due to being an NHS employee in Salford.

Councillor Tariq declared an interest in the Health and Wellbeing Board due to being a member of Oldham's Health and Wellbeing Board.

HWB.3 MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the previous meeting be approved as a correct record.

HWB.4 MATTERS ARISING

There were no matters arising.

HWB.5 PUBLIC QUESTION TIME

There were no public questions.

HWB.6 WIDER DETERMINATION OF POPULATION HEALTH - EDUCATION

Isobel Booler, Director of Education and Skills provided an overview of the Special Educational Needs and Disability (SEND) report. Bury is committed to a programme of transformation and is determined to continue its work on co-production with parents to improve both outcomes and the experiences of children, young people with SEND and their families. This mid-year report provides evidence of the progress made towards that goal.

Councillor Tariq, Cabinet Member for Children, Young People and Skills provided detail on the progress made on SEND provision in the Borough. He advised the Board that the Council is revising our Local Area Strategic Action Plan with governance through the Local Area SEND Board. There is a strong commitment from Bury2gether to the priorities, outcomes, and actions in the Local Area Strategic Action Plan. This was evidenced in a joint workshop held on 28 February 22 with Bury2gether. The Action Plan has now been adopted as meeting the needs of parents/carers and delivering improved outcomes for children and young people.

The Board sought assurances on the extent to which the data on prevalence and provision is analysed by pertinent protected characteristics. In response Isobel Booler, Director of Education and Skills advised the Board that the Joint Strategic Needs Assessment (JSNA) is currently being revised. In addition the September Report which was received by the Children and Young People Scrutiny Committee did look at them at the breakdown. The Board were further advised that Free School Meal (FSM) prevalence has increased from 16% to 22% over the last 3 years.

It was agreed:

1. the Health and Wellbeing Board should receive the Children and Young People Scrutiny Updates and Minutes with regards to SEND.
2. For the Health and Wellbeing Board to receive an update on Free School Meals prevalence and update rates when available.

HWB.7 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH - TOBACCO

Sarah Turton, Public Health Practitioner attended to provide an overview of Smoking prevalence within Bury. Smoking is the primary cause of preventable illness and premature death, harming nearly every organ of the body and dramatically reducing both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease, and heart disease, as well as numerous other cancers. In England, it is estimated that in 2019-20, among adults aged 35 and over, around 506,100 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group. The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year.

The Board were advised on the following points:

- Within Bury our smoking prevalence as of 2019, it was lower than both the regional and national average at 12.8%.
- In terms of smoking during pregnancy, our smokers' rates at the time of delivery value was 9.2%. So again, lower than the regional and national values.
- Smoking prevalence in adults with a long term mental health condition stands at 22.1% again lower than the regional national values.
- Smoking is responsible for half of the difference in life expectancy between rich and poor within Bury.
- It is estimated that 2/3 of adult smokers stated that they started smoking before they reach the age of 18 years old.

Questions on the various motivating factors for quitting smoking were discussed such as working with deprived communities to show the money they could save and offering free intervention tools. In response Sarah Turton advised the Board that previously there was schemes with parents who were looking to give up smoking and setting up saving schemes; the service was able to partly match savings or get discounts on leisure or trips.

18:40 - Councillor Tariq left the meeting.

18:58 – Sharon McCambridge left the meeting.

It was agreed:

1. That the Bury Health and Wellbeing Board continue to support the ongoing work around smoking and reducing inequalities.
2. To thank Sarah Turton for the update.

HWB.8 THE EFFECTS OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - HEALTHWATCH

Adam Webb, Chief Officer of Bury Healthwatch provided an overview of the report on Community and Person-Centred Approaches - involving people with lived experience Understanding and tackling inequalities and promoting inclusion. Healthwatch's role is about involving people with lived experience in the co-production design and implementation of health and social care services.

The Board sought assurances on Healthwatch's ability to engage with marginalised groups. In response Adam Webb advised we understand barriers are not only faced by marginalized communities and we hear issues on a regular basis. Healthwatch conducts engagement in ways such as; park bench surgeries.

It was agreed:

1. Ruth Passman, Chair of Healthwatch Bury and Adam Webb Chief Officer of Healthwatch Bury, be thanked for their update.

HWB.9 HEALTH AND CARE - FRAILTY

Steven Senior and Samantha Merridale, the programme lead for both urgent care and frailty. attended to present an overview of the report on frailty (burden of illness, inequalities, and transformation plans).

The Board were advised 12% of the population of people aged 65 and over will be living with mild to moderate frailty and around 3% will be living with severe frailty. Last year we the service started a process of self-assessment to manage frailty across barriers.

The Bury Frailty programme commenced in January 2022 following a process of self-assessment and a gap analysis across the whole system during 2021. The update outlined emerging key themes and objectives for how services manage those who are deemed to be frail, with a focus on reducing health inequalities associated with frailty, prevention of deterioration of their condition, and maintaining their health and independence for as long as possible.

Discussions took place regarding the work currently being undertaken to support people who are living with various degrees of frailty.

Ruth Passman left the meeting at 19:35

It was agreed:

1. Steven Senior and Samantha Merridale be thanked for their update and report.
2. Steven and Samantha to share the Electronic Frailty Index to with members

HWB.10 POPULATION HEALTH SYSTEM REFORM - SUSTAINABLE INVESTMENT IN PREVENTION

Lesley Jones Director of Public Health provided an update of the progress with the population health system reform work. This update highlights one aspect of work taking place around sustainable investment in population health and prevention.

It was agreed:

1. Lesley Jones be thanked for her update.

HWB.11 COVID-19 UPDATE

Lesley Jones, Director of Public Health provided an update on Covid cases in the Borough.

The Board were advised that Locally and Nationally case rates and prevalence are rising.

All test centres in Bury will be closing from the 1st of April because the universal provision of free testing ends. However there will be some targeted testing available, but we've yet to receive the guidance on how this will be delivered.

HWB.12 URGENT BUSINESS

There was no urgent business.

Councillor Simpson, thanked all members for their input over the last municipal year to the Health and Wellbeing Board along with wishing Tyrone Roberts the best in his new job.

Will Blandamer thanked Tyrone for his fantastic contribution to the board. In addition Will thanked Councillor Simpson as Chair of Bury Health and Wellbeing Board for her leadership, passion, determination, commitment around health inequalities and best wishes for a peaceful new municipal year chair.

COUNCILLOR A SIMPSON
Chair

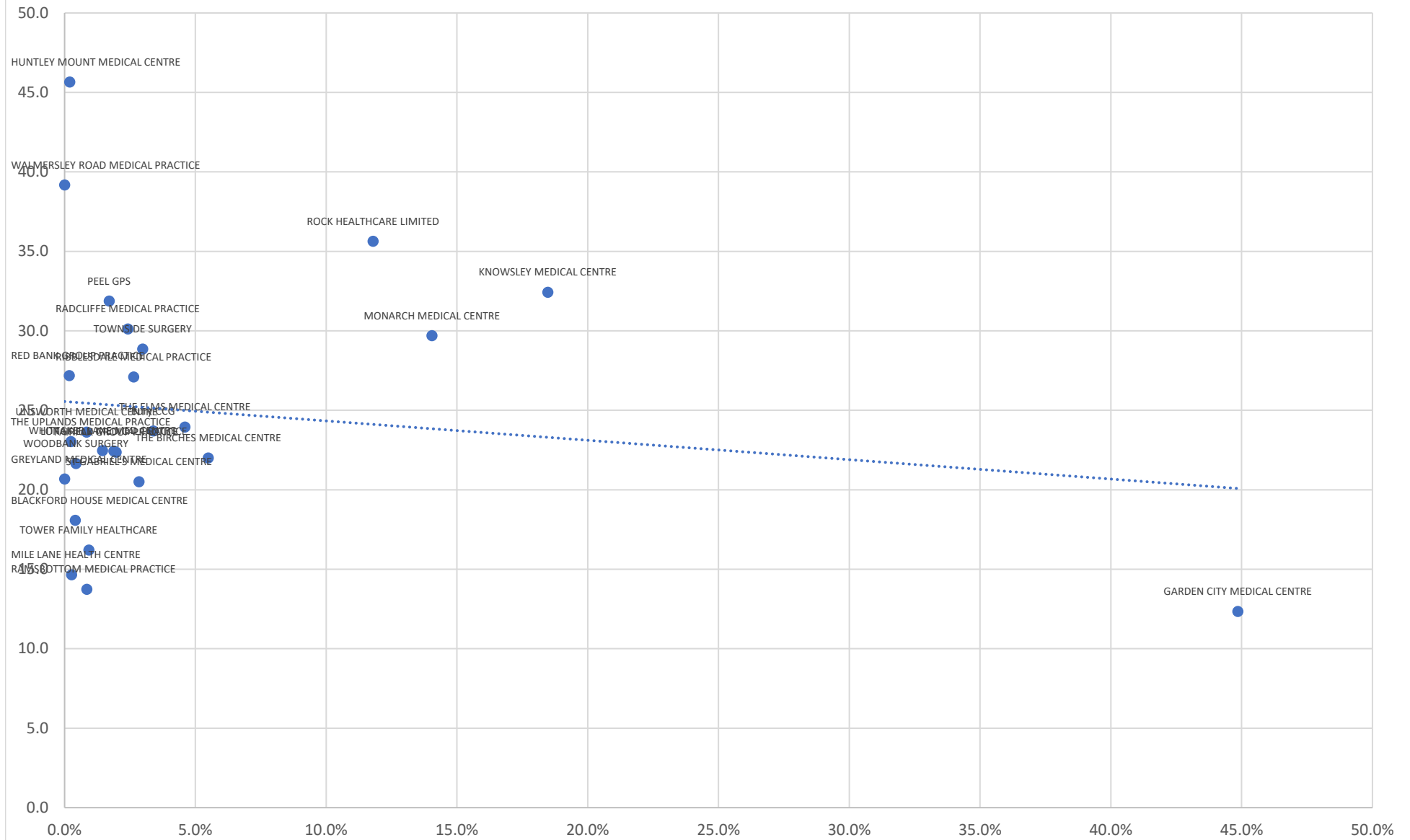
(Note: The meeting started at 6.00 pm and ended at 8.15 pm)

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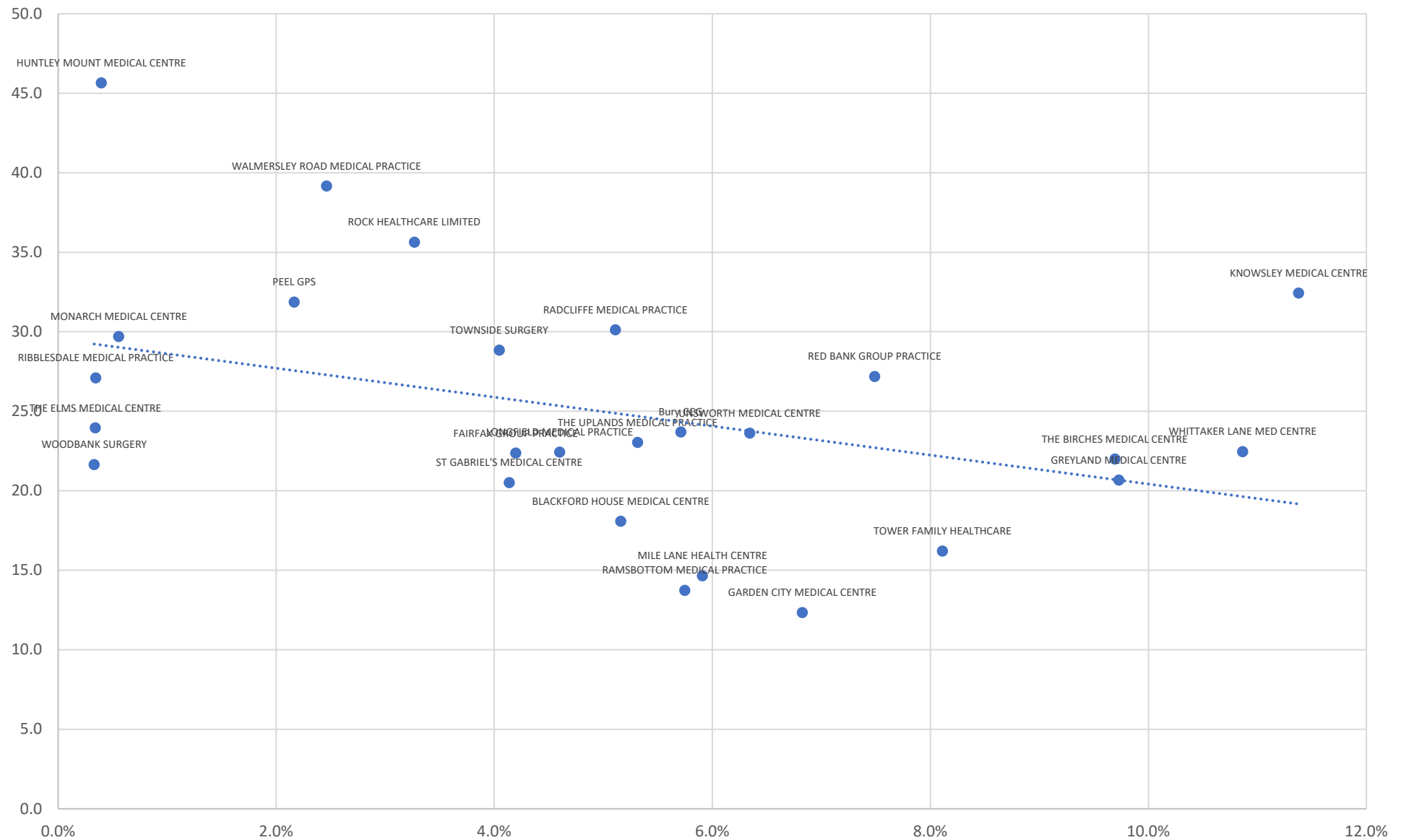


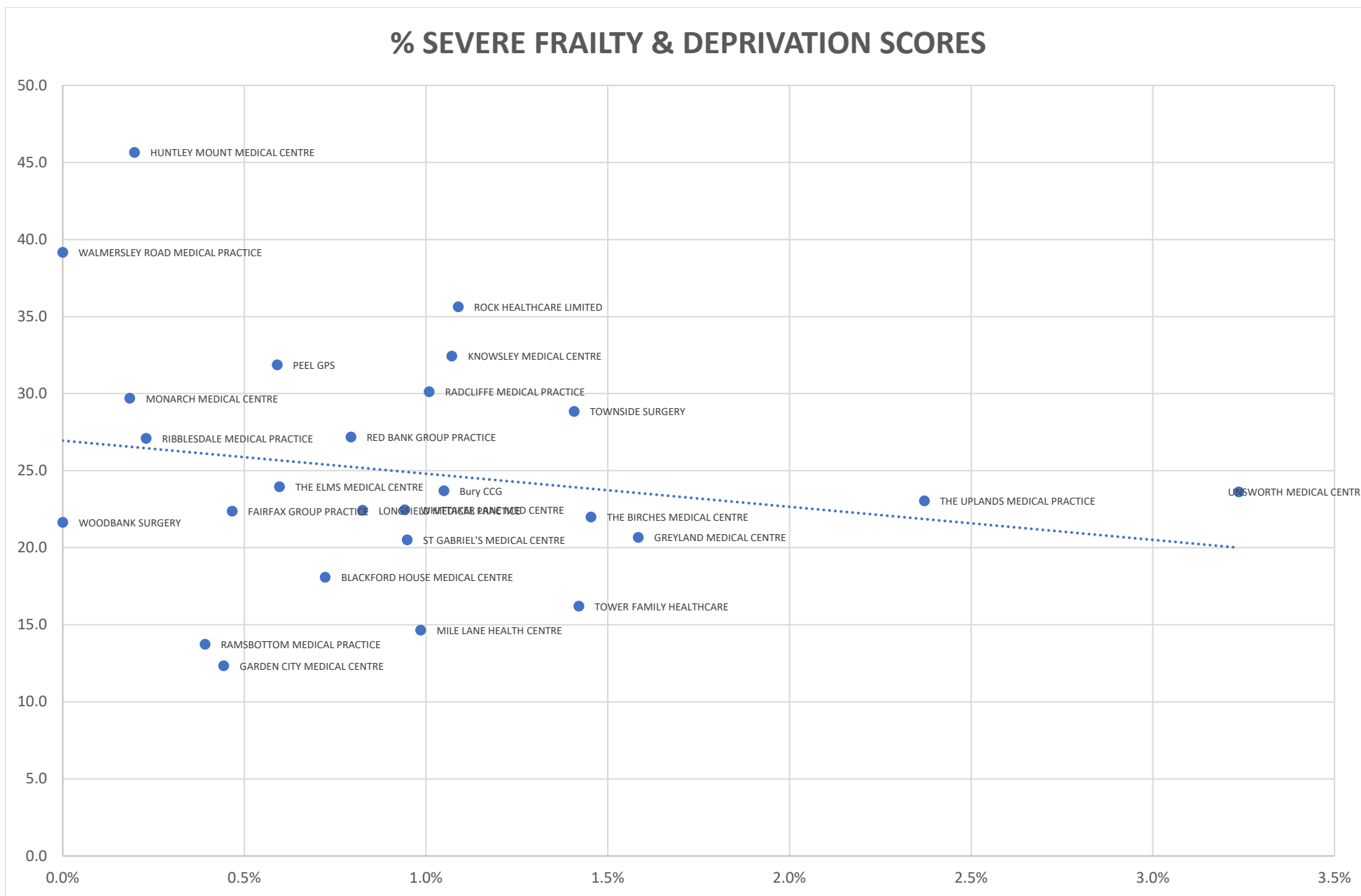
Information Request ID:	202205-590
Date Completed:	01/06/22
Completed by:	Melanie Keating
Request:	Clare Hunter
Period of Data:	Mar-22
Source of Data:	https://digital.nhs.uk/data-and-information/publications/statistical/gp-contract-services/2021-22 https://fingertips.phe.org.uk/profile/general-practice/data#page/3/gid/2000005/pat/167/par/E38000024/ati/7/are/P83009/iid/93553/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0
Methodology:	<p><i>All Bury Gp Practices, by PCN showing the number of patients who have had a frailty assessments and then displaying those patients who are defined as having a Moderate or Severe Frailty.</i></p> <p><i>Deprivation Scores by GP Practices for Bury Patients only</i></p> <p><i>Comparison figures for all CCG's in Greater Manchester showing the number of patients who have had a frailty assessments and then displaying those patients who are defined as having a Moderate or Severe Frailty.</i></p>
Summary:	

% POPULATION WHO HAVE HAD ASSESSMENT & DEPRIVATION SCORES



% MODERATE FRAILTY & DEPRIVATION SCORES





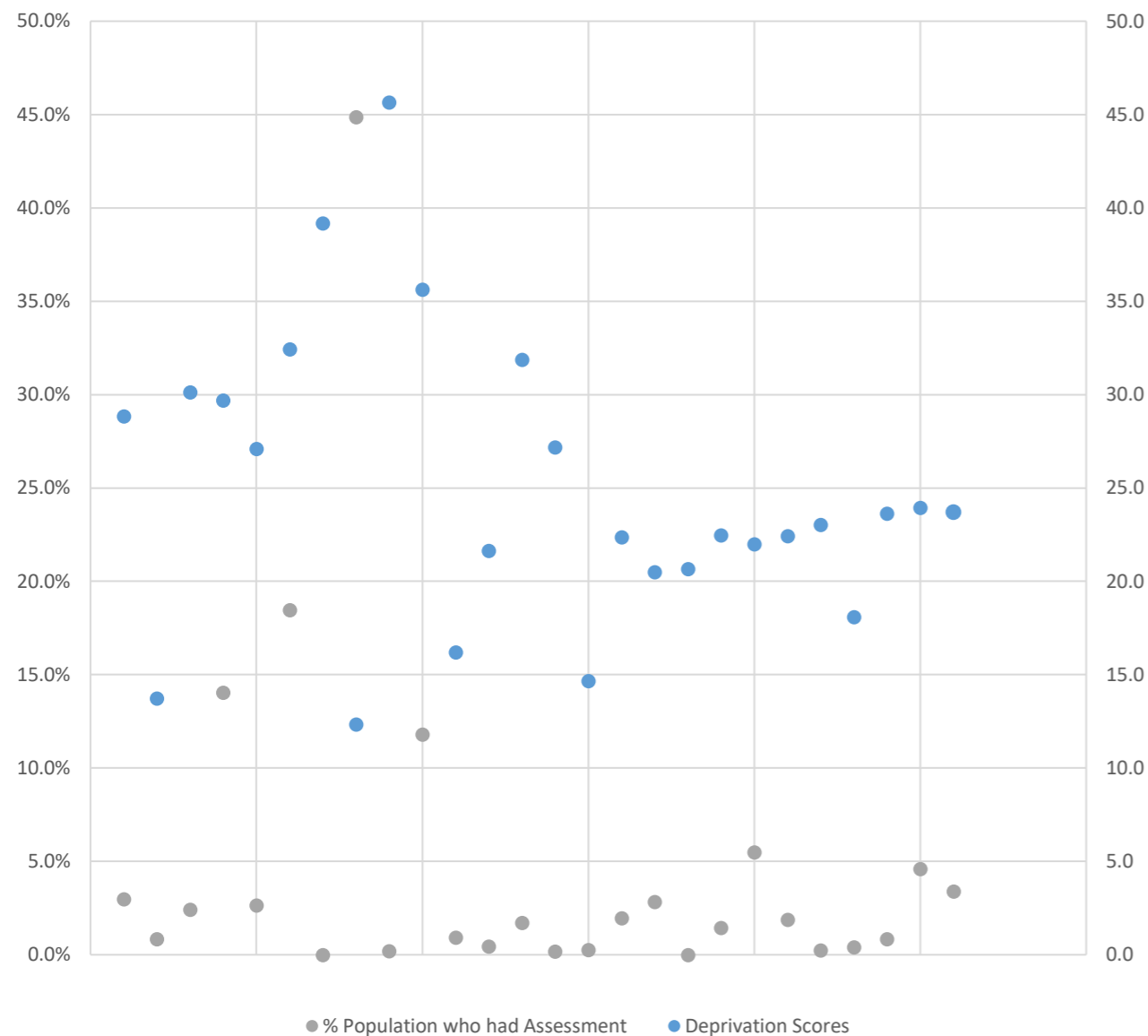
Cumulative number of registered patients aged 65 years or over, who have had a frailty assessment (March 2022)

PCN	PRACTICE_CODE	PRACTICE_NAME	Total Assessment	Population Over 65	% Population who had Assessment	Rate per 1000	Deprivation Scores
BURY PCN	P83005	TOWNSIDE SURGERY	34	1137	3.0%	29.90	28.8
	P83006	RAMSBOTTOM MEDICAL PRACTICE	13	1531	0.8%	8.49	13.7
	P83007	RADCLIFFE MEDICAL PRACTICE	36	1487	2.4%	24.21	30.1
	P83010	MONARCH MEDICAL CENTRE	76	541	14.0%	140.48	29.7
	P83015	RIBBLESDALE MEDICAL PRACTICE	46	1741	2.6%	26.42	27.1
	P83024	KNOWSLEY MEDICAL CENTRE	138	747	18.5%	184.74	32.4
	P83611	WALMERSLEY ROAD MEDICAL PRACTICE	0	325	0.0%	0.00	39.2
	P83620	GARDEN CITY MEDICAL CENTRE	506	1128	44.9%	448.58	12.3
	P83621	HUNTLEY MOUNT MEDICAL CENTRE	1	506	0.2%	1.98	45.7
	Y02755	ROCK HEALTHCARE LIMITED	65	551	11.8%	117.97	35.6
BURY PCN Total			915	9694	9.4%	94.39	`
HORIZON PCN	P83012	TOWER FAMILY HEALTHCARE	88	9505	0.9%	9.26	16.2
	P83017	WOODBANK SURGERY	4	910	0.4%	4.40	21.6
	P83021	PEEL GPS	26	1525	1.7%	17.05	31.9
	P83603	RED BANK GROUP PRACTICE	4	2270	0.2%	1.76	27.2
	P83612	MILE LANE HEALTH CENTRE	3	1117	0.3%	2.69	14.7
HORIZON PCN Total			125	15327	0.8%	8.16	`
PRESTWICH PCN	P83001	FAIRFAX GROUP PRACTICE	38	1930	2.0%	19.69	22.4
	P83025	ST GABRIEL'S MEDICAL CENTRE	33	1160	2.8%	28.45	20.5
	P83027	GREYLAND MEDICAL CENTRE	0	442	0.0%	0.00	20.7
	P83605	WHITTAKER LANE MED CENTRE	17	1169	1.5%	14.54	22.5
	P83609	THE BIRCHES MEDICAL CENTRE	34	619	5.5%	54.93	22.0
	P83623	LONGFIELD MEDICAL PRACTICE	16	848	1.9%	18.87	22.4
PRESTWICH PCN Total			138	6168	2.2%	22.37	`
WHITEFIELD DISTRICT & COMMUNITY PCN	P83004	THE UPLANDS MEDICAL PRACTICE	3	1223	0.2%	2.45	23.0
	P83009	BLACKFORD HOUSE MEDICAL CENTRE	8	1938	0.4%	4.13	18.1
	P83011	UNSWORTH MEDICAL CENTRE	13	1545	0.8%	8.41	23.6
	P83608	THE ELMS MEDICAL CENTRE	54	1173	4.6%	46.04	24.0
WHITEFIELD DISTRICT & COMMUNITY PCN Total			78	5879	1.3%	13.27	`
Bury CCG	Bury CCG	Bury CCG	1256	37068	3.4%	33.88	23.7

Cumulative number of registered patients aged 65 years or over, who have a record of a diagnosis of moderate frailty (March 2022)

PCN	PRACTICE_CODE	PRACTICE_NAME	Total patients with Moderate Frailty	Population Over 65	% Moderate Frailty	Rate per 1000	Deprivation Scores
BURY PCN	P83005	TOWNSIDE SURGERY	46	1137	4.0%	40.46	28.8
	P83006	RAMSBOTTOM MEDICAL PRACTICE	88	1531	5.7%	57.48	13.7

% POPULATION WHO HAVE HAD ASSESSMENT & DEPRIVATION SCORES



% MODERATE FRAILTY & DEPRIVATION SCORES

12.0% 50.0

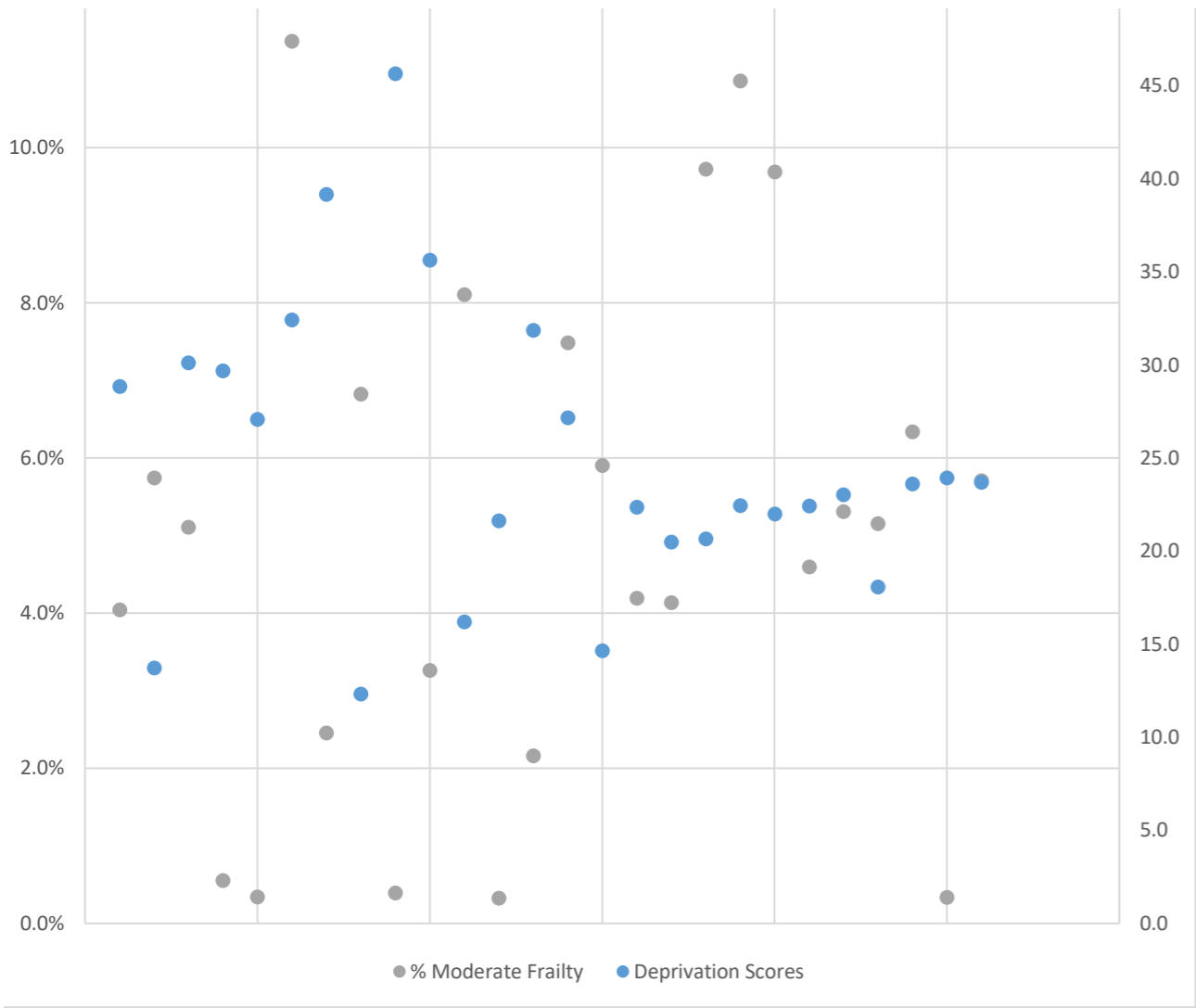
Practice Name	% Population who had Assessment	Deprivation Scores
TOWNSIDE SURGERY	3.0%	28.8
RAMSBOTTOM MEDICAL PRACTICE	0.8%	13.7
RADCLIFFE MEDICAL PRACTICE	2.4%	30.1
MONARCH MEDICAL CENTRE	14.0%	29.7
RIBBLESDALE MEDICAL PRACTICE	2.6%	27.1
KNOWSLEY MEDICAL CENTRE	18.5%	32.4
WALMERSLEY ROAD MEDICAL PRACTICE	0.0%	39.2
GARDEN CITY MEDICAL CENTRE	44.9%	12.3
HUNTLEY MOUNT MEDICAL CENTRE	0.2%	45.7
ROCK HEALTHCARE LIMITED	11.8%	35.6
TOWER FAMILY HEALTHCARE	0.9%	16.2
WOODBANK SURGERY	0.4%	21.6
PEEL GPS	1.7%	31.9
RED BANK GROUP PRACTICE	0.2%	27.2
MILE LANE HEALTH CENTRE	0.3%	14.7
FAIRFAX GROUP PRACTICE	2.0%	22.4
ST GABRIEL'S MEDICAL CENTRE	2.8%	20.5
GREYLAND MEDICAL CENTRE	0.0%	20.7
WHITTAKER LANE MED CENTRE	1.5%	22.5
THE BIRCHES MEDICAL CENTRE	5.5%	22.0
LONGFIELD MEDICAL PRACTICE	1.9%	22.4
THE UPLANDS MEDICAL PRACTICE	0.2%	23.0
BLACKFORD HOUSE MEDICAL CENTRE	0.4%	18.1
UNSWORTH MEDICAL CENTRE	0.8%	23.6
THE ELMS MEDICAL CENTRE	4.6%	24.0
Bury CCG	3.4%	23.7

PRACTICE_NAME	% Moderate Frailty	Deprivation Scores
TOWNSIDE SURGERY	4.0%	28.8
RAMSBOTTOM MEDICAL PRACTICE	5.7%	13.7

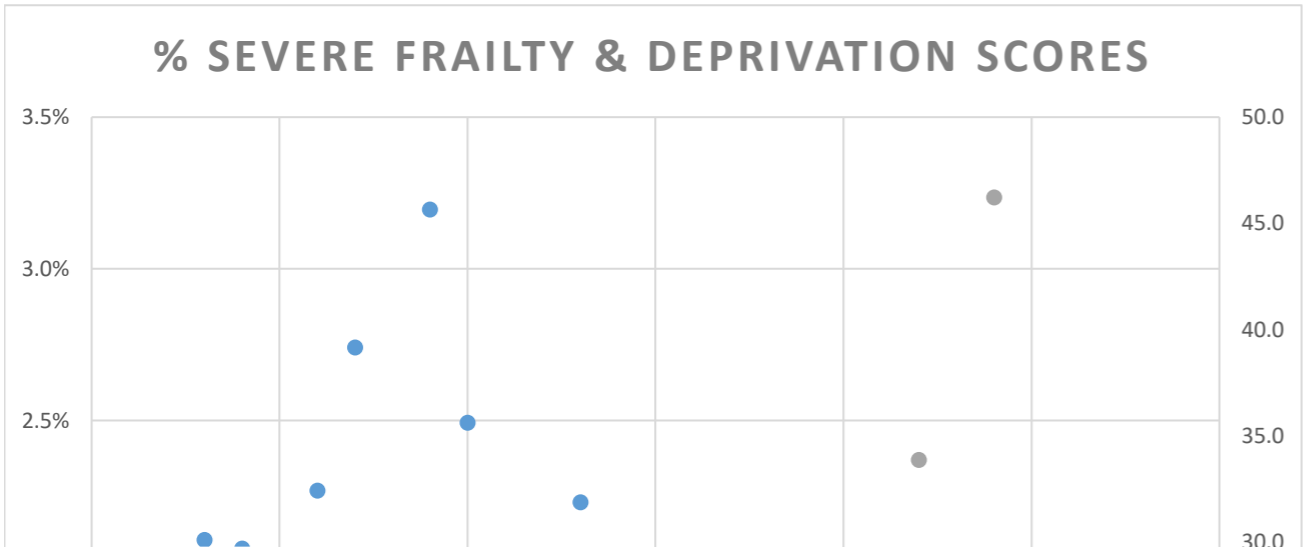
	P83007	RADCLIFFE MEDICAL PRACTICE	76	1487	5.1%	51.11	30.1
	P83010	MONARCH MEDICAL CENTRE	3	541	0.6%	5.55	29.7
	P83015	RIBBLESDALE MEDICAL PRACTICE	6	1741	0.3%	3.45	27.1
	P83024	KNOWSLEY MEDICAL CENTRE	85	747	11.4%	113.79	32.4
	P83611	WALMERSLEY ROAD MEDICAL PRACTICE	8	325	2.5%	24.62	39.2
	P83620	GARDEN CITY MEDICAL CENTRE	77	1128	6.8%	68.26	12.3
	P83621	HUNTLEY MOUNT MEDICAL CENTRE	2	506	0.4%	3.95	45.7
	Y02755	ROCK HEALTHCARE LIMITED	18	551	3.3%	32.67	35.6
BURY PCN Total			442	9694	4.6%	45.60	
HORIZON PCN	P83012	TOWER FAMILY HEALTHCARE	771	9505	8.1%	81.12	16.2
	P83017	WOODBANK SURGERY	3	910	0.3%	3.30	21.6
	P83021	PEEL GPS	33	1525	2.2%	21.64	31.9
	P83603	RED BANK GROUP PRACTICE	170	2270	7.5%	74.89	27.2
	P83612	MILE LANE HEALTH CENTRE	66	1117	5.9%	59.09	14.7
HORIZON PCN Total			1010	15327	6.6%	65.90	
PRESTWICH PCN	P83001	FAIRFAX GROUP PRACTICE	81	1930	4.2%	41.97	22.4
	P83025	ST GABRIEL'S MEDICAL CENTRE	48	1160	4.1%	41.38	20.5
	P83027	GREYLAND MEDICAL CENTRE	43	442	9.7%	97.29	20.7
	P83605	WHITTAKER LANE MED CENTRE	127	1169	10.9%	108.64	22.5
	P83609	THE BIRCHES MEDICAL CENTRE	60	619	9.7%	96.93	22.0
	P83623	LONGFIELD MEDICAL PRACTICE	39	848	4.6%	45.99	22.4
PRESTWICH PCN Total			398	6168	6.5%	64.53	
WHITEFIELD DISTRICT & COMMUNITY PCN	P83004	THE UPLANDS MEDICAL PRACTICE	65	1223	5.3%	53.15	23.0
	P83009	BLACKFORD HOUSE MEDICAL CENTRE	100	1938	5.2%	51.60	18.1
	P83011	UNSWORTH MEDICAL CENTRE	98	1545	6.3%	63.43	23.6
	P83608	THE ELMS MEDICAL CENTRE	4	1173	0.3%	3.41	24.0
WHITEFIELD DISTRICT & COMMUNITY PCN Total			267	5879	4.5%	45.42	
Bury CCG	Bury CCG	Bury CCG	2117	37068	5.7%	57.11	23.7

Cumulative count of the number of registered patients aged 65 years or over, who have a record of a diagnosis of severe frailty (March 2022)

PCN	PRACTICE_CODE	PRACTICE_NAME	Total patients with severe Frailty	Population Over 65	% Severe Frailty	Rate per 1000	Deprivation Scores
BURY PCN	P83005	TOWNSIDE SURGERY	16	1137	1.4%	14.07	28.8
	P83006	RAMSBOTTOM MEDICAL PRACTICE	6	1531	0.4%	3.92	13.7
	P83007	RADCLIFFE MEDICAL PRACTICE	15	1487	1.0%	10.09	30.1
	P83010	MONARCH MEDICAL CENTRE	1	541	0.2%	1.85	29.7
	P83015	RIBBLESDALE MEDICAL PRACTICE	4	1741	0.2%	2.30	27.1
	P83024	KNOWSLEY MEDICAL CENTRE	8	747	1.1%	10.71	32.4
	P83611	WALMERSLEY ROAD MEDICAL PRACTICE	0	325	0.0%	0.00	39.2
	P83620	GARDEN CITY MEDICAL CENTRE	5	1128	0.4%	4.43	12.3
	P83621	HUNTLEY MOUNT MEDICAL CENTRE	1	506	0.2%	1.98	45.7
	Y02755	ROCK HEALTHCARE LIMITED	6	551	1.1%	10.89	35.6
BURY PCN Total			62	9694	0.6%	6.40	



RADCLIFFE MEDICAL PRACTICE	5.1%	30.1
MONARCH MEDICAL CENTRE	0.6%	29.7
RIBBLESDALE MEDICAL PRACTICE	0.3%	27.1
KNOWSLEY MEDICAL CENTRE	11.4%	32.4
WALMERSLEY ROAD MEDICAL PRACTICE	2.5%	39.2
GARDEN CITY MEDICAL CENTRE	6.8%	12.3
HUNTLEY MOUNT MEDICAL CENTRE	0.4%	45.7
ROCK HEALTHCARE LIMITED	3.3%	35.6
TOWER FAMILY HEALTHCARE	8.1%	16.2
WOODBANK SURGERY	0.3%	21.6
PEEL GPS	2.2%	31.9
RED BANK GROUP PRACTICE	7.5%	27.2
MILE LANE HEALTH CENTRE	5.9%	14.7
FAIRFAX GROUP PRACTICE	4.2%	22.4
ST GABRIEL'S MEDICAL CENTRE	4.1%	20.5
GREYLAND MEDICAL CENTRE	9.7%	20.7
WHITTAKER LANE MED CENTRE	10.9%	22.5
THE BIRCHES MEDICAL CENTRE	9.7%	22.0
LONGFIELD MEDICAL PRACTICE	4.6%	22.4
THE UPLANDS MEDICAL PRACTICE	5.3%	23.0
BLACKFORD HOUSE MEDICAL CENTRE	5.2%	18.1
UNSWORTH MEDICAL CENTRE	6.3%	23.6
THE ELMS MEDICAL CENTRE	0.3%	24.0
Bury CCG	5.7%	23.7



PRACTICE_NAME	% Severe Frailty	Deprivati on Scores
TOWNSIDE SURGERY	1.4%	28.8
RAMSBOTTOM MEDICAL PRACTICE	0.4%	13.7
RADCLIFFE MEDICAL PRACTICE	1.0%	30.1
MONARCH MEDICAL CENTRE	0.2%	29.7
RIBBLESDALE MEDICAL PRACTICE	0.2%	27.1
KNOWSLEY MEDICAL CENTRE	1.1%	32.4
WALMERSLEY ROAD MEDICAL PRACTICE	0.0%	39.2
GARDEN CITY MEDICAL CENTRE	0.4%	12.3
HUNTLEY MOUNT MEDICAL CENTRE	0.2%	45.7
ROCK HEALTHCARE LIMITED	1.1%	35.6
TOWER FAMILY HEALTHCARE	1.4%	16.2

HORIZON PCN	P83012	TOWER FAMILY HEALTHCARE	135	9505	1.4%	14.20	16.2
	P83017	WOODBANK SURGERY	0	910	0.0%	0.00	21.6
	P83021	PEEL GPS	9	1525	0.6%	5.90	31.9
	P83603	RED BANK GROUP PRACTICE	18	2270	0.8%	7.93	27.2
	P83612	MILE LANE HEALTH CENTRE	11	1117	1.0%	9.85	14.7
HORIZON PCN Total			173	15327	1.1%	11.29	`
PRESTWICH PCN	P83001	FAIRFAX GROUP PRACTICE	9	1930	0.5%	4.66	22.4
	P83025	ST GABRIEL'S MEDICAL CENTRE	11	1160	0.9%	9.48	20.5
	P83027	GREYLAND MEDICAL CENTRE	7	442	1.6%	15.84	20.7
	P83605	WHITTAKER LANE MED CENTRE	11	1169	0.9%	9.41	22.5
	P83609	THE BIRCHES MEDICAL CENTRE	9	619	1.5%	14.54	22.0
	P83623	LONGFIELD MEDICAL PRACTICE	7	848	0.8%	8.25	22.4
PRESTWICH PCN Total			54	6168	0.9%	8.75	`
WHITEFIELD DISTRICT & COMMUNITY PCN	P83004	THE UPLANDS MEDICAL PRACTICE	29	1223	2.4%	23.71	23.0
	P83009	BLACKFORD HOUSE MEDICAL CENTRE	14	1938	0.7%	7.22	18.1
	P83011	UNSWORTH MEDICAL CENTRE	50	1545	3.2%	32.36	23.6
	P83608	THE ELMS MEDICAL CENTRE	7	1173	0.6%	5.97	24.0
WHITEFIELD DISTRICT & COMMUNITY PCN Total			100	5879	1.7%	17.01	`
Bury CCG	Bury CCG	Bury CCG	389	37068	1.0%	10.49	23.7



WOODBANK SURGERY	0.0%	21.6
PEEL GPS	0.6%	31.9
RED BANK GROUP PRACTICE	0.8%	27.2
MILE LANE HEALTH CENTRE	1.0%	14.7
FAIRFAX GROUP PRACTICE	0.5%	22.4
ST GABRIEL'S MEDICAL CENTRE	0.9%	20.5
GREYLAND MEDICAL CENTRE	1.6%	20.7
WHITTAKER LANE MED CENTRE	0.9%	22.5
THE BIRCHES MEDICAL CENTRE	1.5%	22.0
LONGFIELD MEDICAL PRACTICE	0.8%	22.4
THE UPLANDS MEDICAL PRACTICE	2.4%	23.0
BLACKFORD HOUSE MEDICAL CENTRE	0.7%	18.1
UNSWORTH MEDICAL CENTRE	3.2%	23.6
THE ELMS MEDICAL CENTRE	0.6%	24.0
Bury CCG	1.0%	23.7

Cumulative number of registered patients aged 65 years or over, who have had a frailty assessment

CCG NAME	Total Assessment	Population Over 65
NHS BOLTON CCG	14800	52503
NHS BURY CCG	1256	37064
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	4300	38512
NHS MANCHESTER CCG	11837	63265
NHS OLDHAM CCG	8402	40468
NHS SALFORD CCG	6453	37959
NHS STOCKPORT CCG	6331	61437
NHS TAMESIDE AND GLOSSOP CCG	10380	44071
NHS TRAFFORD CCG	5625	42175
NHS WIGAN BOROUGH CCG	12836	64565
Grand Total	82220	482019

Cumulative number of registered patients aged 65 years or over, who have a record of a diagnosis

CCG NAME	Total patients with Moderate Frailty	Population Over 65
NHS BOLTON CCG	5005	52503
NHS BURY CCG	2117	37064
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	3532	38512
NHS MANCHESTER CCG	7336	63265
NHS OLDHAM CCG	4805	40468
NHS SALFORD CCG	4722	37959
NHS STOCKPORT CCG	7256	61437
NHS TAMESIDE AND GLOSSOP CCG	4448	44071
NHS TRAFFORD CCG	5170	42175
NHS WIGAN BOROUGH CCG	5436	64565
Grand Total	49827	482019

Cumulative count of the number of registered patients aged 65 years or over, who have a record of

CCG NAME	Total patients with Severe Frailty	Population Over 65
NHS BOLTON CCG	1523	52503
NHS BURY CCG	389	37064
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	1949	38512
NHS MANCHESTER CCG	4587	63265
NHS OLDHAM CCG	1840	40468
NHS SALFORD CCG	2113	37959
NHS STOCKPORT CCG	3166	61437
NHS TAMESIDE AND GLOSSOP CCG	2263	44071
NHS TRAFFORD CCG	2504	42175
NHS WIGAN BOROUGH CCG	2313	64565
Grand Total	22647	482019

nt (March 2022)

% Population who had Assessment	Rate per 1000
28.19%	281.9
3.39%	33.9
11.17%	111.7
18.71%	187.1
20.76%	207.6
17.00%	170.0
10.30%	103.0
23.55%	235.5
13.34%	133.4
19.88%	198.8
17.06%	170.6

of moderate frailty (March 2022)

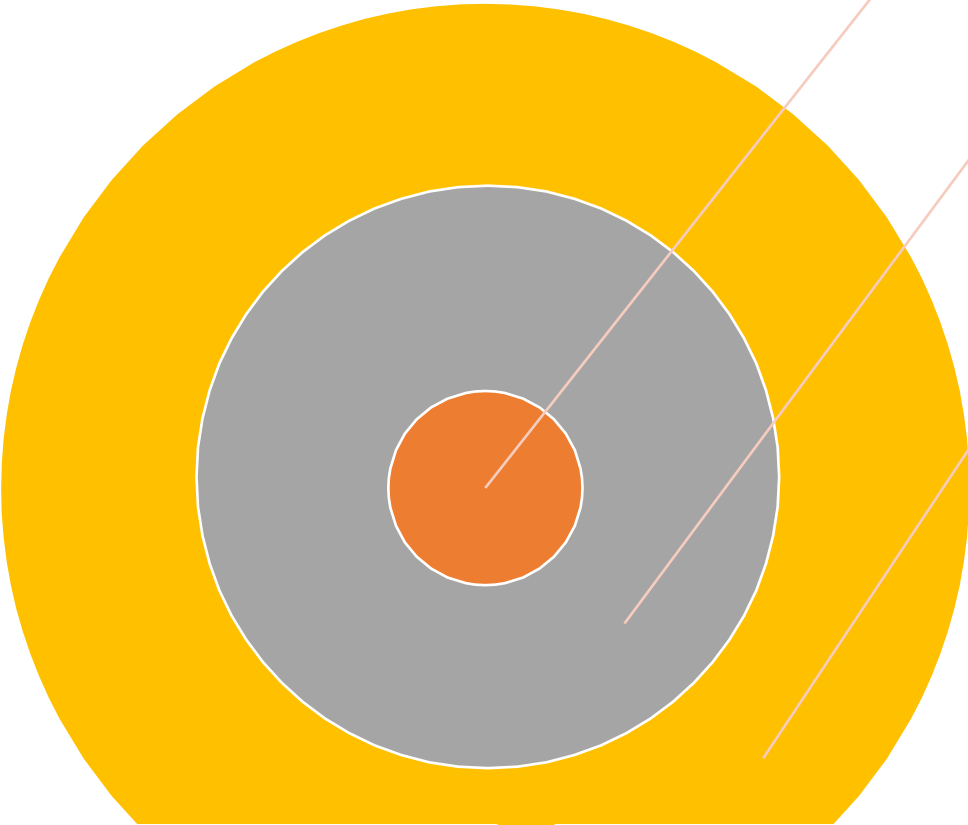
Moderate Frailty	Rate per 1000
9.53%	95.3
5.71%	57.1
9.17%	91.7
11.60%	116.0
11.87%	118.7
12.44%	124.4
11.81%	118.1
10.09%	100.9
12.26%	122.6
8.42%	84.2
10.34%	103.4

of a diagnosis of severe frailty (March 2022)

Severe Frailty	Rate per 1000
2.90%	29.0
1.05%	10.5
5.06%	50.6
7.25%	72.5
4.55%	45.5
5.57%	55.7
5.15%	51.5
5.13%	51.3
5.94%	59.4
3.58%	35.8
4.70%	47.0

Let's do it in 2022!!

Team Bury Refresh



5 x neighbourhood teams

Prestwich; Radcliffe; Bury;
Tottington; Whitefield

7 partnerships by outcome:

Business leaders - Economic growth & Digital inclusion

Children's Strategic Partnership - Early years & Education

Health & Wellbeing Board; CSP & Locality Board - Quality of life

BHEAST - Adult skills & employability

Climate Action Board –

Carbon neutral

Bury Strategic Leaders

Anchor organisation non-execs

VCSE sector

inclusion

Our Team



Partnership priorities for 2022

People & Community Plans – Radcliffe & Bury

All-age skills strategy

SEND improvement plan

Carbon neutral

Cost of Living

Let's do it for children ofsted improvement plan

Annual Plan & priorities

Quarterly partnership event

Monthly partnership meetings

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DRAFT Cost of living support & anti-poverty STRATEGY (v4)


LET'S
do it!

1.Foreward

The Bury *Let's Do It!* strategy, which was built upon conversations with local communities, sets out a clear goal for Bury to be the place that is achieving **faster economic growth than the national average with lower than national average levels of deprivation by 2030**. The council is leading a borough-wide effort to deliver this vision through an ambitious programme of economic development and a parallel “people and communities” focus, which tackles the entrenched and prolonged inequalities which have been deepened by the Covid pandemic and subsequent cost of living crisis.

Bury has become relatively more deprived compared to other areas with more people living in (the same) areas of deprivation in 2019 than in 2015 and the pandemic likely to have compounded this further. The Council has therefore significantly strengthened its focus on anti-poverty over the last 18 months:

- Socio-economic exclusion was incorporated as a protected characteristic within the Council's inclusion strategy, as recommended by the Greater Manchester Poverty Action Group. It is recommended that many of the other nine statutory protected characteristics are disproportionately vulnerable to poverty. This is explored in the accompanying EIA to this report
- A more proactive and targeted approach has been taken to identifying and supporting households in need and crisis support was complemented with direct referrals for benefits assessment and financial management support.

The national economic context, particularly the cost of living crisis, now demands a review of the council's strategy. This strategy sets out the latest socio-economic analysis of Bury residents; a short- and medium-term approach to respond and the evaluation of success. It includes:

- An immediate, urgent offer to support Bury residents with the cost of living crisis
- The ongoing development of an anti-poverty strategy to improve livelihoods and reduce hardship, structured against the six Greater Manchester Poverty Action (GMPA) themes and delivering of the March 2022 Bury Council Motion of tackling the root causes of poverty.
- The medium term *Let's do it!* principles to tackle deprivation ,with action plans for delivery and contribution across each political portfolio,
- Action against the enablers of ‘digital inclusion’ and to ‘challenging and address stigma and unconscious bias in relation to poverty’

Consistent with good practice, this strategy will:

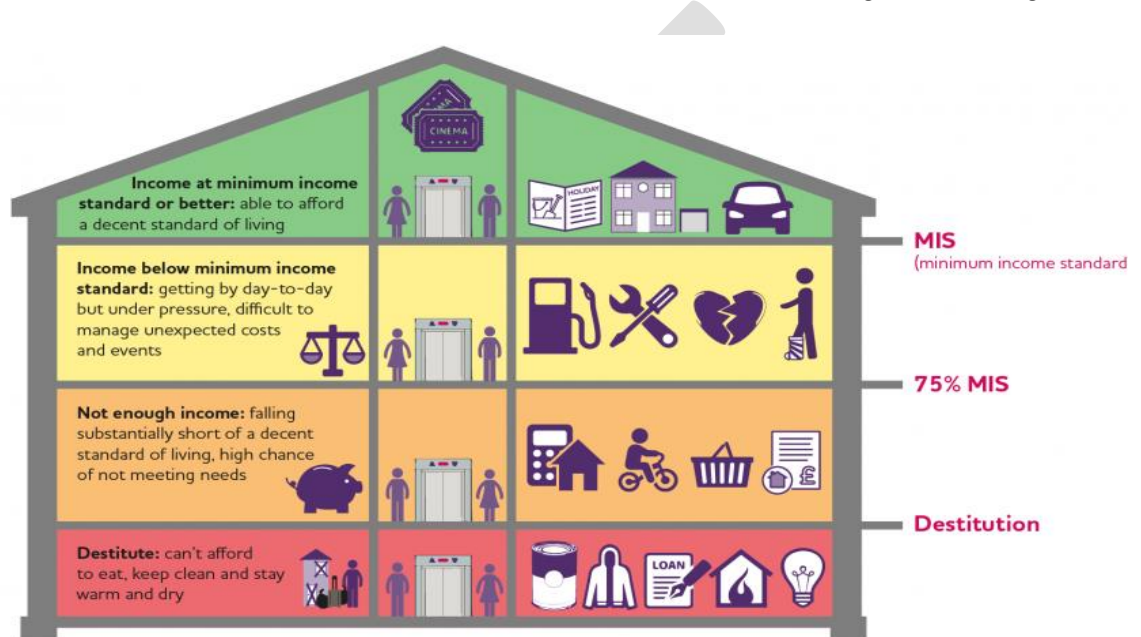
- Be data and insight driven, to best target resources and support
- Celebrate successes and build upon these
- Target immediate hardship support in a co-ordinated manner
- Maximise opportunities for increased awareness and access to provision to increase resilience; increasingly linking local people and place.
- Align activity from related strategies to ensure coherence

2. What do we mean by poverty and what does it look like in Bury?

There is no single measure of poverty and no single experience of what it means to be 'in poverty' or 'experiencing hardship'

There are a number of terms and measures which are most frequently used, including:

- Relative Income Poverty - where households have less than 60% of contemporary median income
- Absolute income poverty - where households have less than 60% of the median income in 2010/11 uprated for inflation
- Material deprivation - where households cannot afford essential items and activities
- Destitution - where households cannot afford basics such as shelter, heating and clothing



(Source: Joseph Rowntree Foundation)

Analysis undertaken within the last six months indicates that the households at greatest risk of poverty against these measures in Bury are:

- Bury 007E – Moorside ward, East neighbourhood (around Kingfisher Drive/Thrush Drive)
- Bury 016C – Radcliffe North & Ainsworth ward, West neighbourhood (around Coronation Road/ Westminster Avenue)
- Bury 021B – Besses ward, Whitefield neighbourhood (around Ribble Drive and down to Westminster Avenue)
- Bury 007D – Bury East ward, East neighbourhood (around Hazelwood High School)
- Bury 020C – Unsworth ward, Whitefield neighbourhood (around Rufford Drive/ Rippon Avenue)
- Fernhill and Pimhole, at 32.09%, have the highest percentage of households at risk of food insecurity in the Borough
- Childhood poverty hotspots have been identified as Sedgley; Bury East ward and Radcliffe West

Further analysis of the specific people and locations experiencing financial vulnerability is described in the rest of this strategy. The forthcoming State of the Borough report will provide more analysis to inform the targeting proposed in this strategy and Appendix 1 provides further breakdown of the Lower Super Output Areas with the highest Index of Multiple Deprivation ranking.

3. How has Bury been tackling poverty to date

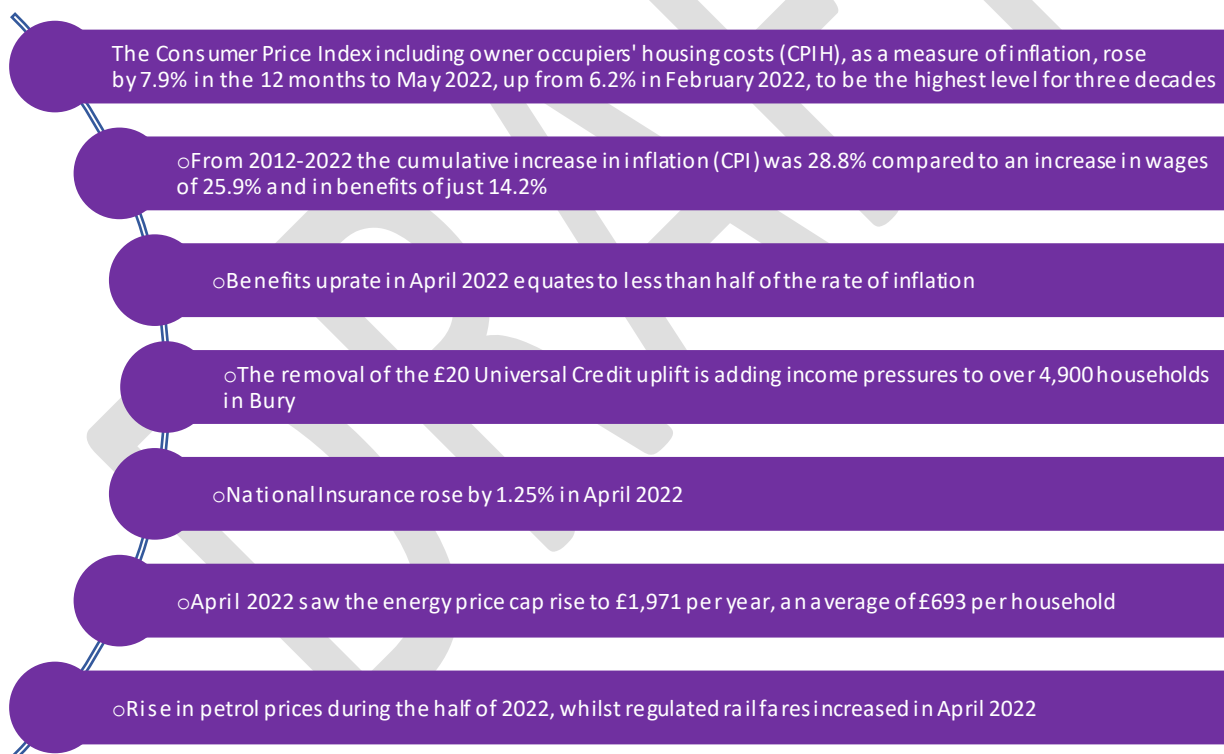
Tackling the root causes of poverty and addressing the manifestation of hardship in the Borough is not new. Considerable work has taken place over the last 18 months to strengthen the local approach to anti-poverty. Highlights of the work undertaken are included below, with further examples in Appendix 2.

- Targeted direction of funding, including national urgent winter hardship support to provide direct financial support for food, fuel and winter essentials, including emergency boiler repairs and support with essential white goods. This included Bury Community Support Network, school pastoral teams and the development of a voucher exchange programme to allow households to use the voucher in kosher retailers who provided an uplift in the voucher as social value
- The co-development of a People and Communities Plan for Radcliffe, to ensure that local people are best able to take advantage of the opportunities that are being realised through the physical regeneration set out in the Strategic Regeneration Framework and Levelling Up project.
- In December 2021 Bury became the only Greater Manchester council to be both a Greater Manchester Good Employment Charter Member and a Real Living Wage accredited employer. This means that all council jobs and contracts will be paid at least Real Living Wage value and has given a direct increase in earnings to over 4,000 local people who are involved in the supply and delivery of Council services. The Council is now setting an example across the Bury system about high quality employment, with Dunster's Farm and Six Town Housing also Good Employment Charter Members.
- Fit and Fed campaign addressing holiday hunger in school children, run by Families Active officers from the Live Well Service, working in partnership with the Public Health Team, School Catering Team, local schools, community centres and foodbanks.
- Sustained funding support to Citizens Advice Bureau Bury and Bolton (CABB) from Bury Council and Six Town Housing, including additional funding within 2021 to sustain dedicated case management support. CABB have in particular provided support for individuals to ensure they're received all benefits they're entitled to and debt management support if required to those who have received immediate financial hardship support through Covid related grants.
- Joint work with Bury Community Support Network to explore possibilities of increasing access to and offer of Credit Union provision, putting service user voice and experience at the heart of considerations.
- Neighbourhood based pop-up support, advice and information on financial and money management, including partnership guidance in Chesham at the Step into Bury East event; Radcliffe Neighbourhood Pitch and joint activity with Jewel Foundation in Prestwich Library
- The Family Learning provision via Bury Adult Learning Centre has been delivering family budgeting courses, including within community settings such as at Trinity Foodbank. Courses include, *Family Finance -Budgeting for the Family*; and *Keep Calm and Budget* (for learners with mild to moderate mental health issues). Brandlesholme Community Centre provided slow cookers as an incentive for participation in their Cooking on a Budget course, with participants identified in conjunction with the neighbourhood Children's Early Help Team.

- Foundation Funding has been secured to undertake 130 energy efficiency visits during 2022 by disabled facilities grant surveyors to provide energy efficiency advice and distribute small scale energy efficiency measures
- Six Town Housing have proactively identified properties for energy audits and provided free energy efficiency training to tenants who can act as ambassadors in the community, helping others to understand how to cut down on energy usage and be more environmentally friendly.
- Engagement of over 1,200 residents in community digital activity including the distribution of 300 refurbished Samsung tablets.

4. Bury Council's immediate response to the current cost of living crisis

The Council recognises that many people are experiencing unprecedented pressures on household income and expenditure, driven by:



In response, the Council has made available a range of urgent offers of help:

- Targeting of Bury's national allocation of £1.534m from the national Household Support Fund (HSF) to the most vulnerable people. This funding is designed to support the most vulnerable with the cost of food and fuel; government guidelines require councils to target some of this funding on children and families and older people but beyond that there is the flexibility to apply local discretion. The council will therefore use its business intelligence and networks to direct this funding by:

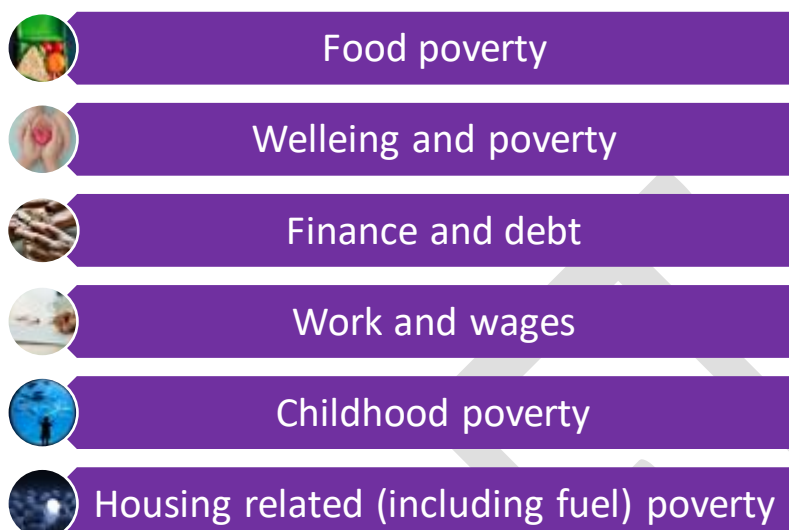
- Ensuring all practitioners in our neighbourhood-based teams understand how to spot signs of poverty; the support available and how to have strengths-based conversations with people to understand what help they need and connect them to resources
- targeting very proactively the streets in the borough where residents are known to face greatest socio-economic risk, as highlighted in Section 2, with strengths-based conversations to understand people's experience of poverty and the support they need now. This work will be led by the proactive work of the Council's community hubs; engagement with community groups including Bury Community Support Network and the work of our ward councillors
- Continuation of the provision of vouchers for those households eligible for Free School Meals over the white half term and six week summer holiday
- Direct payment of £100 to 4,700 pensioners in receipt of Council Tax Support
- Resilience support to foodbanks across the Borough, consistent with previous levels of support

In addition to the Household Support Scheme:

- Council Tax rebates are being administered to households following national funding in relation to increase fuel costs. This has included over £7 million of rebates for residents in Council Tax Band A-D and is continuing through delivery of the discretionary element of the scheme, which will be targeted specifically to those households in band E-H in receipt of Council Tax Support, and uplift the rebate to assist 13,360 households.
- £240k was committed by the Council to enable the introduction of a school uniform grant to support those families most in need. The Council agreed to the payment of a grant to all benefits related Free School Meal eligible families, on the basis of £30 per primary age child and £50 per secondary age child, to be administered through schools in the same way that the Council funded food voucher scheme has operated. This will be a one-off payment to those families eligible during the summer term 2022, with vouchers being issued during June.
- Through the targeting of Household Support Fund provision, place-based public service colleagues and community leads will identify households who would not ordinarily be eligible for welfare support but who are experiencing extreme financial pressure. This builds on the £100k committed by the Council, with immediate support and wrap-around resilience advice and guidance.
- Bury Council is working with local partners and regional colleagues to promote an increase in uptake in Pension Credits, with approximately £4m not claimed each year across the Borough. Information on this will be included in any payments to this cohort.
- Collectively this builds on national support to address the cost-of-living pressures including a direct one-off cost of living payment of £650 for households on mean tested benefits by DWP; a pensioner cost of living payment for £300 to be paid directly by government in November; a £150 direct disability payment in September and households will receive a £400 direct discount on their energy bills in October 2022.

5 . The Medium term anti poverty strategy

In parallel with immediate crisis support, medium term work to prevent poverty and address the underlying issues will continue. Work will be organised to respond to the key pillars of poverty proposed by Greater Manchester Poverty Action.



The *Let's do it!* strategy has the eradication of poverty at its heart, through the overarching aims of driving growth and tackling deprivation. The following sections take each pillar in turn

A borough-wide delivery plan with priorities for the next 12 months is in production across Team Bury. Pending this, the Council's areas of focus across each political portfolio are summarised below

5.1 Food Poverty

Greater Manchester Poverty Action have studied food insecurity across the region and concluded that nearly a third of households in Fernhill and Pimhole are experiencing food insecurity, with high rates also present in Radcliffe and Whitefield.

<i>Food insecurity rates – highest prevalence in the Borough (GM Poverty Action)</i>			
<i>Fernhill & Pimhole</i> 32.9%	<i>Radcliffe</i> 29.66%	<i>Buckley Wells & Fishpool</i> 25.8%	<i>Besses</i> 25.77%

Data from recent research commissioned by the Council has also indicated the presence of 'E-food deserts' running across from Ainsworth, through to East Bury. A risk of "e-food desert" is based on the proximity and density of grocery retail units, transport and accessibility to these and e-commerce. Whilst Prestwich displays greater access it should be noted areas of considerable access neighbour areas with some of the least in the Borough and provides insight to use in targeting provision.

The Council has supported the ongoing development of Bury Community Support Network (BCSN), which is comprised of 18 members and led by the Bury Voluntary, Community and Faith Alliance (VCFA). The BCSN provides a community-led gateway to food and wider support for people at risk of poverty. It has been successful in attracting funding from the Albert Gouby Foundation and has been working with Sabine Goodwin at the Food Aid Network on the impact of Covid and beyond. There is an opportunity to build on

this work to further develop a pantry model to increase resilience – this is one of the key actions set out in the delivery plan below.

Priority	Key Actions	Lead	By when
Ongoing development of the Bury Community Support Network	Ensure shared understanding and awareness of schemes (including apps) to eradicate food waste, including Fareshare, to maximise local uptake	Bury Community Support Network (BCSN) Chair	Q2
	Increase reporting consistency	Bury Voluntary and Faith Alliance (VCFA)	Q2
	Promotion of social eating schemes (currently at Green Café; Welly Café; Listening Ear; Attic Project)	VCFA Networking Officer	Q2
	Build on connections with Sabine Goodwin at Good Food Network	BCSN Chair	Q2
	Development of a sustainable food pantry model	Bury Community Support Network (BCSN)	Q3
	Increased membership of food clubs	BCSN Chair	Q4
Deliver the Bury Food Strategy and Partnership	Promote use of Essential Parent as education resource for health nutrition and build in guidance on Healthy Start voucher and cookery sessions	Project Lead, Public Health	Q2
	Raise promotion of the Bury Good Food Charter through local businesses (including Bury Catering Award) and communities through the Hub network	Nutrition Lead, Public Health	Q2
	Continue to identify food deserts	Nutrition Lead, Public Health	Q2
	Continue to strengthen voluntary and community sector representation within the partnership	Project Lead, Public Health; BCSN Chair	Q2
	Develop food growing opportunities including community garden schemes, working with partners such as Incredible Edibles; with a focus of areas and groups with the greatest food insecurity	VCFA Networking Officer	Q4
	Improve uptake of Free School Meals among eligible families through improvements to school catering offer	Nutrition Lead, Public Health	Q3
Inclusivity of emergency food provision	Build on Kosher voucher scheme developed during Covid and breadth of provision through BCSN to ensure inclusivity in provision including pantry model	Community Hub Team Leader	Q2

Priority	Key Actions	Lead	By when
Delivery of Household Support Fund	Targeted provision of Household Support Fund support for individuals identified through the Bury Community Support Network as trusted referrers; with associated referral to partners including Citizens Advice for resilience guidance	BCSN Chair	Q2
Fit and Fed	Additional proactive targeting of Fit and Fed activity within areas of greatest food insecurity	Project Lead, Public Health	Q2
Market related campaigns	Healthy Eating for Less campaign at Bury Market promoting nutritious ingredients and suggestions on low-energy cooking techniques	Head of Commercial Services	Q2
	Satellite provision of Healthy Eating for Less within Moorside ward – Fernhill and Pimhole to promote engagement with the campaign	East Public Service Leadership Team	Q2
	Healthy Eating for Less campaign in Radcliffe, including with the newly located Village Greens in Radcliffe Market.	West Community Hub Manager; Public Health Lead for Radcliffe	Q2
	Review approaches to food growing and social enterprises to address e-food deserts, including geographical focus in Bury East, Besses and Rainsough and consideration of different cultural practices	VCFA Networking Officer	Q3
Cookery sessions	Targeted programme of Cooking Well for Less sessions prioritised to Fernhill, Pimhole, Radcliffe, Fishpool and Besses, working with local anchor community groups and facilities	Bury Adult Learning Centre (BALC) Lead	Q2
	Bespoke sessions for larger families	BALC Lead	Q2

5.2 Poverty and Wellbeing

The relationship between poverty and wellbeing can cause a spiral of decline in physical and mental health, in turn impacting on the ability to work or live a fulfilling life.

Locally there is a correlation between individuals of excess weight, and underweight children, with areas of relatively higher levels of deprivation.

<i>In Bury almost 1 in 10 reception age children are obese; this doubles to 1 in 5 by the end of year 6.</i>	<i>In Bury less than half of adults are eating the recommended 5 portions of fruit and veg a day</i>	<i>Physical activity is lowest in Bury East at 56.2% compared to a high in Tottington and North Manor</i>	<i>43% of people accessing Bury CAB debt support provision reported having a long-term health condition</i>
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At a ward level, the highest proportion of underweight children at reception age are in Radcliffe West (5.4%), Bury West ward (5.3%) and Moorside (4.6%); the highest proportion of very overweight are in Besses (9.5%), Radcliffe East (9.4%) and Radcliffe North and Ainsworth (7.9%)

A recurring theme of this strategy, which will continue, is to increasingly target advice, information and direct provision of activity whilst raising overall awareness to opportunities – enabling and empowering our communities to be able to support themselves. The following deliver plan outlines the key actions to support this in relation to this pillar.

Priority	Key Actions	Lead	By when
Proactive targeted engagement and support	Co-designed sessions led by Healthwatch Bury in localities of greatest health and income deprivation on access to self-care/self-support	Healthwatch Bury	Q2
	Focus within Health and Care Integrated Neighbourhood Teams on cause and effects of poverty and ill-health, including increasing awareness of preventative opportunities	INT leads / Older People Staying Well Leads	Q3
Maximise Social Prescribing	Beacon Service Link Workers to review casework to identify poverty related causes of referrals and develop neighbourhood based pathways to address principle causes	Beacon Service Manager	Q2
	Joint initiative between Beacon Service and Ingenus to link clients aged 18-24 into Social Prescribing and assist young people to move into employment and training.	Beacon Service Manager	Q2
	Explore opportunities for BeeWell young persons social prescribing services to address childhood related poverty	Beacon Service Manager	Q3
Tackling stress and anxiety	Targeting of Getting Help Helpline to LSOAs experiencing highest rates of deprivation	Integrated Commissioning Officer (Mental Health)	Q2
	Evaluate impact of travel costs and other expenses on accessing mental wellbeing provision as a barrier to access	Integrated Commissioning Officer (Mental Health)	Q4
Specific wellbeing awareness campaigns	Promotion of Ask for Jesse campaign through Early Years setting – a project between Boots and The Hygiene Bank	Project Lead, Public Health	Q2
	Increase uptake of Daily Mile and nutrition related accreditation at schools and early year settings particularly in Besses, Bury West, Moorside and all Radcliffe wards	Project Lead, Public Health	Q2

Priority	Key Actions	Lead	By when
Targeting an increase in financially accessible physical activity	Awareness and access to menstrual equality provision, such as promoted through the Bloody Good Period project	VCFA Networking Officer	Q3
	Actively promote Health Improvement Fund projects as a means of accessible provision within neighbourhoods	Live Well Lead	Q2
	Review Radcliffe Move More Local Delivery Pilot and associated Community Investment Fund to tackle barriers to activity driven by financial hardship and poverty	Wellness Team/ VCFA	Q3

5.3 Finance and debt

Locally, Bury has areas of extreme income related deprivation, with a disproportionately high number of Lower Super Output Areas in the top 10 and 20% most income deprived nationally. These locations tally with demands experienced across welfare support provision and the Co-operative Group's Community Wellbeing Index insight on household income and relative affluence, which identifies Fernhill and Fern Grove as areas where targeting of support and information should be prioritised.

The data shows a considerable concentration of financial vulnerability in the East of Bury but importantly shows that there are elements of vulnerability in every neighbourhood. This is important when targeting activity as within relatively affluent corners of the Borough there are those experiencing financial hardship and provide hyper-local concentrations as areas of focus for partnership activity.

Citizens Advice Bureau Bury and Bolton data			
<i>In 2021/22 CABB supported 3,645 people across 22,711 issues, with the average amount of debt at £1,826 (3rd highest of local CAB branches)</i>	<i>Top benefit issues presented locally : Personal independence payment; initial claims and limited capacity for work element of UC.</i>	<i>Biggest debt issues people requested support with were Council Tax Arrears and Fuel Debts. 13% of those seeking support were in full time employment.</i>	<i>Income gain through CABB in 2021/22 of £8.32m benefiting over 770 residents</i>

Wards with highest number of Council Tax Support claims			
<i>Moorside 1,398 (979 working age/ 419 pension age)</i>	<i>Bury East 1,302 (919 working age/ 383 pension age)</i>	<i>Radcliffe West 1,201 (843 working age/ 358 pension age)</i>	<i>Redvales 1,153 (759 working age/ 394 pension age)</i>
<i>Followed by Besses 1,029; Radcliffe East 1,027; Radcliffe North & Ainsworth 965; St. Mary's 798</i>			

Bury's approach to increasing financial inclusion and resilience is embedded within the strengths-based principle of the LET'S strategy:

- person-centred approaches

- supporting budgeting to focus on prevention
- early intervention and resources for people and families in debt to access information and support to reverse the detrimental cycle impacting on their income and wellbeing.

These principles run throughout the deliverables for this pillar, set out below.

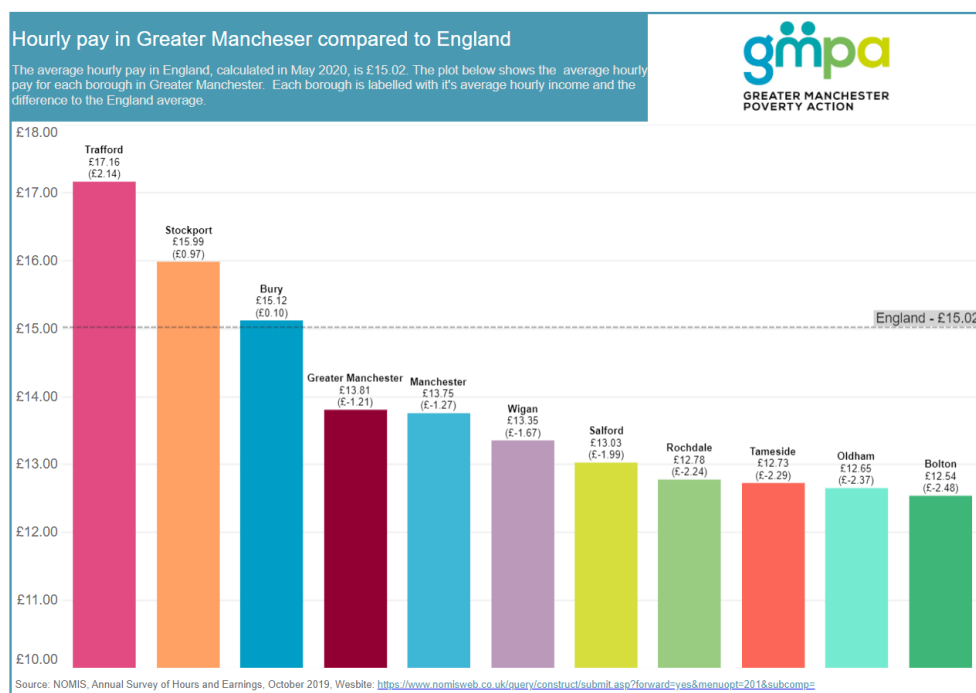
Priority	Key Actions	Lead	By when
Money Advice Referral Tool	Multi-agency partnership to work with Greater Manchester Poverty Action to co-design tool on back of successful Expression of Interest	Strategic Partnership Manager/ Head of Revenues and Benefits	Q2
	Bury Money Advice Referral Tool to be piloted and rolled out, including on The Bury Directory	Strategic Partnership Manager	Q3
Reviewing Cost of Access	Review of free or low-cost numbers across Team Bury advice/ information services	VCFA Networking Officer	Q2
Neighbourhood level advice and support	Anti-Poverty focus within refreshed Borough placemats including localised budget/financial advice	Community Hub Managers	Q2
	CAB presence within Primary care settings, in particular Moorside, Radcliffe and Whitefield	CABB Advice Lead	Q2
	Targeted Pension Credit uptake campaign, building on the Greater Manchester initiative through the Independent Age, particular at those Wards with largest current underclaimed values	Integrated Commissioning Manager (Older People) / Older People's Network	Q2
	Bury Adult Learning Centre to further develop and deliver family Learning offer on budgeting and money management, particularly targeting Moorside, Radcliffe West and Redvales	Bury Adult Learning Lead	Q3
Community Wealth Building and Financial Inclusion	Secure commitment from Barclays in relation to Thriving Local Economies pilot legacy and their social value associated with provision of finance, budgeting and money management support to different communities of Bury	Head of Procurement	Q2
	Review Credit Union arrangements in Bury to ensure provision meets financial inclusion requirements of the Borough and explore sustainable, ethical lending options	Business Manager, Six Town Housing	Q2
	Extend to social value from each Team Bury partners banking contract	Unit Manager, Economic Development	Q3
	Explore Fair4All Finance work with community development finance institutions to grow sustainable access to affordable credit	Business Manager, Six Town Housing	Q3

Priority	Key Actions	Lead	By when
Review provision of advice provision locally	Structured review of public service contracts and grants providing funding/commissioning of finance and debt related advice, information and direct support – in particular with a view of geographical and demographic considerations	Strategic Partnerships Team	Q2
	Drafting of refreshed, co-ordinated, commissioning intentions in light of VCSE Accord	Strategic Partnership Manager	Q2
	Commissioning process to be undertaken and agreements from April 2023 to be drawn up and agreed	Strategic Partnerships Manager	Q3, sign off Q4
Maximising Levelling Up and Shared Prosperity Opportunities for Bury	Define opportunities for Bury to maximise opportunities of the British Bank Regional Investment Funds and new Global Britain Investment fund to increase access to finance for SMEs	VCFA Networking Officer	Q3
	Lobby to ensure that Bury benefits from the Local Government Pension fund by matching or exceeding the levelling up target of 5% of assets investment in projects which support local areas	TBC	Q4
	Explore opportunities for Bury to benefit from the Regional Angels programme supporting high potential businesses with early-stage equity finance; and similar support to community organisations to increase their resilience	Unit Manager, Economic Development / VCFA	Q4
Enabling Bury's enterprising spirit to alleviate financial pressure	Explore opportunities for developing a local social enterprise to support with the cost of white goods, in the manner of Emmaus Leeds, Under One Roof Lancashire, StandFirm Social Enterprise, Glasspool UK and Changing Lives Together (Cheshire)	VCFA Networking Officer	Q3
Increasing awareness of pinch points in resilience	Cataloguing known transition points of financial pressures and local wrap around offer at these points, examples being becoming parents; leaving care; leaving prison; entering retirement; bereavement	Community Hub Team Leader	Q2

5.4 Work and Wages

Within Bury currently there is inequality in terms of employment and wage levels that are often hidden when considering Borough wide level data – for instance, the data and graph below shows an economically active population in work higher than the regional and national average and wage rates at a favourable level compared to elsewhere in Greater Manchester

<u>% of working age population economically active (and of which self-employed)</u>	<u>% of households that are workless</u>
Bury 79.1% (9.9%) North West 76.9% (8.3%) GB 78.5% (9.5%)	Bury 14.2% - equated to 8,300 households North West 15.5% Great Britain 13.6%



The Borough picture masks local variations, for instance, there are as many 16–18-year-olds not in education, employment or training (NEET) in Radcliffe East as there are in Bury West, North Manor, Pilkington Park, St. Mary's and Tottington wards combined.

The Council is leading work to drive economic growth and increase the number of high quality jobs for local people. The Economic Development Strategy will further this work and formalise a community wealth building approach, along with a broader suite of actions listed below.

Priority	Key Actions	Lead	By when
Encourage increased uptake of the GM Good Employment Charter	All Team Bury partners to strive to become a Good Employment Charter Supporter by December 2022	Team Bury leads	Q3
	Develop a local support scheme to support businesses in low paid sector roles to adopt principles of the Good Employment Charter	Director of Business Growth and Infrastructure / BBLG	Q3
	All Teal Bury partners to strive to become a Good Employment Charter Member by December 2023	Team Bury leads	Q4

Delivery of GM Housing Provider Pledges	Align Steps to Success activity to GM Housing Provider Pledges including identifying and delivering accessible pathways for tenants to access jobs in the growth sectors of Digital and Zero Carbon	Business Manager, Six Town Housing	Q2
	Work collaboratively to support under-represented groups into construction and supply chains	Unit Manager, Economic Development	Q3
Diversification of promoting job opportunities and encouraging careers	Responding to race-listening activity in Bury, identifying recruitment source beyond <i>greater.jobs</i> for public service roles.	Director of People and Inclusion	Q2
	Increase awareness of advice, information and support to self-employed individuals given the increased likelihood of experiencing poverty	Unit Manager, Economic Development	Q2
Maximising Levelling Up and Shared Prosperity Opportunities for Bury	Ensure Bury's contribution to, and benefit from, Greater Manchester Innovation Accelerator pilot as a cluster of 4 th Industrial Revolution Foundries	Director of Business Growth and Infrastructure	Q3
	Determine opportunities for Bury's communities of the Multiply Scheme which targets disparities in numeracy levels with investment in courses for adults	Unit Manager, Economic Development	Q3
	Submit an Expression of Interest to take part in the Local Supported Employment Initiative through DWP to support people with LD, autism or both into work	Unit Manager, Economic Development / Director of Adult Services, OCO	Q2
	Build on local success of Working Well to further target and promote in-work progression offer, including through the Health and Disability Green Paper	Unit Manager, Economic Development	Q4
	Embed Radcliffe Works at the heart of the Radcliffe People and Communities Plan, including expansion of Working Wardrobe initiative and driving a employment and skills key worker model	Unit Manager, Economic Development	Q4
Increase neighbourhood level support	Neighbourhood level focus, including reference to deprivation and impact on skills, aspiration and opportunity, within refreshed Bury Economic Strategy	Unit Manager, Economic Development	Q2
	Enhance DWP neighbourhood based offer within Bury East People and Communities Plan, in particular addressing different communities within the Bury East, Moorside and Redvales Ward	Partnership Manager, DWP	Q2

	Determine and quantify specific local barriers to accessing skills and employment opportunities, eg interview travel costs	Bury Health Employment and Skills Taskforce	Q3
	Target Community Wealth Building activities of pathways into employment, such as Kickstart, apprenticeships and T-levels, in particular reaching individuals currently furthest from employment.	Partnership Manager, DWP	Q4

5.5 Childhood Poverty and Education

The childhood poverty rate (after housing cost) for Bury as a borough is 32.1%. This is down from 34.3% in 2017 but higher than it was in 2015 (30.5%) and currently ranks as 4th lowest in Greater Manchester. It is noticeable that locally the percentage of children living in poverty has some correlation with the areas of greatest deprivation overall, though an exception to this is Sedgley in Prestwich which, after housing costs, has the highest rate of childhood poverty with over half of children experiencing hardship. Of note, the neighbouring Holyrood ward has half the level of Sedgley.

Percentage of children living in poverty, before and after housing costs by ward			
<i>After housing costs</i>	<i>Sedgley ward 50.4%*</i>	<i>Bury East Ward 45.5%</i>	<i>Radcliffe West 42.3%</i>
<i>Before housing costs (Absolute Poverty)</i>	<i>Bury East ward 37.2%</i>	<i>Redvales 31.2%</i>	<i>Moorside 27.4%</i>

GM Poverty Action Poverty Monitor data also shows a decrease in relative poverty rates before housing costs in the East neighbourhood, but increases in the north of the Borough.

Education attainment, and the respective impact on future access to high wage jobs and opportunities, has been seen to correlate with childhood experiences of poverty – and be a major factor in determining a person's risk of continued poverty through life. In Bury, there is a gap between the school readiness levels of all pupils and those eligible for free school meals (FSM) of 11.6. The table below outlines the geographical spread of those eligible for FSM, which varies from 75 young people in North Manor to 774 in Moorside.

Percentage of pupils entitled to free school meals			
<i>Moorside 35.5%</i>	<i>Radcliffe West 35.2%</i>	<i>Bury East Ward 32.9%</i>	<i>Besses 30.2%</i>
<i>Note, this correlates with the Index of Multiple Deprivation data in relation to the Income Affecting Children domain</i>			

In recent years there has been a decline in the uptake of Healthy Start vouchers. This is a means-tested scheme available to pregnant mothers and those with children under 4 years old, providing families with vouchers that can be used to buy basic foods and vitamins. This national scheme is useful to reduce inequalities and improve access to healthier foods for families who may struggle afford them. However, in Bury, uptake is the 3rd lowest uptake in Greater Manchester. Whilst the decrease is consistent with a trend across Greater Manchester work is to take place to improve uptake of this scheme, this includes

understanding the reasons behind the low uptake rates and addressing these, particularly targeting those wards where insight demonstrates particularly high childhood poverty rates.

Bury Healthy Start uptake rates			
January 2016	January 2018	January 2020	January 2022
69% 1,075 of 1,564 eligible households	60% 917 of 1,536 eligible households	53% 829 of 1,645 eligible households	42% 575 of 1,370 eligible households

Under the two child limit policy, parents are not entitled to any extra support through universal credit or child tax credit to help with raising a third or subsequent child born after 6th April 2017. Research by Child Poverty Action Group estimates such families lose out on up to £2,935 per year. In Bury there are 320 households in receipt of Universal Credit and 610 households in receipt of Child Tax Credit impacted by this. Sedgley has 459 households with three or more dependent children in the family with the youngest child aged 0-4; more than twice any other ward (Redvales having the next highest rate at 196).

Priorities for this pillar centre on the further co-design of steps to increasingly target support to those families experiencing, or at risk of experiencing, the greatest hardship through the young people's co-production network, including Youth Cabinet representation.

Priority	Key Actions	Lead	By when
Increase update of Healthy Start Vouchers	Targeted promotion through Early Years Settings and Health Visitors	Project Lead, Public Health; Early Help Lead	Q2
	Details on how to apply and guidance available to be added to GP/health centre screens	Communication and Engagement Officer	Q2
	Promotion through Community Hub newsletters	Community Hub Team Leader	Q2
	To review the above in relation to 30 hours free childcare provision	Project Lead, Public Health	Q2
Delivery of School Uniform Support Scheme	Co-design of Uniform Support Scheme to deliver £240k of support through Children's Strategic Partnership Board	Director of Education and Skills	Q2
	Exploration of feasibility to develop social enterprise scheme related to school uniforms, in the style of Uniform Reuse by Zero Waste Leeds, Pickni uniforms in Croydon and Uniformity by Tauheedul Islam Boys' High School in Blackburn	BCSN Chair	Q2
Maximising Levelling Up and Shared Prosperity	Specific engagement with Youth Cabinet through a Circles of Influence approach, and with Children's Strategic Partnership Board on maximising opportunities of the future whilst addressing pressures of today	Youth Participation Co-Ordinator	Q2

Priority	Key Actions	Lead	By when
Opportunities for Bury	Development of local proposals that outline opportunities to tackle childhood poverty and attainment through Bury's position as an Education Investment Area and Local Skills Improvement Plans	Director of Education and Skills	Q4
	Explore specific local opportunities in relation to local attainment for Bury's neighbourhoods through the UK National Academy	Director of Education and Skills	Q4
	Co-develop proposals for young people, particularly those in areas of greatest deprivation to benefit from the emerging National Youth Guarantee Scheme, and GM Opportunity Pass	Director of Education and Skills	Q4
Targeted and proactive local provision	Further engage participants at Sedgley Children's Centres, community leaders in Sedgley and the Early Help Team in Prestwich to conduct a deep dive into specific local conditions exacerbating childhood poverty and deliver a suite of mitigations to address these.	Children's Early Help Lead (Prestwich)	Q2
	Work with local school to review a 'Cost of the School Year' calendar, as per the Child Poverty Action Group, to identify and quantify costs within a school year and local opportunities to manage these https://cpag.org.uk/cost-school-day-calendar-2021-22	Director of Education and Skills	Q2
	Embed anti-poverty principles at the heart of the development of the Family Hub pilot in Bury East	Assistant Director Early Help and School Readiness	Q2
	Develop a series of free cooking on a budget sessions across childcare settings in wards of greatest childhood poverty, in particularly focused on larger families given the disproportionate impact of family size on poverty	Bury Adult Learning Lead	Q3

5.6 Housing related Poverty including Fuel Poverty

Data from Greater Manchester Poverty Action states that 13.4 of households in Bury are fuel poor (up from 10.6%) – in that they have required fuel costs that are above average (the national median level) and were they to spend that amount they would be left without a residual income below the poverty line. Whilst the average for the Borough is 10.6% there are areas with significantly higher rates

Lower Super Output Areas with greatest levels of households who are fuel poor				
007E 32.9% Moorside Ward (Kingfisher Drive/ Thrush Drive)	008E: 27.1% Bury East Ward (East Street/ Lord Street/ Cecil Street)	021B: 25.3% Besses ward (Ribble Drive/ Westminster Avenue)	008F: 25.1% Bury East Ward (James Street/ Alfred Street/ Openshaw Street)	018D 23.2% - Radcliffe West (Hawthorn Avenue/ Greendale Drive)

National Government support measures in relation to the energy price cap rise include a £200 discount of energy bills (to be repaid in £40 instalments over 5 years); £150 Council Tax rebate for those in bands A-D; new discretionary funds for those ineligible for the Council Tax Discount. As of March 2022, in Bury there are c. 73,000 Council Tax accounts in Council Tax bands A-D and such will receive a £150 rebate from May 2022. Of these 50,000 pay by Direct Debit, with the remaining 23,000 being written to for bank details for the rebate to be paid.

The experience of being in poverty also influences the type, quality and size of dwellings households are able to access. At worst, households in poverty can experience destitution, homelessness or rough sleeping. Poor housing quality, overcrowding and a reliance on temporary accommodation for vulnerable families also contribute to unnecessarily poor health and quality of life for many.

Poverty rates are highest for social and private renters, nationally at 3-4 times the rate of those buying with a mortgage or own a property outright. Median housing costs for low-income private and social renting households have increased substantially over the last 25 years, while for those buying with a mortgage costs had fallen.

For Bury, Greater Manchester Poverty Action data on the lower quartile monthly rent figures when benchmarked against lower quartile monthly gross earnings position the borough 4th lowest in the region at 37.7% - at £525 vs £1391. By comparison those in Manchester are paying over 60% of their earnings on rent whilst Wigan is lowest at just under one-third. As with other measures, however, this isn't felt equally across the Borough and is in part driven by changes in house prices which vary significantly. In Prestwich in particular, but also areas just north of Radcliffe Town Centre and on the eastern edge of Bury Town Centre there have been price increases of over 100% in the last decade

In addition, just over 6,000 Bury residents are accessing financial support from United Utilities; by proportion of population this is the 4th lowest in GM (Manchester 12.3%/Stockport 3.7%)

Priority	Key Actions	Lead	By when
Increasing fuel poverty support awareness	Targeted distribution of Household Support Fund immediate resilience support to meet fuel costs, with funding payments conditional on referral to increased resilience support, through CABB or Energyworks	Head of Revenue and Benefits/ Public Service Leadership Teams	Q2
	Deliver local discretionary support to households outside of government rebate scheme associated with energy price cap rise; in particular HMOs where individual householders likely to not benefit directly from a rebate	Head of Revenue and Benefits	Q2
	Continued targeting of support through integrating services such as LEAP (Local Energy Advice Partnership) into existing community/ public service activity, including Six Town Housing Summer Roadshows and Community Hub engagement events	Public Service Leadership Teams	Q2
	Target Warm Homes Discount promotion in the 5 LSOA neighbourhoods with the greatest level of fuel related poverty	Unit Manager, Housing	Q2

Priority	Key Actions	Lead	By when
	Appraise opportunity to utilised Policy in Practice Low Income Family Tracker tool to deliver targeted discretionary housing payment campaign – as utilised in Gravesham – to retain tenancies, prevent homelessness, and increase resilience through increasing access to eligible payments.	Head of Revenue and Benefits / Unit Manager, Housing	Q2
	Borough wide Fuel Poverty event delivered in conjunction with Ingeus	Health and Employment Officer/ Katie Davis	Q3
	Explore opportunities to develop social and community enterprises supporting people to meet housing repair costs in an affordable manner, such as DELPHER (Disabled and Elderly Plumbing and Heating Emergency Repair)	VCFA Networking Officer	Q3
Delivery of Affordable Warmth Schemes	Determination of additional resource required to develop a specific Fuel Poverty Action Plan	Unit Manager, Housing	Q2
	Targeted delivery of the Green Home Grant Local Authority Delivery activity, supporting energy efficiency measures	Unit Manager, Housing	Q3
	Active involvement in the development of the GM Retrofit Accelerator, including partnership activity with E-On and the Growth Hub, and target local engagement into areas of greatest fuel poverty and financial insecurity	Unit Manager, Housing	Q4
	Delivery of the Department for Business, Energy and Industrial Strategy Testing Toolkit Pilot, to enhance enforcement of the Energy Efficiency regulations in relation to private rented property, based on identified clusters of F and G rated EPC properties using data from Landmark	Unit Manager, Housing	Q4
	Review the Energy Company Obligation Local Authority Flex arrangements with the Greater Manchester Combined Authority to ensure this best meets the needs of the low income, vulnerable and fuel poor households of the Borough	Unit Manager, Housing	Q4
Delivery of the GM Housing Provider Pledge	Proactively identify preventative measures to address avoidable arrears, and where these do occur to manage through refreshed tenancy sustainment arrangements and if required Improving Adult Lives case management	Tenancy Sustainment Lead, Six Town Housing	Q2
	Six Town Housing to deliver on the pledge through improving energy efficiency and energy (carbon) literacy of tenants to reduce their outgoings	Business Manager, Six Town Housing	Q4

Priority	Key Actions	Lead	By when
Maximising Levelling Up and Shared Prosperity Opportunities for Bury	Delivery Bury's Housing Strategy and house-building priorities within Regeneration Masterplans across the Borough including developing ways to use Modern Methods of Construction to accelerate the delivery of good quality new homes	Director of Business Growth and Infrastructure	Q4
	Develop local proposals in light of white paper on introducing legally binding Decent Homes Standard in the private rented sector	Head of Housing & Homelessness/ Head of Public Protection	Q4
Fuel costs for community venues	Delivery of energy advice sessions for voluntary, community, faith and social enterprise organisations to explore options for mitigating rising fuel and running costs of community assets	VCFA Networking Officer	Q2

6. Tackling deprivation

Tackling deprivation requires a collaborative approach, hence the borough wide delivery plan with priorities for the next 12 months with partners across Team Bury. Within the Council, tackling deprivation will be a focus across each political portfolio are summarised below:

LETS Principle	Council Portfolios	Priorities to prevent poverty & tackle deprivation
Local	Finance and communities	A People and Communities' plan for every neighbourhood, starting with Radcliffe and Bury East, to develop the skills, strengths and successes of individuals and communities in order that some of the great causes of inequality may be tackled: a poor start in life; blinkered horizons; poor education and poor-quality work
	Environment	Targeted delivery of the Green Home Grant Local Authority Delivery activity and promotion of measures to increase sustainable, affordable warmth.
	Housing	Implementation of our Housing Strategy which drives up standards of housing including for those in the private rented sector; tenancy sustainment support for Six Town Housing residents and proactive help for people with complex lives who are at risk of homelessness
Enterprise	Strategic Growth	Continuing to take advantage of the national Levelling Up agenda including delivery of the two schemes agreed to date, to boost productivity, employment and pay, particularly in areas where this has previously lagged behind national levels.
		An ambitious programme of regeneration across our townships including a Strategic Regeneration Framework for Radcliffe which has the highest proportion of deprivation of all of the Borough's townships

LETS Principle	Council Portfolios	Priorities to prevent poverty & tackle deprivation
	Culture and Economy	<p>The development of an Economic Strategy to drive growth in the borough including:</p> <ul style="list-style-type: none"> • an all-age skills strategy which ensures adults have the education and aspiration to be connected to the opportunities that will come • community wealth building
Together	<p>Finance and communities</p> <p>Corporate Affairs (Inclusion)</p>	<p>The development of our Voluntary, Community and Faith Alliance to help the sector continue to develop and provide support for communities in need</p> <p>Over £1m of participatory budgets passed to our neighbourhoods, to support community economic recovery and drive health improvement</p> <p>Leadership through Cabinet Member for Finance on demonstrating socio-economic duty in decision making</p> <p>To apply the socio-economic duty of giving due regard to reducing the inequalities caused by deprivation and poverty in decision making and service delivery, as per Bury's Inclusion Strategy</p>
Strengths	<p>Health & Wellbeing</p> <p>Children & Young People</p>	<p>Neighbourhood teams providing targeted support to the most vulnerable, including direct referrals for those who need crisis or hardship help and addressing the wider determinants of wellbeing.</p> <p>Continued co-production of targeted support with those families experiencing or most at risk of the experiencing the greatest hardship, including through pastoral teams and Youth Cabinet.</p>

7. Enablers

Two enablers have been identified to support all workstreams and evolve the council's offer.

- Challenging and addressing stigma and unconscious bias in relation to poverty
- Digital inclusion

7.1 Challenging and addressing stigma and unconscious bias

Amongst the stresses of living in poverty is the stigma faced by individuals and families in seeking to access support. Indeed the word poverty is a loaded term that can add pressure and bias to describing an household and through which there is a danger of generalising, missing the detail of the individual lives of local people.

The *Let's Do It!* strategy sets out to take a strength-based approach to improving the lives of local people and reducing inequality. This means an approach which is built around respect, empathy, compassion and fairness; one in which people are empowered to live their best lives, direct their own destiny and recognises for different people this will take a different form.

Language and terminology are central to this. There is the need for open and honest conversations on terminology which undermines or degrades individuals even when it is not set out to do so. The voice of those experiencing hardship is critical to this, so that collectively we can develop a shared understanding and language locally which is clear and respectful; understood and constructive.

The Council's Inclusion Working Group is working on inclusive language across inclusion and equality terminology and will seek to explore options with those with lived experience. In the meantime, a specific initiative to enable requests for Household Support Fund monies to be made via text through local shops is being explored, and the table below outlines further actions which will be taken.

Section 1 of the Equality Act 2010 contains the duty for public authorities to actively consider the way in which their decisions – such as in policy development or changes to services – could increase or decrease inequalities that result from socio-economic disadvantage. In 2021 the Council updated our approach to equalities through a new joint Inclusion Strategy through which socio-economic vulnerability was identified as a local protected characteristic, and as such is specifically referenced within Equality Impact Assessments to assure due regard is given in decision making.

Priority	Key Actions	Lead	By when
Poverty listening session	Conduct listening sessions and facilitated focus groups to capture additional insight on lived experience of socio-economic vulnerability in the Borough to identify most prevalent local stigmas and experiences of bias	VCFA; BCSN; Strategic Partnerships Manager	Q2
Develop strengths-based language and terminology	Develop session with Bury Inclusion Working Group, based on their previous work on inclusive language, to determine options of language and terminology in keeping with the principles of Let's Do It and the learning from the above listening session	Director of People and Inclusion	Q2
	Review this Anti-Poverty Strategy in light of the previous actions	Strategic Partnerships Manager	Q3

7.2 Digital Inclusion

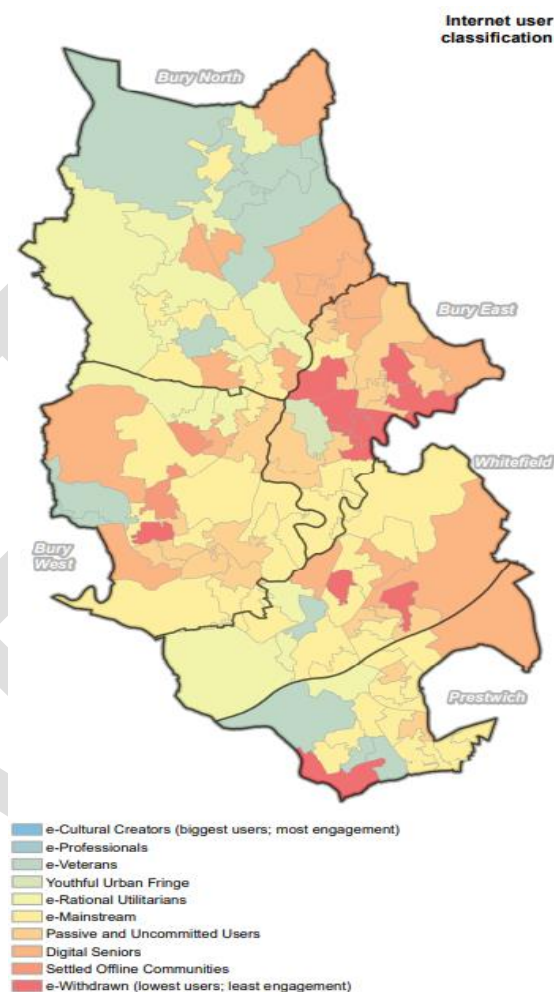
There are a number of determinants of digital poverty in itself and of the impact digital exclusion has on hardship:

- Affordability of devices and connectivity
- Capability to utilise technology through lack of access to skills
- Lack of awareness of capability of online platforms, ie benefits available through having online access to retail, webchats with support organisations; awareness of support organisations, such as through the Bury Directory.
- Support into digital inclusion – enablers and access to (peer) support
- Cultural sensitivities and norms with regards to the use of technology

Bury's communities experience different approaches to utilising digital services and online offers. This map from research by Temple indicates not just geographic areas to target digital inclusion activity but also the prominent means of online access to inform targeted on broader anti-poverty approaches, for example a social media campaign to increase uptake in pension credit is less likely to be successful in the southwest corner of Prestwich than in other parts of the Borough

A key delivery outcomes of *Bury's Let's Do It!* strategy is improved digital connectivity through improvement in the borough rank for digital connectivity based on the percentage of people over 16 who state they have not used the internet in the past 6 months.

The table below outlines how the means by which digital connectivity will be considered and acted upon as a tool to enable people to tackle hardship in the Borough.



Priority	Key Actions	Lead	By when
Build on existing digital inclusion offer	Review the Bury offer in light of the Good Things Foundation approach of Affordable Internet, Digital Skills and Community Support – with a workstream against each of these	Digital Inclusion Lead	Q2
	Explore linkages with the Digital Poverty Alliance including Tech4Families and Tech4PrisonLeavers campaigns	Digital Inclusion Lead	Q3
Identify opportunities for local social	Explore opportunities for social enterprise development such as Wavelength CIC which provides TVs, radios and tablets to isolated people and those living in poverty	VCFA Networking Officer	Q4

Priority	Key Actions	Lead	By when
enterprise development			
Target digital inclusion provision in light of Temple data	Develop bespoke approaches for promotion of digital awareness, access and infrastructure provision to match geographical online usage preferences	Digital Inclusion Lead	Q2
	Determine locations for partnership activity to increase access to digital equipment, including loans	Digital Inclusion Lead	Q3
	Determine locations for partnership activity to increase access to skills and confidence development, including through the Staying Well Team and Social Prescribers	Digital Inclusion Lead	Q3

7 Outcomes Framework and Measuring Success

Each theme, described above, details key local baseline data against which progress may be measured. A summary and proposed outcome shifts is proposed below, noting that shifts in outcomes will take time to achieve but the actions in this strategy will contribute towards the delivery of these.

Source	Outcome measure and imperative			
Let's Do It! Outcome	<ul style="list-style-type: none"> Reduce the life expectancy gap within the Borough to under 13 years for men and 10 years for women Narrow the gap between school readiness of all pupils and those eligible for free school meals, to be no more than 8.5 Narrow the gap in average attainment 8 score for all pupils and those eligible for free school meals to improve on 8.8% Reducing the number of adults with no qualifications with the gap between adults with no qualifications and those of NVQ Level 3 and above to over 58.5% Maintain position in top 3 GM ranking for average total household income and increase the proportion of households in the top quartile Improvement in the borough rank within GM for digital connectivity based on the percentage of people over 16 who state they have not used the internet in the past 6 months or ever. 			
Index of Multiple Deprivation	The table outlines the number of Lower Super Output Areas (LSOA) within Borough with the highest levels of deprivation. There are 120 LSOAs across the Borough.			
	IMD Domain	Top 1%	Top 10%	Top 20%
	Overall deprivation domain	1	12	27

	Income deprivation domain	1	12	30
	Income domain affecting children	2	11	29
	Income domain affecting older people	0	8	21
	<p>Target:</p> <ul style="list-style-type: none"> To have no LSOAs in top 1% most deprived in every domain To reduce the number of LSOAs in the top 10% most deprived to 8. To reduce number of LSOAs in 20% most deprived to 20. 			
Strategy specific measures	<ul style="list-style-type: none"> Reduce food insecurity across all priority neighbourhoods Reduce the proportion of underweight children at reception age Reduce childhood obesity by the end of year 6 Increase in physical activity in the neighbourhoods with the highest levels of deprivation, with the activity rate above 60% in all wards. Maintain percentage of working age population economically average to remain above the North West and national average Reduce the number of households that are workless to meet the national average Maintain hourly pay rate for the Borough at a rate above the national average Increase the number of organisations which are Living Wage employers and members of the Good Employment Charter Reduce the percentage of children living in poverty before and after housing costs Reduce the percentage of households that are fuel poor <p>In addition, the following measures will be reported on</p> <ul style="list-style-type: none"> Citizens Advice demand volume, nature of demand and income gain for local residents Foodbank demand volume Council Tax support data Number of households supported through Household Support Fund Number of households engaged in Fit and Fed 			

8 Governance

It is proposed that the Bury Health and Wellbeing Board (HWB) assumes accountability for driving forward the activities set out in this strategy, in the context of its mission to reduce inequalities and improve quality of life.

Each of the thematic priorities will have a named officer lead drawn from across the Team Bury system who will come together as a Partnership Delivery Group, which will ensure delivery against the plans, track progress of activity, share good practice across thematic areas and work together to unblock any barriers.

The group will report on progress to the HWB, with regular oversight through the portfolio of the Cabinet Member for Finance and Communities.

Priority leads

Theme	Role
Cost of Living Crisis	Strategic Partnerships Manager, Bury Council
Food poverty	Chair, Bury Community Support Network
	Bury Food Network Lead
Wellbeing and poverty	Consultant in Public Health
Finance and debt	Bury and Bolton Citizens Advice Lead
	Bury Council Welfare Support Lead
Work and wages	DWP Partnerships Manager, as chair of Bury Health Employment and Skills Taskforce
Childhood poverty	Children's Early Help Lead
Housing and fuel poverty	Six Town Housing Lead
	Affordable Warmth Officer, Bury Council

Enabler Leads

Theme	Role
Digital	Digital Inclusion Lead, Bury Council
Stigma and communications	Communications Officer, Bury Council and CCG
	Inclusion Manager, Bury Council

Appendix 1: Index of Multiple Deprivation – Top 5 most deprived Lower Super Output Areas in the Borough

Overall income deprivation domain	Income Deprivation Affecting Children Index	Income Deprivation Affecting Older People Index
Bury 007E Moorside ward East neighbourhood (around Kingfisher Drive/Thrush Drive)	Bury 007E Moorside ward East neighbourhood (around Kingfisher Drive/Thrush Drive)	Bury 008E Bury East Ward East Neighbourhood (around Bury Town Centre, South Cross Street and Cecil Street)
Bury 016C Radcliffe North and Ainsworth , West neighbourhood (around Coronation Road/ Westminster Avenue)	Bury 021B Besses ward, Whitefield neighbourhood (around Ribble Drive and down to Westminster Avenue)	Bury 007E Moorside ward, East neighbourhood (around Kingfisher Drive/Thrush Drive)
Bury 021B Besses ward Whitefield neighbourhood (around Ribble Drive and down to Westminster Avenue)	Bury 007D Bury East ward East Neighbourhood (around Hazelwood High/ Bridge Hall Lane)	Bury 008C Moorside ward East neighbourhood (around Park Road/ Castlecroft Road)
Bury 007D Bury East ward, East neighbourhood (around Hazelwood High School)	Bury 025B St. Mary's ward Prestwich neighbourhood (around Rainsough Brow/ Kersal Road)	Bury 016B Radcliffe West ward West neighbourhood (around Water Street & Bolton Road junction)
Bury 020C Unsworth ward Whitefield neighbourhood (around Rufford Drive/ Rippon Avenue)	Bury 016E Radcliffe East ward West Neighbourhood (around Milltown Street/ Irwell Street)	Bury 008F Bury East Ward East Neighbourhood around Alfred Street/ James Street)

Appendix 2 – Tackling financial hardship and anti-poverty activity 2021/22

Food Poverty

- The Council has supported the ongoing development of Bury Community Support Network (BCSN), which is comprised 18 members and led by the Bury Voluntary, Community and Faith Alliance (VCFA). The BCSN provides a community-led gateway to food and wider support for people at risk of poverty. It has been successful in attracting funding from the Albert Gouby Foundation and has been working with Sabine Goodwin at the Food Aid Network on the impact of Covid and beyond. There is an opportunity to build on this work to further develop a pantry model to increase resilience.
- Development of a multi-agency Bury Food Strategy with priorities built on the Sustainable Food Places network which focuses on healthy and sustainable food in Bury being accessible to all. This includes a Good Food Charter with the stated ambition to tackle food poverty and diet-related ill health.
- Urgent winter hardship has been provided through food vouchers as part of the national Government Household Support Fund. In Prestwich this included the development of a voucher exchange programme to allow households to use the voucher in kosher retailers who provided an uplift in the voucher as social value.
- Brandlesholme Community Centre are providing slow cookers as an incentive for participation in their Cooking on a Budget course, with participants identified in conjunction with the neighbourhood Children's Early Help Team.
- Fit and Fed campaign addressing holiday hunger in school children, run by Families Active officers from the Live Well Service, working in partnership with the Public Health Team, School Catering Team, local schools, community centres and foodbanks.
- Proactive engagement with Fair Futures CIC through the Traveller Education Service and African Caribbean Women's Network to raise awareness of tactical anti-poverty support, embedding as trusted referrers into the Household Support Fund and increasing awareness of their offer across public service leadership team colleagues.

Poverty and Wellbeing

- Promotion of the *Helping Yourself to Wellbeing* approach - a 7 week course designed to help individuals to practice self-care and improve their health and wellbeing. The course provides participants with the knowledge, skills and tools to improve their confidence and motivation to set realistic goals for making changes to their lifestyle. Topics include: behaviour change, self-esteem and confidence, dealing with stress and anxiety, lifestyle choices, healthy eating, alcohol and smoking.
- The Older People's Staying Well Team have been a key trusted referrer into the Household Support Fund, maximising their engagement contact to not just provide immediate support but to link people into broader services to improvement movement, social connections, access to financial and wellbeing support, and how to Keep and Live Well.

- During the Covid-19 pandemic the Getting Help Helpline was set up and continues to operate. Run through Early Break, this provides non-urgent, non-clinical support for anyone experiencing difficulties with their mental wellbeing, including anxiety or concern over their financial or broader situation. People can leave a message to receive a call back to avoid having to worry about phone charges.
- Citizens Advice Bury and Bolton are actively engaged with the Beacon Service and their social prescribing link workers to connect
- Delivery is taking place of the 'Live Well, Move More' Local Delivery Pilot, including engagement with Youth Cabinet. Key priorities include increasing movement amongst those who are unemployed and there is specific place-based focus in Radcliffe. This includes linking people with community sports and recreation groups in some of the areas of greatest deprivation locally to test and learn new approaches to increasing participation in physical activity.
- Refresh of the Armed Forces Covenant which has included Community Hub manages completing online training on supporting included Defence related money advice provisions and linked into Armed Forces Breakfast session

Finance and Debt

- Sustained funding support to Citizens Advice Bureau Bury and Bolton (CABB) from Bury Council and Six Town Housing, including additional funding within 2021 to sustain dedicated case management support. CABB have in particular provided support for individuals to ensure they've received all benefits they're entitled to and debt management support if required to those who have received immediate financial hardship support through Covid related grants.
- Targeted direction of the government's Household Support Fund based on combination of welfare data and local insight from public services and community leads, including school pastoral teams and foodbanks. This provided direct financial support for food, fuel and winter essentials, including emergency boiler repairs and support with essential white goods.
- Joint work with Bury Community Support Network to explore possibilities of increasing access to and offer of Credit Union provision, putting service user voice and experience at the heart of considerations.
- Neighbourhood based pop-up support, advice and information on financial and money management, including partnership guidance in Chesham at the Step into Bury East event; Radcliffe Neighbourhood Pitch; Prestwich Library pop-up
- The Family Learning provision via Bury Adult Learning Centre has been delivering family budgeting courses, including within community settings such as at Trinity Foodbank. Courses include, *Family Finance -Budgeting for the Family*; and *Keep Calm and Budget* (for learners with mild to moderate mental health issues)

Work and Wages

- In December 2021 Bury became the only Greater Manchester council to be both a Greater Manchester Good Employment Charter Member and a Real Living Wage accredited employer. This means that all council jobs and contracts will be paid at least Real Living Wage value and has given a direct increase in earnings to over 4,000 local people who are involved in the supply and delivery of Council services. The Council is now setting an example across the Bury system about high quality employment – Dunster's Farm and Six Town Housing are also Good Employment Charter Members.
- The development of a People and Communities Plan for Radcliffe and for Bury East (with other neighbourhoods to follow) to specifically link local people to the opportunities being born out of two successful Levelling Up bids for Radcliffe town centre hub and Bury Flexihall.
- Additional Job Centre Plus capacity in the Millgate Centre, Bury, to support the government's Plan for Jobs and Way to Work campaign.
- Six Town Housing have signed the GM Housing Provide Pledge which commits to a series of actions to supplement the local Steps to Success scheme:
 - Paying the real living wage and seeking accreditation on this
 - Working collaborative to identify and deliver accessible pathways for tenants to access jobs in the growth sectors of Digital and Zero Carbon
 - Work collaborative to support under-represented groups into construction and supply chains
 - Embedding employment support work across all activities, including pathways into entry level jobs
 - Creating job opportunities for all ages with an emphasis on supporting those from vulnerable and diverse backgrounds that have been significantly disadvantaged

Childhood Poverty and Education

- As referenced previously, Bury Council has announced £240k of funding to support families in poverty with the costs of school uniforms.
- Specific focus on children and families within the local utilisation of Household Support Funding, maintaining provision during all school holidays for those eligible for Free School Meals, in conjunction with a vibrant multi-agency Holiday Activity Fund offer.
- Proactive role of school and early years setting pastoral teams in the identification of children and families with whom to target resource, including immediate assistance in relation to food, fuel, essential winter clothing and linkage to financial resilience guidance.
- Early Help Locality Teams targeting resources in neighbourhoods to prevent families reaching crisis, connecting people to local support within their communities
- Brandlesholme Community Centre have been delivering the Bury Family Bank during the Covid pandemic to help provide baby products and children's clothing, which is offered alongside referring families into broader hardship support.

- Start of targeted drop-in antipoverty activity at Sedgley Children's Centre in conjunction with the Jewel Foundation, as a response to data-driven insight on poverty levels affecting children, to tailor local offers and bring support closer to families in this neighbourhood.

Housing related poverty including fuel poverty

- Foundation Funding has been secured to undertake 130 energy efficiency visits during 2022 by disabled facilities grant surveyors to provide energy efficiency advice and distribute small scale energy efficiency measures
- A further £100k of funding has been identified by Bury Council to support individuals facing hardship due to the cost of living, targeting those who would not ordinarily be eligible for support through existing schemes, such as those not currently receiving benefits.
- Proactive, multi-agency targeting of national funding, including the Household Support Fund and vulnerable renters scheme through the Homeless Partnership Board. In relation to the latter 36 households supported to avoid tenancy failure through a combination of a new process agreed with DWP to utilise the duty to refer portal; with Revenue and Benefit colleagues to highlight suitable cases through Discretionary Housing Payment requests; and through Citizens Advice and their mortgage rescue cases.
- Six Town Housing offers free energy efficiency training to tenants who can act as ambassadors in the community, helping others to understand how to cut down on energy usage and be more environmentally friendly. Neighbourhood Advisors proactively identifying properties for energy audits. 8 staff are trained in city and guilds energy awareness, 4 staff trained city and guilds fuel debt advice in the community and 22 front facing staff and contractors liaison advisors trained energy awareness and identifying vulnerable situations and fuel poverty
- Successful in attracting funding from the Social Housing Decarbonisation Fund to improve thermal properties of homes which are not suitable for cavity wall insulation
- Local Energy Advice Partnership (LEAP) and Energyworks attendance at Community Hub activity including Neighbourhood Pitch in Radcliffe

Digital Inclusion

- Over the past 12 months the Council has led the digital eco-system to:
 - engage over 1,177 residents in community digital activity and over 250 learners via an adult learning digital course (since February 2021). The project aims to engage 1,500 residents by June 2022.
 - Deliver 172 digital drop-in activities since June 2021, offering bespoke and reactive support 684 times. To encourage sustainability, each community partner is receiving a package of support with connectivity, to train volunteers and access digital equipment
 - Distribute over 300 refurbished Samsung tablet devices which were received via the GM Tech Fund. 175 tablets were distributed to Bury schools, the remainder have been retained by the digital eco-system for a Loan Scheme which was launched in August 2021 for Bury Council services, local partners, organisations and residents.

- Six Town Housing have signed up to the GM Housing Pledge which includes the commitment to reduce the digital divide through the provision of training, funding, and support for digital inclusion measures, and by engaging with the GMCA Digital Inclusion Task Force to maximise the opportunities available for tenants and residents

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Appendix 3– Proposed Household Support Fund Allocations

Families	Continuation of the Free School Meals for Whit half term and six week summer holiday	7 weeks at £90k £630k
	Continue school/early year pastoral teams and locality Early Help teams proactively identifying young people and families who would most benefit from the scheme (in particular those who are not eligible for FSM)	£50k
Pensioners	Direct payment to pensioners in receipt of Council Tax Support 4,700 cases that are householders where pensioner is lead claimant; if one partner isn't a pensioner the household is treated as working age)	4,700 x £100 voucher £470k
	Targeted identification of individuals/ households through public service colleagues including the Older Peoples Stay Well Team, and trusted referrers through the Older People Network, supported through Age UK Bury. The Bury Older People Network were keen there was this option recognising pressures felt by those beyond those in receipt of certain welfare support measures.	£120k
	Capacity support to Older People Network via VCFA/Age UK Bury to assist with targeting activity	£15k
Broader population	Ongoing targeted identification of households through public service leads in neighbourhoods and trusted referrers, including Bury Community Support Network. Immediate resilience in conjunction with wider financial resilience advice and information. Connection through Community Hubs where individuals not engaged in wider services	£175k*
	Resilience support to foodbanks across the Borough, consistent with previous levels of support	£40k
Administrative Support	Capacity for Welfare Support Service to administer scheme in timely manner.	£34k (c.2% of total allocation)
Total		£1.534m

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Radcliffe

People and Communities Plan

2022 - 2024

1. Introduction

Partners within the borough of Bury have agreed a vision that by 2030 the borough will be **‘achieving faster economic growth than the national average, with lower than national average of deprivation**. We will achieve our vision through a ten-year programme of reform which has an equal focus on:

- the strategic **place**-based development of our six townships through physical and economic regeneration, infrastructure improvements and housing growth, and
- harnessing the spirit and strengths of our **people**, through a neighbourhood-based approach to community engagement and integrated public services. We want to create the conditions in which individuals and communities have greater power and control over their lives and actively participate in public life, particularly those who are most disadvantaged and least heard.

... *“Let’s do it!”*

If the ambition for inclusive growth for the borough is to be realised it must be prioritised in Radcliffe, which has the highest proportion of opportunities for growth and the highest proportion of deprivation of all of the borough’s townships. The continued regeneration of Radcliffe is therefore an established priority and, in 2021, the Council agreed a Strategic Regeneration Framework (SRF), the vision for which is to **become a place where residents will be able to access the widest range of services and amenities and where the business base of the town centre can be encouraged to diversify and flourish**.

The SRF:

- pulls together plans for a series of regeneration components to transform the attractiveness and vibrancy of Radcliffe town centre, including development of a Civic Hub; ongoing development of Radcliffe market and market chambers; a new high school and the creation of approximately 500 new homes on a brownfield development site;
- is supported by an agreed multi-million pound investment scheme including the £20m capital contribution which has been secured through the national Levelling Up Fund and equivalent funding now committed by the Council.

The SRF also highlighted the opportunity to improve the health and well-being of the local population and to reduce inequalities. This paper responds to that challenge by setting out a **People and Communities Plan** to develop the skills, strengths and successes of individuals and communities, in parallel with the economic development, in order that some of the great causes of inequality may be tackled: a poor start in life; blinkered horizons; poor education; poor health and poor-quality work.

This Plan has been actively shaped by residents, businesses, local groups and landowners and produced by the Radcliffe Executive Sub-Group, chaired by the Chief Executive of Bury Council. It follows the *Let’s do it!* neighbourhood model and describes how this Radcliffe will lead the way in its implementation, including:

- A new approach to **community engagement** and initial set of **community-led priorities**, which will empower local residents and improve outcomes
- A model of **reformed public services** to support local practitioners to work together and ensure early, joined-up and targeted support for people with most complex lives. Research shows that through targeted intervention we can improve outcomes for some of our most vulnerable residents and reduce demand on an already over-stretched system of statutory services
- The **evaluation** measures that will be used to assess success.

This plan is not about the actions of any single individual or organisation, however, but the actions that we will all take together. Of course, it contains goals and priorities for the Council, the NHS, GMP and other public services, all of whom have a critical role to play, but it is also about what our communities, and the individuals within them, can do to make life better for themselves and their neighbours. This is a strategy about taking part, working together and getting things done.

“If the Council goes ahead and does things without the community’s blessing, they won’t be accepted, and the community on its own doesn’t have the power to make things happen.” (Community group chair, Radcliffe West, September 2021)

The guiding principles which underpin all of the proposals in this plan are:

- **Listening to what is important to residents within Radcliffe** and using local insight to help achieve outcomes.
- Supporting the people of Radcliffe to **determine their own priorities** which will influence where we all focus our efforts.
- Recognising and valuing the **important contribution of voluntary, community and faith groups** in improving quality of life.
- Adopting an **asset-based approach** across all partners which means recognising the strengths of people and communities; a shared understanding of what a good life means and the targeting of resources based on risk.
- **Empowering public service staff** to work together to support people in ways that work for them rather than being constrained by organisational boundaries and procedure.

2. Radcliffe

Radcliffe is one of the six townships in the borough of Bury, comprised of the three wards of Radcliffe North & Ainsworth, Radcliffe East, Radcliffe West. Radcliffe is a place of significant social opportunity but with some profound challenges. The original proposal for a People and Communities Plan in September 2021, provided a detailed neighbourhood profile and outcome baseline. Headlines included:

- Radcliffe has the most concentrated and entrenched deprivation in the borough. The area which includes Coronation Road is the fifth most deprived in Greater Manchester, with additional high levels of deprivation around the town centre including Water Street, the St Thomas Estate and Milltown Street.
- Radcliffe is one of the least ethnically diverse townships in Bury. Radcliffe has a higher proportion of white, working age males than elsewhere in the borough. However, recent changes as new communities have moved into the town has started to change the ethnic makeup of the town.
- Radcliffe is more age diverse than other places in the borough, with a higher-than-average proportion of 20 to 34 year olds and those aged over 64 to 85.
- Radcliffe West has the lowest levels of life expectancy for both males and females compared to the borough as a whole.
- Radcliffe is significantly worse than Bury and England averages for all causes of mortality, in particular coronary heart disease.
- The areas with the highest proportion of people living with a limiting illness or disability are around the Coronation Road area.
- Short and long-term unemployment within Radcliffe is above the regional and national averages.
- In Radcliffe, there are more lone-parent households and under 65 one person households than the Bury and England percentages.
- Approximately 29% of all Six Town Housing properties in Bury are located in Radcliffe.
- Radcliffe wards have one of the highest proportions of reported fly tipping in the borough.
- Radcliffe town centre has the highest reported levels of anti-social behaviour across the borough as a whole, particularly around Coronation Road, Spring Lane and Redbank Fields.
- 72.2% of early years pupils achieved a good level of development in 2019, in line with the national rate of 72% and the rest of the borough at 71.6%.
- 54% of pupils were achieving expected levels and above at KS1 and KS2 for reading, writing and maths, significantly lower than the national rates of 65%.
- 25.3% of Radcliffe pupils gained a 5+ in English and Maths at GCSE, lower than the national average of 43.2% and the rest of the borough at 39.8%.
- 77.4% of pupils in Radcliffe attend a good or outstanding school, this is lower than the national rate of 85.6%

3. Delivering a People and Communities Approach in Radcliffe

Regeneration is as much about hearts and minds as it is bricks and mortar. In Radcliffe it is an opportunity to better *understand* and *empower* people through the co-design of new community spaces and public services; the *engagement* of local contacts and creation of new ones and *harnessing the passion and pride* that local people have for Radcliffe.

This plan seeks to involve Radcliffe people in the exciting opportunities ahead by applying the tools of the *Let's do it!* 'People and Communities Centred Approach'. The approach, summarised below, is about using a range of practical tools to:

- **Recognise individual and community assets** through strengths-based working. Assets include community groups; friends; relatives and neighbours, who all work together to support one another and develop a place
- **Connect** community assets through networks of community champions; relationships between public sector services; families and social networks and voluntary, community and faith organisations
- **Mobilise and grow assets** through, for example, participatory budgeting; social prescribing; developing the role of the VCFA and community-led commissioning
- Bring **alliances** of community, voluntary and faith groups together to act collaboratively as a voice in their local neighbourhoods

*In recent research the strength of community action initiatives in Radcliffe was noticed, including classes for refugees and asylum seekers, coffee mornings which have helped with isolation and groups for men to gather and discuss mental health issues
(Temple, 2022)*

Some of the activity undertaken in Radcliffe so far, following this approach, is described below:

- The establishment of a Community Hub with a full time manager and team of Community Engagement Champions who network with individuals and groups across all parts of Radcliffe including a specific focus on the regeneration activity.
- Development of ward summaries detailing community groups and networks across Radcliffe.
- The establishment of a Regeneration Office in Radcliffe.
- Neighbourhood Pitch funding event at Radcliffe Market where local community groups promoted their activity alongside targeted support on debt advice, Adult Learning provision and engagement on regeneration proposals
- Engagement with all Radcliffe ward members and the Bury South MP.
- Workshops and meetings with town centre businesses.

- Engagement with key landowners and tenants (e.g. Homes England, Canal and River Trust) and statutory partners (e.g. Environment Agency, Transport for Greater Manchester).
- Community meetings including a dedicated community forum, with subsequent community-led meetings on community safety and collaborative personal safety event sessions for International Women's Day with Greater Manchester Police.
- Resident led community days in October and December 2021.
- Race Listening Events in Radcliffe as part of the delivery of Bury's Inclusion Strategy.
- Facilitating a Radcliffe Volunteer Fair at the Outreach Centre in early 2022.
- Feedback through public services as part of the Public Service Leadership Team and wider practitioner network.
- A deep-dive piece of independent research was commissioned in September 2021 to develop a deeper understanding of the identity and dynamic needs of communities in Bury, including Radcliffe.

*Local residents were particularly positive of recent opportunities for community funding. In 2021/22 27 local community groups received investment of **over £160k** in Radcliffe against local Covid recovery priorities, Health Improvement and Climate Action activities.*

*This included **over 3,000** votes being cast in the Neighbourhood Pitch participatory budgeting where local residents determined the allocation of funding.*

3.1. Community feedback in Radcliffe

A number of key themes have emerged from resident engagement so far about how they feel about living in the town. We have heard that its people are seen as the best thing about Radcliffe is its people; there is a strong community spirit and lots of great community groups with the opportunity to link up better – but – there is a need to change negative perceptions of Radcliffe.

There is a genuine sense of enthusiasm about the opportunity to enhance identity and belonging through cultural events and festivals and there are numerous active community groups in Radcliffe that could have a greater impact if they had the opportunity to work together. Some more specific feedback has included:

- There is a network of vibrant local social action groups and community groups within Radcliffe, and opportunities for further collaboration.
- Radcliffe is an area with a strong local identity. There is a strong connection to the rich history and heritage of Radcliffe.

*In the spring of 2022 the fabric of Radcliffe has been explored through a textile project connecting people and place. A series of free workshops have been run as part of **Spirit of a Place Radcliffe** as a piece of community art,*

where individuals and families with links, stories and memories of the town have come together to stich a mark onto a map of Radcliffe.

“We’ve had such a lovely time sharing our stories, memories and wishes for the town – it has been so good to get out, see people and even learned a new skill”

(Radcliffe workshop attendee)

- There is a high level of cynicism from residents and a perception of broken promises and disparity of service provision, including a lack of accessibility to local provision.
- Community safety concerns exist, specifically in relation to the vicinity of the Metrolink, prevalence of drug usage and anti-social behaviour.

Following concerns raised by local residents on persistent ASB, public services including Bury Council (Youth Services, Community Hubs and Community Safety) and Greater Manchester Police have worked in partnership with key local groups including Growing Together Radcliffe and Step Change which has resulted in securing a venue for delivery of youth provision and diversionary activity (including through StreetGames) and deliver sessions on tackling knife crime.

- There is a perceived lack of services and opportunities for young people in Radcliffe.
- There is a perceived lack of support for homeless and at risk of homelessness.
- Concerns exist over the number of people with multiple needs from outside of the borough are being placed in Radcliffe.
- A feeling amongst residents that Radcliffe is overlooked for cultural activity.

*Funding through Bury’s Town of Culture programme saw Radcliffe host an **Art and Culture showcase in December 2021** with activities from wreath making and decoupage, to history talks; Pravana dancing to childhood crafts with Incredible Edibles. There were also sessions with the MAD Theatre group, Radcliffe Brass band, Creative play by the Early Bird Project and Art for Dementia.*

- Concerns were expressed over poor environmental quality; however this has resulted in a strong community response through the Radcliffe Litter Pickers and various local environmental and gardening projects.

4. Co-Designed Priorities for Radcliffe 2022-24

As a result of the engagement and analysis so far, a series of community priorities have been determined for delivery between public services and Radcliffe residents by 2024. These priorities will be developed into a programme of work, to be co-ordinated by the Community Hub, which engages local people with the regeneration and improvement agenda in Radcliffe.

4.1 Strengthening Community Safety

During 2022 the Community Safety Partnership (CSP) undertook extensive consultation to co-design the new Community Safety Plan for the borough, including the production of a strategic needs assessment which reviews crime and disorder data from across the partnership to identify priority themes and particular geographies with additional needs. This work highlighted the concerns on Radcliffe residents about community safety, particularly in relation to:

- Anti-social behaviour (linked but not limited to the Metrolink station),
- Drug abuse and related crime and road safety
- Youth violence
- A lack of confidence in reporting crimes and a need to improve the relationship between residents of Radcliffe and the community safety partnership including GMP.

“Safety is our number one priority – we want to feel safe, for the streets to be safe, to not have to witness crime and disorder. If this improves it will help improve the whole area” (Radcliffe resident, Radcliffe community forum 2021)

It is intentional that Community Safety is the first priority listed, as this is the topic that has been most frequently cited as a priority for collaborative action. A place-based interpretation of the borough-wide CSP will be produced for Radcliffe which deals with specific local issues across each of the six priorities of the plan:

- Reducing drugs related crime
- Domestic abuse
- Community cohesion
- Creating and Maintaining Safe spaces
- Crime and anti-social behaviour
- Reducing reoffending

Community-led community safety sessions on ASB, knife crime, safe travel, women’s safety and speeding have taken place in recent months; with GMP’s neighbourhood policing team, the Community Engagement Champion, Ward Councillors and local groups coming together to build a safer community. This has increasing community visibility and participation in Operation Saturn and improved relationships to share local insight

4.2 Protecting and Enhancing Radcliffe’s Environment

The quality of the natural and built environment is a priority for many Radcliffe people. Ward Councillors regularly receive case work relating to waste, fly tipping, road safety and street cleanliness. There is a vibrant voluntary sector working on environmental issues in Radcliffe including gardening groups, litter picking, friend's groups, self-managed allotments, football pitches and bowling greens and self-managed sport clubs. Through this plan we aim to embrace the work already being carried out and to respond to priority concerns about council-owned infrastructure.

In 2019 the Council declared a Climate Emergency and committed to achieving the Greater Manchester target of carbon neutrality by 2038. In 2021 this was followed by the production of a Climate Action Strategy and Climate Action Plan, following a process of resident consultation. Key priorities highlighted from the people of Radcliffe in this consultation included:

- Protecting existing green space
- Increasing recycling rates
- Divesting use of fossil fuels
- Increasing renewable energy production
- Reducing climate impacts associated with consumption, energy, and travel.

Radcliffe Litter Pickers has sought to improve St. John's Church Yard to create a 'safe haven garden' allowing people to meet outdoors, socialise and improve their mindfulness, whilst encouraging local biodiversity. Building on the strengths and passion of this group, support was provided through community and public services and funding to make this a reality.

A community-led Environmental Forum will be established for every township, including one in Radcliffe. This Forum will be empowered to drive work towards local carbon neutrality and to support and enhance the work of community groups and council partners working towards a clean, green environment.

4.3 Improving Health and Care Outcomes

Radcliffe residents experience some of the poorest health outcomes in the borough, including some of the lowest levels of life and healthy life expectancy and higher prevalence of preventable disease higher rates including coronary heart disease, deaths from circulatory diseases, deaths from causes considered preventable and deaths from all causes.

As with the other townships Radcliffe has had an Integrated Neighbourhood Team (INT) in operation for nearly three years – bringing adult community nursing and adult social care teams under single line management. This has recently grown to include Mental Health Support. Active Case Management is the established intervention method for people with multiple health and care needs and there is a weekly cycle of multi-disciplinary team meetings linked to GP practices. The multi-disciplinary teams are composed of a range of health and care professionals who support care planning and case co-ordination.

Social prescribing is well established with a Radcliffe Neighbourhood Link Worker and a new PCN funded Mental Health Practitioner has recently come into post.

The Locality Plan for the transformation of health and social care, approved in September 2021, sets out the challenges of the health and care system over the next few years, but also the vision and core principles of the way in which the health and care system will work differently. Core to this vision is a focus on addressing population health and health inequalities and drawing on the wider determinants of health and care to secure better outcomes for residents and less cost to services. A local health and care improvement plan will be developed to implement the Locality Plan in Radcliffe, based on the principles of prevention, self-care and access to local assets, including prevention, including:

- Improving physical activity through access to green spaces and proposed leisure facilities.
- Increased community engagement on healthy eating and basic cookery skills.
- Engagement on culture, community and social activity to tackle loneliness and low-level mental health, including through the well-established social prescribing team in Radcliffe.
- The ongoing development of the health and care neighbourhood team with the addition of a new Radcliffe Neighbourhood Link Worker and a new PCN funded Mental Health Practitioner, to support residents to be in control of their lives and in control of the way health and care services are organised around them.

Let's Live Well Radcliffe is a collection of activities across the Radcliffe area to people connected, moving more and supporting health improvement activities. From 'Grow Your Own' space with Woodies Men in Sheds to Run Together Radcliff and walking football at Radcliffe Sonics

4.4 Improving Education Outcomes

Radcliffe residents are frustrated about the long-term absence of a high school in Radcliffe. Furthermore, Radcliffe children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison with Bury as a whole and England average.

The Council's long-term ambition to see the establishment of a new secondary school to serve Radcliffe is now close to being delivered. The Department for Education has confirmed its support to the development of a new school, and Star Academy has been selected as sponsor. A site has been confirmed on land off Spring Lane and a feasibility study is being undertaken (March 22). It is anticipated that the new school will admit its first cohort of students in September 2024.

If, however, the full benefit of this significant investment in new educational provision is to be realised it must be accompanied by a broader strategy that seeks to address the impact of inequalities not just as they present at high school, but beginning in early years and continuing to high quality post-16 provision. Strong leadership from schools will be secured to progress such an integrated plan which provides young people with the skills, confidence and ability to fulfil their ambitions.

Beginning in early years, a key part of this delivery plan is ensuring that parents and children have the opportunities to ensure that children enter primary school ready to

learn and that when in primary schools the children of Radcliffe have access to high quality provision. Our aim is that all young people are able to transition effectively to a range of high quality high schools, not only the new school in Radcliffe, but to other schools of their choosing. Following a successful time at high school it then essential that all young people then have clear pathways to relevant, high quality post-16 courses and that all of these measures build to provide young people with the skills, confidence and ability to fulfil their ambitions.

The leadership from schools serving the Radcliffe community is essential if these ambitions are to be met. Schools are at the heart of the communities they serve, and understand the challenges that families face on a day to day basis. School leaders and their staff are responding to the needs of children and young people, and their families, and are able to see first-hand, what works, but also where the barriers are. School leaders therefore have a key role in engaging with their communities and driving forward the ambitions for Radcliffe.

The development of this thematic plan has therefore been informed, and will continue to be guided by, the input from the leaders of those schools serving Radcliffe, and importantly, linking with Star Trust as plans are progressed to establish the new secondary school.

The initial focus of that engagement has identified:

- Early years – the need to work with early years providers and community groups in target neighbourhoods to improve school readiness.
- Primary phase - support for recovery of learning post Covid; supporting best practice from and to Radcliffe Primaries. A focus on improving attendance and particularly using 'Team Around' to focus on Persistent Absence as improving attendance will improve outcomes.
- Identification of families with complex problems or at risk of having problems. Extension of 'Team Around' using Radcliffe Public Service Leadership Team and the wider Practitioner Network.
- Supporting schools to encourage pupils and families to eat better food and increase physical activity levels.
- Brokering relationship between Star Academy and Radcliffe primary schools.
- Focus on transitions and curriculum development at KS2/KS3.

4.5 Improving Resident Skills and Employability

Radcliffe has a relatively high percentage of households who earn below 60% of the median national income, before housing costs. The highest area of poverty is around the centre of Radcliffe which includes Coronation Road, Spring Lane and Redbank Fields. In terms of employment deprivation these areas are in the top 1% most deprived in the country.

Some of the principal causes of this deprivation are worklessness and benefits dependence. Radcliffe has the second largest proportion of NEETs (Not in Employment, Education or Training) in the borough and significant dependence on benefits including Universal Credit and housing benefit around the centre of Radcliffe and Disability Living Allowance and Personal Independence Payment in the southern part of Radcliffe North around Coronation Road area. A skills and employability strategy will be developed, to give local people the skills and aspiration to access and remain in quality work. It will seek to ensure:

- Young people leave education and training ready to succeed in the labour market, with a balance of academic, technical and 'life ready' skills.
- Adults can acquire the skills and support they need to fulfil their career potential and adapt to changing employer needs throughout their lives, from entering employment for the first time through to highly skilled careers and retraining.
- Employers have access to a local workforce with the skills required, which allows companies to compete on the basis of high productivity, good quality work and excellent employment practices
- Residents are supported by a welfare system, under Universal Credit, that provides access to good work for those who can, support for those who could and care for those who can't.

The strategy will involve:

- Engagement with local businesses to understand their skills/talent needs, particularly in the economic sectors that will be developed through the SRF
- Better understanding of residents' barriers to accessing adult education and skills provision.
- Close working with partners and providers including Bury College, Holy Cross College, Bury Adult Learning and the Working Well service, to ensure their offers improve an individual's employability and addresses the barriers that are highlighted by residents.
- A blended offer for adult skills and development including community-led provision for skills for life and learning for pleasure; an academic offer for employment and progression skills; community engagement to raise personal confidence and aspiration and supported employment including placements, internships and apprenticeships.

The local community have expressed the need for the people of Radcliffe to be able to take advantage of job opportunities arising from the regeneration activity – including both the physical building activity and the roles that result from the works. Engagement has included sessions with Procure Plus to pilot the delivery of Construction Skills Certification Scheme training at the Outreach Centre in Radcliffe to promote opportunities to get involved and accredited; along with volunteering as a way of increasing skills and confidence as a stepping stone into employment

4.6 Closing the Digital Divide

The GM Full Fibre Network will bring better public Wi-Fi coverage into Radcliffe town centre, including connecting around a dozen public sector buildings to full fibre. In

support of the expanded digital infrastructure, progress must be made on digital inclusion to ensure local people have the skills and confidence to access technology.

Recent research highlighted that people who have the most engagement with the internet reside in Radcliffe East, but there is much more limited engagement within Radcliffe West.

In Radcliffe West there is evidence of ‘passive and uncommitted users’ i.e. those with limited or no interaction with the Internet and ‘digital seniors’ i.e. those that are retired and relatively affluent, adept enough to use the Internet for information but less so for social networking purposes.

Such a divide must be tackled as the pandemic has shown how, when people are unable to use the internet easily or effectively, they can become cut off from wider society. Some children struggled to keep up with education during the lockdowns, while older people could not necessarily shop online or use devices to ‘meet’ relatives.

Through the Community Hub team and colleagues at Bury Adult Learning and Digital Eagles team, work has taken place with community groups who have identified digital gaps; for instance Redbank Tenants and Residents Association and Diggle Lane allotment were supported, including how people could access information via The Bury Directory, engage in local consultations online and vote online for Neighbourhood Pitch funding.

This workstream will seek to widen digital skills among people of all ages and ensure these can be used effectively through faster internet speeds and the wider availability of digital technology. It will be progressed through a network of “Champions” through the Bury Adult Learning network and the Barclays Life Skills project.

4.7 Promotion of Culture and Sport

Culture and creativity are key points of the *Let’s Do It!* Strategy, as they are important for personal growth, community cohesion and quality of life. Radcliffe is already a cultural leader in the borough, through the range of active community groups; flagship events such as Radcliffe carnival and home to the greatest number of Grade I listed buildings in the borough. The SRF provides significant new opportunities to develop the cultural offer, through the space that will be available in the redeveloped Market basement; new civic hub and the enterprise centre, which has the potential to be an engine of cultural production.

“A healthy, happy community has community groups in it – but specifically, culturally enriching groups. The key is that they’re there to enrich peoples’ lives, not to provide a safety net – that bit must be done by the public sector.”
(Infrastructural development programme lead, Radcliffe)

Sport is also a key component of Radcliffe’s cultural landscape, although data tells us that levels of physical activity in Radcliffe are lower than other parts of the borough despite some of the best access to green space. A “Live Well Move More” local delivery pilot has been underway in Radcliffe, led by public health, which will be further developed to encourage an active society. The new leisure facilities within the civic

hub will again further this ambition if the right offer is included to encourage a buoyant community sports sector.

“Sport opens doors and opportunities that other activities don’t” – Community Engagement Champion in Radcliffe, who worked with Radcliffe Football Club to collaborate with dozens of young people at a school holiday club on the future on Radcliffe following concerns that young people were not engaged in discussions on regeneration.

The future development of Radcliffe’s cultural offer and, specifically, the use of community and events space within the new built environment, must be led and owned by Radcliffe residents. A proactive process of co-design will be followed to ensure this space is developed to support local identity and to cement community.

4.8 Thematic Delivery Plans

The detailed plans for delivery and measures of success for each priority are appended in Section Eight of this report. The delivery of the thematic plans will be coordinated through the governance arrangements outlined later in this report which are the existing arrangement to oversee the SRF.

It is important to note that through co-design with residents and communities these delivery plans have been designed to be targeted towards areas of greatest need and opportunity. Some of the activities represent small scale interventions which will make a notable difference in the short term to quality of life, others mark the start of more complex projects which may take longer but will ultimately ensure the issues identified within the Plan are addressed.

5. A New Model of Public Services in Radcliffe

Our vision for Radcliffe is built upon conversations with communities and our goal is simple: ***to improve the health, wealth and well-being of the Radcliffe population by ensuring it is a place where anyone, regardless of where they come from and who they were born to, can thrive.***

Public services will seek to engage all Radcliffe residents and community groups in the vision for their future, but we know some people do not engage in public life and have complex lives which means they need more targeted support. We understand that these people are often high-end users of public services and that without more focussed intervention to help them turn their lives around we will not be able to radically shift the outcomes for the place.

This section therefore describes the second priority strand to the people and communities' plan: the swift and extended implementation of the neighbourhood model of public services in Radcliffe. The neighbourhood model was established in the *Let's do it!* strategy and involves the following integrated teams working at place-level in each neighbourhood, including Radcliffe:

- **Two multi-agency practitioner networks** which comprise:
 - **An Integrated Neighbourhood Health and Care Team (INT)** who actively case manage those with multiple health and care needs through a weekly cycle of multi-disciplinary team (MDT) meetings linked to GP practices.
The current team is comprised of District Nurses, the adult care, community mental health team and a named lead GP together with a Radcliffe Neighbourhood social prescribing link worker and a new Primary Care Network funded Mental Health Practitioner. Evaluation has pointed to the positive impact of the MDT approach in Radcliffe including reducing staff isolation with complex cases, encouraging a more holistic and person-centred approach and building new and productive relationships between different services and professionals.
 - **Children's early help**, an integrated team of children's social work and the local schools.
Radcliffe has the largest proportion of Children in Need (CIN) plans in the borough, the second largest proportion of children with a Child Protection (CP) plan and the second largest proportion of Children Looked After (CLA). Radcliffe West has had the highest number of early help cases for children; yet also has the highest proportion of families who have been successfully worked with as a result of the Supporting Families programme.
- **A Public Service Leadership Team (PSLT)** comprised of the Community Hub Manager; GMP Neighbourhood Inspector; Health and Care INT Lead; Six Town Housing Neighbourhood Co-ordinator; Children's Early Help Locality Lead; Beacon Service Link Worker (Social Prescribing) and Public Health Neighbourhood Lead. This local leadership team is responsible for:

- Developing and understanding place insight: data for evidence-led discussions, assets, key local practitioners and case management information.
 - Identifying and coordinating integrated response to place-based issues.
 - Developing relationships and connections, including identifying workforce development needs and opportunities.
 - Oversight of case activity to ensure cases are being dealt with by the most appropriate part of the system and that this is joined up to ensure effectiveness.
 - Ensuring connectivity between case work and community activity through the Community Hub.
- **A community hub** which connects all the resident, community and mutual aid/volunteer networks in a place, to co-ordinate activity and ensure access to resources.

Working together, the key features of this approach are:

- Delivering strengths-based assessments through, crucially, active listening
- Recognising and untangling the complexity and multiple contacts people have with different services
- Ensuring bespoke support, both properly sequenced direct provision and enabling tailored self-help through a bespoke support plan
- Ensuring clarity in end of support, empowering self-reliance
- A focus on place-based engagement and community capacity
- Targeted community support for both early engagement and supporting step-down activities.

Outcomes of this approach in Radcliffe, to date, include:

- 198 people in Radcliffe were supported through integrated health and care active case management in 2021/22.
- Targeted support to vulnerable households in addressing Winter pressures, including through Corrie Gardeners, Trinity Foodbank, Staying Well Team, front line public service practitioners and a pop-up stall at Radcliffe Market.
- Engagement with Women of Worth to support victims of Domestic Violence and ensure wraparound support including social prescribing activity to link into Live Well projects.
- Joint activity between Six Town Housing, GM Fire and Rescue and the Council to address youth ASB and deliberate fires across Radcliffe.

In support of the SRF the neighbourhood model will be further strengthened in Radcliffe during June 2022, on a pilot basis for potential borough-wide roll out, through:

- A third public service practitioner network which will provide focussed support for **adult only households with complex lives**. This group will establish whether the volume and complexity of adult-only issues e.g. substance misuse; domestic abuse; anti-social behaviour; worklessness and homelessness requires dedicated specialist capacity, or can be addressed through the expansion of the existing Early Help infrastructure.

An initial group of households are being identified to test this approach, with their consent, working with families already supported by multi agencies, through the identification of a lead key worker.

- A piece of **detailed data analysis**, with an initial focus on understanding the impact of Covid on health inequalities and our local response to this, will be complete by the end of June 2022 to:
 - define the cohorts of individuals and families in Radcliffe who are most at risk of high end public service;
 - identify people meeting that definition and
 - organise the targeting of the neighbourhood model at those individuals and families.

The intention is that data will include sources from public services including health data (e.g. A&E admissions and community mental health referrals); children's and adult social care data; housing and homelessness records and GMP information. Subject to the findings and detailed privacy notices, this data will inform the PSLT meetings where it will be combined with the knowledge of practitioners on the ground to choose cases for intensive integrated intervention and to track progress of delivery and outcomes.

6. Outcomes

What matters most from this plan is that the people of Radcliffe can see tangible changes and improved quality of life. This must link explicitly to our goal to improve the health, wealth and well-being of the Radcliffe population by ensuring it is a place where anyone, regardless of where they come from and who they were born to, can thrive.

Whilst progress will be monitored through ongoing dialogue with residents and community groups it will also be formally assessed through a detailed performance framework aligned to the:

- Priorities agreed with residents
- LET'S Do It! Outcome framework
- Greater Manchester Strategy
- SRF Requirements
- Funding criteria linked to the Levelling Up monies and wider government monitoring

Each of the seven thematic delivery plans have outlined metrics for success and for measuring progress against objectives. All thematic plans have a detailed list of key metrics which are available on request and will be presented in the public domain at a Radcliffe level.

Data will be collected against each of the metrics and, where necessary, further discussions will be held with thematic leads to identify appropriate targets. It is important that these targets reflect the need to drive inclusive growth and reduce health inequalities at a faster rate than elsewhere in the borough to make the step change in quality of life aspired to in this plan. This will involve setting “floor targets” for each measure which is the minimum standard or improvement that is acceptable to demonstrate the progress required.

Trend analysis will be completed where required and regular reporting processes will be developed which will be taken through the Radcliffe community governance mechanisms, in the Radcliffe Advisory Group which include community groups and Ward Councillors.

Progressing these goals in Radcliffe will help ensure that the overarching vision of the Let's do it! strategy is achieved. The strategy includes seven overarching outcome measures which together are the conditions of a thriving place:

Outcome	Target
Improved quality of life	Reduce the life expectancy gap between our worst and best performing areas to under 13 years for men and 10 years for women.
Improved early years development	Narrow the gap between the school readiness levels of all pupils and those eligible for free school meals to no more than our previous best performance of 8.5 percentage points.

Improved educational attainment for our young people	Narrow the gap in average attainment 8 score for all pupils and those eligible for free school meals. Our target is to maintain or improve current gap of 8.8 percentage points.
Increased adult skill levels and employability	Increase the gap of adults with no qualification and those with NVQ Level 3+ qualifications by reducing the number of adults with no qualifications and improving on our previous best position of 58.5 percentage point in 2017.
Delivering inclusive economic growth	Maintain position in Top 3 GM ranking for average total household income and increase the proportion of households in the top quartile.
Delivering carbon neutrality by 2038	By 2030 maintain decline in CO2 emissions per capita and be within the top 5 localities in GM with the lowest emissions.
Improved digital connectivity	Improvement in the borough rank within GM for digital connectivity based on the % of people over 16 who state they have not used the internet in the last 6 months or ever.

7. Implementation

The seven thematic delivery plans within this overarching People and Community framework, together with the co-ordination of public service reform, will be assigned an accountable lead and co-ordinated by the Community Hub Manager, as follows:

Workstream	Lead
Community Safety	Bury Community Safety Lead
Environment	Environmental Forum Chair
Health & Care	Health & Care INT Lead
Skills	Unit Manager, Economic Strategy, Bury Council
Culture	Strategic Partnerships Manager, Bury Council
Digital	Digital Inclusion Lead, Bury Council
Education outcomes	Assistant Director of Learning, Bury Council
Culture & Sport	Strategic Partnerships Manager, Bury Council

The identified thematic leads will be responsible for providing the Radcliffe Executive Sub-Group with quarterly highlight reports outlining progress against milestones, emerging risks and mitigation, key successes, funding opportunities and key messaging for delivery through communications. A quarterly Performance and Intelligence update will also be provided, with progress of measures towards outcomes. In turn the Radcliffe Executive Sub-Group will report to:

- Radcliffe Regeneration Advisory Group
- Radcliffe Regeneration Delivery Board
- Radcliffe Cabinet Committee
- Cabinet

Informal, monthly updates will also be provided to all Radcliffe Ward Members and the Public Service Leadership Team by the Community Hub Manager.

7.1 Communications and Engagement

It is important that stakeholders bring local people, community leaders and those with influential voices on the journey too. The acknowledged sense of scepticism and disillusionment amongst some people must be tackled and confidence given that a brighter future really will materialise for the town.

There has already been a significant process in providing information for Radcliffe people on the regeneration process. This has included:

- Leaflets to all households at key stages of the SRF development process, press and social media campaigns and drop-in stakeholder briefings.
- A Radcliffe Regeneration Office opened in September 2021 as a base for project officers to be available to provide information to local residents and businesses.
- A Radcliffe Regeneration Advisory Group has been working for the past several years engaging local community groups and businesses in the regeneration process.
- The Radcliffe Town Centre Recovery Board has been supporting Radcliffe businesses through the pandemic.

Moving the conversation onto firmer and more optimistic ground will mean continuing this process of listening, understanding and then playing back to the people of the town their views, their hopes and, of course, their concerns. To achieve this a resident communications and engagement strategy will be developed which, following engagement with local groups, will involve:

- Ongoing engagement with local people, influencers and stakeholders through one-to-one interviews; workshops; “dropping in” to existing forums such as community centres, youth groups or business clubs.
- Continuous consultation to support the introduction of the new secondary school, including supporting Star Academy to engage with residents through the Radcliffe Regeneration office and directly via the primary schools.
- Creating “pop-up” exhibitions and information, including
 - Supporting the request for a screen in Radcliffe market which residents can maintain with updates and asks for involvement
 - Creating a “story board” which promotes the ideas, achievements and aspirations of local people through the SRF
- An SRF “ambassador” events programme, with speakers and takeaways.
- Maintaining the dedicated Regeneration Office as exhibition space with comments cards in a public space in a public space.

These processes of engagement are connected to the local democratic process through quarterly meetings with Ward Members from all three Radcliffe wards and the inclusive governance structure described above which includes the Council; external advisors and local stakeholders.

8. Thematic Delivery Plans

Priority			Community Safety		
Objective 1: Reducing Drug-Related Offending					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Community Intelligence capture	Map hotspots of drug related activity in Radcliffe Neighbourhood Policing surgery to take place specifically focusing on drug usage	Implement mechanism to capture community intelligence to build richer picture of drug-related offending and harm at Ward level	Refresh local drug and substance misuse commissioning intentions through use local insight		Drug-related crime figures
Targeted activity to address offending	Community intelligence and partnership data to inform targeted Radcliffe action through Operation Saturn Drug-related offending specific activity within Radcliffe within Operation Avro activity in May in partnership with local authority and communities		Routine focus on drug-related offending as part of Radcliffe based GMP Operations		Drug-related crime figures

Identification and proactive preventative work with young people	Work collaboratively with the Radcliffe Friday Youth Night project at the Roc Centre, wider Youth Service to identify and support young people at risk of substance misuse and drug-related offending, including diversionary summer activity	Develop specific local education session for inclusion in PSHE curriculum for Radcliffe secondary schools for the 22/23 Autumn term including One Recovery, Early Break and Achieve Diversionary activity formulated as part of Holiday Activity Fund	Young People's Circles of Influence session on drug-related offending, co-designed with young people of lived experience Explore options for youth provision in new Hub including drop-in support	Implement agreed options for youth provision in new Hub	Reduction in youth ASB
Proactive partnership activity in targeted locations	Police led partnership activity at data and insight driven locations including Riverside Walk and Pioneer Mill	Co-ordinated GMP/health sessions on engagement and activity during "Taking Action on Addiction Week" in mid-October			
Objective 2: Supporting Victims and Tackling the causes of Domestic Abuse					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Implementation of MARAC development plan and neighbourhood model	Improving Adults Lives Active Case Management to be established and review priority cases for Radcliffe	Review of Radcliffe based domestic abuse cases through active case management to address trends and commonalities to inform commissioning intentions	Review Safe Accommodation provision in the borough and specifically demand in relation to Radcliffe	Further review of Radcliffe based domestic abuse cases through active case management to address trends and commonalities to inform commissioning intentions	DV Active Case Management data including number of re-presentations and case closures

Timely, local, accessible advice and information	Gap analysis for current advice and information (including peer-support) channels available within Radcliffe (physical locations and online routes)	Increase awareness of community-led Domestic Abuse Network within Radcliffe Promotion of local support through Domestic Violence Awareness Week in late November 'No More' Week in February 2023 on the run up to International Women's Day on 8 th March	Clear ecosystem of support to victims available and widely, regularly promoted across Radcliffe	Multi-agency, co-ordinated support available through the Radcliffe Civic Hub	
Local engagement with domestic abuse perpetrator programmes	Radcliffe based individuals identified through work of MARAC and active case management to take part in the perpetrator programmes available, including those most prevalent on the Radcliffe Neighbourhood Policing Team profile		Continued awareness raising of perpetrator programmes in Bury and restorative practices to increase referrals		Number of Radcliffe residents through Drive perpetrator programme
Objective 3: Strengthening Community Cohesion					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Tackling Hate Crime	Mapping of Radcliffe based hate crime	Community led programme of	Community led programme of	Community led programme of	Increased % reporting of a

	incidents and community-mapping of reporting centres	activities for Hate Crime Awareness Week including community and youth settings (October and February)	activities for Hate Crime Awareness Week including community and youth settings (October and February)	activities for Hate Crime Awareness Week including community and youth settings (October and February) Civic Hub established as Hate Crime Reporting Centre	decreased volume of hate crime incidents in Radcliffe Increase in the number of Hate Crime Ambassadors in Radcliffe
Furthering social inclusion	Cohesion messaging embedded within Radcliffe Carnival and associated Jubilee activities through linkages to the Creative Case for Inclusion Group	Coffee, cake, collaborate session amongst Radcliffe community and resident groups Migrant related activity building on Radcliffe drop-in with Red Cross	Further Coffee, cake, collaborate session amongst Radcliffe community and resident groups	Community-led Coffee, cake, collaborate session amongst Radcliffe community and resident groups	
Firmer links between faith groups and cohesion	Engagement session with Radcliffe Faith leaders on the People and Communities Plan and firming network connections	Joint cohesion messaging in relation to Diwali-Hanukkah-Christmas period, supported by the Events Safety Advisory Group			
Objective 4: Creating & Maintaining Safe Spaces					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Women and Girls' Safety	Promote Licensing Safety Charter consultation across licensed premises in Radcliffe; and	Promotion campaign of Women and Girls' Safety Plan across communities of interest and	Encouragement of adoption of Safety Charter principles beyond licensed premises, particularly	Promotion of Women and Girl's Safety Plan update through International Women's Day activity	Percentage of Radcliffe licensed premises signed up to Women's Safety Charter

	<p>pending outcome of consultation encourage uptake of the charter</p> <p>Establish a Radcliffe Lean-In Circle following self-defence sessions and International Women's Day discussions including Women of Worth and Corrie Gardeners</p>	<p>experience across Radcliffe, including sessions in each Radcliffe school</p> <p>Specific activity developed for Radcliffe with public service colleagues and community groups to promote the White Ribbon Campaign</p>	across the night-time economy		
Water Safety	Engagement through GM Fire and Rescue with Radcliffe schools on water safety messaging in the summer term, including reference to Radcliffe Canal and Elton Reservoir		Proactive engagement with private land-owners with water courses on their land on water safety measures		
CCTV and Lighting	CSP funded additional CCTV installation on junction of Coronation Road/ Westminster Road, covering the entrance to Red Bank Field	Lighting and safety details in relation to regeneration proposals co-designed with local communities	Joint engagement with Culture and Sport thematic stakeholders on lighting and safety in relation to active travel		
Transport and Highways	Ongoing partnership work with TfGM, GMP and the Council		Consideration of safety implications when designing		

	to increase confidence of safety on the Metrolink at Radcliffe station Multi-agency review of parking and traffic concerns around Cams Lane School		areas around new buildings, particularly the new high school		
Objective 5: Tackling Crime and Anti-Social Behaviour					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Specific Radcliffe focus on GMP/Partnership Operations	Multi-agency day of action in Radcliffe town centre and neighbourhoods as part of Operation Avro Public service collaboration and community engagement through monthly Operation Saturn exercises	Public service collaboration and community engagement through Operation Treacle around Halloween	Rolling programme of GMP Operations delivered in partnership with wider public service colleagues and community leads	GMP led operations with community involvement co-ordinated locally in conjunction with the Civic Hub	Number of warrants issued and arrests through Operations Reduction in crime rate in each Radcliffe Neighbourhood Beat area
Site-specific activity	Seek to secure the Manchester Anti-Violence Bee Monument for engagement in Radcliffe, in particular relating to the Metrolink vicinity including potential for visit to Spring Lane school	Multi-agency focus on sites of greatest ASB and crime records as per August/September Neighbourhood profiles to increase neighbourhood resilience through the 'Problem Oriented Policing' approach	Assess Radcliffe content of CSP Violent Crime Needs Assessment to co-ordinate community engagement and partnership response		

	<p>Engagement with McDonalds and Asda store management (and Asda community champion), alongside CSP colleagues with regards to additional measures to reduce ASB and shoplifting at Riverside Retail Park</p> <p>Engagement with Bury Street Pastors to expand operations in Radcliffe, including increasing visible around the Metrolink station and on the Bury Line, particularly on Sunday evenings</p>				
Develop a partnership menu of tactical options for tackling residential burglary	Routine partnership messaging to promote community safety updates, advice and means by which local people can support neighbourhood resilience.	Develop networking opportunities for Radcliffe based Neighbourhood Watch groups, to share insight, local data and explore additional engagement channels			

		Targeted action on specific streets.			
Focus on youth offending and reducing anti-social behaviour	Continued work with youth services and community group to provide positive activities and deliver engagement through primary schools	Link to preparation for Hate Crime awareness week	Link to preparation for Hate Crime awareness week	Link to preparation for Hate Crime awareness week	Reduction in youth offending
Objective 6: Reduce Reoffending					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Phased, co-ordinated interventions through a key worker model	Active Case Management of persistent ASB offenders, including review of tenancy sustainment approaches for those which are Six Town Housing residents	Focus on probation/prison leavers and pathways into local provision/support			Reduction in re-offending rate
Key stakeholders					
GMP	Neighbourhood Inspector, Neighbourhood Sgt, Neighbourhood Beat Officers, PCSOs, Cadets; Partnership Team				
Community	Ward Councillors; Growing Together Radcliffe; Bury Community Power; Youth Services; Women of Worth; Cams Lane Neighbourhood Watch; Early Break				
Public Services	Six Town Housing Neighbourhood Co-ordinators and Radcliffe TRAs; TfGM; GM Fire and Rescue Service; SafeNet				

Priority	Protecting and enhancing Radcliffe's environment				
Objective 1: Let's reduce fly tipping and improve environmental cleanliness and increase recycling					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Waste Awareness and Recycling Campaign	Employ 2 additional waste and recycling officers fixed term for 2 years funded from the GM waste levy rebate Establish baseline data for recycling Engage with R4GM and design waste awareness and recycling campaign Improve the website and information for households for recycling Refresh the Zero Waste Strategy	Implement roadshows, door to door engagement and leaflets to promote the benefit of recycling in Radcliffe Work closely with schools in Radcliffe to promote and educate children about the benefits of recycling 'Right Stuff Right Bin' campaigns Promote Radcliffe recycling champions	Further targeted recycling campaigns in Radcliffe Continue to Monitor progress and recycling performance in Radcliffe	Consolidate all recycling activity and maintain good communications and information	Reduce missed bins in waste management Recycling targets
Removal of and Enforcement of Fly Tipping. Improve street cleaning	Toolkit for community groups to collect fly tipping evidence Delivery of new road sweepers	Re-invest Litter and Fly Tipping enforcement fines back into extending the environmental enforcement service	Continue to encourage community action and self-help project – especially in hot spot areas	Continue to encourage community action and self-help project – especially in hot spot areas	Fly Tipping tonnages Street cleaning standards FPN's for fly tipping Prosecutions for major fly tipping

	<p>Additional weekend removal of fly tipping in targeted areas</p> <p>Replace worn out litter bins where resources permit</p> <p>Draft exit plan for follow up work after the Community Clean Ups</p>	<p>Continue with clean ups and enforcement in targeted areas</p> <ul style="list-style-type: none"> • Coronation Estate • Victoria Estate/Ulundi St • Eton Hill Rd / Holland St <p>Work with Housing associations such as Six Town Housing to improve the local environment and raise awareness with residents</p> <p>Review street cleaning rounds</p>			
Targeted Community Litter Picking and Community Clean up Days	<p>Prepare plans for 3 community led clean up days by volunteers and residents in target areas of Radcliffe. Community Grants available.</p> <p>Draft localised comms for clean-up – Lets Keep Radcliffe clean</p>	<p>Continue to implement clean-up days and monitor public realm standards</p> <p>Support Litter-Picking groups with the provision of PPE, training, bags and removal of bagged waste after litter picking events</p>	Continue to seek external funding and small grants that will support environmental volunteer groups and identify further suitable targeted projects	Continue to support and empower the voluntary sector including litter and gardening groups	<p>Increase community action days</p> <p>External grants for volunteer groups and projects</p>
CCTV in Fly Tipping Hot Spots	Review existing fly tipping hot spots and locations of any	Rotate CCTV cameras as required and promote	Annual review of hot spots and CCTV	Continue to reduce fly tipping hot spots and utilise CCTV	Reduction in Fly Tipping incidents and tonnage

	temporary CCTV cameras Encourage more residents to report fly tipping incidents	awareness of CCTV coverage	locations for fly tipping	withing available resources	
Objective 2: Let's - Improve our local parks and play areas and provide well maintained open spaces					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Parks Improvement Strategy and Green Flay Awards	Develop detailed improvement plans for improving Close Park and Bolton Road Park and procurement of works as required Submit applications for Green Flag and refresh park management plans Completion of parks tennis courts improvements (surfacing and nets) Support Close Park with the football club with changing rooms development Ongoing annual programme to treat	Parks improvement works on site Works includes infrastructure improvements, landscaping, parks furniture Support Close Park Football with bids for additional funding as required for changing rooms	Final completion of parks works from 22/23 Close Park changing rooms improvements Develop Green Flag Standard for Radcliffe Cemetery	Coronation Park Improvement scheme Green flag for Radcliffe Cemetery	Green Flag award for Close Park and Bolton Road Park Grounds maintenance standards Tennis activities and income Reduction in invasive weeds

	invasive weeds such as Giant Hogweed and JKW on Council owned land in Radcliffe including the town centre, main parks and other green spaces				
Play Area Strategy and new Radcliffe Town Centre Play Area	<p>Prepare designs and tenders for play area improvements at Coronation Park and Bolton Road Park (Close Park PA is completed)</p> <p>Prepare outline design for new play area at Riverside gardens</p>	<p>Implement play area works at Coronation Park and Bn Road Parks and develop designs and tenders for Bright Street PA (subject to funding)</p> <p>Develop funding package for Riverside Play Area</p> <p>Improve ball zone in Bn Rd Park</p>	<p>Review 23/24 play strategy and submit bids for funding</p> <p>Implement new play area Riverside Gardens and improve Bright Street PA</p>	Review 23/24 play strategy and submit bids for funding	<p>Maximise use of Section 106 funding to support play provision</p> <p>ROSPA play area standards</p> <p>Planned programme of inspections</p>
Springwater Park Floods Improvement Works	<p>Continue to monitor land movement (if any), communication with affected residents and friends group.</p> <p>Completion of EA Springwater residual works</p> <p>Continue to pursue Government Funding</p>	<p>Develop detailed design and tenders of the highest priority works on a risk management basis.</p> <p>Keep residents, and other affected properties informed as well as the Friends Group</p>	Implement Phased works on highest risk areas. Works adjacent to the river in summer when water levels are at their lowest	Continue to monitor Springwater Park and facilitate further works as required including funding bids	<p>Completion of EA works</p> <p>Continued monitoring of any land movement</p>

	for Springwater flood works Develop detailed schemes based on surveys and evidence collected so far and 3-year programme of works				
Tree Planting in Open Spaces	Work in partnership with City of Trees to develop tree planting schemes in Radcliffe Implement new tree planting at targeted sites	Continue to identify suitable sites for tree planting Continue to work with City of Trees, schools and volunteers on tree planting projects	Continue to investigate funding for tree planting	Continue to investigate funding for tree planting	New trees planted in Radcliffe
New 3G all-weather pitch and changing at Redbank PF. Promote grass pitch improvements at all sites with the County FA	Develop detailed business plan with Radcliffe Football Foundation Submit planning application for the 3G pitch and changing rooms Consultation with local residents and stakeholders Submit Grant application to the FF	Award of Grant subject to successful bid to the FF Continue to work with Radcliffe Football Foundation to develop the business and football development plan and wellness projects Implement grass playing pitch improvement where grants are awarded	Final on-site completion of the 3G pitch, changing and grass pitches at Redbank PF Establish 3G steering group and maintenance regimes	Monitor 3G and playing pitch performance and funding	Grass playing pitches improved Successful completion of the Redbank PF development project

	Work with Radcliffe Football Clubs regarding pitch improvement grants				
Objective 3: Let's – Develop and empower our communities and volunteers to make Radcliffe cleaner and greener					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Local Grants to Support Community and Volunteer Environmental Groups	Health improvement grants awarded to Radcliffe Litter Pickers (Safe Haven garden) and to Corrie Gardeners (Expansion of Community Garden) Award available small (up to £1000) grants to environmental volunteer groups	Continue to implement grant funded environmental improvements schemes Continue to support voluntary groups to secure external funded projects	Continue to develop and support new litter picking and environmental groups	Continue to develop and support new litter picking and environmental groups	Case studies of successful community led projects
Empower Environmental Volunteers to collect Fly Tipping Evidence to support Enforcement	Toolkit for community groups to collect fly tipping evidence	Liaise with Local Community action groups to improve evidence gathering to support enforcement Work with any volunteers who have collected evidence to produce witness statement that will be	Continue to develop and support volunteers in gathering evidence Constantly monitor the tool kit and make any necessary improvements or additions	Continue to develop and support volunteers in gathering evidence Constantly monitor the tool kit and make any necessary improvements or additions	Case studies of successful community lead projects that result in enforcement Number of FPN issues from evidence gathered from Environmental Volunteers

		used in any ongoing enforcement action Work with volunteers to ensure they are able to attend courts to act as a witness in prosecution of littering and fly tipping cases			Number of successful prosecutions resulting from evidence gathered by environmental volunteers
Enable and Empower local Environmental, litter picking and gardening groups	Support local volunteer groups through new 12 month position of volunteer coordinator withing wellness Service Provide support with litter pickers, PPE, training, removal of bagged waste and obtaining external funding where possible	Provide support where possible for Little Britain Anglers in their quest to improve the environment of the canal in Radcliffe including support for the Canal Boat Floral Feature Support volunteers in connection with Chapel Field LNR	Look at ways to expand existing groups as well as enable new community groups not currently covered by volunteers	Continue to support and grow environmental volunteering across Radcliffe	Number of registers volunteers or volunteer groups
Objective 4: Let's - Improve the quality and safety of our roads and public realm					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Highway Improvement Strategy – HIS2 and HIS3	The planned surface treatment works for 22/23 will be less in Radcliffe as 55% of the 21/22 programme was in Radcliffe. The 22/23 surface treatment includes	Completion of 22/23 planned surface treatment and resurfacing contracts started in Q1 & Q2	Implement 23/24 programme of resurfacing and plan the 24/25 programme Approval of 24/25 surface treatment programme	Implement 24/25 programme of resurfacing and surface treatment as well as plan and approve the 25/26 programme	Area of road surface treatments completed Roads resurfaced Potholes repaired

	<ul style="list-style-type: none"> • Pilkington Road (Full length) • Red Bank Road (Full length) • Turks Road (Countess Lane to Freshfields) • Turks Road (Eastfields to Ainsworth Road) • Unsworth Street (Full length) <p>HIS2 resurfacing schemes for 22/23</p> <ul style="list-style-type: none"> • Cross Lane, Radcliffe • Pilkington Way & New Road, Radcliffe • Bolton Road, Radcliffe • James Street North, Radcliffe <p>Prepare 3 year resurfacing plan for HIS3</p>	<p>Approval of 23/24 surface treatment programme</p> <p>Approval and advance design of HIS3 resurfacing programme</p>	Year 1 of HIS 3 resurfacing	Year 2 of HIS 3 resurfacing	
<p>Street Lighting Improvement and LED investment programme</p> <p>Roads Safety Schemes</p>	<p>Street Lighting Column replacement programme for Radcliffe in 2022/23 is as follows:</p>	<p>Completion of 22/23 column replacement started in Q1 & Q2 and planning for 23/24</p>	<p>Implement 23/24 programme of column replacements and planning for 24/25</p>	<p>Implement 24/25 programme of column replacements and planning for 25/26</p>	<p>Completion of programmed column replacements</p>

	<ul style="list-style-type: none"> • Kearsley Road, Radcliffe • Withins Lane, Radcliffe • Lowe Street, Radcliffe • Salisbury Road, Radcliff • Outwood Road, Radcliffe 				
Road Safety Schemes	<p>Road safety Schemes planned for 22/23</p> <ul style="list-style-type: none"> • Ainsworth Village Road Safety improvements • Barlow Street Area 20mph Zone • Darbyshire Street 20mph speed limit area • Greenbank Road 20mph speed limit area • A665 Radcliffe Moor Road – road safety scheme • A665 Radcliffe New Road – Vehicular Activated Safety sign 	<p>Completion of 22/23 road safety schemes started in Q1 & Q2</p> <p>Establish road safety programme for 23/24 (subject to available funding)</p>	Implement 23/24 road safety programme and planning for 24/25 (subject to available funding)	Implement 23/24 road safety programme subject to available funding	Improved road safety

	<ul style="list-style-type: none"> Grindsbrook Road – Additional 20 repeaters Turks Road area – Additional 20 repeaters 				
Improve Quality of Public Realm and upgrade of all Public area CCTV from Analogue to IP	Engineers and Streetscene Services to be involved in the planning and design of quality public realm space associated with the new Radcliffe Hub	<p>Ensure new public realm designs has adequate funding for longer term maintenance of any new public realm spaces</p> <p>Work with volunteer groups to maintain existing public realm and gardens/planted areas</p> <p>CCTV cameras to be upgraded in accordance with the GM1 Full Fibre Roll Out. (PN) Completion expected.</p>	Oversee Radcliffe Hub public realm works working with consultants or contractors	Handover of new public realm spaces to Engineers and Streetscene	Engagement with volunteers
Objective 5: Let's Involve local people in our Carbon Management Plans and improve local air quality					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Increase community engagement in climate action	Establish a community led Environmental Forum for Bury West that	Representatives from the Forum to attend the Climate Action Board to help	Increase attendance and engagement with the Forum, which in		Environmental Forum established.

	has representation from Radcliffe residents.	influence climate action in Bury at the strategic level.	turn increases local climate action.		
Increase number of publicly available Electric Vehicle Charging Points (EVCI)	Appoint a supplier to install EVCI in locations identified in Radcliffe.	Install EVCI at these locations.	Identify more suitable EVCI locations alongside regeneration.	Install more EVCI.	Number of publicly available electric vehicle charging points in Radcliffe.
Decrease in carbon emissions from Council buildings	Support new Council buildings installed as part of the regeneration plans to be carbon zero. Transformation project to rationalise the council estate which will include an assessment what Council buildings are situated in Radcliffe and which will remain in the long term plan.	Produce Heat Decarbonisation Plans (HDPs) for Council Buildings outlining what is required to retrofit existing buildings in Radcliffe that will be retained in future to net-zero.	Use funding/'invest to save' models to carry out works identified in HDPs as funding is available.	Use funding/'invest to save' models to carry out works identified in HDPs as funding is available.	Emissions produced from council buildings.
Increase in number of homes retrofitted for better energy efficiency standards	Support GMCA's retrofit accelerator project. Support Six Town Housing's social housing decarbonisation projects.	Use communications to promote the retrofit accelerator project in Radcliffe and how this can help homeowners.			Number of privately owned properties carrying out retrofit projects. Number of social housing properties that have been decarbonised.

Increase Renewable Energy Generation	The Local Area Energy Plan demonstrates that there are suitable areas for Solar Energy Generation in neighbourhoods in Radcliffe	Target the specific areas to encourage retrofitting (as funding becomes available).	Continue to work with the regeneration team to incorporate renewable energy generation into plans		Amount of renewable energy generated within the local area.
Air Quality	<p>GM to review Clean Air Plan and present new proposal to government – further actions can be added to this plan following development</p> <p>Work with local schools to highlight air quality issues and encourage action in a proactive manner.</p> <p>New Electric Vehicle Charging infrastructure to be installed at Bradley fold to support fleet upgrades which in turn will benefit Radcliff</p>	<p>Continue to develop the active travel and public transport networks to reduce reliance upon cars.</p> <p>Delivery of 13 electric vans for the Council which in turn will benefit Radcliff</p>	Promote the low-traffic neighbourhood model and encourage their incorporation across Radcliffe's neighbourhoods.		Air quality in the local area (Specific measurements taken from monitoring sites)
Key stakeholders					
Environmental Cleanliness and Recycling	Recycle for Greater Manchester; GMCA Waste Management; Operations Waste Management; Environmental Health; Local Litter Picking Groups; STH				
Parks, Play Areas and Green Spaces	Local Football Clubs and Bowling Clubs; Self-Managed Allotment Sites; Football Foundation; Sport England; County Football Association; ROSPA; Local Parks Friends Groups; Growing Radcliffe				

	Together; Little Britain Anglers; Radcliffe Litter Pickers; Friends of Springwater Park; Environment Agency; Green Flag Award; Leisure Services; Lawn Tennis Association; City of Trees; Radcliffe Football Foundation
Communities and Volunteers	VCFA; Radcliffe Litter Pickers, Growing Radcliffe Together, Little Britain Anglers, Parks Friends Groups, Friends of Springwater Park;
Roads and Public Realm	Department for Transport; Transport for Greater Manchester; Street Scene Service; Street Lighting; Road Safety Team; Engineers Team;
Carbon Management and Air Quality	Greater Manchester Combined Authority; Transport for Greater Manchester; Climate Action Board; Bury West Environmental Forum; Environmental Protection

Priority	Health & Care				
Objective 1: Develop and deliver Neighbourhood health plan and care and associated plans					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Develop and implement Radcliffe Health and Care Plan	Engagement with Neighbourhood health and care stakeholders Confirm borough level priority – the proposal is that the population health improvement priority will be prevention of coronary heart disease with a neighbourhood focus in Radcliffe on Adverse Childhood Experiences Development of detailed delivery plans, including metrics and measurement plan	Delivery of the plan against the key health outcomes for Radcliffe Monitoring and reporting to allow for interim evaluation Refresh of Neighbourhood Health and Care plans for 2023/24	Refreshed planning cycle	Refreshed planning cycle	To be determined through Health and Care Plan
Coronary Heart Disease Prevention	Development and agreement of GP practice contribution to plan and KPIs for inclusion in Locally Commissioned Services Framework	Delivery of targeted activity in Radcliffe Monitoring and reporting to allow for interim evaluation			

	<p>Identification of baseline data at Neighbourhood and practice level and agreement of measurement plan</p> <p>Develop plan for and commence delivery of Neighbourhood level activities to support CHD prevention</p>	Refresh of Neighbourhood Health and Care plans for 2023/24 (
Neighbourhood priority of Adverse Childhood Experiences (ACE) and trauma informed practice	<p>Stakeholder engagement through health and care neighbourhood meeting</p> <p>Brief training needs analysis</p> <p>Development of training offer</p>	<p>Roll out of training</p> <p>Identification of learning from 'trauma informed GP practice work in Greater Manchester</p> <p>Establishment of Community of Practice</p>			
Develop supplementary health improvement plans with a local focus on primary prevention and wider determinants	Develop a discrete supplementary plan which outlines current health improvement activities and priorities to be worked on from a	<p>Review Health Improvement Funded projects to assess impact</p> <p>Engagement with Move More Pilot in Radcliffe as per Sport priority</p>	Table update at Health and Wellbeing Board to demonstrate learning and future actions		

	primary prevention perspective	Review progress against Health Improvement Plan			
Anticipatory Care	Development of plans for implementation of Anticipatory Care within the Radcliffe neighbourhood, aligned to Primary Care Network, the GM ICS plan and local priorities.	Commence implementation of Anticipatory Care model Promotion of the model to community leads to raise awareness and opportunities to engage further			
Objective 2: Strengthen and develop the workforce					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Recruitment to existing health and care vacancies	Implementation of next phase of existing programme to build workforce capacity and address existing vacancies in health and care workforce across public services and independent care sector: Programme 1 - entry level and experience care roles [support workers, HCAs]	Programme 2 – qualified social work and nursing roles Programme 3 – qualified therapy and mental health roles	Promotion of health and care careers options within Radcliffe Works offer		KPIs developed to measure a range of indicators for recruitment process steps, quality of experience for applicants/managers and fill rates.

Improving staff wellbeing	<p>Pilot roll out of wellbeing conversations</p> <p>Evaluation and consideration of roll out plan priorities for Health and Care teams</p>	Implementation of the plan with integrated Neighbourhood team (including training for managers, awareness raising for staff)	Ongoing delivery		<p>Level of utilisation of tools</p> <p>Staff feedback on interventions delivered</p>
New ways of working with people and communities	<p>Development of system wide training portal including testing and launch</p> <p>Commencement of roll-out of Strengths Based Training to staff who did not receive the training in wave 1</p>	<p>Extension of Strengths Based training to new staff groups working at Neighbourhood level</p> <p>Evaluation of Strengths Based Training input</p> <p>Decision on whether to progress roll-out of Ethnographic training (funding dependent)</p>	<p>If funded, roll out of ethnographic training to identified staff working at neighbourhood level</p> <p>Training needs analysis for Neighbourhood health and care workforce</p> <p>Development of integrated workforce development plan</p>	Continued implementation of integrated workforce development plan (<p>Level of training uptake</p> <p>Training evaluation</p>
Development of Neighbourhood Health and Care Leadership Teams	<p>Identification of Team members / representatives</p> <p>Agreement of scope, function and roles and responsibilities</p>	<p>Commence delivery of programme</p> <p>Completion / evaluation of OD / leadership development</p>	Leadership Teams to routinely meet and deliver to set and deliver against local priorities in conjunction with partners and communities		<p>Evaluation of programme with participants</p> <p>Evidence of application of theory in practice</p>

	Leadership Team formation support and development of OD / leadership development plan				
	Commission delivery of OD / leadership development				
Primary Care Network Additional Roles Reimbursement scheme [ARRS]	<p>New Mental Health Practitioners commence in post in Radcliffe</p> <p>Induction and orientation of Radcliffe based MHP</p> <p>Establishment of referral pathways and operating model</p>	<p>Decision on approach to next wave of ARRS Mental Health Practitioner recruitment e.g. post type required in each Neighbourhood</p> <p>Further work on alignment of new ARRS roles with Neighbourhood Health and Care model</p>			Number of new health & care posts in Neighbourhoods
Objective 3: Deliver high quality targeted interventions and case co-ordination to individuals with multiple health and care needs through an MDT approach					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Active Case Management	Complete ripple effect mapping appraisal to better understand enablers and impact of multi-disciplinary approach in the	Evaluation of impact of Radcliffe case management to date, identifying impact to date, community connections to harness further; opportunities to			

	Neighbourhoods and share learning Develop options for further priority cohort identification for active case management	deepen links with broader neighbourhood model			
Quality Improvement (West INT Lead)	Review Bury West self-assessment Develop Bury West INT quality improvement plan Commence delivery of improvement plan	Delivery of improvement plan Self-assessment	Annual self-assessment and QI cycle	Annual self-assessment and QI cycle	Improvement in Quality Framework self-assessment scores
Evaluation of individual impact from Active Case Management	Deliver test of change to assess viability of different outcome measurement tools Agree preferred tool(s) for adoption and Standard Operating Procedure	Deployment of outcome measurement tool			Evidence of improved outcomes following ACM intervention
Objective 4: Ensure effective joined up working with the wider Neighbourhood infrastructure					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Alignment with Improving Adult Lives and Children & Families Early Help	Work with partners to define respective roles, remits and referral pathways	Ongoing review and development through the Bury Public Service Reform Steering Group			

	Define in Standard Operating Procedures where required				
	Agree governance and reporting arrangements				
Objective 5: Develop the capacity and capability to support community involvement and co-production					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Delivery of the programme funded by GM Workforce Collaborative	Finalise delivery priorities and plan across the programme elements inc: <ul style="list-style-type: none"> - Community engagement - Reverse mentoring for health and care leaders - Creation of spaces to build connections and relationships between communities and public services - Development of community collaboratives 	Programme delivery Determine community involvement in shaping 2023/24 Radcliffe Health and Care Plan	Evaluation and Learning event(s) of Workforce Collaborative		
Key stakeholders					
Public health; Radcliffe Health and Care Integrated Neighbourhood Team (INT); Radcliffe GP practices; Tower and Bury PCNs; Northern Care Alliance Community Health; Pennine Care Foundation Trust; Bury Voluntary and Community Faith Alliance; Healthwatch Bury; Beacon					

Service; Live Well Service; Radcliffe Community Hub; Radcliffe Primary Care Centre; projects which received Health Improvement Funding and are part of the Move More Pilot

Priority			Education		
Objective 1: Improved Early Years Development					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Work with early years providers and community groups in target neighbourhoods to improve school readiness	Engage with early years providers and networks through Radcliffe Early Years Hub to ensure sufficiency of high-quality early years provision Targeted activity through Early Help team to promote Healthy Start voucher uptake in Radcliffe	Develop proposals for how national Family Hub model can be applied to Radcliffe			
Objective 2: Improved educational attainment for all our young people					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Improve education outcomes at all Key Stages	Deliver Recovery of Learning Plan against timelines including focus on sharing practice, effective transition and those disadvantaged by the pandemic by June 2022 Evaluate & re-broker support plans for Radcliffe schools	Review and refresh the recovery of learning plan based on summer outcomes/ intelligence by September 2022 Quality assurance of school performance through analysis of outcomes including attendance assurance visits to			

	<p>judged less than good by June 2022</p> <p>Deliver statutory moderation in primary schools to assure and share effective practice by June 2022</p> <p>Sharing of learning event from NW1 Maths Hub Y5 – Y8 continuity project by June 2022</p> <p>Bury Ready Together (PVI/ schools) share practice on the new EYFS framework by July 2022</p> <p>Evaluate the effectiveness of the self-improving school led system leading to refreshed co-produced Bury Toolkit by July 2022</p> <p>Review Quality Assurance processes for 2022/23</p>	<p>re-categorise schools for support by October 2022</p> <p>Share strategic priorities with all stakeholders through system by October 2022</p> <p>Support plans for Category 3 & 4 schools, signposting, brokerage and commissioning by November 2022</p> <p>Deliver targeted support and intervention in line with information from quality assurance & cross-service intelligence by January 2023</p>			
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	academic year by August 2022				
Improving attendance	Targeted approach on tackling persistent absence from schools through the 'Team Around the School'/ 'Team Around the Family approach'	Further identification of families with complex lives or at risk of crisis as extension of 'Team Around' approach through Radcliffe Public Service Leadership Team and front line practitioner network			
Objective 3: High Performing Schools and education ecosystem					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Develop assurance systems and processes	<p>QA universal entitlement developed</p> <p>Quality Standards and Performance Team aligned with Radcliffe locality</p> <p>Revised Health check/ Developmental Reviews developed through system leaders, with a specific focus on Radcliffe</p>	<p>QA visits complete and reports submitted</p> <p>Support plans based on principles of school-to-school support agreed</p>			

Facilitate collaborative working to strengthen the self-improving school led system through:	<p>Restart Phase 2 of Schools Partnership Programme (SPP) working with Education Development Trust</p> <p>Review two programmes with Research School Network and refresh offer for 22/23 academic year</p>	Support the Year 5-8 maths continuity project, including sharing learning event			
Engagement with Multi Academy Trusts to develop strong and sustainable leadership and governance across Radcliffe schools	<p>Active involvement of school leaders and MATs in relationships with Radcliffe businesses – aligned to skills priority</p> <p>Active involvement to inform and deliver new skills strategy and pathways to further and higher education.</p>	<p>Pupil place planning, forecasting impact on supply and capacity, including in relation to new SRF housing</p> <p>Promoting the opportunities of the Northern Gateway, to build optimism, ambition and pathways for young people in Radcliffe schools</p>			
Work with Star Academy and other school leaders/governors/C EO's to develop a comprehensive and	Brokering relationships between Star Academy and Radcliffe primary schools; focus on	Development of alternative admission arrangements and consultation on any proposed changes to	Implementation of new admission arrangements – September 2024		

integrated educational offer for all CYP attending Radcliffe schools	transitions as KS2/KS3 curriculum	secondary school admissions			
Objective 4: Educational opportunities for all					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Education as component of broader skills strategy	<p>Co-produce skills strategy with stakeholders aligned with Council priorities/ GM landscape and Levelling Up</p> <p>Use #BeeWell survey outcomes and Circles of Influence to ask, listen to and respond to youth voice</p> <p>Provision map the planned further development of technical qualifications and progression pathways</p>	Target internships/ apprenticeships including for communities of interest, e.g. SEND & care leavers, within Radcliffe			
Key stakeholders					
School Leaders; Governing Bodies; Multi Academy Trusts; Diocesan Authorities; Regional Schools Commissioner; Parents; current and prospective pupils; Children's Strategic Partnership Board; Early Years and School Readiness sub-group; Youth Cabinet					

Priority	Skills and Employability				
Objective 1: Young people leave education and training ready to succeed in the labour market with a balance of academic, technical and 'life ready' skills					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Awareness raising of funded skills and employability support through engagement activity with parents, teaching professions and learners to plant seeds of jobs for the future	<p>Select and approach a Radcliffe Primary school in partnership with Childrens and Young People to deliver a parent/carer, teaching professionals and learner workshop</p> <p>Identify established community enabler to host further drop-in activity</p> <p>Development of an Interactive session bringing together Labour Market Information; Adult Skills Support (AEB); digital support; employability Support and business start-up information</p>	<p>Delivery of interactive skills and opportunity session in education and community based settings</p> <p>Evaluation to inform repeat session across different settings and inform of gaps in knowledge/provision</p> <p>Develop programme of technical and life skills provider marketplace sessions to regularly promote offer</p> <p>Opportunities to be included in reference to the Northern Gateway site to raise awareness of opportunities this site will present to the people of Radcliffe and future career options</p>	<p>Based on previous sessions, deliver of enhanced place-based profiling and market place of opportunities with a specific focus on addressing barrier and gaps raised in previous sessions</p> <p>Develop spaces for young people to access training and skill development support within new Civic Hub and Enterprise campus</p>	<p>Provision of life skills and opportunity support via Hub and Enterprise Centre campus</p>	<p>Increase uptake and referrals to provision</p> <p>Increased uptake and referral to AEB provision</p> <p>Reduction in NEET population</p> <p>Reduction in youth unemployment</p>

Deep dive engagement with Young People	Engagement with Children's Strategic Partnership Board to maximise co-design opportunities for skills and employment development	<p>Youth Cabinet Circles of Influence session on skills and opportunity, specifically focusing on Radcliffe</p> <p>Specific outreach to Friday Night Youth Club at ROC Centre to work with young people on the nature and topic of skills and employability support they would like to engage with the club.</p>	Exploration of community mentor scheme, outlining pathways and opportunities local people have succeeded through and reference points for advice and guidance	<p>Develop mentoring programme to include peer-support element</p> <p>Showcase of Enterprise Centre to young people to promote opportunities on their doorstep and inspire entrepreneurialism</p>	Number of skills and opportunity mentors
Review Offer to Schools Menu	<p>Refresh Offer to Schools Menu on economic development and skills related support in the context of the SRF and Levelling Up Opportunities</p> <p>Engage with Barclays as part of Thriving Local Economies pilot to ensure reach into Radcliffe settings and communities</p>	<p>Specific engagement with schools in Radcliffe and on border of the town, to promote offer in context of Levelling Up and SRF opportunities</p> <p>Deliver National Careers Service sessions in conjunction with anchor community organisations, including Radcliffe FC and Outreach Centre</p>	Review Offer to School Menu in light of Enterprise Centre developments and opportunities to link young people to this emerging facility		Education setting uptake of Offer menu.

Objective 2: Radcliffe adults can acquire the skills, mindset and support they need to fulfil their career potential					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Radcliffe Works Employment, Health and Skills Fair	Co-design of an employer-led partnership event to take place in Radcliffe with live vacancies, skills provision and guidance on wrap around support Engagement with Growth Hub to develop and promote the fair to ensure regional support	Delivery of inaugural Radcliffe Works Employment Health and Skills Fair following significant local promotion in education, employment and community settings; including referrals via social prescribing and Job Centre Plus	Evaluate and repeat, with follow on event focus dependent upon outcomes which will be measured in onward referrals/raised awareness/job outcome	Radcliffe Works fair within new Civic Hub/Enterprise Centre campus	Attendees and positive outcomes from Employment, Health and Skills Fair (vacancies met; scheme enrolment)
Review of Adult Learning provision in Radcliffe	Audit of current learner volumes and demographics in relation to Radcliffe residents Identification of gaps of communities (hyper-local geographic settings and communities of interest) which have previously not-engaged, or engaged less, with Adult Learning provision	Strengths-based discussions with current Adult Learning providers and learners accessing provision from Radcliffe as to what works well and existing barriers to access Identification of additional/alternative course provision and develop proposals as to funding and	Repeat audit activity to track impact of interventions	Opportunities for Adult Learning provision to be accessed via the Civic Hub site	Adult Skills levels (Reduction in individuals with no qualifications; increase in number of people with NVQ Level 3+)

		Radcliffe based location for such provision			
Work in partnership with construction partners to achieve social value commitments	<p>Support by sharing information and targeted outcomes for Radcliffe communities including taster sessions, raising awareness of the sector as a source of good employment</p> <p>Construction and related sector Bootcamp activity to raise awareness of skills progression and new career pathways</p>	Delivery of a series of 'Have a Go Events' - sector specific events to demonstrate the wide variety of skills and job opportunity and pathways to the sector. Hosted by a local employer and co-sponsored by construction partner	Co-delivery of further 'Have a Go' activities including phased opportunities for those furthest from employment to work-ready, and on growth sector roles as per insight from the Growth Hub		<p>Construction partner achieves social value commitment and other added value activity.</p> <p>Model established to take to other areas and sectors.</p>
Promotion of GM Good Employment Charter	Promotion and support for local organisations across the public, private and voluntary sector to become a GM Good Employment Charter Member, promoting good jobs that pay well	Engagement with Radcliffe's largest employers to review progress towards the Charter, including support via Growth Hub to take steps towards achieving this	Showcase to celebrate those organisations which have achieved Member status to promote opportunities within these and encourage other organisations to meet these standards		Number of Radcliffe employers a Member/ Supporter of the Good Employment Charter

Steps to Success	Refreshed promotion of the Steps to Success offer by Six Town Housing to their residents in the context of the GM Housing Provider Pledge	Collaboration between Six Town Housing and Beacon Service to provide tailored support including access into funded support through Restart and Working Well through a key-worker style approach	Review of GM Housing Provide Pledge commitments by Six Town Housing and wider housing providers in Radcliffe		Number of STH residents into training and employment
Objective 3: Employers have access to a local workforce with skills required to allow high productivity, good quality work and excellent employment practices					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Development of Radcliffe Work and Skills ecosystem including the development of a Radcliffe Enterprise Centre	Proactive engagement with Radcliffe businesses to best understand existing and upcoming pressures, particularly in relation to workforce supply (quantum and capabilities) Above engagement to inform development of Offer to Schools Menu and Radcliffe Works fair	Further development of Radcliffe Works branding and structures to between connect local people to employment and career opportunities Further opportunities sought for employers to inform skills development and implementation provision in Radcliffe Target Community Wealth Building activities of pathways into employment, such as Kickstart, apprenticeships and	Ensure Radcliffe's contribution to, and benefit from, Greater Manchester Innovation Accelerator pilot as a cluster of 4th Industrial Revolution Foundries Determine opportunities for Bury's communities of the Multiply Scheme which targets disparities in numeracy levels with investment in courses for adults		Radcliffe employment rate

		T-levels, in particular reaching individuals currently furthest from employment			
Objective 4: Residents are supported by a welfare that provides access to good work for those who can, support for those who could and care for those who can't					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Tailor and target local support, including welfare support	<p>Build on local success of Working Well to further target and promote in-work progression offer, including through the Health and Disability Green Paper</p> <p>Promotion of work of Ingenus; Restart and Job Entry Targeted Support to Growing Together Radcliffe and with Radcliffe Public Service Leadership Team, including support relating to the cost-of-living crisis</p> <p>Provision of employment and training opportunities as part of wrap-around resilience support alongside targeted Household</p>	<p>Further roll out of Working Wardrobe scheme in Radcliffe</p> <p>Citizens Advice Bureau drop-in sessions within Radcliffe locality to promote welfare entitlement, in conjunction with DWP and work coaches on employment related support</p>	Determination of welfare and employment support opportunities through new venues within Radcliffe town centre including Civic Hub and Enterprise Centre		UC claimant figures for Radcliffe

	Support Fund payments				
Key stakeholders					
Bury Employment, Health and Skills Task Group; Digital Inclusion Group; Bury Adult Learning; Adult Education Budget (AEB) Providers; DWP; Housing Providers; Radcliffe Community Groups; Vinci; Employability Providers; Ingeus; Trinity Foodbank					

Priority	Closing the Digital Divide				
Objective 1: Raise local branding and raise awareness of digital activity in Radcliffe					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Develop the Radcliffe Works – Digital for All brand	Community engagement via partners and Community Hub Managers to signpost to a single point of contact for digital related information and support Develop dedicated platform on The Bury Directory and partner websites/platforms Develop partner sharing protocol to ensure provision access and knowledge of provision is up to date and disseminate accordingly	Apply best practice from GM Digital workstream to opportunities and communities in Radcliffe	Digital marketing and signposting embedded in Radcliffe community to increase footfall to crease footfall to dedicated platform	Promotion of Radcliffe Works within infrastructure of Civic Hub, library and enterprise centre	Increased uptake of Radcliffe Works tool
Support residents of Radcliffe to access one to one support to address their digital skills needs	Drop-in sessions and signposted to Adult Education including through Bury Adult Learning, Learn My Way and iDEA provision.	Co-delivery of drop-in sessions to be set up and delivered at Trinity Baptist (in conjunction with Six Town Housing) and New Life Church	Review nature of support required by Radcliffe residents and demographics of those accessing support to review opportunities to address any gaps in access in terms of		Residents able to access swift solutions to initial ICT problems and engage in discussions around progression opportunities

	Targeted promotion of access provision through Radcliffe Public Service Leadership Team and community groups		topic of support or particular communities of interest which would benefit from further tailored support		
Co-design online basic tutorials that can be accessed at any time and hosted on free to access sites, including YouTube/partner sites	Engagement with community groups on known gaps and areas of local interest to address initial tutorials on Set up working group to design and film tutorials, led by individuals from Radcliffe	Promotion of initial tutorials, including how community and public service colleagues can support individuals to use these tutorials, such as through the Staying Well Team, social prescribers, community groups and faith networks. Work with Inclusion Group partners for translated versions	Develop further tutorials across the themes of the People and Community Plan, including accessing training opportunities; Universal Credit and welfare information; accessing public health support and connectivity to local groups through the Bury Directory		Measure viewing activity and feedback Usage numbers for new/improved facilities
Objective 2: Increase activity to reduce access to digital kit as a barrier					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Digital Loan and technological availability	Widen digital loan scheme in Radcliffe Explore linkages with the Digital Poverty Alliance including Tech4Families and Tech4PrisonLeavers campaigns	Engage with community groups to facilitate drop-in skills sessions leading to enhanced digital skills training via local funded provision	Review the Radcliffe offer in light of the Good Things Foundation approach of Affordable Internet	Library and enterprise centre as hub for 'internet of things' facilities that can be hired, including scope for satellite sites within hyper-local neighbourhoods	Improvements in digital access and literacy (including evaluation of courses)

Provide formal non accredited ICT learning opportunities within Radcliffe Library and other community settings	Structured 6 week courses to develop a range of essential digital skills with opportunity to progress into further accredited learning via Bury Adult Learning	Rolling programme of 6 week courses Determination of further digital opportunities that are specifically requested by the people of Radcliffe	Exploration of digital access provision within Radcliffe's social infrastructure, including Levelling Up buildings and community settings	Delivery of ICT access and support via Civic Hub	Potential to progress onto further funded provision
Objective 3: Develop intergenerational digital activities					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Intergenerational activity <ul style="list-style-type: none"> Partnership project: Community groups Schools (targeting parents) Welfare to Work Programmes 	Engage with young people, and the borough's Older People Network to develop partnership activity to develop knowledge, skill and experience transfers between different generations.	Work across partners to recruit appropriate volunteers. Volunteers will be funded to develop basic digital teaching qualification and become Digital Champions to build upon the Barclays Digital Eagles campaign	Celebrate activities to date and promotion of Champions network to encourage further participants, with a focus across all protected characteristics		Increased digital skills in 50+ Reduction in social isolation Increased access rates of self-service participation (banking, shopping, interactions with friends and family)
Objective 4: Ensure Radcliffe benefits from the GM Full Fibre Network rollout					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Link the GM Full Fibre Network into the SRF and Levelling Up Proposals	Reinforcement with GMCA of Radcliffe's regeneration activity to maximise the public Wi-Fi coverage in Radcliffe Town Centre and public sector buildings in the town	Ensure input into design and build of SRF proposals to ensure maximum connectivity through proposals		Promotion of Wifi and Full fibre provision within Civic Hub campus to maximise use of this by local people	

Key stakeholders

Digital Inclusion Group; Bury Health, Employment and Skills Taskforce; Radcliffe Community Groups; Bury Adult Learning; Barclays Digital Eagles; Radcliffe Library; Bury Voluntary and Community Faith Alliance

Priority	Culture and Sport				
Objective 1: Develop new and existing places (facilities and venues) – for cultural and sporting creativity and consumption					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Develop the specific cultural and sporting proposals outlined within the Levelling Up Bid and SRF for the Civic Hub and Market Chambers campus	Community engagement including design consultation on library, pool and gym facilities Develop business model specification for Radcliffe Market basement spatial opportunity Align new borough Cultural Strategy opportunities to Radcliffe SRF re spaces for cultural production and consumption Arts Council England National Portfolio applications considered for Radcliffe cultural facilities	Service delivery plans for 23/24 confirmed. Further Community engagement of Market basement and chambers facilities Engagement and identification of location for Danny Boyle ‘Wonder’ neon Cultural identity of Radcliffe refined in terms of textile and text (Radcliffe and Pilkington co-op; Water Made it Wet) to inform physical infrastructure Building active movement features into design principles – nudge behaviours to encourage active travel, people taking	Install of Danny Boyle ‘Wonder’ neon Radcliffe Market basement management agreement in place, including draft year 1 event programme	Launch of new Hub facilities	Number of individuals engaged in co-design activity ACE National Portfolio sites in Radcliffe

	Confirm baseline for venue based LUF outcome measures	the stairs where possible			
Maximising the existing Radcliffe library during Hub design and build stage.	<p>Deliver the Libraries Connected Universal Offer on Health and Wellbeing, through use of building for Live Well activity and launch of bike loan scheme</p> <p>Deliver the Libraries Connected Universal Offer on Information and Digital through better improved communication of digital access and skills development available via library – onsite and outreach/loan opportunities</p> <p>Showcase local creative professions - including the Jon Lonsdale Town of Culture Micro-commission celebrating nature and heritage of Radcliffe – and local community offer</p>	<p>Deliver the Libraries Connected Universal Offer on the Children's Promise in conjunction with the borough's Children's Strategic Partnership Board and Youth Cabinet</p> <p>Increasingly target offer provision at individuals and families which haven't previously engagement with library-based activity, including engagement at community events and through the Beacon Service</p> <p>Generate future events programme for Radcliffe based on groups utilising current and future facilities</p>	<p>Recasting Universal Offer in context of Civic Hub through community co-delivery</p> <ul style="list-style-type: none"> - Health and Wellbeing - Information and Digital - Children's Promise 	<p>Launch of Radcliffe Targeted offer, as showcase of Universal Offer – recognising new library site and repurposing of existing site as Enterprise Centre</p>	<p>Number of individuals/groups visiting library</p> <p>Library membership</p> <p>Bike loan usage</p> <p>Improvements in digital access and literacy (evaluation of courses)</p>

Develop Active environments (as per Move More Local Pilot) including outdoor sporting facilities	<p>Development of Radcliffe 3G Pitch project with Radcliffe Borough and Radcliffe Juniors FC to form the Radcliffe Football Foundation to develop provision at Redbank</p> <p>Work with Close Park FC on club room and pitch facilities through partnership work with the Football Foundation</p> <p>Sustainable Tennis Strategy improvements to Close Park</p> <p>Identifying site for Bury Broncos Rugby League team</p> <p>Unlocking the potential of Radcliffe Canal in encouraging walking and physical activity</p>	<p>Identification further improvement or development opportunities with the Football Foundation</p> <p>Sustainable Tennis Strategy Improvements to Bolton Road Park</p> <p>Drafting of proposals to promote active travel and linkages between active environments, workplaces, residential settings and Hub campus</p> <p>Work with Walk for the Bees and Bury Creatives as to increasing physical activity through local parks, including potential option for Outwood.</p>	<p>Delivery of Radcliffe 3G facilities</p> <p>Move More Local Pilot to continue to identify settings to increase physical activity, including removing barriers to access</p>		<p>Increased/ improve space for sport and physical activity and culture</p> <p>Usage numbers for new/improved facilities</p> <p>Value of external funding brought into upgrade/ establish Radcliffe facilities</p>
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Develop environments and places across the neighbourhood for cultural production and consumption	<p>Develop proposal based on Culture Strategy – linked to Enterprise Centre proposals for existing library – to promote Radcliffe as space for new professional creatives.</p> <p>Promotion of Radcliffe component of the Irwell Sculpture Trail in conjunction with Art Museum project with the Sunnywood Project</p> <p>Scope feasibility of cultural signposting through Hello Lamp-post, including opportunity this presents for broader wellbeing engagement</p> <p>Further locations identified for Bury Art Museum led Sketchbook Social sessions</p>	<p>Explore wayfinding through floorscapes including learning from Accrington and Middleton, leading to/from the hub campus</p> <p>Explore feasibility of Radcliffe park trails such as that opening in Burrs Country Park through the Sunnywood project</p>	<p>Review Hello Lamp-post options as wayfinding tool to build into hub campus</p> <p>New Secondary School designs to be informed by Culture Strategy opportunities for cultural production and consumption</p>		<p>Increased/ improve space for culture and creativity</p> <p>Usage numbers for new/improved facilities</p> <p>Value of external funding brought into upgrade/ establish Radcliffe facilities</p>
Objective 2: Developing community capacity to increase the volume and resilience of Radcliffe's cultural and wellbeing ecosystem					

Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Maximising Community Investment	<p>Further iteration of Radcliffe Moving Community Investment Framework</p> <p>Celebration event of Radcliffe Let's Do It Health Improvement Funded projects</p> <p>Radcliffe specific 'Meet the Funder' and bid writing session to be developed with Bury VCFA</p> <p>Local and regional funding opportunities promoted through Community Hub network</p> <p>Promotion of cultural funding opportunities aligned to the Platinum Jubilee and Town of Culture legacy opportunities</p> <p>Children's Services working with Sports England to offer £15k</p>	<p>Celebration event of projects funded through Radcliffe Let's Do It Neighbourhood Pitch funding</p> <p>Explore potential for a Radcliffe Community Fund to bring together VCFSE funding opportunities for the neighbourhood, including aligning with Vinci social value propositions and crowdfunding platforms</p>	Celebration event of Move More Local Pilot funded activity		<p>Community funding investment</p> <p>Match funding attracted to community investment</p> <p>Outputs from individual projects</p>

	to grassroots organisations to increase the offer of diversionary activity.				
Delivery of the Radcliffe Moving Local Delivery Pilot	Networking session bring all public and community partners together to review Move More activity in context of Levelling up and Covid recovery proposals	Development of Move More proposals to grow community capacity from a social enterprise perspective, e.g. community non-profit sports clothing and equipment enterprise			As above
Developing a Radcliffe Cultural Showcase and Networking Forum	Networking and development workshop bringing together cultural practitioners and local community provision in Radcliffe to build on Art and Culture week held between Radcliffe Market and Growing Together Radcliffe in December 2021 Audit of Arts Council England funded Radcliffe based creatives	Develop Radcliffe culture and sport professional and community networks to promote collaboration and joint engagement opportunities	Delivery of a Radcliffe open weekend, co-ordinated showcase of organisations and opportunities to get involved (as a trustee, volunteer, participant or philanthropic funder)	2024 Showcase on the Hub Campus with roadshow of activities across venues	Number of art/ sports groups operating in Radcliffe Number of people actively involves in art/ sports groups – means of assessing this TBD.
Increase in cultural and sporting	Repeat of Radcliffe volunteering development session			Volunteer Week activity centred on Radcliffe Hub	Benchmark and then increase volunteer numbers

volunteering in Radcliffe	as held in Outreach Centre in February 2022 Specific communications programme during National Volunteering Week in early June to recognise and celebrate volunteering and call-to-action for Radcliffe				
Culture and Sport as means to develop community capacity for broader community development	Promotion of universal opening provision at the Roc Centre in conjunction with Sports Development and Foundation92 for young people – providing diversional activity and life skill sessions Consultation on similar such activity at Radcliffe Girls and Boys Club	Promotion of youth work intervention at Spring Lane through boxercise, Zumba and HITT workshops – and engagement with users as to local opportunities to design into regeneration plans.			
Objective 3: Develop a programme of events across Radcliffe to increase awareness and participation in culture and sport					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures

Develop proposals for a Radcliffe Running Festival	<p>Promotion of Run Together Radcliffe (funding through Health Improvement Fund)</p> <p>Scope with local running groups and broader community the appetite and feasibility of running based activity</p> <p>Promotion of Daily Mile and Toolkit, including targeted activity at schools not currently participating and through Staying Well Team to compliment couch-to-5k promotion</p>	Development and delivery of Radcliffe Family Mile	Inaugural Radcliffe 5/10k	Radcliffe Running Festival starting/finishing at Civic Hub	<p>Number of participants</p> <p>Number of volunteers</p> <p>Move More Live Well Progress Pathway form analysis</p>
Develop proposals for a Radcliffe Stories Festival	Scope with local writing and performance groups the appetite and feasibility of a co-ordinated programme of events based on story writing/telling	Develop proposals for an inaugural programme of activities aligned to the summer reading challenge	Develop detailed planning for professional and community led Radcliffe Summer Stories Festival and Winter Stories Festival aligned with National Storytelling Week	Market basement; chambers; piazza and library venues for Stories Festival 2024.	<p>Number of participants</p> <p>Number of volunteers</p> <p>Number of venues involved</p>

Developing a specific Radcliffe offer based on Libraries Connected events calendar	<p>Summer Reading Challenge – July to September</p> <p>International Literacy Day – 9th September</p>	<p>National Poetry Day – 1st October</p> <p>Family Learning Festival – October</p> <p>Get Online Week – October</p> <p>National Storytelling week – late January/early February</p> <p>World Book Day – 3rd March</p>	<p>Promotion of clear calendar of literacy based events, promoted through schools and community venues</p> <p>International Children's Book Day – 2nd April</p> <p>World Book Night – 23rd April</p> <p>Local Community and History Month – May</p>		<p>Library Membership</p> <p>Number of visitors to library</p> <p>Event participants/engagements</p>
Promotion of community events programme	<p>Participation and engagement through Radcliffe Carnival – 4th June</p> <p>Promotion of community Platinum Jubilee celebrations (</p> <p>Linking local community groups into opportunities as part of national events, e.g. Women's Euro 2022</p>	<p>Promotion of community activity association with Diwali, Hannukah and Christmas</p> <p>Develop links with Manchester International Festival to increase opportunities for representation of Radcliffe offer within the Festival programme and bring festival (fringe)</p>	Curated programme of events brought together for collective engagement upon		Number of events, including participants and audience

	<p>Build on the heritage of whit-walks to develop a series of Radcliffe Whit-walks to get people moving and linked to local history as part of Greater Manchester's annual walking festival</p> <p>Develop partnership proposals, linked to SOAP Radcliffe for National Heritage Open Weekend local offer</p>	activity to locations in Radcliffe			
Objective 4: To create a connection between people and place- linking creativity and heritage to promote positive wellbeing, civic pride and increase participation					
Activity	22/23 Q1&Q2	22/23 Q3&Q4	23/24	24/25	Measures
Spirit of a Place (SOAP) Radcliffe - seeking out Radcliffe's material culture. We aim to make a memory map that champions Radcliffe's unique identity, thus helping contribute to pride of place in Radcliffe.	<p>Community engagement to identify places of creative visual historic interest to inform Songline map – 3 x 15 person workshops</p> <p>Textile project to visually demonstrate SOAP contributions and my means for people to continue to</p>	Development of a Spirit of a Place Newspaper/ Zine – including engagement to encourage new contributions	SOAP Radcliffe Tapestry to be displayed across community venues and schools	SOAP Radcliffe Tapestry installed within town centre campus	<p>Number of people engaged with SOAP</p> <p>Number of engagements with SOAP Songlines tapestry</p>

	<p>add their contributions to through facilitated workshops</p> <p>Programme of SOAP tours</p>				
Culture and Sport as levers to drive skills development in Radcliffe	<p>Develop specific Local Cultural Education Partnership (LCEP) opportunities through Bury Art Museum, The Met Theatre and Radcliffe schools.</p> <p>Engagement with Bury Adult Learning, Bury College, Holy Cross College and the University of Bolton on skills development opportunities in the fields of art, culture, creativity, sport and wellbeing, including identifying future skills needs and promoting local opportunities in these respective fields</p> <p>Micro commission by Bury Art Museum</p>	<p>Corralling of mentoring and scholarship opportunities aligned to sport and culture through local groups and creative practices</p>			<p>LCEP sessions and participation figures for Radcliffe</p> <p>Increase in number of Radcliffe residents enrolled on skills development related to sport/ culture</p>

	with local creative, Oliver Bishop, initially through Radcliffe Hall School				
Further promoting inclusion	Audit of Creative Case Group for Inclusion – including Seldom Heart Voices in terms of Radcliffe voices and determining opportunities to increase awareness/proactive engagement with key demographics Textiles as a hook to engage ethnicities	Radcliffe Library offer to lead borough development of Libraries Universal offer on Vision and Print Impaired People's Promise with Bury Blind Society given disability as protected characteristic of focus in borough's Inclusion Strategy for 2022			Creative Case members from Radcliffe Creative Case activities in Radcliffe
Key stakeholders					
History and Heritage	Friends of Radcliffe Manor; Radcliffe Literacy and Local History Society; Radcliffe Heritage Society; Radcliffe Library (including creative-writers group); English Heritage				
Arts and Crafts	Irwell Sculpture Trail via Bury Art Museum; Bury2gether Arts and crafts; Corrie Gardeners Crafts; Woodies Men-In-Sheds; Oasis craft group at St. Andrew's Church; Radcliffe Sewing and Crafts; Early Bird Project; Arts Council England				
Performance	Radcliffe Youth Theatre; Liv's Trust; Radcliffe Morriscos Morris Dancing Troup; Radcliffe Male Voice Choir; Radcliffe Reform Group Players; Lark School of Dance; MaD Theatre Company; Radcliffe Brass Band; Gorsefield Choir				
Events	Radcliffe Carnival Committee; Radcliffe Market Committee; Radcliffe Rotary				

Sport	East Lancs Paper Mill Cricket Club; Warth Road Rounders; Little Britain Anglers; Allens Green Bowling Club; Radcliffe Archery Club; Radcliffe Swim and Water Polo Club; Radcliffe Borough FC (including Juniors); Radcliffe Elite Amateur Boxing Club; Radcliffe Cricket Club; Rising Sun Karate Association; Radcliffe Town FC; Radcliffe Angling Society; Radcliffe Sonics; Run Together Radcliffe; Pozz Lonsdale Steet Games; Foundation 92; Football Foundation; Sports England; Lawn Tennis Association; Lancashire and Greater Manchester Football Association; English Cricket Board
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The Khan Review: The Independent Review into Smokefree 2030 Policies – A Summary

[The Khan review: making smoking obsolete - GOV.UK
\(www.gov.uk\)](http://www.gov.uk)

Four critical recommendations:

1. Urgently invest £125 million per year in a comprehensive Smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
2. Raise the age of sale of tobacco by one year every year.
3. Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
4. For the NHS to prioritise further action to stop people from smoking, by providing support and treatment across all of its services, including primary care.

The Khan Review: Independent review into smokefree 2030 policies

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030, around which all other interventions are based.

Part 1: Invest Now

REC 1: Urgently invest £125m per year in interventions to reach smokefree 2030.

Option 1: Additional funding from within government
Option 2: A 'polluter pays' industry levy
Option 3: A corporation tax surcharge

Part 3: Quit for Good

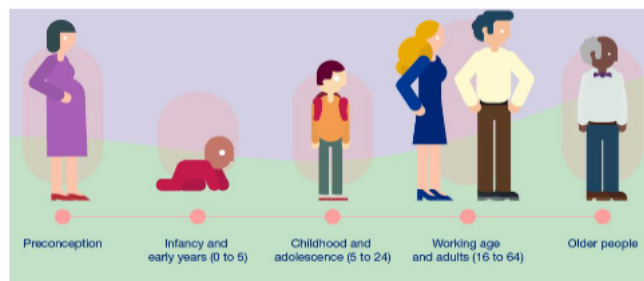
REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

REC 10: Invest £15 million per year in a well-designed national mass media campaign, supported by targeted regional media.

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows **the lifecycle of a smoker**. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to de-normalise smoking and protect young people from second-hand smoke.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

REC 12: Invest £15m per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8m to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

Asks and Actions

Asks

- For the board to demonstrate their support of the paper by providing a written endorsement of the recommendations to central government.
- For the board members to act as advocates with those who use social media committing to support [Javed Khan's](#) Twitter posts using the following hashtags:

#KhanReview

#makingsmokingobsolete

#investnow

#StoptheStart

#SwapttoStop

Actions

- Commit to review our local smoking strategy and think about how the review may impact this.



Classification: Official	Item No.
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Meeting:	Health and Wellbeing Board
Meeting date:	21 June 2022
Title of report:	Vaccine Update
Report by:	Steven Senior
Decision Type:	No decision
Ward(s) to which report relates	All

Executive Summary:

1. Vaccines are among the most effective public health interventions.
2. Overall, coverage of routine vaccinations in Bury is comparable to similar local authorities, although there are some vaccines for which coverage is lower.
3. Inequalities in vaccine coverage between more and less deprived communities and between residents of different ethnicities exist, but the gaps are generally smaller in Bury than for other areas in Greater Manchester.
4. Current priorities for improvement are:
 - a. Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
 - b. Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
 - c. Improve flu vaccine uptake among pre-school children;
 - d. Improve uptake of pneumococcal and shingles vaccines among eligible older people;
 - e. Continue to minimise inequality in COVID-19 vaccine uptake; and
 - f. Improve uptake of hepatitis B vaccine among people entering drug treatment.

Recommendation(s)

5. **That Health and Wellbeing Board note the contents of this paper**

Background

6. Vaccines are among the most successful public health interventions. The COVID-19 vaccine and recent use of the smallpox vaccine against monkeypox¹ reinforced the importance of vaccines for tackling public health threats. However, the success of many vaccine programmes in controlling infectious disease can mean that the demand for a vaccine declines as people become less aware of the health impacts of the disease it protects against. Inequalities in vaccine uptake are particularly problematic because they can lead to localised outbreaks even where a disease is controlled across most of the population. Because of this, vaccine programmes need constant monitoring.
7. Vaccination programmes in England are commissioned by NHS England under section 7a of the NHS Act 2006. For Bury, this means that the commissioner of all our

¹ The smallpox vaccine – which uses a weakened version of the cowpox virus – is effective and approved for use against monkeypox due to the similarity of the three viruses.

vaccine programmes is the Greater Manchester Health and Social Care Partnership (soon to be NHS Greater Manchester Integrated Care System).

8. Most vaccinations are provided by general practices. This includes pre-school children's vaccinations, and adult influenza, pneumococcal, and shingles vaccines. School-aged immunisations, such as influenza, human papillomavirus (HPV), and meningitis ACWY, are provided in schools by school aged immunisation teams – Intrahealth for the flu vaccine and the school immunisation service provided by the Northern Care Alliance for other school-based vaccine programmes. Community pharmacy also delivers a range of vaccinations, including COVID-19 and influenza vaccines, travel vaccination, and hepatitis B vaccines. Sexual health services also provide some vaccinations, such as HPV vaccination for men who have sex with men, and the smallpox vaccine in response to the current monkeypox epidemic.
9. Guidance from the Department of Health and Social Care states that for vaccination programmes, "DsPH are expected to provide appropriate challenge to arrangements and also to advocate for an emphasis on reducing health inequalities and improving access in underserved groups in the work of commissioners, providers and other key stakeholders."²
10. COVID-19 has posed a significant challenge to the delivery of vaccination programmes. The reduced access to primary care could have affected uptake of a wide variety of routine vaccinations. And the demands created by delivering the COVID-19 vaccine programme risked affecting both primary care and school aged immunisation services' ability to deliver other programmes. Because of this it is important to review uptake across all programmes to establish what the impact has been and whether remedial action is needed.

² Department of Health and Social Care (2020) Directors of Public Health in Local Government: Roles, Responsibilities and Context. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf

Overall Performance

11. The table below shows population vaccine coverage for key vaccine programmes for Bury compared to England as a whole.



12. Across most programmes population coverage in Bury is broadly the same as to the England average. Immunisations for children in care, MMR, HPV, and Meningitis ACWY are better than average. Bury also has COVID-19 vaccine uptake above average for GM in all cohorts except care home residents for the spring booster (this may be a data quality problem). However, coverage for pneumococcal, influenza (for older adults, adults in risk groups, and children aged 2-3 years), rotavirus, and shingles vaccine coverage are lower than the English average and below target levels

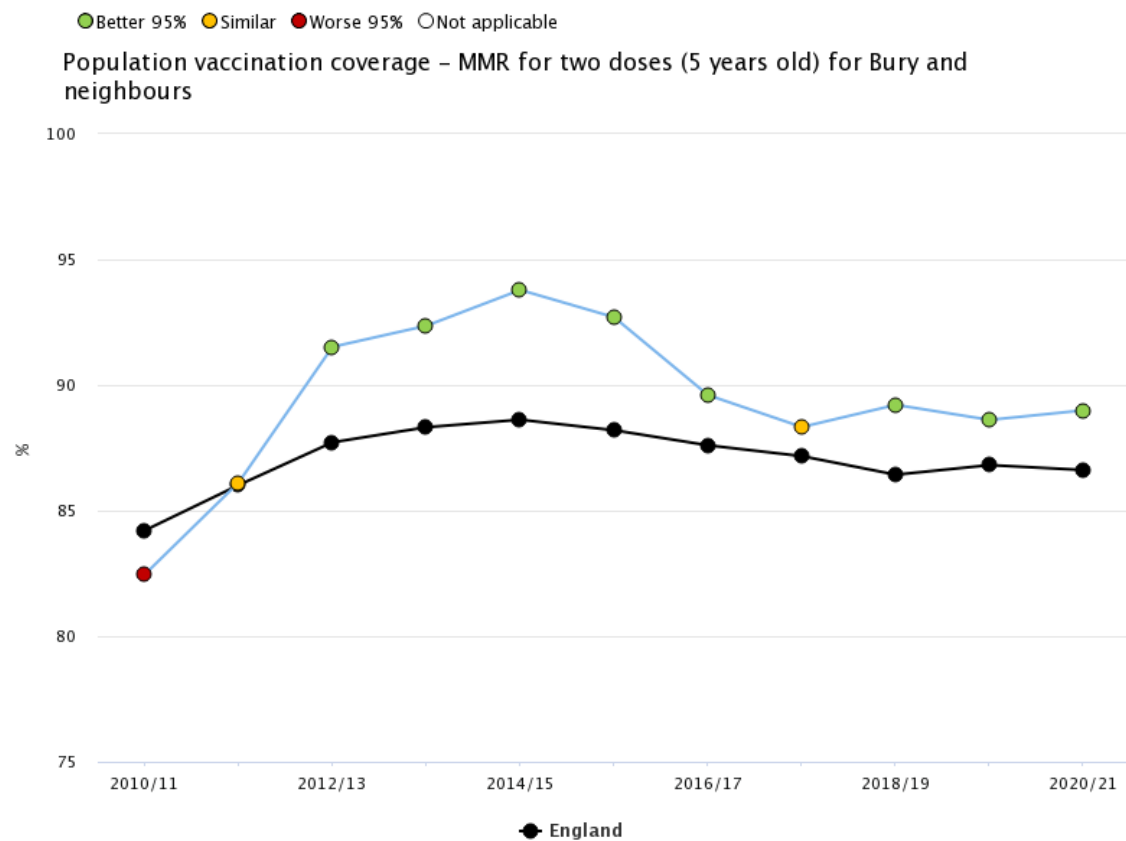
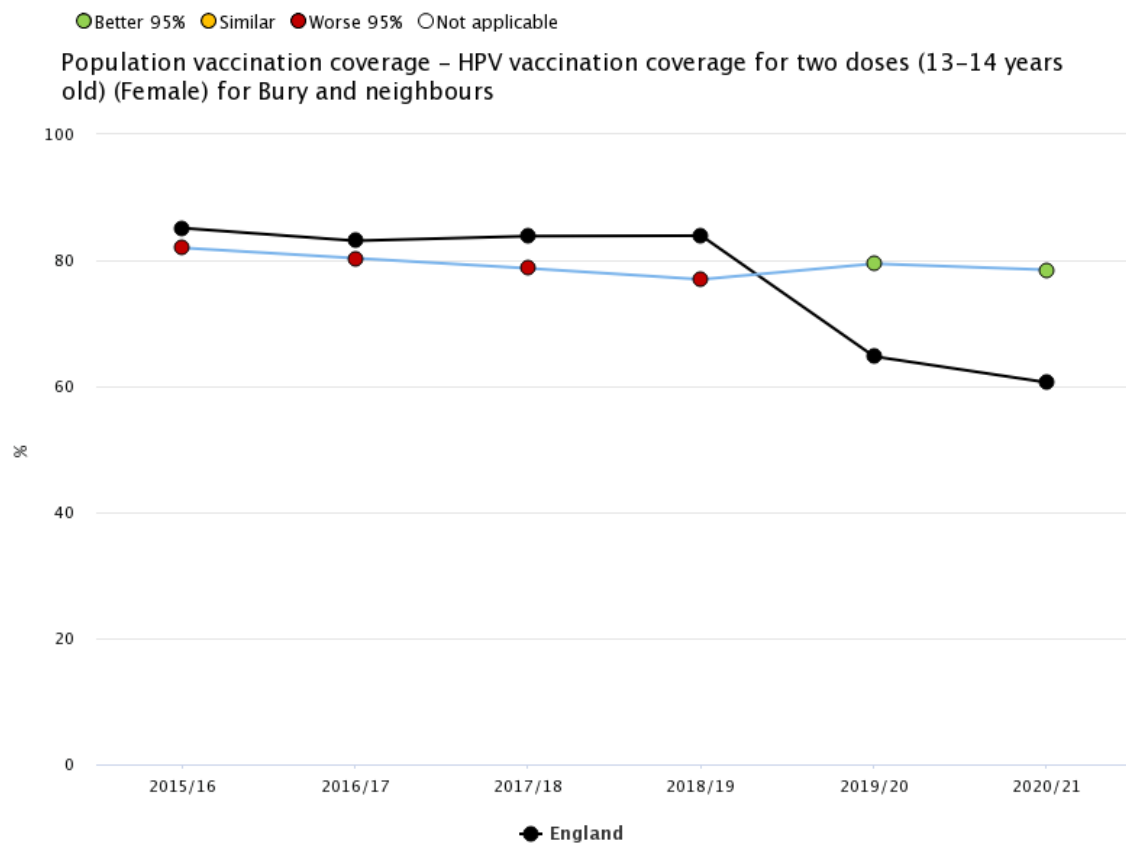
(although rotavirus and influenza vaccine uptake in 2-3 year old children have both improved markedly over the past four to five years).

Inequalities

13. For COVID-19 vaccines there is clear evidence of inequalities in uptake between people living in more and less deprived areas and between different ethnic groups, although the extent of inequalities within Bury is less than in many other areas in Greater Manchester. COVID-19 vaccine uptake for people with learning disabilities in Bury is good compared to Greater Manchester.
14. For influenza vaccines among people aged 65 and over, there are marked inequalities in uptake by deprivation, although coverage is better than average for Greater Manchester at each level of deprivation. Uptake among Bury's ethnic minority residents is lower than for its White British residents, but the gap is smaller than average for Greater Manchester apart from Bury residents from Asian or Asian British communities. The lower uptake among Asian and Asian British people in Bury appears to be mainly due to lower uptake among these communities in Bury and Horizon PCNs.
15. Data on inequalities in coverage for vaccines other than COVID-19 and influenza is very limited. Bury has the highest coverage for childhood immunisations for children in care in England. Data are available for individual GP practices. These data show that there is relatively little difference in coverage between practices serving more and less deprived population for childhood immunisations like MMR, diphtheria, tetanus, and pertussis (DTaP), and haemophilus influenza type B (HiB). However, influenza vaccine uptake for people in risk groups (such as people with coronary heart disease, diabetes, or chronic obstructive pulmonary disease) decreases as the degree of deprivation in the practice population increases. Note that data on coverage for GP practice populations hide inequalities that are likely to exist between patients registered at the same practice.
16. The COVID-19 vaccine programme has shown that it is possible to provide local public health teams with highly detailed data on vaccine uptake according to age, sex, deprivation, ethnicity, and other aspects of inequality. This should set the standard for vaccine uptake data in future. The emerging approach to health data in the Greater Manchester Integrated Care System would appear to support this by enabling secure access to health records for local authority public health analysts. This would support much better analysis of inequalities in vaccine uptake and inequalities.

COVID-19 impacts

17. There is little evidence that COVID-19 and the disruption it caused to healthcare services has affected vaccine uptake in Bury. This is in contrast with national and regional trends and in the face of significant pressures on general practice and school aged immunisations providers created by the COVID-19 vaccine programme. The charts below provide trends for the human papillomavirus (which causes cervical cancer) and measles, mumps, and rubella vaccines to illustrate this.



Priority Areas for Improvement

18. The evidence above suggests the following priorities for action to improve uptake:

- a. Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
- b. Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
- c. Improve flu vaccine uptake among pre-school children;
- d. Improve uptake of pneumococcal and shingles vaccines among eligible older people;
- e. Continue to minimise inequality in COVID-19 vaccine uptake; and
- f. Improve uptake of hepatitis B vaccine among people entering drug treatment.

19. Work is already being done to address some of these priorities.

- g. The COVID-19 vaccine programme is running new searches to identify immunosuppressed patients and will text and write to those patients who have not been vaccinated;
- h. COVID-19 spring booster delivery to care homes has been prioritised and work has been done to improve reporting of vaccine delivery in care homes (this depends on care homes reporting through the NHS capacity tracker system);
- i. More mobile 'pods' have been bought for the COVID-19 vaccine programme that will enable more flexibility about where vaccine clinics are delivered;
- j. Closely linking delivery of COVID-19 and influenza vaccines for the autumn programme is likely to maximise uptake of influenza vaccines as uptake of COVID-19 vaccines has tended to be higher than influenza vaccines.
- k. A protocol is being developed to enable pre-school flu vaccines to be delivered in early years settings to reach children who would not have been able to attend vaccination clinics in a GP practice;
- l. Commissioners of drug treatment services have been in contact with local drug treatment providers to understand why hepatitis B vaccine uptake is low and explore options to increase it.

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Vaccinations Update

June 2022

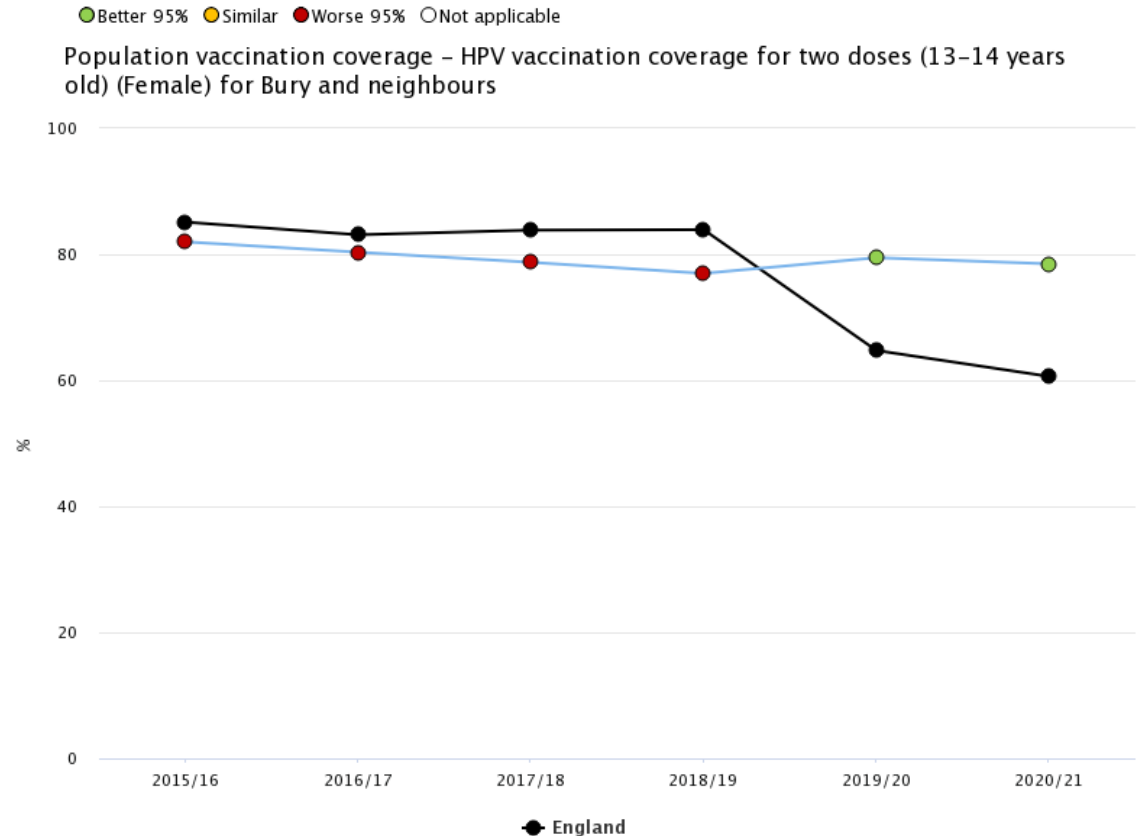
Overall coverage

1. Population coverage in Bury is broadly the same as the English average.
2. Immunisations for children in care, MMR, HPV, and Meningitis ACWY are better than average for England.
3. Bury also has COVID-19 vaccine uptake above average for GM in all cohorts except care home residents for the spring booster (this may be a data quality problem).
4. Bury's coverage is below the English average for
 - a. Pneumococcal vaccines for older adults
 - b. influenza (for older adults, adults in risk groups, and children aged 2-3 years),
 - c. rotavirus, and
 - d. shingles vaccine for older adults



COVID-19 impacts

1. There is little evidence that COVID-19 and the disruption it caused to healthcare services has affected vaccine uptake in Bury.
2. This is in contrast with national and regional trends and in the face of significant pressures on general practice and school aged immunisations providers created by the COVID-19 vaccine programme.
3. The chart opposite provides trends for the human papillomavirus (which causes cervical cancer).
4. This reflects a very significant effort and achievement by the primary care and school aged immunisation teams.



Inequalities

1. For COVID-19 and influenza vaccines, there is clear evidence of inequalities in uptake by deprivation and ethnicity within Bury.
2. However, uptake among more deprived and ethnic minority communities in Bury is generally better than similar communities elsewhere in GM. An important exception is Bury's British Asian residents registered with Bury and Horizon PCNs.
3. There is relatively little difference in uptake of childhood vaccines between practices serving more and less deprived populations.

Priorities

1. Improve COVID-19 spring booster uptake (and data quality) among care home residents and immunosuppressed people;
2. Improve uptake of adult influenza immunisations and reduce inequalities, particularly those affecting Asian and Asian British people, and reduce the extent of inequality in uptake by deprivation for people with long term illnesses;
3. Improve flu vaccine uptake among pre-school children;
4. Improve uptake of pneumococcal and shingles vaccines among eligible older people;
5. Continue to minimise inequality in COVID-19 vaccine uptake; and
6. Improve uptake of hepatitis B vaccine among people entering drug treatment.

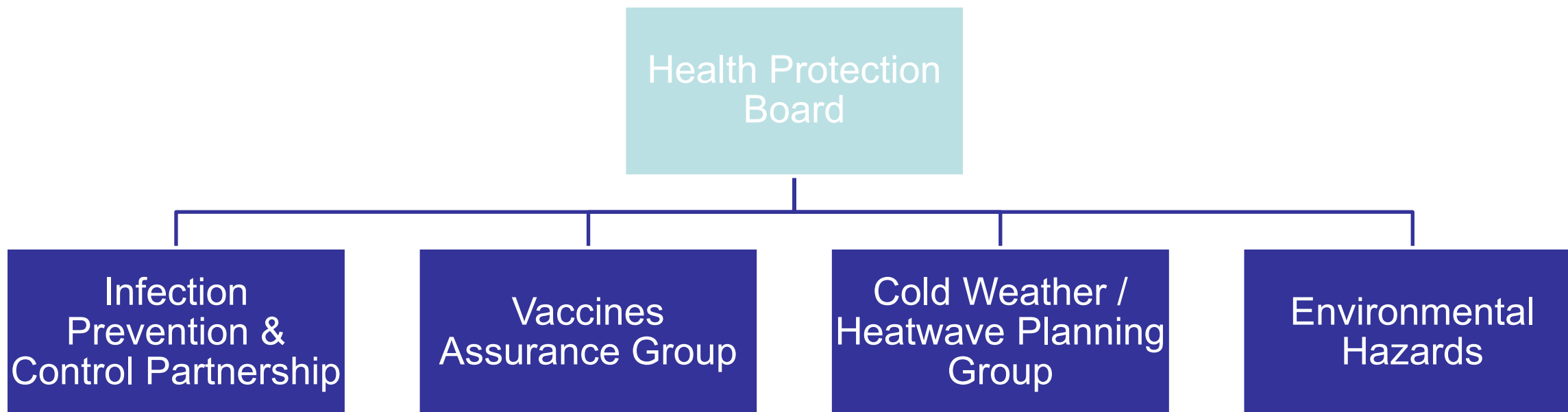
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Health Protection: local governance proposal

May 2022

- While it remains a threat, COVID-19 is increasingly being managed as part of routine health protection.
- We need to broaden our focus on health protection beyond COVID-19. Non-COVID-19 governance needs to be reinvigorated.
- The pandemic has brought the system together around the health protection response. We should build on rather than lose this.
- The current system of governance with very regular health protection boards is no longer appropriate. Much of the operational response has stood down and there is less need for week-to-week senior oversight.
- The local system will remain responsible for managing threats to health – with the DPH statutory responsibility at the heart of this. A governance structure is needed to provide assurance that risks are being managed appropriately.
- Longer term health protection threats remain. These include, climate change, air quality, and the growth of antimicrobial resistance. The local system needs somewhere to coordinate action on these large but slower moving risks as well as potential new epidemics.

Proposed governance structure



Health Protection Board

Purpose: To get assurance on behalf of the local Director of Public Health and Health and Wellbeing Board that health protection risks are being managed appropriately. Coordinates system inputs to mitigating the most significant risks.

Reports into: Health and Wellbeing Board; System Performance, Quality, & Safety Board

Links to: Bury Resilience Forum through locality EPPR lead

Functions:

- Receives reports on risks and mitigating actions across the spectrum of health protection threats.
- Maintains risk register & action plan.
- Produces annual health protection report to Health and Wellbeing Board.

Chaired by: Director of Public Health

Frequency: Quarterly

Membership: Director of Public Health (chair); Consultant in Public Health (deputy); Head of Health Protection; Head of Environmental Health; Healthcare Commissioners; Emergency Planning, Preparedness & Resilience (Council & NHS); Intelligence Leads; Adult Social Care; Children's Services; Partner agencies (blue light services; Sixtown Housing)

Infection Prevention & Control Partnership

Purpose: To oversee actions to prevent infectious threats to health in Bury.

Reports into: Health Protection Board

Functions:

- Review surveillance of infectious diseases in Bury including mandatory surveillance of antimicrobial resistant infections, sexually transmitted infections and foodborne infections
- Review recent outbreaks, identify lessons and preventive actions, and ensure those actions are implemented.
- Coordinate infection control advice to community settings.
- Organise public infection prevention communications campaigns.

Chaired by: Head of Health Protection (SM1)

Frequency: Quarterly

Membership: Head of Health Protection (chair); Consultant in Public Health; UKHSA Representative; Sexual Health Lead & Provider Representative; TB Nurse lead; CCG/ICS Medicines Management; CCG/ICS Quality & Safeguarding; Adult Social Care, NCA IPC lead, Environmental Health (Food Team).

Vaccine Assurance Group

Purpose: To get assurance on the effective and equitable delivery of vaccination programmes in Bury.

Reports into: Health Protection Board

Functions:

- Gets assurance on planning for vaccination programmes with a focus on maximising uptake and minimising inequalities.
- Programmes include: seasonal vaccine campaigns (COVID-19 & influenza); routine immunisations (pre-school; school-aged; adult vaccination offers).
- Outbreak response and mass-vaccination contingency planning.

Chaired by: Consultant in Public Health

Frequency: Monthly (seasonal vaccines September – April; routine immunisations June & July)

Membership: Consultant in Public Health (chair); (Director of Public Health & Exec Director of Strategic Commissioning as appropriate); GM Screening & Immunisations Team; Primary Care Networks; School-Aged Immunisations providers; Community Pharmacy; Secondary Care Providers; Council/CCG/ICS communications; Council/CCG/ICS intelligence.

Cold Weather & Heatwave Planning Group

Purpose: Coordinates planning to mitigate the effects of cold weather and heatwaves on health in Bury.

Reports into: Health Protection Board

Functions:

- Reviews excess winter deaths & heatwave impacts.
- Coordinates actions to mitigate effects of cold weather and heatwaves.
- Gets assurance that people vulnerable to hot or cold weather are offered support.
- Organises public information campaigns to raise awareness of risks and how to mitigate them.

Chaired by: Consultant in Public Health

Frequency: Quarterly (2x cold weather planning and 2x heatwave planning meetings per year)

Membership: Chair: Consultant in Public Health/Public Health Specialist, Environmental Health; Adult Social Care; Housing; Sixtown Housing; INT reps, CYP Early Help reps, Community Hub reps, VCFA, Communications; others?

Environmental Hazards

- Led by Environmental Health team with feed into Health Protection Board



Classification	Item No.
Open / Closed	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	July 2022
Title of report:	Better Care Fund 2021/2022 Year End Submission
Report by:	Cllr T Tariq Will Blandamer – Executive Director Strategic Commissioning,
Decision Type:	Information/ Discussion or Decision (<i>delete as appropriate</i>) Information / Ratification
Ward(s) to which report relates	All

Executive Summary:

The final Better Care Fund 2021/2022 Policy Framework and Planning Guidance was published in October 2021 and can be found via;

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022>

The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2021/2022.

BCF 2021/2022 is subject to **4 national conditions**:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- invest in NHS-commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital

The Policy Framework also sets out **5 national metrics** for the fund, which are:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- avoidable admissions to hospital
- admissions to residential and care homes
- effectiveness of reablement

The guidance for the Better Care Fund year end submission requirements was issued to lead officers at the end of April 2022 with a submission deadline of 27th May 2022. As a result of this short timescale for development and submission the deadline fell between Health and Wellbeing Board planned meetings. The End of Year submission template has been collaboratively populated by relevant colleagues from within Bury Council and Bury NHS Clinical Commissioning Group (CCG)

The final planning template has been signed off for progression by the Executive Director for Strategic Commissioning, Interim Director of Adult Social Care, s.151 officer at Bury Council, the Deputy Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

Recommendation(s)

- That the Health and Wellbeing Board note the content of the report.
- That the Bury Health and Wellbeing Board approve the attached Better Care Fund 2021/2022 Year End Submission Template and ratify the decision to submit to the national Better Care Fund team for assessment.

Key considerations:

Introduction/ Background:

- 1.1 The final Better Care Fund 2021/2022 Policy Framework and Planning Guidance was published in October 2021 and can be found via
- 1.2 <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022>
- 1.3 The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2021/2022.

BCF 2021/2022 Conditions and Requirements

- 1.4 BCF 2021/2022 is subject to **4 national conditions**:

- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- invest in NHS-commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital

1.5 The Policy Framework also sets out **5 national metrics** for the fund, which are:

- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
- improving the proportion of people discharged home using data on discharge to their usual place of residence
- avoidable admissions to hospital
- admissions to residential and care homes
- effectiveness of reablement

1.6 NHS England have set out **2 overarching requirements** for approval of BCF Plans:

- All funding agreed as part of the BCF plan must be transferred into one or more pooled funds established under Section 75 of the NHS Act 2006
- All plans are approved by NHS England in consultation with DHSC
- All funding agreed as part of the BCF plan has been transferred into one or more pooled funds established under Section 75 of the NHS Act 2006
- The Year End Submission has been submitted to NHS England for approval with DHSC

2.0 BCF 2021/2022 Year End Submission Template

2.1 The national Planning Template set out the Bury Better Care Fund proposals for 2021/2022.

Planned Funding

Funding Sources	Income	Expenditure	Difference
DFG	£2,076,611	£2,076,611	£0
Minimum CCG Contribution	£14,854,177	£14,854,177	£0
iBCF	£7,404,156	£7,404,156	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£1,415,746	£1,415,746	£0
Total	£25,750,690	£25,750,690	£0

Actual Expenditure

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£25,750,690	£27,204,688

Including CCG Additional Funding	£1,415,746
----------------------------------	------------

2.4 Metrics**Planned Avoidable Admissions**

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	To be published	1,031 per 100,000

Actual Avoidable Admissions

Data not available to assess progress	20/21 data is not available to carry out validation. Although admissions have been below plan	Target appears to have been met but data needs to be verified before we can properly report.
---------------------------------------	---	--

Planned Length of Stay

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients	LOS 14+	10.5%	10.3%
	LOS 21+	6.0%	6.0%

Actual Length of Stay

On track to meet target	Including challenges as a result of the Impact of Covid	14+ in Q3 and Q4 is below planned level
-------------------------	---	---

		21+ in Q3 and Q4 is below planned level
--	--	---

Planned Discharge to Normal Place of Residence

	0	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	0.0%	92.7% Qtr 391.2%

Actual Discharge to Normal Place of Residence

Not on track to meet target	Achievement against this target has been impacted by Covid	The actual proportion of patients discharged to usual place of residence is just below planned level. Variance is very small.
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Planned Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	591	590

Actual Residential Admissions

On track to meet target	Covid was a challenge for this service as more people were leaving hospital and being placed into residential homes as they were too ill to be cared for at home	Target met. Year-end figure is 5889.8 per 100,000
-------------------------	--	---

Planned Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	81.3%

Actual Reablement

On track to meet target	Covid was a challenge for this service	Target met and exceeded. Year-end figure is 87.3%
-------------------------	--	---

Key Issues for the Board to consider:

- The Better Care Fund proposals should not be read in isolation but should be seen as a constituent part of the Bury Locality Plan and 'Let's Do It' 2030 Bury Strategy which sets out the entirety of the local approach to Health and Social Care transformation.
- The Year End Submission template has been signed off for progression by the Executive Director for Strategic Commissioning, Interim Director of Adult Social Care, s.151 officer at Bury Council, the Deputy Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

Community impact/links with Community Strategy

The Better Care Fund proposals should not be read in isolation but should be seen as a constituent part of the Bury Locality Plan and 'Let's Do It' 2030 Bury Strategy which sets out the entirety of the local approach to Health and Social Care transformation.

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
The Better Care Fund Year End Submission template have been submitted for assessment to the national Better Care Fund team but has not yet been approved. An EIA has not been carried out for the two strategic plans as an EIA has been completed for all the individual activities or projects identified within the plans.	

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

To be completed by the Council's Monitoring Officer

- These proposals relate to the use of financial resources
- These proposals have been developed in partnership with the Bury Council s.151 Officer and the Bury Joint Director of Finance.

Financial Implications:

To be completed by the Council's Section 151 Officer

- These proposals relate to the use of financial resources
- These proposals have been developed in partnership with the Bury Council s.151 Officer and the Bury Joint Director of Finance.

Report Author and Contact Details:

Contact Officer: Shirley Allen
Telephone number: 0161 253 6302
E-mail address: S.Allen@bury.gov.uk
Date: 24 November 2021

Background papers:



Copy of BCF
2021-22 Planning Te



BCF narrative plan



Copy of BCF
2021-22 Year-end M.

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
BCF	Better Care Fund
IBCF	Improved Better Care Fund



**Bury Health and Wellbeing Board
Pharmaceutical Needs Assessment
2022 to 2025**

VERSION 0.1

Contents

1	Executive Summary	4
1.1	Introduction	4
1.2	Results	5
1.3	Stakeholder Consultation	5
1.4	Conclusions	6
2	Introduction.....	7
2.1	Purpose of a PNA.....	7
2.2	HWB duties in respect of the PNA.....	7
2.3	Background and legislation.....	8
2.4	Scope of the PNA	10
2.5	Minimum requirements for the PNA	11
3	How the assessment was undertaken.....	12
3.1	Development of the PNA.....	12
3.2	JSNA and Locality Plan priorities	14
3.3	Patient and public engagement	16
3.4	Contractor engagement	18
3.5	Pharmaceutical services	19
3.6	Consultation.....	25
4	Context in Bury	26
4.1	Overview.....	26
4.2	Current and Projected Population in Bury.....	27
4.3	Deprivation	29
4.4	Life expectancy.....	31
4.5	Population characteristics health needs.....	32
5	Key health priorities for Bury.....	41
5.1	Infant Mortality	41
5.2	Healthy weight and physical activity.....	Error! Bookmark not defined.
5.3	Smoking.....	Error! Bookmark not defined.
5.4	Oral Health.....	Error! Bookmark not defined.
5.5	Alcohol and Substance Misuse	Error! Bookmark not defined.
5.6	Secondary Prevention of Long-Term Conditions (LTCs).....	Error! Bookmark not defined.
5.7	Immunisations.....	Error! Bookmark not defined.
5.8	Self-care.....	Error! Bookmark not defined.
5.9	Improving the wider determinants of health	Error! Bookmark not defined.
6	Provision of pharmaceutical services	50
6.1	Necessary services - current provision with-in the HWB's area	51
6.2	Necessary services: current provision out-side the HWB's area.....	64
6.3	Other relevant services - current provision.....	65

6.4	Future provision – necessary and other relevant services.....	66
6.5	Other NHS services	68
7	Districts for the purpose of the PNA	70
7.1	Overview.....	70
7.2	West Cluster.....	Error! Bookmark not defined.
7.3	South Cluster profile	Error! Bookmark not defined.
7.4	Central Cluster.....	Error! Bookmark not defined.
7.5	North Cluster.....	Error! Bookmark not defined.
7.6	East Cluster	Error! Bookmark not defined.
8	How pharmaceutical services can help support a healthier population	81
8.1	Essential Services (ES)	81
8.2	Advanced Services	82
8.3	Locally commissioned services (LCS)	83
9	Gaps in current provision of pharmaceutical services	84
9.1	Gap Analysis Criteria	84
9.2	Gap Analysis – Location and times of opening	85
9.3	Gap Analysis - Current service provision.....	85
9.4	Gap Analysis - Future Provision.....	86
9.5	Gap analysis - Conclusion	86
10	Improvements and better access: gaps in provision of pharmaceutical services	86
11	Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)	87
11.1	Current provision – necessary and other relevant services	87
11.2	Necessary services – gaps in provision.....	88
11.3	Future provision of necessary services	88
11.4	Improvements and better access – gaps in provision.....	88
11.5	Other NHS Services	89
11.6	How the assessment was carried out	89
11.7	Map of provision.....	89

1 Executive Summary

1.1 Introduction

A Pharmaceutical Needs Assessment (PNA) is a comprehensive assessment of whether current and future pharmaceutical services meet the needs of the local population.

- Bury's Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date the PNA for Bury. The PNA for Bury presents a picture of community pharmacy need and provision in Bury and links to Bury's Joint Strategic Needs Assessment¹ (JSNA).
- It will be used by NHS England & NHS Improvement (NHSE&I) to
 - inform which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors
 - decide whether new pharmacies or services are needed
 - aid decision making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services
 - inform the commissioning of locally enhanced services delivered from pharmacies to address any gaps in health care provision
- Providers of pharmaceutical services will also use the PNA to inform their applications to provide pharmaceutical services by demonstrating that they are able to meet a pharmaceutical need as set out in the PNA.

The PNA includes information on:

- Pharmacies in Bury and the services they currently provide including dispensing, providing advice on health, medicines reviews and local public health services.
- Other local pharmaceutical type services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Bury and providers of pharmaceutical services in the HWB area.
- Potential gaps in provision that could be met by providing alternative pharmacy services, or through opening more pharmacies, and likely future needs.

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey and sought information from pharmacies, Bury Council, NHS Bury CCG/ GM Integrated Care Board (ICB), and NHS England and NHS Improvement (NHS E&I)

Bury has a population of 190,710 (mid-2020 population estimate). In ten years, by 2030 the population is estimated to increase by 3.3% to 198,240. This includes 35.2% increase in those aged 80 and over, whose population is estimated to rise from 9,210 to 12,451, this will have implications for commissioning of services.

To identify local health needs and assess current pharmaceutical services provision, Bury is divided into five integrated neighbourhood teams as described in the Bury Locality Plan Refresh 2019- 2024²:

- Bury East
- Bury North
- Bury West
- Prestwich
- Whitefield

Information regarding local provision of pharmaceutical services was made available by NHSE&I, Bury Council, CCGs/GM IC. Other relevant nationally available data was gathered through providers such

¹ [Joint Strategic Needs Assessment - Bury Council](#)

² [Bury Locality Plan Refresh 2019 - 2024](#)

as ONS and NHSBSA. This was analysed by the Greater Manchester Strategic Medicines Optimisation Team on behalf of the Steering Group.

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury Council consultation ran from xx/xx/2022 until xx/xx/2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.2 Results

Bury has 43 pharmacies (39 walk-in and 4 distance selling pharmacies) providing a range of essential services, advanced services, and locally commissioned services (including NHSE&I enhanced services) on behalf of Bury Council, NHS Bury CCG/ GM IC and NHS E&I. All pharmacies in Bury have NHSE&I contracts, there are no Local Pharmaceutical Service (LPS) Contracts.

There are five 100-hour pharmacies and no dispensing doctors in Bury. There are no dispensing appliance contractors (DAC) in Bury, but residents of Bury can access dispensing and services associated with appliances from a regular pharmacy contractor or through DACs elsewhere within England.

The draft PNA concluded no gaps in current pharmaceutical services had been established. This is clearly demonstrated by the following points:

- Bury has 22 pharmacies per 100,000 population, which is between the England (20) and Greater Manchester (24) averages.
- Most residents live within 1.0 miles of a pharmacy.
- Most residents can access a pharmacy within 20 minutes by walking, public transport or driving.
- The location of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The number and distribution of pharmacies within each of the five neighbourhoods and across the whole HWB area.
- The choice of pharmacies covering each of the five neighbourhoods and the whole HWB area.
- 137 of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 91% said they were either satisfied or very satisfied.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 86 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- 84% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Bury has a choice of pharmacies open across range of times including early mornings, evenings and the weekend.
- Bury pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

1.3 Stakeholder Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Bury Council's consultation ran from xx/xx/2022 until xx/0x/2022. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

1.4 Conclusions

Considering the totality of the information available, the HWB considered whether the location, number, distribution and choice of pharmacies covering each district, including the whole of Bury HWB area providing essential and advanced services during the standard core hours currently meet the needs of the population.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter that conclusion.

Based on the information available at the time of developing this PNA:

- No current gaps in the need for provision of essential services during normal working hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

2 Introduction

This document has been prepared by Bury's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) previously published in 2018.

In the current NHS there is a need for the local health partners, NHSE&I, Bury Council, Greater Manchester Integrated Care (GM IC), Bury pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that those additional services commissioned by Bury Council or GM IC from Bury pharmacies are promoted to Bury's population to improve their uptake.

The current providers of pharmaceutical services in Bury are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix One.

2.1 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the joint strategic needs assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Bury, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHSE&I, CCG/IC and LAs.

If a pharmacist or a dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to NHSE&I to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHSE&I to use to make commissioning decisions, it may also be used by Local Authorities (LA's) and Integrated Care Systems (ICSs). A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need.

2.2 HWB duties in respect of the PNA

In summary Bury HWB must:

- Produce an updated PNA which complies with the regulatory requirements.
- Publish PNAs on a three-yearly basis.
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Produce supplementary statements in certain circumstances.

2.3 Background and legislation

2.3.1 National Legislation and impending changes

The Health Act 2009³ made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs.

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies to prevent duplication of work and multiple consultations with health groups, patients, and the public.

Each PNA, published by the HWB will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified unless this is considered a disproportionate response. However, due to disruption to many sectors of the health and care services across the UK during the COVID-19 pandemic there was a legislated delay to allow publication of the 3-yearly PNA to be extended until October 2022.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England (now merged to form NHS England & NHS Improvement (NHSE&I)). The PNA will be used by NHSE&I when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Resolution, and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners

This PNA is being written during a time of legislative change nationally.

New legislation under the Health and Care Act 2022⁴ received royal assent in April 2022. This Act transfers commissioning arrangements for health and social services. The National Health Service Commissioning Board is renamed NHS England but will still be responsible for the provision of primary medical, primary dental, primary ophthalmic and pharmaceutical services.

Clinical Commissioning Groups (CCGs) are to be abolished and new commissioning groups under the remit of an Integrated Care Boards (ICB) will be established. These Integrated Care Systems (ICSs) will drive the shift to population health, targeting interventions at those groups most at risk, supporting health prevention as well as treatment. ICSs will take a lead role in tackling health inequalities.

Bury will be part of Greater Manchester Integrated Care (GM IC). The GM IC will become a local commissioning organisation in place of the ten GM CCGs and a further 2 organisations. In GM many local organisations already worked closely under the collaborative Greater Manchester Health and Social Care Partnership (GMHSCP) which was established in 2015 to manage the devolved health care funds from central government. The GM IC is therefore well placed to speed up legal processes and drive change across the ten different regions of GM. Currently it is envisioned that a locality team for each previous CCG area will remain in place to implement services locally.

Therefore, the PNA will use GM IC as the nomenclature for the future commissioners of services but may refer to previously held services as being commissioned by Bury CCG.

³ <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england>

⁴ <https://bills.parliament.uk/bills/3022>

2.3.2 Effect on health and service provision due to Covid-19 Pandemic

The World Health Organization declared the outbreak of a novel coronavirus, subsequently named COVID-19, a Public Health Emergency of International Concern on 30th January 2020, and a pandemic on 11th March 2020. The first cases were identified in the UK on 29th January 2020 and to date (11/05/2022) there have been 176,424 deaths within 28 days of a positive Covid-19 test.

In response to the spread in the UK, the Government announced the first national lockdown in March 2020. All non-essential services, including health services such as routine operations, dental treatments, and routine screening were stopped and everyone was asked, if possible, to work and isolate at home.

Other actions were taken over the intervening 2 years, including mask wearing, children learning at home during periods of lockdown and isolation for those in contact with a known carrier of Covid-19 as well as just for those testing positive for the disease. A large-scale vaccination programme was rolled out from January 2021 and is still ongoing, with most people being offered their 3rd Covid-19 vaccination, and a 4th vaccination being introduced for clinically vulnerable people in 2022.

All these measures, whilst keeping people safe from the immediate impact of Covid-19, have had a detrimental effect on the healthcare system. It has particularly highlighted the inequalities in health due to deprivation.

The direct impact in Bury has seen 66,195 confirmed positive cases; and 751 deaths within 28 days of a positive test⁵. The Northern Care Alliance Foundation Trust (NCAFT) which includes Fairfield General Hospital had had 7216 patients admitted to hospital from 1st April 2020 up to 1st May 2022, these are in addition to other patients the hospitals are managing. A total number of 386,920 vaccinations have been administered to the Bury population. This direct impact has put a strain healthcare services, and meant that these people, whilst ill, were unable to contribute productively to their community or work.

An indirect effect has been that many healthcare professionals have been re-deployed to assist in managing the services set up to tackle Covid-19, or have had Covid-19, or been in contact with a person who has, and were therefore unable to work in their usual role. Whilst services were closed during lockdown periods, peoples' health conditions could have deteriorated as they were not able, or unwilling, to seek help. Also screening services and planned operations were cancelled so patients have been delayed in receiving treatment and there is now a longer waiting list than previous years. An important side-effect of the Covid-19 impact is the exposure of the digital divide that exists in the UK. Social mobility and class differences mean that some of the poorest and most disadvantaged children are likely to be affected by a lack of access to remote learning because of technological issues⁶.

Data shows that mental health and wellbeing have been affected. Analysis of data from the UK Household Longitudinal Study (UKHLS) has tracked changes in levels of psychological distress during the pandemic. It suggests the [proportion of adults aged 18 and over reporting a clinically significant level of psychological distress](#) increased from 20.8% in 2019 to 29.5% in April 2020. This figure had dropped by easing of lockdown and reducing cases and risen again coinciding with the periods of national lockdown and high COVID-19 cases following waves of the pandemic⁷. Some groups have been more likely to experience poor or deteriorating mental health during this period. These include women, young adults (aged between 18 and 34, depending on the study), adults with pre-existing mental or physical health conditions, adults experiencing loss of income or employment, adults in

⁵ <https://coronavirus.data.gov.uk/details/cases> accessed 11/05/2022

⁶ <https://blog.insidegovernment.co.uk/schools/the-impact-of-covid-19-on-education>

⁷ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

deprived neighbourhoods, some ethnic minority populations and those who experienced local lockdowns, and in addition, those who felt lonely.

It should be noted that pharmacy services have continued to remain the only primary care service to have open door access to the public throughout the Covid pandemic with additional delivery and support available for the clinically vulnerable. During 2021 community pharmacy became one of the primary providers for Covid vaccination available in the community of the people they serve, allowing take up close to people's homes and work.

2.3.3 Mandatory 60-day stakeholder consultation

As part of developing their PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

2.3.4 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Bury. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

2.4 Scope of the PNA

The pharmaceutical services to which each PNA must relate are all the pharmaceutical services that may be provided under arrangements made by NHSE&I for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSE&I with a dispensing doctor).

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing GP practices in Bury, these are not considered in the document.

For **appliance contractors** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate

access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For **community pharmacy contractors** the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced service elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment because they may reduce the need to deliver further services.

2.5 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- **A map** showing the premises where pharmaceutical services are provided.
- **An explanation** of how the assessment was made.

3 How the assessment was undertaken

3.1 Development of the PNA

The process of developing the PNA has included the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered.

3.1.1. PNA steering group

The HWB has overall responsibility for the publication of the PNA and the Director of Public Health is the HWB member who is accountable for its development. Bury's HWB established a PNA steering group, the membership of which ensured that all the main stakeholders were represented.

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. The membership and the terms of reference for the steering group are provided at Appendix Two.

The steering group included representation from the following groups:

- Bury Public Health team
- NHS Bury Clinical Commissioning Group (CCG)
- Greater Manchester Joint Commissioning Team (GM JCT)
- Greater Manchester Local Pharmaceutical Committee (GM LPC)
- GMHSCP who are the NHS England & NHS Improvement area team (NHSE&I)

3.1.2 PNA localities

This PNA describes the needs for the population of Bury. It considers current provision of pharmaceutical services across five neighbourhoods in the Bury HWB area as described in the JSNA and are approved by the steering group for use in this PNA.

The PNA uses the current system of Bury ward boundaries split across the five neighbourhoods. This approach was taken because:

- The current JSNA and Bury Locality Plan Refresh describes population health needs using these neighbourhoods
- This grouping of wards into neighbourhoods reflect the localities which are already in use by Bury Council.
- Most available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The five neighbourhoods and the wards within them are:

Bury North

- Ramsbottom
- North Manor
- Tottington
- Elton

Bury East

- Moorside
- Bury East (formerly East)
- Redvales

Bury West

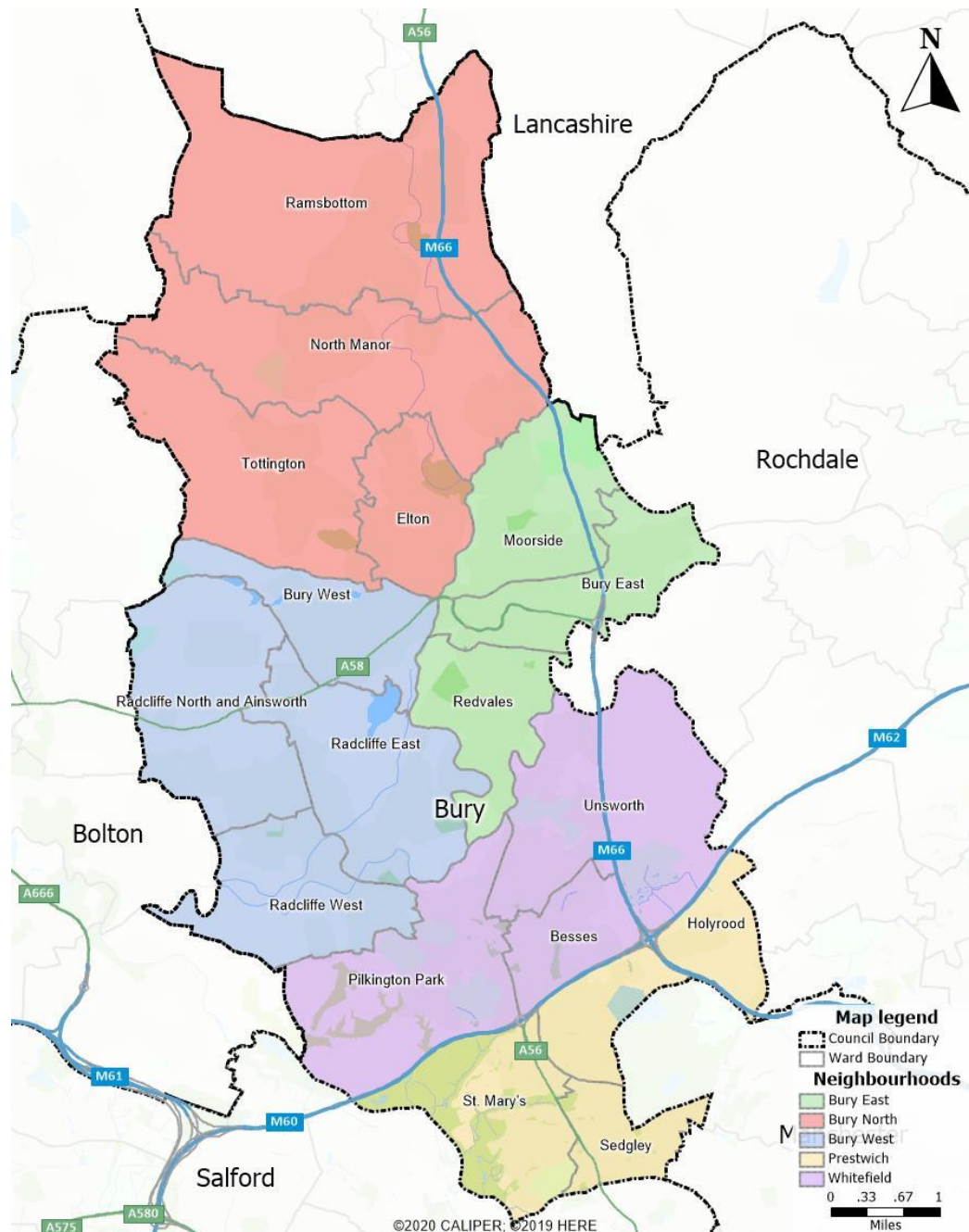
- Bury West (formerly Church)
- Radcliffe North & Ainsworth (formerly Radcliffe North)
- Radcliffe East
- Radcliffe West

Prestwich

- St. Mary's

- Holyrood
 - Sedgley
- Whitefield
- Unsworth
 - Besses
 - Pilkington Park

Map 1 - Bury neighbourhoods and wards



3.1.3 Contractor questionnaire and patient survey

The contractor questionnaire and patient survey were approved by the steering group. The se were promoted to pharmacy contractors and the public respectively between January and May 2022. Their aim was to identify additional relevant information from service providers and to identify how the

public currently and in the future, want to interact with pharmacy services. Once completed the results of both were analysed.

Bury Council and NHS Bury CCG were involved in promoting the public survey to as wide an audience as possible through the existing channels available to them.

GMLPC and NHS E&I area team were asked to help promote the pharmacy contractor survey.

3.1.4 Other sources of information

The content of the PNA including demographics, neighbourhoods and background information was approved by the steering group. In looking at the health needs of the local population, the Bury JSNA⁸, and Bury Locality Plan Refresh (2019 -2024)⁹ and Bury Council and CCG's 'Let's Do It'¹⁰ – the Strategy for the borough until 2030.

Information was gathered from NHSE&I, Bury CCG and Bury Council regarding:

- The size and demography of the population across Bury.
- Whether there is adequate access to pharmaceutical services across Bury.
- Different needs of different districts within Bury.
- Pharmaceutical services provided from outside the HWBs area which affect the need for pharmaceutical services in Bury.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Bury.
- Likely changes or developments that might affect the need for pharmaceutical services including changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area.

3.1.5 Consultation

The statutory 60-day consultation commenced on xx/0x/2022 and ran until xx/0x/2022.

A report outlining areas of feedback from the consultation can be found in appendix X but the main themes were around x,y and z.

The list of stakeholders consulted included the following groups:

- Greater Manchester Local Pharmaceutical Committee (GMLPC).
- Bury and Rochdale Local Medical Committee (LMC)
- Persons on the pharmaceutical list and ESPLPS.
- Healthwatch Bury.
- Other patient, consumer, and community groups in the area with an interest in the provision of pharmaceutical services in the area.
- NHS trusts and NHS foundation trusts in the area (Northern Care Alliance (NCA) NHS Foundation Trust).
- NHS England and Improvement.
- Neighbouring HWBs. (Bolton, Salford, Manchester, Rochdale, Blackburn with Darwen, and Rossendale).

3.2 JSNA and Locality Plan priorities

Bury JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area, but there are more detailed documents which underpin the themes and identify populations and health inequalities which need addressing.

⁸ [Joint Strategic Needs Assessment - Bury Council](#) accessed 11/05/2022

⁹ [Bury-Locality-Plan-Refresh-Final.pdf\(burycgg.nhs.uk\)](#) accessed 11/05/2022

¹⁰ https://www.bury.gov.uk/Let's_Do_ItStrategy accessed 11/05/2022

3.2.1 Bury's Locality Plan Refresh 2019 – 2024

'Health and happiness, wealth, and wellbeing - these concepts weave through every element of our Bury 2030 planning and the refresh of our Locality Plan'.

Bury HWB will continue to measure overall success against four overarching outcomes for the Locality Plan:

1. A local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.
2. A reduction in inequalities (including health inequality) in Bury, that is greater than the national rate of reduction.
3. A local health and social care system that provides high quality services which are financially sustainable and clinically safe.
4. A greater proportion of local people playing an active role in managing their own health and supporting those around them.

3.2.2 Bury's Let's Do It Strategy 2020- 2030

This aims '[for Bury] to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation' both of which are wider determinants of health and health inequalities.

Bury will measure progress to achieving this ambition by tracking seven core outcome measures:

1. Improved quality of life
2. Improved early years development
3. Improved educational attainment
4. Increased adult skill levels and employability
5. Inclusive economic growth
6. Carbon neutrality by 2038
7. Improved digital connectivity

3.3 Focus of the PNA

The Health and Wellbeing Board discuss these documents and approve actions to take forward to address the needs of the population of Bury. From these documents the HWB have identified the health priorities which may require pharmaceutical services. These are stated in HWB minutes from 21/10/ 2021 and 03/02/2022 meetings¹¹. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh:

- Cardiovascular disease
- Stroke
- Diabetes
- Cancer
- Chronic Respiratory conditions (asthma and COPD)
- Chronic Kidney Disease (CKD)
- Mental Health
- Musculoskeletal (MSK)
- Maternal and Child health

The next PNA review will begin in 2024 and will therefore be in line with any updated locality plan.

¹¹ [Browse meetings - Health and Wellbeing Board - Bury Council](#)

3.4 Patient and public engagement

To gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and promoted via social media feeds. It was available on 19th January 2022, closing on 15th May 2022. The results of the survey and identifies the questions asked, are found in Appendix 3. There were 160 responses to the Bury public survey. This only represents 0.1% of Bury's population (aged 15 years and over); we can only take this as a general picture of public opinion. Map 2 below shows the spread of responses to the public survey.

The lack of response to the public survey may indicate that residents in Bury may not see access to pharmacies as an issue and therefore not worth taking the time to complete the survey, but this assumption is not proven. Of the 160,

68% of the responders were female.

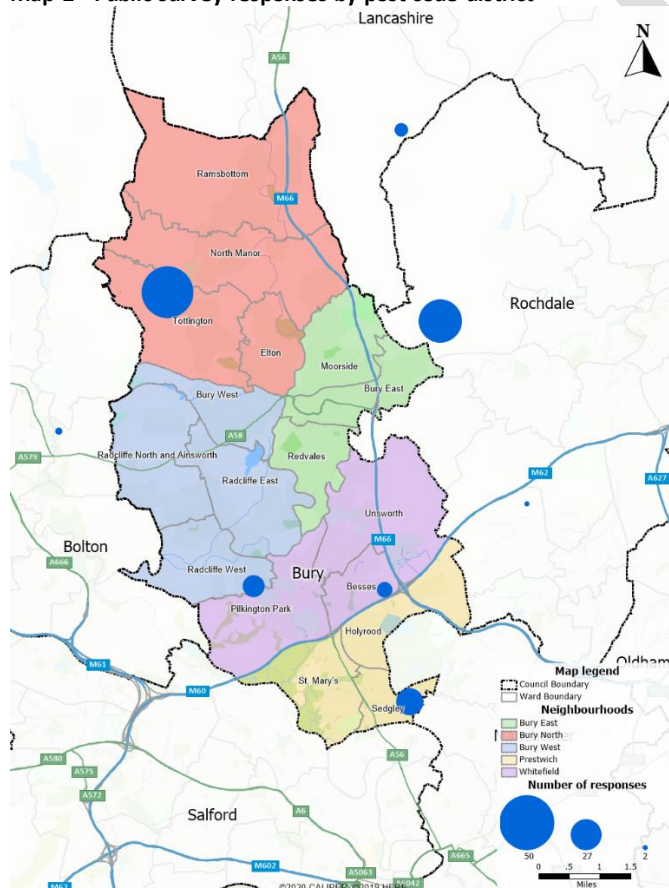
51% of respondents were over the general age of retirement of 65 years and over.

18% of respondents consider themselves to have a disability.

93% of people considered themselves to be 'White British'.

As the sample size is small, direct comparisons between the respondents and the general demographics of the Bury Borough in terms of population density, gender, age, or ethnicity would be statistically invalid, but are used as indicative information of the Bury population in this PNA.

Map 2 - Public survey responses by post code district



The responses identified and plotted central to the postcode district hence some may fall outside Bury boundaries.

3.4.1 Choice of Pharmacy

93% of respondents stated they had no difficulties accessing the pharmacy of their choice and 96% used one pharmacy regularly.

From all the respondents, the two most selected reasons for using one pharmacy regularly was that the pharmacy was near to home or their doctors which 33% of these respondents accessed by walking and 55% by car either as a driver or passenger.

3.4.2 Access to Pharmaceutical Services

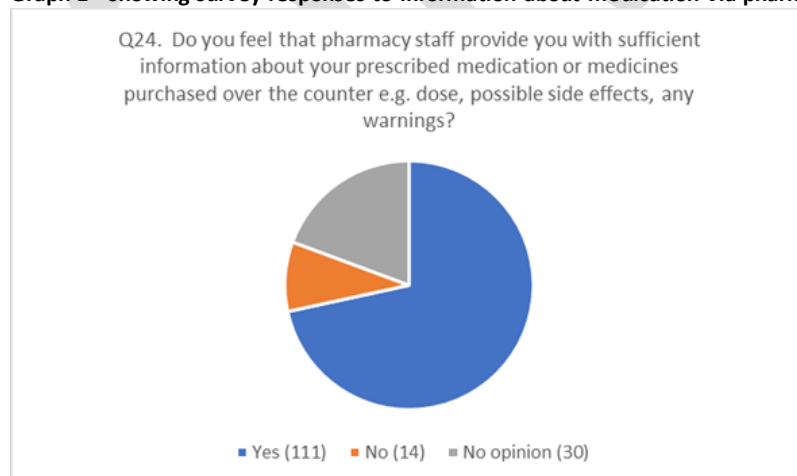
The location of pharmacies does not cause a problem for 94% of the responders and the opening hours do not cause a problem for 91% of respondents. For the 13 respondents who had a problem with the opening times, seven were not aware that some pharmacies had extended opening times and of those that did know of extended opening hours, two did not know where these pharmacies were located. Any campaign to increase use of pharmacies for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.

93% of respondents had no difficulty in accessing a pharmacy of their choice and 68% of respondents were willing to travel up to two miles to access a pharmacy.

3.4.3 Development of Pharmacy Services

69% of respondents felt that they were provided with sufficient information about their medication in particular the side effects of the medication and interactions with other medication; 19% had no opinion on this matter. 113 out of 160 (71%) were either satisfied or very satisfied with the pharmacist taking time to talk to them. However, 12 of the 14 respondents who did not feel they were given enough information made a comment on why; 11 mentioned that the staff rarely if ever advise on medication. Pharmacist and their staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as this increases the understanding of medications and develops improved public confidence in the ability of pharmacy staff. Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.

Graph 1 - showing survey responses to information about medication via pharmacies



78% (141) of respondents were either satisfied or very satisfied with the services they receive from their pharmacy/pharmacies overall. With 23 non-responders and 8 being unsatisfied, whilst 4 were very unsatisfied.

In addition to the patient questionnaire (Appendix Three), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered. Positive

and negative comments were received on local pharmacies which relate to operational matters and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA were with regard to opening times and services provided.

3.5 Contractor engagement

At the same time as the initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken (Appendix Four).

The contractor questionnaire provided an opportunity to validate the information provided by NHSE&I in respect of the hours and services provided.

The questionnaire was promoted via the Local Pharmaceutical Committee (LPC) weekly newsletter to all 43 pharmacies in Bury HWB area and ran from 19th January 2022 until 15th May 2022. Responses were received from 13 pharmacies, a 30% response rate, which was low compared to previous PNA questionnaires and failed to provide a complete picture of service delivery in Bury. A major reason for the limited response is, due to the publication timeframes for the PNA, the contractor survey was undertaken during a wave of COVID-19 which led to increased community pharmacy requests from public and limited capacity for community pharmacists due to staff shortages from COVID-19 sickness and isolation.

Because of the limited response, data provided by commissioners has been used regarding the number of pharmacies delivering services.

3.5.1 Advanced services

See information contained in section 6.0.

Table 1 - Number of pharmacies in Bury commissioned to provide (c) or claiming for providing (p) each service

Advanced Service	Number of Pharmacies	Commissioned (C) or Provided (P)	Comments
Appliance Use Review	0	P	Mainly provided by DACs
Community Pharmacist Consultation Service (CPCS)	41	C	From Nov 2020
Covid-19 Lateral Flow Device Distribution	36	P	CLOSED 31st March 2022
Flu Vaccination	37	P	
Hepatitis C Testing	2	C	From Sept 2020 until 31 st March 2023
Hypertension Case Finding	26	C	From Oct 2021
New Medicine Service (NMS)	33	P	Additional eligible conditions added Sept 2021
Pandemic Delivery	30	P	CLOSED 31st March 2022
Stoma Appliance Customisation (SAC)	2	P	Mainly provided by DACs
Smoking Cessation Service (SCS)	7	C	New from 10th March 2022

Archived Advanced Service	Number of Pharmacies
Medicines Use Review (replaced by CPCS Nov 2020)	20

Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1st February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.

3.5.2 Enhanced and locally commissioned services

According to data provided by commissioners the following information is available:

Table 2 - Number of pharmacies providing enhanced and locally commissioned services

Commissioner	Service	Number of pharmacies commissioned
Bury Council	Emergency Hormonal Contraception	23
	Chlamydia Treatment*	7
	Needle Exchange	5
	Supervised Methadone/ Buprenorphine Consumption	17
NHS Bury CCG	Palliative Care Medicine stockholder	6
	LFT Onsite Testing	11 Decommissioned 31st March 2022
NHS England	Inhaler Technique Service	4
	Minor Ailment Service (MAS)	30
	Minor Eye Conditions Service (MECS)	33
* The processing company RU Clear ceased in early 2020. So this service is no longer viable until a new pathway is commissioned.		

Full details of which pharmacies are commissioned can be found in Appendix Five.

3.5.3 Non-NHS services

Pharmacy owners can opt to provide other services which are not directly commissioned. These can either be free to the client or the pharmacy staff can charge a fee.

Examples of such services are prescription delivery services or medication reminder tools.

3.6 Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB
- A pharmacy contractor who is included in the local pharmaceutical services (LPS) list for the area of the HWB
- A DAC who is included in the pharmaceutical list held for the area of the HWB
- A doctor who is included in a dispensing doctor list held for the area of the HWB

NHSE&I is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Bury HWB there are no dispensing doctors within the HWB's area. Bury does not have any DACs within the borough boundaries either.

Contractors may operate as either a sole trader, partnership, or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

3.6.1 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHSE&I does not hold contracts with pharmacy contractors. Instead, they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). The underpinning elements of the contractual framework, which align to national health plans, are reviewed regularly to allow

service changes and payment to pharmacy contractors for delivering services which target national priorities.

The most recent version the Community Pharmacy Contractual Framework (CPCF) 5-year deal: year 3 (2021 to 2022)¹² was released in August 2021

Pharmacy contractors may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- **Essential services** – all pharmacies with NHS contracts (see Appendix Six for complete list) must provide these services. Further details can be found on the PSNC website¹³ :
 - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
 - Dispensing of repeatable prescriptions
 - Disposal of unwanted drugs
 - Promotion of healthy lifestyles
 - Signposting
 - Support for self-care
 - Discharge Medicines Service (DMS)
 - Attain Healthy Living Pharmacy status
- **Advanced services** – pharmacies may choose whether to provide these services or not (see Appendix Seven). If they choose to provide one or more of the advanced services, they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements:
 - Community Pharmacist Consultation Service (CPCS) from Nov 2020
 - New Medicines Service (NMS) additional conditions from Sept 2021
 - Appliance Use Review (AUR)
 - Stoma Appliance Customisation (SAC)
 - Flu vaccination
 - Hepatitis C Testing from Sept 2020 until March 2023
 - Covid-19 Lateral Flow device distribution CLOSED 31st March 2022
 - Hypertension finding service from October 2021
 - Pandemic Delivery Service CLOSED 5th March 2022
 - Smoking Cessation Service from 10th March 2022
- **Enhanced services** – service specifications for this type of service are developed by NHS E&I Area Team (GM HSCP) and then commissioned to meet specific health needs.

The current list of enhanced services offered by NHSE&I in the Bury area are:

- Inhaler Technique
- Minor Ailment Scheme (MAS)
- Minor Eye Conditions Service (MECS)

Underpinning the provision of all these services is the requirement on each pharmacy to participate in a system of clinical governance¹⁴. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- Continued professional and personal development assurance
- An information governance programme

¹² <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/community-pharmacy-contractual-framework-5-year-deal-year-3-2021-to-2022>

¹³ <http://psnc.org.uk>

¹⁴ <https://psnc.org.uk/contract-it/essential-service-clinical-governance/>

- A premises standards programme
- Repeat dispensing
- Patient safety incident reporting

Also, the Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF). NHS E&I has introduced an updated Pharmacy Quality Scheme (PQS) from September 2021 with funding maintained at £75 million nationally.

In 2021/22 the PQS focuses on priorities supporting recovery from COVID-19. To participate, pharmacy contractors will need to have completed the 3 gateway criteria

1. Deliver 20 New Medicine Service (NMS) provisions
2. Meet patient safety criteria
3. Managing risks related to transmission of COVID-19, identifying missing red flag symptoms in over-the-counter consultations and missing sepsis.

Future schemes may be introduced in subsequent years within the lifespan of this PNA. Contractors will be expected to participate in commissioned services to meet local needs.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains:

- Medicine Safety and Optimisation
- Respiratory
- Primary Care Network
- Digital
- Prevention
- Addressing unwarranted variation in care
- Healthy living support

3.6.2 Locally commissioned services

Locally commissioned community pharmacy services can be contracted via several different routes and by different commissioners. These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. For the purposes of this document, they are referred to as locally commissioned services.

Bury Council and NHS Bury CCG/GM ICB may also commission services from pharmacies and dispensing appliance contractors (DACs). However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of several services that have been designated as public health services were transferred to local authorities.

These services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

These services meet current identified needs for what would be pharmaceutical services if commissioned by NHS E&I and should be considered as relevant to the pharmaceutical needs of Bury. Guidance, examples, and templates of locally commissioned can be found on the PSNC website¹⁵

Services commissioned by Bury Council are:

- Sexual Health Services:
 - Emergency contraception
 - Chlamydia Treatment- this is currently closed because the processing organisation RU Clear ceased in early 2020. Bury Council need to determine if a renegotiation of a pathway between community pharmacies and the new sexual health service (HCRG) for testing asymptomatic young people and treatment options is necessary, or whether to join a potential cluster re-procurement for a standalone chlamydia

¹⁵ <https://psnc.org.uk/services-commissioning/locally-commissioned-services/>

screening programme for asymptomatic young people (i.e. a service replacing RU Clear).

- Health Improvement:
 - Onsite asymptomatic Covid-19 testing service - The service was commissioned 1st April 2021 – 31st March 2022. This was being commissioned from 11 Bury community pharmacies
- Substance misuse services including:
 - Needle exchange (NX)
 - Supervised Consumption of prescribed medication for dependence (SC)

Services commissioned by NHS Bury CCG prior to GM IC:

- Palliative Care Medicine Stockholder

3.6.3 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHSE&I, LAs or CCGs/GM ICB. Examples of these include home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether to charge for these services but are expected to follow standards of governance if they do. As they are private services, they fall outside the scope of the PNA.

3.6.4 Contracted Opening Hours

A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England. Pharmacies may choose to open for longer and these hours are referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises based on being open for 100 core opening hours per week (referred to as 100-hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (apart from weeks which contain a bank or public holiday, or Easter Sunday).

These 100-hour pharmacies remain under an obligation to be open for 100 hours per week. In addition, these pharmacies may open for longer hours. There are five pharmacies in Bury with 100-hour contracts.

The proposed opening hours for each pharmacy are set out in the initial application. If the application is granted the pharmacy is then contracted to open during the opening hours identified in the application. The contractor can subsequently apply to NHSE&I change their core opening hours or notify a change in their supplementary hours.

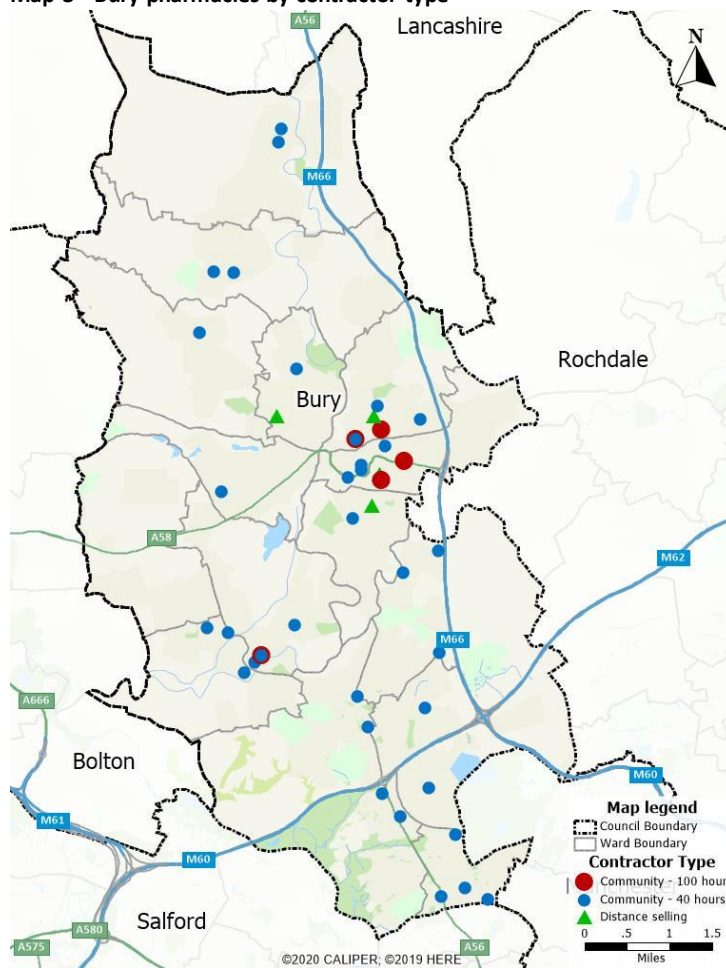
NHSE&I will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours, they are obliged to notify NHSE&I of the change, giving at least three months' notice.

3.6.5 Closure of Pharmacy Premises

Community pharmacy contractors who no longer wish to provide NHS services from their NHS pharmacy premises must provide their local NHS E&I area team with adequate notice.

Generally, contractors must give at least 3 months' notice to the local area team in advance of the date on which they intend to cease providing pharmaceutical services. The exception is for contractors with 100 core hours in which case six months' notice is required.

Map 3 - Bury pharmacies by contractor type



Pharmacy opening hours in Bury HWB's area can be found on NHS.uk website under NHS Services¹⁶. From 9th November 2020, under the NHS Terms of Service, contractors must ensure that the profile for their pharmacy is comprehensive and accurate¹⁷. Appendix Eight provides details as to the spread of opening times across each cluster and by ward.

3.6.6 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

There are no LPS contractors within the Bury area.

3.6.7 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies). Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however, they must provide these services

¹⁶ <https://www.nhs.uk/nhs-services/>

¹⁷ PSNC

remotely. Such pharmacies are required to provide services to people who request them wherever they may live in England. Patients may not walk into distance selling pharmacies.

There are four distance selling pharmacies in Bury, although residents may choose to use such pharmacies that are within or outside of the borough. Although these four pharmacies can provide a service nationally, dispensing data from ePACT2¹⁸ shows that 76.8% of their items are issued to clients who have a Bury GP, and that a further 11.0% are issued to clients who have GPs in the neighbouring CCGs of Bolton, Heywood, Middleton and Rochdale, Manchester, East Lancashire, Blackburn with Darwin, and Salford. This indicates that the distance selling pharmacies in Bury can be classed as 'local' pharmacies.

Table 3 - Items (>0.1%) issued from Bury Distance Selling Pharmacies, Apr 2021-Mar 2022

CCG/ Organisation where the prescriptions were issued	Number of Items	% of total
BURY CCG (00V00)	137,727	76.8%
BOLTON CCG (00T00)	11,871	6.6%
OLDHAM CCG (00Y00)	7,545	4.2%
STOCKPORT CCG (01W00)	7,266	4.1%
HEYWOOD, MIDDLETON & ROCHDALE CCG (01D00)	3,718	2.1%
TRAFFORD CCG (02A00)	3,082	1.7%
MANCHESTER CCG (14L00)	2,083	1.2%
EAST LANCASHIRE CCG (01A00)	1,361	0.8%
TAMESIDE AND GLOSSOP CCG (01Y00)	1,226	0.7%
SHEFFIELD CCG (03N00)	655	0.4%
NORTH WEST LONDON CCG (W2U3Z)	613	0.3%
BLACKBURN WITH DARWEN CCG (00Q00)	419	0.2%
WIGAN BOROUGH CCG (02H00)	348	0.2%
NORTH EAST LONDON CCG (A3A8R)	336	0.2%
SALFORD CCG (01G00)	270	0.2%

3.6.8 Pharmaceutical services through dispensing appliance contracts (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations.

DACs must provide the following services that fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements:

- Stoma appliance customisation
- Appliances use review

DACs are required to open at least 30 hours per week, and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. There are no DACs in Bury therefore its population has appliances dispensed either from DACs outside the Bury area or from community pharmacies who provide the items they require. Six of the thirteen community pharmacies that responded to the survey stated that they were able to dispense all types of appliances, and a further two can dispense dressing. Although this is not a representative sample of the total 43 community pharmacies in Bury it does show that there are other options to obtaining appliances within Bury Borough.

¹⁸ <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2>

3.6.9 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. As there are no dispensing doctors within the HWB's area this route of provision is not included in this document.

3.6.10 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Fairfield General Hospital (part of NCA Foundation Trust), as with each of the NCA FT trust's hospital sites, offers outpatient dispensing of hospital prescriptions.

During the lifespan of this PNA it is possible, with the advent of virtual clinics in all hospitals, that electronic prescriptions will be able to be transmitted to community pharmacies as well as the outsourced pharmacies at NHS hospitals. It may allow specialists to send prescriptions to the patient's usual pharmacy allowing clinical checks alongside GP prescribed medication. The prescription numbers generated are unlikely to be significant due to the low volumes generated in outpatients versus long-term prescribing by GPs.

3.6.11 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

3.6.12 Other sources of information

Information was gathered from NHSE&I, NHS Bury CCG and Bury Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

The JSNA, Bury's Locality Plan Refresh 2019 – 2024 and Bury Council and CCG's 'Let's Do It' Strategy provided background information on the health needs of the population.

3.7 Consultation

A statutory consultation exercise was carried out over the Summer 2022 in accordance with the 2013 Regulations. The consultation took place from xxth xxx until xxth xxx 2022 for a period of at least 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services
- The development and consideration of proposals for changes to how services are provided
- Decisions affecting the operation of services.

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The draft PNA and consultation response form was issued to all compulsory stakeholders listed in Appendix Nine. The documents were posted on the internet and publicised, with paper copies made available to those unable to access online.

The number of responses received totalled XXX and:

- all xx thought that the explanation of the PNA was sufficient.
- all xx thought that the PNA provided an adequate assessment of pharmaceutical services in the Bury area.
- all xx thought that the PNA provided a satisfactory overview of the current and future pharmaceutical needs of the Bury population.
- Xxx thought that current pharmacy provision and services in Bury is adequate. One responder commented about the provision of needle exchange through pharmacies.
- all xx agreed with the conclusion of the PNA.

All xx made comments that needed addressing and these are detailed in the Appendix 13. No changes were made that altered the conclusions of this PNA.

4 Context in Bury

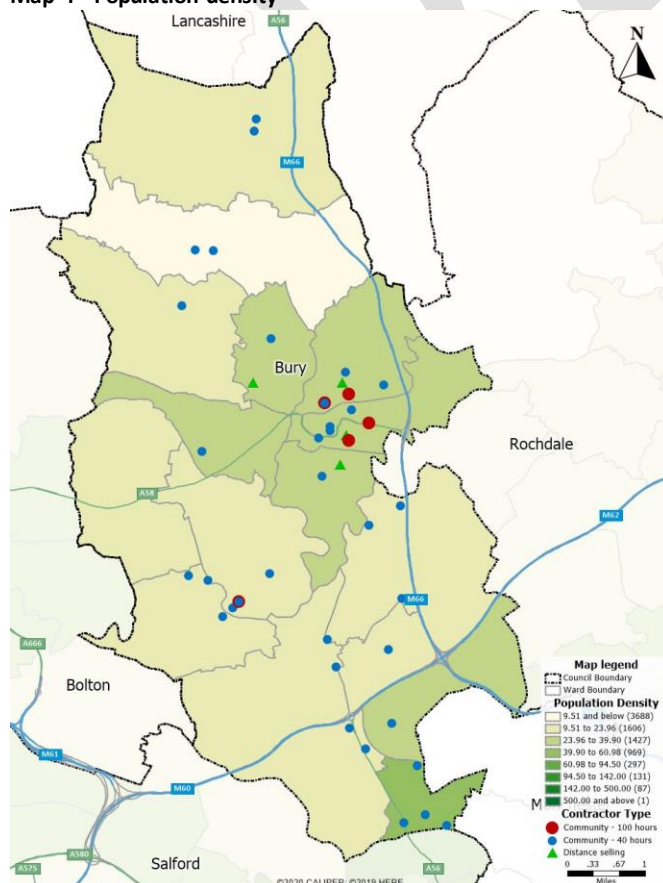
4.1 Overview

Bury Council is one of ten councils in Greater Manchester. It lies to the north of the city of Manchester. The borough is named after its largest town, Bury, but also includes the towns of Prestwich, Whitefield, Radcliffe, Tottington and Ramsbottom. It has a population of 190,710 (mid-2020 population estimate) and spans 38 square miles (99 km²).

Although some parts are contiguous with the city of Manchester, are highly industrialised and densely populated, the northern region between Tottington and Ramsbottom have areas covered by moorland and are sparsely populated.

Bury Borough is bordered by Bolton to the West, Rochdale Borough to the East, and Manchester and Salford Cities to the South, all of which are part of the Greater Manchester conurbation. Two other council areas to the North also border Bury Borough. These are Blackburn with Darwen and Rossendale.

Map 4 - Population density



4.2 Current and Projected Population in Bury

By 2030 Bury will have:

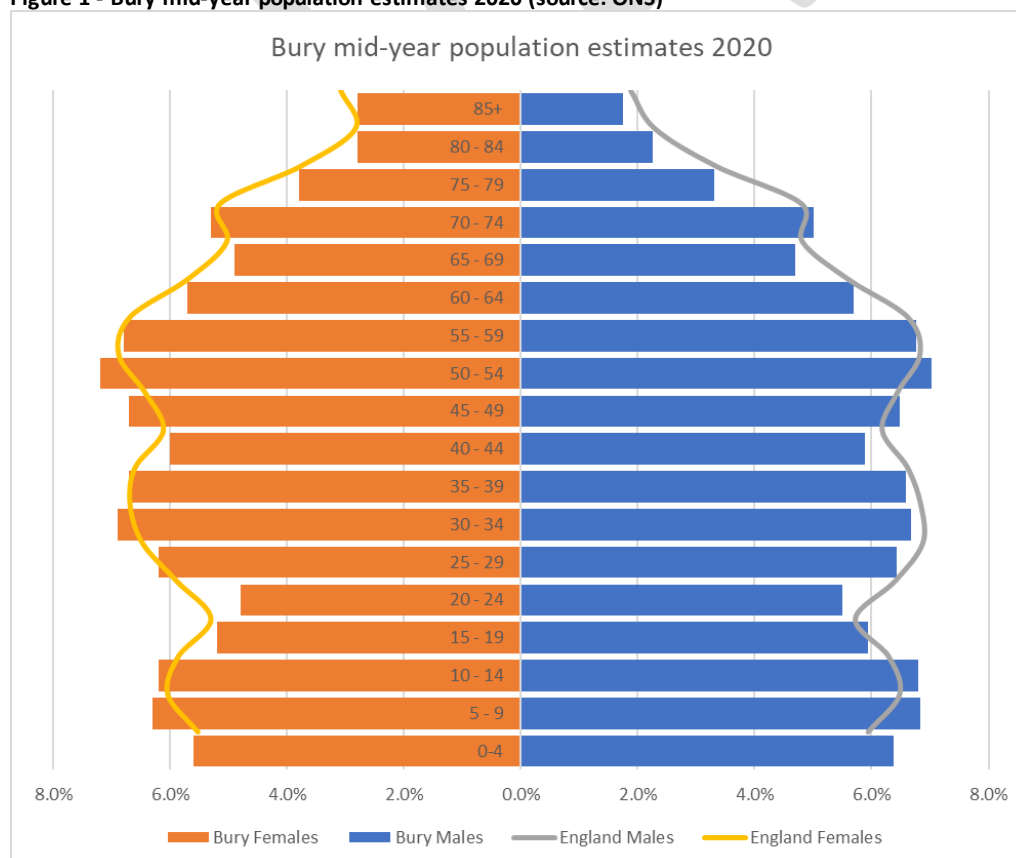
- a projected 3.3% increase in total population to 198,240 from 2020 MYE;
- with those aged 65 years and above projected to increase, on average, by 21% to make up 20% of the total population by 2030;
- young people aged 0-14 years are expected to decrease in numbers by 3.7% but will still make up 18% of the total projected population;
- and a projection of 5.6% more people of working age.
- Compared to England, Bury has a slightly younger, but generally very similar population range as seen in Figure 1

4.2.1 Current Population in Bury 2020 MYE

Table 4 - Proportion of total population by age group by Neighbourhood (MYE 2020) (source: ONS)

Age Range	Bury Neighbourhood					Bury average per age range
	Bury East	Bury North	Bury West	Prestwich	Whitefield	
0-14	21.1%	16.7%	18.0%	21.0%	17.8%	18.9%
15-24	12.3%	10.0%	10.4%	10.4%	10.0%	10.6%
25-64	52.5%	50.9%	52.2%	52.1%	51.7%	51.9%
65-79	10.4%	16.9%	14.4%	11.9%	14.6%	13.6%
80+	3.8%	5.5%	4.9%	4.6%	5.9%	4.9%
Total population	37,202	42,414	45,592	35,441	30,059	190,708

Figure 1 - Bury mid-year population estimates 2020 (source: ONS)



Bury East Neighbourhood has a younger population then the rest of Bury Borough. With **Bury East** having 21% of its population between 0-14 years, (compared to Bury Borough total of 19%) and 12% of people aged 15- 24 (Bury 11%), and only 14% of the residents over 65 years of age (Bury 18%). Whilst **Prestwich Neighbourhood** also has an average 21% of its population aged 0-14 years. It contains Sedgley ward which has the overall youngest population with 41% being below the age of 25 years, this is counterbalanced in its other two wards (Holyrood and St. Mary's) where those aged under 25 only make up for 27% of their populations compared to an average of 30% across the whole of Bury Borough

Bury North and Whitefield Neighbourhoods have the largest proportion of adults at the older end of the age spectrum with those aged 65 and over significantly higher than the total borough average; 22% vs. 21% respectively vs. 18% in Bury overall. It is North Manor Ward in Bury North which accounts for the highest population over the age of 65 years at 31%.

Bury West Neighbourhood has an age profile most like the Bury Borough average. It can be seen at ward level that 2 wards (Bury West and Radcliffe North) have a majority of Bury West's elderly population whilst the other two wards (Radcliffe West and Ainsworth, and Radcliffe East) have more of the younger end of the population.

These population statistics can help commissioners deliver age related services to the relevant areas.

4.2.2 Projected Population from 2018 to 2030 MYE

Figure 2 - Population projection for Bury (source: ONS 2018 based subnational population projections)

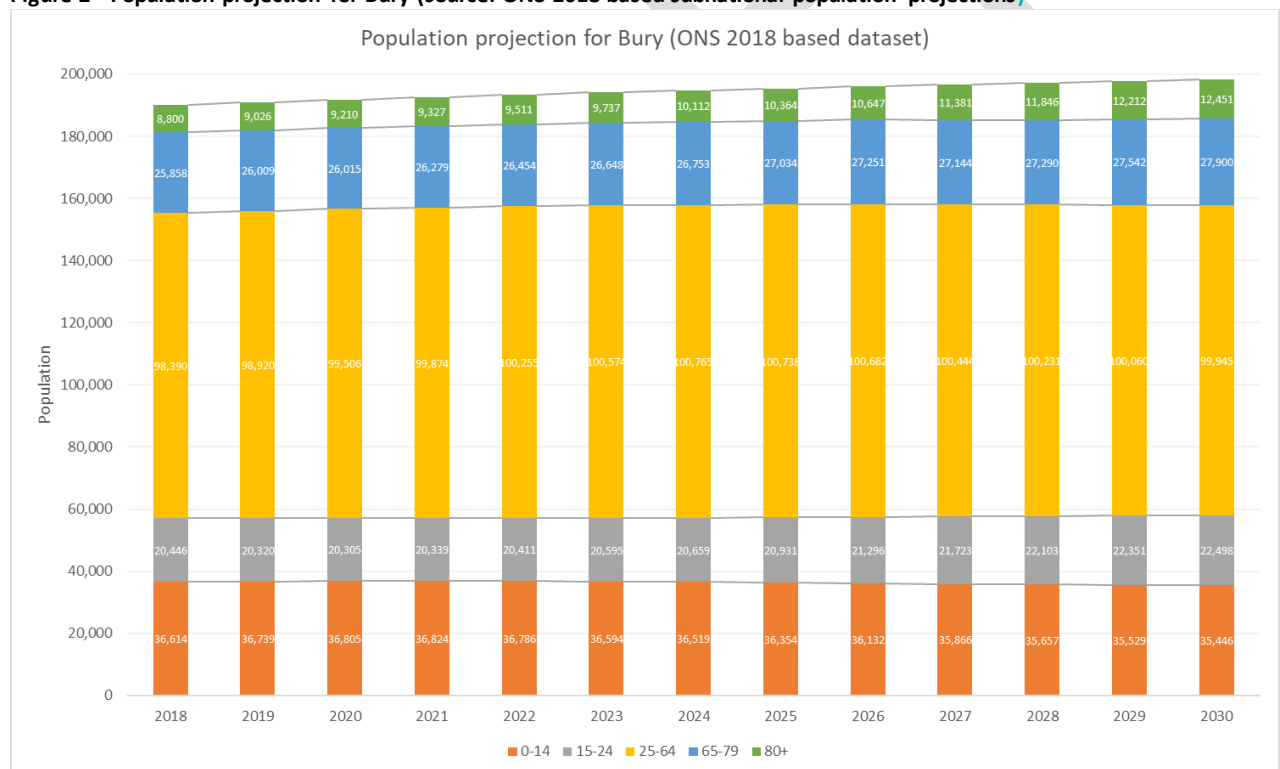


Table 5 - Projected Total Population by age group (MYE 2018- MYE 2030) (source: ONS)

	2018 Population	Projected 2030 Population	Projected % increase from 2018 to 2030	% of expected total 2030 population
Younger People (0-14 years)	36,614	35,446	-3%	18%
Working ages (15-64 years)	118,836	122,443	3%	62%
Older People (65-90+ years)	34,658	40,351	16%	20%
Total Population	190,108	198,240	4%	100%

Bury's total population is projected to increase by 4% from the 2018 population of 190,108 to a mid-year estimate (MYE) in 2030 when its population is expected to be 198,240; a rise of 8,132, but to understand what the impact of each group is for our commissioned services it is important to look at the underpinning figures.

Whilst the youngest age group of 0-14 years is expected to decrease by 3%, they will still account for approximately 18 % of the total population.

62% of the MYE 2030 population are expected to be in the working age ranges of 15- 64 years. With the 15 – 24-year-old group accounting for the majority of these, an extra 2052 persons in this age group (10% rise from the year 2018).

However, the most significant rise in population, both in terms of actual numbers and healthcare services they will require, is in the over 65 years age group. Their numbers will increase by 5,693 persons to a total of 40,351 accounting for 20% of the total population of Bury Borough. Those people over the age of 80 years determining most of this percentage increase with a 41% rise in their numbers to 12,451 (MYE 2030). This may have a significant impact on the types of service which are required across Bury Borough, as at this stage of the life, the need for health and social care begins to increase. This growth in older people, some of whom are likely to be living in isolation, will lead to greater levels of need for pharmaceutical services.

This growth in the over 65-year group should be borne in mind when new services are developed in the future.

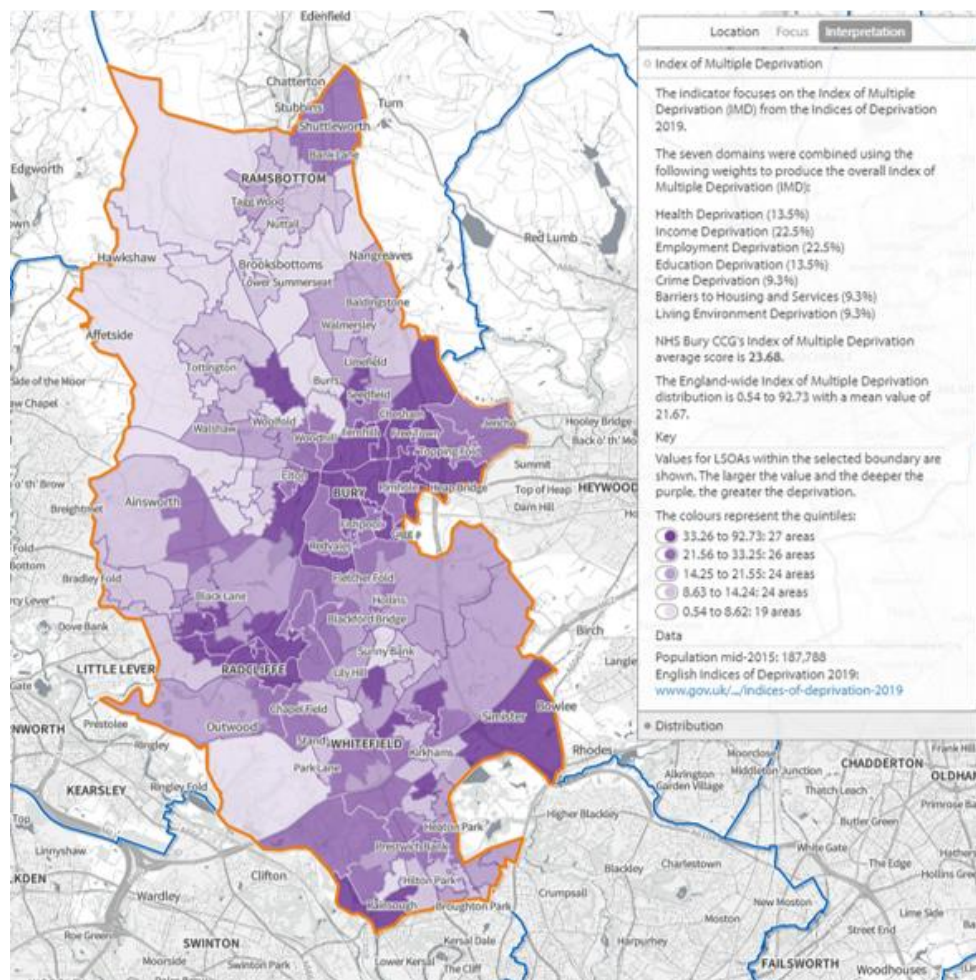
4.3 Deprivation

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas (Lower Super Output Areas (LSOAs)). These can then be aggregated to show local authority deprivation rankings. IMD is a combined measure of deprivation based on a total of 37 separate indicators, 13.5% of the scores are related to health indicators.

In 2019 data Bury is ranked 110th most deprived of 317 Local Authority districts (rank of average score) and is 82nd in terms of the proportion of LSOAs in the most deprived decile (bottom 10% nationally). In 2015 Bury was ranked 122nd out of 326 LAs, this shows there has been a slight increase in deprivation in the intervening four years. Overall, Bury is the 3rd least deprived of the 10 GM districts, the same as in 2015. Across the 10 GM local authorities the range in IMD rank of average is 2nd to 209th, where 209th is least deprived.

Although it is not possible to use the indices to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the Indices. In 2010, Bury was ranked 114 of the 326 Local Authority districts and in 2015 it was 122nd – this means that the borough has dropped back to its original rank in 2010 meaning it is more relatively deprived than in 2015. This may not be due to falling standards locally, but rising standards elsewhere in England. Another factor to consider is the reduction in the number local authorities, from 326 to 217, since 2010.

Map 5 - IMD 2019 by LSOA



The areas of higher deprivation are shown on Map 5 in dark purple with the lighter shades showing areas that have less deprivation. The areas of higher deprivation are distributed around Bury and Radcliffe town centres. However, there are pockets of deprivation in Ramsbottom ward in the North Bury Neighbourhood and in the Prestwich Neighbourhood wards of Holyrood and St. Mary'. The local authority (LA) IMD ranks are contained within Table 6 below. Bury's Average IMD score is 23.68 is the 110th most deprived LA in England, the 8th most deprived in GM. Only Trafford and Stockport LA are less deprived than Bury but Bury is still worse (higher) than the England IMD average score of 21.67.

Table 6 - Rank of various measures of deprivation (English Indices of Deprivation 2019)¹⁹

Local Authority District code (2019)	Local Authority District name (2019)	IMD - Average rank	IMD - Rank of average rank	IMD - Average score	IMD - Rank of average score	IMD - Proportion of LSOAs in most deprived 10% nationally	IMD - Rank of proportion of LSOAs in most deprived 10% nationally
E08000009	Trafford	12412.15	209	16.088	191	0.0507	125
E08000007	Stockport	15400.65	154	20.826	130	0.0895	90
E08000002	Bury	17812.44	110	23.682	95	0.1000	82
E08000010	Wigan	18600.47	97	25.713	75	0.1650	53
E08000001	Bolton	21135.42	47	30.691	34	0.2373	31
E08000004	Oldham	22460.10	29	33.155	19	0.3050	16
E08000008	Tameside	22774.30	23	31.374	28	0.2057	40
E08000006	Salford	23233.56	20	34.210	18	0.3000	19
E08000005	Rochdale	23414.21	17	34.415	15	0.2985	20
E08000003	Manchester	26417.75	2	40.005	6	0.4326	5

¹⁹ [The English Indices of Deprivation \(2019\)](http://www.gov.uk/indices-of-deprivation-2019)

4.4 Life expectancy

Females

The most recent data shows that life expectancy at birth for females has increased to 82.0 years for the 3-year average during 2018-2020 from 81.6 (2015-2017) and 81.2 (2011-2013). This shows an improvement of 0.4 years since the last PNA and is higher than the Northwest average of 81.7 years, but still below the England average of 83.1 years.

Males

Life expectancy at birth for males has changed from 78.2 years in 2011-2013, to 78.0 in 2015-17 and increased to 78.4 years in 2018-2020. As for females the life expectancy from birth in males is above the Northwest average (77.9 years) but below the England average (79.4 years).

Gender Gap

The gender difference has increased from a gap of 3.0 years in 2011-2013 to 3.6 years in the latest data. This is a similar difference in life expectancy on average across England is 3.7 years in favour of females. This could indicate that services could be commissioned to help males maintain a healthy lifestyle.

Gap across wards

Life expectancy at birth varies by ward from the lowest in Moorside ward, Bury East Neighbourhood (74.1 yrs. Male; 78.2 yr. Female) to the highest, 81.6 yrs, in for males in Pilkington Park ward, Whitefield Neighbourhood. Whilst the highest life expectancy for females is in North Manor ward, Bury North Neighbourhood at 85 yrs. This gives a variation within the Bury Borough boundary of 7.5 years for males and 6.8 years for females. This variation can be seen in Table 7 below.

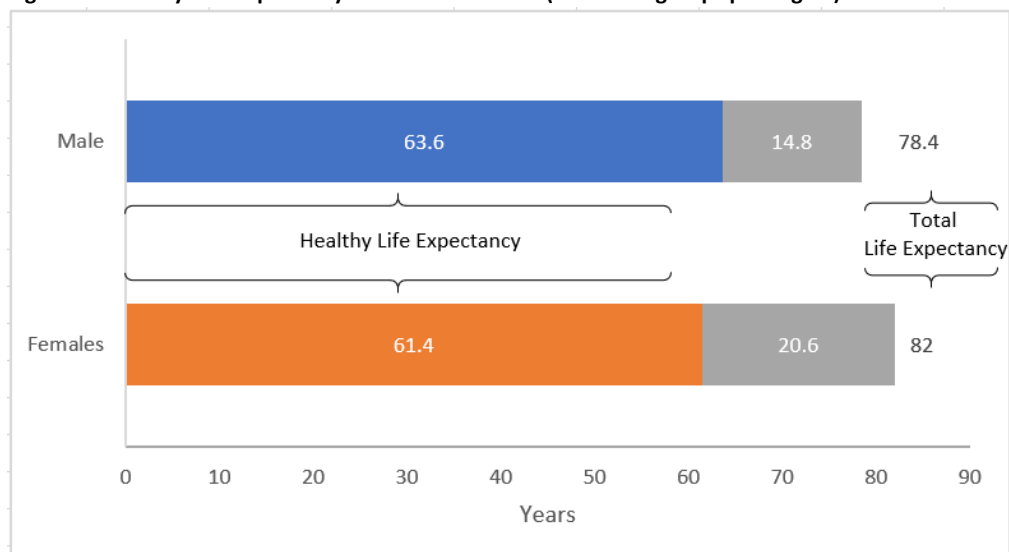
Table 7 - Life expectancy at birth by ward (Source: www.localhealth.org.uk)

Life expectancy at birth (2015-19)			
Neighbourhood	Ward	Male	Female
Bury East	Bury East	74.8	80.3
	Moorside	74.1	78.2
	Redvales	78.7	81.7
Bury North	Elton	79.9	80.6
	North Manor	81.5	85
	Ramsbottom	81.5	84.8
	Tottington	79.9	81.5
Bury West	Bury West	81.4	83.3
	Radcliffe East	78.2	82.6
	Radcliffe North & Ainsworth	78.5	80.3
	Radcliffe West	74.6	78.9
Prestwich	Holyrood	79.2	84.1
	Sedgley	80	82.2
	St Mary's	76.9	81.6
Whitefield	Besses	77.1	81.4
	Pilkington Park	81.6	83
	Unsworth	81.2	82.6

Healthy Life Expectancy

Healthy Life Expectancy (HLE) is the average number of years a person would expect to live in good health based on current mortality rates and reliant on how people self-report good health in response to a health question on a survey.

Figure 3 - Healthy Life Expectancy at birth 2017 -2019 (source: fingertips.phe.org.uk)



Males and females in Bury can expect to live 14.8 years and 20.6 years of their expected life in relatively poor health.

4.5 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age
- Sex / gender
- Pregnancy and maternity
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
- Gender reassignment
- Marriage and civil partnership
- Race which includes colour, nationality, ethnic or national origins
- Religion (including no religion) or belief (any religious or philosophical belief)
- Sexual orientation

This section also focusses on the particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

4.5.1 Age

Age has an influence on which type of medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and may take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it. Ability to swallow at any age, but particularly in young children and older people with comorbidities, e.g. stroke, will also affect the type of medication available to treat a patient.

Pharmacy staff can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

4.5.1.1 Children

Giving every child the best start is crucial to reducing health inequalities across the life course. What happens before and during pregnancy, in the early years and during childhood has lifelong effects on many aspects of health and wellbeing in adulthood from obesity, heart disease, mental health, educational achievement and economic status.

The child population (0 to 14 years) of Bury is predicted to fall by 3.7% from 2018 to 2030. However, a key theme in the Bury Let's Do It Strategy is to 'Ensure every child has the best start in life through implementation of the Greater Manchester Early Years early years Development'.

Starting life well through prevention and early intervention is a key priority. By improving maternal health, we could give our children a better start in life, reduce infant mortality and reduce the numbers of low-birth-weight babies and by taking better care of children's health and development we can improve educational attainment, reduce the risks of mental illness, unhealthy lifestyles, and hospital admissions.

4.5.1.2 Older people

The 2020 mid-year population estimates from the Office for National Statistics (ONS) indicate that there are around 35,225 people aged 65 and over living in Bury (equivalent to 18.4% of the population). This compares to 18.5% of the population in England indicating Bury has similar proportion of older people compared to the national average.

This varies between the five neighbourhoods in Bury see Table 4 for further detail.

The greatest percentage increase in population numbers will be seen in those people aged over 80. This increase in the older people will lead to growing demand for medicines and pharmacy services. One of Bury Locality Plan four overarching outcomes is 'A local population that is living healthier for longer and where healthy expectancy matches or exceeds the national average by 2025.'

Older people living in isolation have a high incidence of suffering from loneliness. Social isolation and loneliness have a detrimental effect on health and wellbeing. Studies show that being lonely or isolated can impact on blood pressure and is closely linked to depression. The impact of this has cost implications for health and social care services. Investment is needed to ensure that voluntary organisations can continue to help alleviate loneliness and improve the quality of life of older people, reducing dependence on more costly services.

Table 8 below shows the variation between neighbourhoods in the percentage of older people living alone. Bury East has the highest percentage of people living alone. Not all these people will be living in social isolation or loneliness, but there is likely to be a number that are, and this is likely to increase over the coming years. Conversely feelings of loneliness can occur in people whether they live alone or with someone and regardless of age. ONS states that nationally in 2020/2021 a composite loneliness score²⁰ was produced combining three indirect loneliness measures. A high score indicating loneliness was reported for 9% of respondents, approximately 4 million people in England: a similar proportion to 2019/20.

Table 8 - Older people living alone by cluster (source: www.localhealth.org.uk)

Neighbourhood	% of older people (65 years and over) living alone
Bury East	37.7
Bury North	28.5
Bury West	33.4
Prestwich	34.1
Whitefield	33.4
Bury	32.7
England	31.5

²⁰ [ONS Wellbeing and Loneliness -Community Life Survey 2020/21](#)

Over 65s living alone in England has increased from 3,404,000 (2011) to 4,023,000 (2019). A difference of 619,000 (+18.2%).

Pharmacy teams are often one of the few teams that people living in isolation have regular contact with.

Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Independence is or could be supported by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

4.5.2 Sex / Gender

In Bury, the life expectancy from birth of men is 78.4 years and 82.0 years in women. The gap in life expectancy between females and males is 3.6 years in 2018 -2020, the same difference as in 2013-15, although the total life expectancy has increased by 0.4 years for both males and females.

However, males are still more than twice as likely as females to die of coronary heart disease in Bury²¹ and have around 3.4 times higher risk of dying of suicide than women.

Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often less likely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

The planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

When necessary, access to advice, provision of over-the-counter medications and signposting to other services is available as a walk-in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

4.5.3 Long term health problems and disability

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

Most people suffer periods of ill health at some time, but these are usually temporary problems that do not have a sustained effect on day-to-day activities, such as going to work or socialising with friends and family. However, some health problems and disabilities are more serious because they are long-lasting and reduce a person's ability to carry out these activities.

²¹ [Fingertips Public Health Profile data 2020](#) accessed 25/05/2022

People in some parts of Bury are more likely to report that their day-to-day activities are limited due to a long-term health problem or disability than others. The areas where more than 25% of people report having an activity limiting health problem or disability are listed in Table 9. At the opposite side of the spectrum, there are 25 LSOAs where less than 7% of people reported having an activity limiting health problem or disability. When looking at these figures it is important to remember that this measure is very strongly related to age and that areas with older populations are more likely to have higher rates of activity limiting health problems or disabilities than areas with younger populations, irrespective of the underlying levels of ill health in the area.

Table 9 - Activity limiting health problem or disability (source: Census 2011, ONS. Crown copyright)

LSOA	LSOA Name	Total residents in this LSOA at 2011	Ward	Neighbourhood	% of people whose day-to-day activities are limited
E01005004	Bury 016C	1458	Radcliffe North & Ainsworth	Bury West	37%
E01004987	Bury 020C	1200	Unsworth	Whitefield	35%
E01004946	Bury 021E	1624	Besses	Whitefield	28%
E01004945	Bury 017A	1548	Besses	Whitefield	25%
E01004957	Bury 007D	1748	Bury East	Bury East	25%
E01004976	Bury 004A	1547	Moorside	Bury East	25%
E01004996	Bury 016B	1427	Radcliffe West	Bury West	25%
E01005030	Bury 013A	1590	Redvales	Bury East	25%

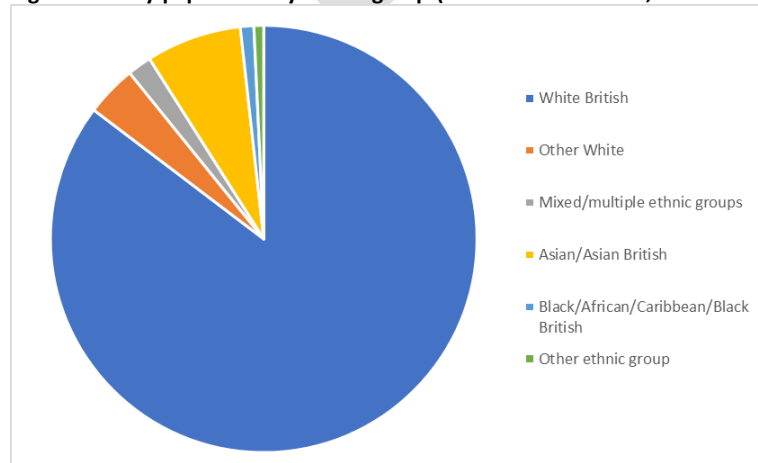
People with disabilities often have individual complex and specific needs. It is important that health and social care services can provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out everyday activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids. Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

4.5.4 Race, ethnicity, and language

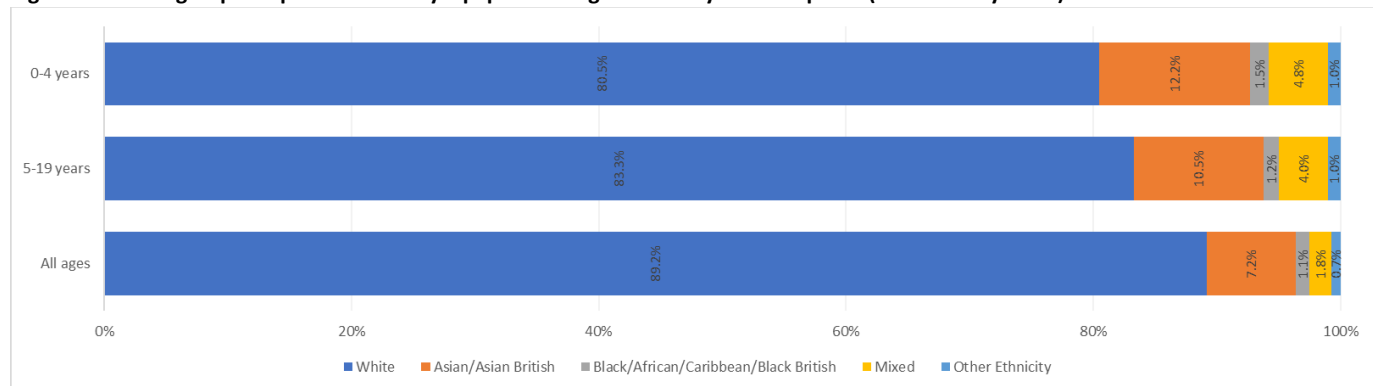
This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

Figure 4 - Bury population by ethnic group (Source: Census 2011, ONS. Crown copyright)



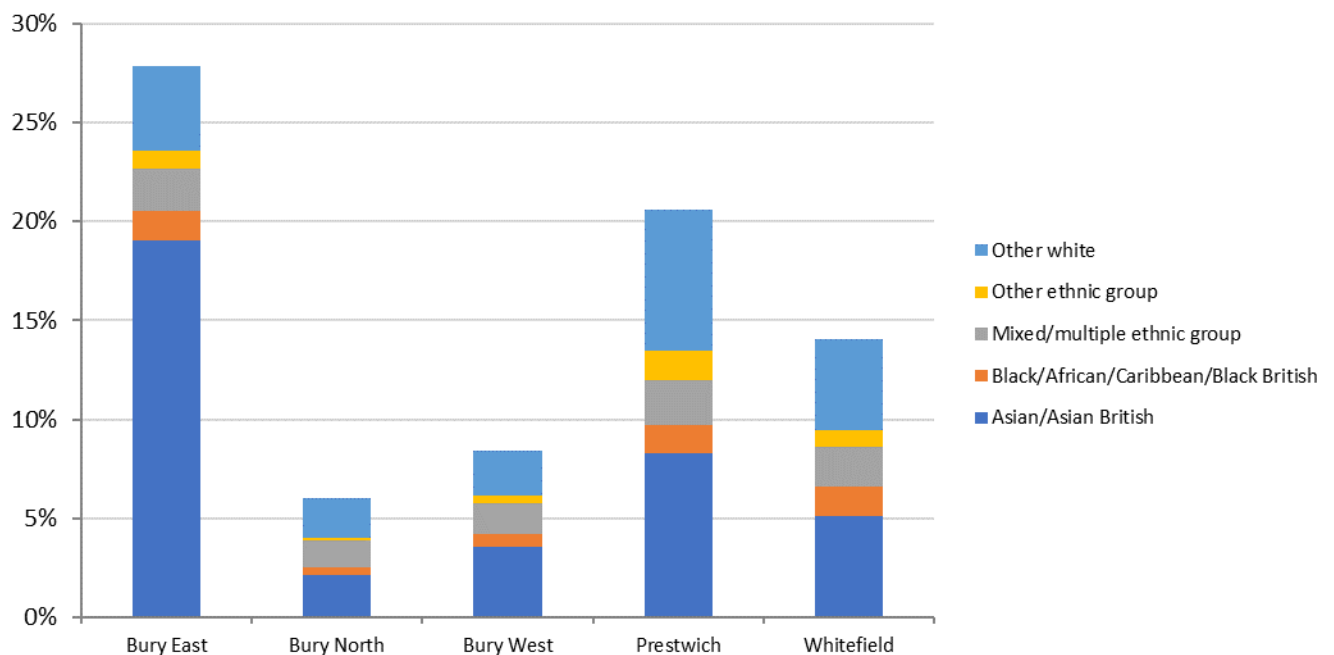
Bury's ethnic group composition is expected to change, with the proportion of people from white backgrounds decreasing from 89.2% as in the 2011 census for all age groups. The proportion of people from white backgrounds aged 10 to 14 years is 66.8%, and 59.1% for those aged 0 to 4 years.

Figure 5 - Ethnic group composition of Bury's population aged 5 to 19 years compared (source: Bury JSNA)



Asian and Asian British make up the largest ethnic minority group in Bury accounting for 7.2% of the population. 57% of Bury's Asian/Asian British population are located within Bury East Neighbourhood with the majority of this group in Bury East (East) ward. (See Figure 6).

Figure 6 - Percentage of BME by District (source: Census 2011, ONS. Crown copyright)



The percentage of people that cannot speak English well or not at all in Bury is 1.2%; lower than the national average (1.7%) according to ONS data from the census in 2011²². However, Table 10 below shows there are pockets where residents are above the national average. These are mainly in the Bury East neighbourhood where there is a high population of ethnic minorities living as shown above. Those

22

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/articles/peoplewhocannotspeakenglishwellaremorelikelytobeinpoorhealth/2015-07-09>

residents may need support accessing and understanding services if they that cannot speak English well or at all.

Table 10 - Percentage of population who cannot speak English well or at all, by wards with a greater than England average
(source: www.localhealth.org.uk)

Neighbourhood	Ward	% of population who cannot speak English well or at all
Bury East	Bury East	4.6
Bury East	Redvales	3.1
Bury East	Moorside	2
Prestwich	Sedgley	2
Bury		1.2%
England		1.7%

7 out of 13 pharmacies who responded to the survey said that they have staff who speak languages other than English, including Arabic, Bengali, Hebrew, Polish, Punjabi, and Urdu.

While the health issues facing ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population although some BME groups fare much worse than others, and patterns vary from one health condition to the next. This represents an important health inequality.

Research provides the examples of the health problems experienced by different ethnic groups²³:

- South Asian groups are at higher risk of diabetes and cardiovascular disease.
- People from black ethnic groups and Indian men are at higher risk of stroke. Whereas in females the risk of stroke is highest amongst Bangladeshi women and Pakistani women.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia.

Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

The Covid-19 pandemic has further highlighted the impact of socio-economic status on health care statistics, see section 2.3.2.

4.5.5 Religion and belief

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence the comparative data is a population survey carried out by the ONS²⁴ in 2018.

The religious beliefs, and non-belief, of Bury's population continues to diversify. In line with the rest of the country the borough has experienced an overall reduction in the proportion of its population that identifies with any religious belief.

The 2011 Census showed that in Bury the religious belief group of Christians were in the majority at 67.3% of the population compared to 63% for the average in the GB. Those with no religion identified accounted for 19.3% (28.5% GB), with Jewish religion and Muslim religion populations accounting for 6.6% (0.4% GB) and 6.3% (4.6% GB) respectively.

Although less accurate than the census data, a population survey carried out in 2018 shows a higher percentage since 2011 who identify as having no religion: 29.9% of the population in Bury vs. 39.5% of the GB population. This is mirroring the data from the rest of the GB. There is a decline in those identifying as Christian in 2018 (52.0% Bury vs. 50.8% GB), but an increase in the percentage of both

²³ <https://patient.info/doctor/diseases-and-different-ethnic-groups> accessed 09/02/2011

²⁴ [ONS: Religion by Local Authority](#) accessed 8/6/2022

Jewish (to 7.0% vs 0.5% GB) and Muslim (to 9.1% vs. 5.3% GB) populations in 2018 and an introduction of a Hindu community who account for 0.3% of Bury Borough's population (1.5% GB).

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people's religions and beliefs when delivering services, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.
- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

4.5.6 Marriage and civil partnership

This data is taken from the census of 2011. The last census in 2021 has not yet been analysed, hence there is no update since this section was written in 2017.

According to the 2011 Census in Bury, for residents aged 16 and over, 46.6% of people are married, 11.5% cohabit with a member of the opposite sex, 0.8% live with a partner of the same sex, 24.3% are single and have never married or been in a registered same sex partnership, 9.4% are separated or divorced. There are 10,162 widowed people living in Bury.

Limited evidence is available on the particular health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.

It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.

Consideration should be given to signs of domestic violence; pharmacies can help to raise awareness of this issue and sign posting to services/organisations that can provide advice and support.

4.5.7 Pregnancy and maternity

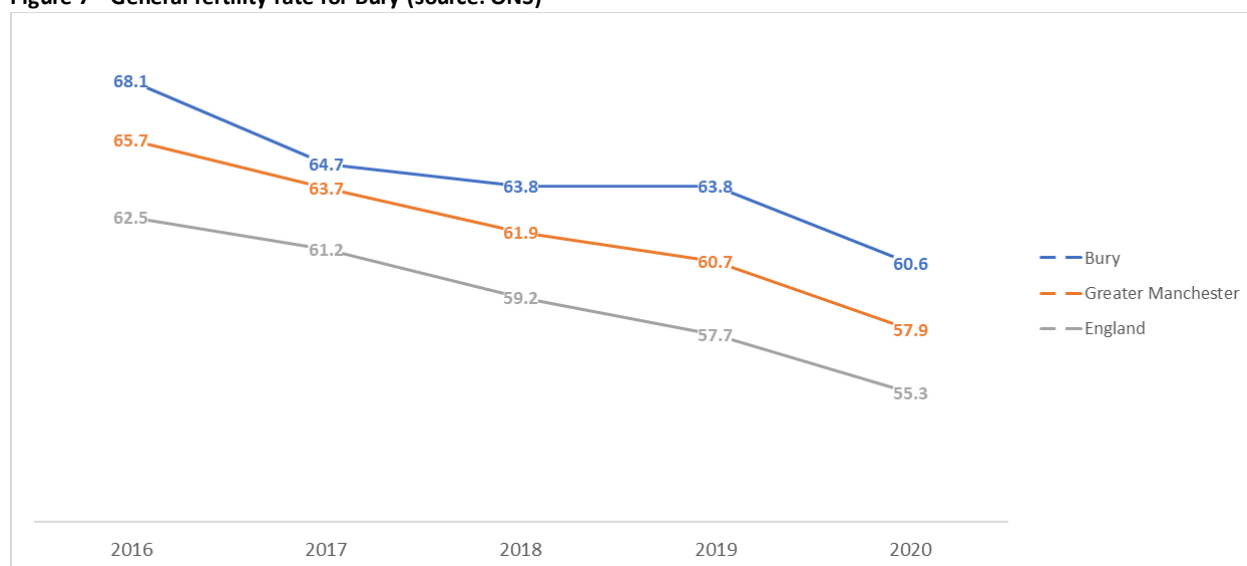
The number of live births in Bury has reduced year on year since 2015 from 2356 to 2104. Equivalent to the crude live birth rate dropping from 12.5 births per 1000 population to 11.0 in 2020. This is despite the absolute numbers of females of childbearing age (15 – 44 years) remaining fairly constant over the same time frame; ranging from 34,600 to 35,100 persons.

Table 11 - Live births for Bury 2015 to 2020 (source: ONS)

Year	Population (thousands)			Total live births	Crude live birth rate
	Total	Female	Females aged 15 - 44		
2015	187.8	95.9	35.0	2,356	12.5
2016	188.5	96.1	34.6	2,362	12.5
2017	189.6	96.7	34.8	2,249	11.9
2018	190.1	96.9	34.8	2,219	11.7
2019	191.0	97.3	35.1	2,228	11.7
2020	190.7	97.0	34.7	2,104	11.0

The general fertility rate (GFR) in Bury is higher than that for England and Greater Manchester but Bury has a decreasing general fertility rate (GFR)²⁵ since 2016. This is consistent with that of England and Greater Manchester. The Bury GFR was 67.4 in 2015, went up in 2016 to 68.1 (following the trend of GM but against the England trend) and then continued to fall to a GFR of 60.6 in 2020.

Figure 7 - General fertility rate for Bury (source: ONS)



Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

4.5.8 Sexual orientation

An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay, or bisexual in 2020 an increase from 2.7% in 2019²⁶ this compares to a North West figure of 3.0% an increase from 2.2% in 2019.

The research by LGBTQ+ charity Stonewall.org.uk²⁷ suggests that the LGBTQ+ population may be exposed to certain patterns of health risks, for instance:

- One in seven LGBT people (14 per cent) avoid seeking healthcare for fear of discrimination, which puts the health of LGBT people at risk.
- They are more likely to experience harassment or attacks have negative experiences of health services related to their sexuality.
- Lesbian and bisexual women are twice as likely never to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide (3% vs. 0.4% of general population), suffer domestic abuse, smoke and misuse alcohol and drugs.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS, yet one in four gay or bisexual men have never been tested for an STD.
- 41% of lesbian, gay, and bisexual people over 55 live alone, compared to 28 % of heterosexual people of the same age

Pharmacies can help to raise awareness of the issues discussed above and can provide advice to members of the LGBTQ+ community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs.

²⁵ The general fertility rate (GFR) is the total number of live births per 1,000 women of reproductive age (ages 15 to 49 years) in a population per year.

²⁶ [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationgenderanddiversity/articles/sexualorientationintheuk/2019) accessed 26/5/2022

²⁷ [LGBT in Britain - Health \(stonewall.org.uk\)](https://www.stonewall.org.uk/health)

4.5.9 Gender reassignment

A 2018 Stonewall report based on 800 trans and non-binary people revealed the discrimination that transgender individuals experienced in the healthcare environment through several statistics:

- When accessing general healthcare services in the last year, two in five trans people (45%) said healthcare staff lacked understanding of trans health needs.
- 7% of trans people were refused access to healthcare because they were LGBT
- 24% fear discrimination from a healthcare provider
- 24% don't know how to access transition related healthcare
- 24% of trans people who are currently undergoing medical intervention are unsatisfied with the support given by their GP

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health screening), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Provision of necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above. Pharmacies should also be able to provide any LGBTQ+ people with signposting to relevant services.

5 Key health priorities for Bury

To identify how pharmaceutical service provision can help tackle the need of Bury's local population, we have used HWB minutes from 21/10/ 2021 and 03/02/2022 meetings²⁸. These address targets which will help drive the changes recommended in Bury's Locality Plan Refresh. In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. The priorities identified by the HWB are:

1. Cardiovascular disease
2. Stroke
3. Diabetes
4. Cancer
5. Chronic Respiratory conditions (asthma and COPD)
6. Chronic Kidney Disease (CKD)
7. Mental Health
8. Musculoskeletal (MSK)
9. Maternal and Child health

By looking at each topic we can identify areas where pharmaceutical services already meet, or are able to be developed to meet, the objectives.

Many of the CPCF and locally commissioned/ enhanced services are helpful to optimise the use of medicines thereby improving people's health, reducing medication interactions and reducing wastage e.g. Inhaler technique, New Medicines Service.

Further resources, including case studies, detailing types of pharmaceutical services which could be commissioned as potential solutions to Bury's health priorities can be found on the PSNC website: Getting a pharmacy service up and running²⁹ are listed under the four headings of

- Optimising the use of medicines
- Supporting people to live independently
- Supporting people to Self-Care
- Public Health Services

5.1 Cardiovascular Disease

- Overall under 75's mortality rate is declining and up to 2017-19 there is an improved ranking among statistical neighbours and reduced gap on England average.
- However ranking with statistical neighbours and gap between Bury and England average has worsened for under 75s mortality considered preventable up to 2016-18.
- CHD admissions have fallen but only in line with national average and remains above the national average.

²⁸ [Browse meetings - Health and Wellbeing Board - Bury Council](#)

²⁹ <https://psnc.org.uk/services-commissioning/commissioners-portal/getting-a-pharmacy-service-up-and-running/>

Indicator	Period	Bury		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 75 mortality rate from all cardiovascular diseases (Persons, 1 year range)	2020	→	139	82.4	90.5	73.8	137.1		36.1
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2017 - 19	—	396	78.5	86.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (Male, 1 year range)	2020	→	93	114.6	129.2	104.7	208.7		53.9
Under 75 mortality rate from all cardiovascular diseases (Male, 3 year range)	2017 - 19	—	256	105.0	119.0	98.9	165.6		57.3
Under 75 mortality rate from all cardiovascular diseases (Female, 1 year range)	2020	→	46	52.4	53.6	44.6	87.4		27.4
Under 75 mortality rate from all cardiovascular diseases (Female, 3 year range)	2017 - 19	—	140	53.7	54.5	43.4	78.1		26.2
Mortality rate from all cardiovascular diseases, ages 65+ years	2020	↓	322	925.0	1057.6	1007.0	1,519.8		584.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 1 year range)	2020	→	60	35.1	36.3	29.2	55.0		16.0
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, 3 year range)	2017 - 19	—	167	33.1	34.9	28.1	49.3		15.0
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Male, 1 year range)	2020	→	41	50.4	53.7	42.7	79.8		24.5
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Male, 3 year range)	2017 - 19	—	112	45.7	49.8	40.8	69.0		21.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Female, 1 year range)	2020	→	19	20.9	19.8	16.4	34.5		9.2
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Female, 3 year range)	2017 - 19	—	55	21.2	20.7	15.9	31.2		7.4

- Bury is among the best performance on primary care indicators including among best performance in country for people receiving an NHS Health check.

NHS Health Checks

The [NHS Health Check](#)³⁰ is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk. Unfortunately, this was one of the services paused due to COVID-19 pandemic (see section 2.3.2). Data below shows this service in Bury has invited 90.2% (46,551) of the eligible population over the five-year period 2016/17 to 2021/22; this is compared to 71.8% across the whole of England. Of those invited 73% took up the offer, meaning 65.8% received an NHS Health Check compared to 33.4% across England.

Indicator	Period	Bury		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	2016/17 - 20/21	—	46,551	90.2%	88.6%	71.8%	13.3%		100%
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	2016/17 - 20/21	—	33,954	65.8%	39.2%	33.4%	5.4%		66.1%
People invited for an NHS Health Check per year	2020/21	↓	629	1.2%	2.6%	3.1%	0.0%		40.5%
People receiving an NHS Health Check per year	2020/21	↓	498	1.0%	1.1%	1.2%	0.0%		9.2%
People taking up an NHS Health Check invite per year	2020/21	↓	498	79.2%	43.7%	39.0%	0.0%		891.8%

How can pharmacy contractors help?

Currently the NHS Health Check service is mainly provided by GP practices, but community pharmacies could be commissioned to provide the service to Bury residents as a walk-in request and during their extended hours or on a weekend to allow more people to access the service. With a particular focus on the localities where there are high numbers of patients 'missing' from the GP registers with CVD, Stroke, CKD and Diabetes.

Pharmacy services which identify and manage high risk factors for CVD are already in place in some areas, such as obesity and smoking, but could be more widely commissioned from pharmacies.

³⁰ <https://www.nhs.uk/conditions/nhs-health-check/>

5.2 Stroke

- Overall improving trend for preventable mortality. Reduced gap with England average and improved ranking among statistical neighbours.
- Some improvement in hospital admissions up to 2017-18 but increased since and then plateaued. Above England average and 4th worst among statistical neighbours.
- Below England average for % of those admitted for stroke with history of Atrial Fibrillation (AF) who had not been prescribed anti-coagulation prior. Remained steady at around 38% up to 2018-19.

Indicator	Period	Recent Trend	Bury		Region England			England	
			Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Stroke: QOF prevalence (all ages)	2020/21	→	3,801	1.8%	2.0%*	1.8%	0.7%		2.9%
Under 75 mortality rate from all cardiovascular diseases (Persons, 1 year range)	2020	→	139	82.4	90.5	73.8	137.1		36.1
Under 75 mortality rate from all cardiovascular diseases (Persons, 3 year range)	2017 - 19	—	396	78.5	86.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (Male, 1 year range)	2020	→	93	114.6	129.2	104.7	208.7		53.9
Under 75 mortality rate from all cardiovascular diseases (Male, 3 year range)	2017 - 19	—	256	105.0	119.0	98.9	165.6		57.3
Under 75 mortality rate from all cardiovascular diseases (Female, 1 year range)	2020	→	46	52.4	53.6	44.6	87.4		27.4
Under 75 mortality rate from all cardiovascular diseases (Female, 3 year range)	2017 - 19	—	140	53.7	54.5	43.4	78.1		26.2
Under 75 mortality rate from stroke (Persons, 1 year range)	2020	→	34	20.2	15.7	12.6	23.0		6.2
Under 75 mortality rate from stroke (Persons, 3 year range)	2017 - 19	—	70	13.8	15.0	12.3	21.6		6.6
Under 75 mortality rate from stroke (Male, 1 year range)	2020	—	20	24.7	19.3	14.6	32.2		8.7
Under 75 mortality rate from stroke (Male, 3 year range)	2017 - 19	—	40	16.3	17.5	14.4	26.0		7.1
Under 75 mortality rate from stroke (Female, 1 year range)	2020	—	14	15.9	12.3	10.6	-	Insufficient number of values for a spine chart	-
Under 75 mortality rate from stroke (Female, 3 year range)	2017 - 19	—	30	11.5	12.5	10.2	18.7		4.7
Mortality rate from all cardiovascular diseases, ages 65+ years	2020	↓	322	925.0	1057.6	1007.0	1,519.8		584.2
Emergency hospital admissions for stroke, standardised admission ratio ⚠	2015/16 - 19/20	—	-	111.0	-	100.0	150.9		70.4
Deaths from stroke, all ages, standardised mortality ratio	2015 - 19	—	496	103.0	-	100.0	153.4		22.3
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2018 - 20	—	115	29.4	25.6	18.9	46.9		8.7
Smoking attributable deaths from stroke (new method).	2017 - 19	—	31	9.9	10.3	9.0	22.2		4.6






How can pharmacy contractors help?

Currently the NHS Health Check service is mainly provided by GP practices, but community pharmacies could be commissioned to provide the service to Bury residents as a walk-in request and during their extended hours or on a weekend to allow more people to access the service. With a particular focus on the localities where there are high numbers of patients 'missing' from the GP registers with CVD, Stroke, CKD and Diabetes.

As detailed above pharmacy contractors can be commissioned to provide NHS Health Checks, which would help identify patients at high risk of stroke and counsel patients to prevent these patients from requiring more intensive interventions later in life.

5.3 Diabetes

- Preventable mortality improving and narrowing gap with England Average. 4th best amongst statistical neighbours for 2017-19.
- Performance on disease management indicators generally above England average and among best of statistical neighbours, but nevertheless room for improvement e.g. only 18.6 Type 1 and 42.9 Type 2 diabetes patients have achieved three main treatment targets in 2018-19.
- Bury the best performing of all statistical neighbours and England for Type 1 and Type 2 diabetes patients who received all 8 care processes.

Indicator	Period	Bury			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Diabetes: QOF prevalence (17+)	2020/21	→	12,136	7.4%	7.3%*	7.1%	2.8%		10.1%
Preventable sight loss - diabetic eye disease	2020/21	→	-	*	1.0*	0.9	-	Insufficient number of values for a spine chart	
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	→	-	13.9%	14.2%	14.1%	18.6%		9.2%
Admissions for diabetes for children aged 0 to 9	2020/21	→	-	*	30.7	28.8	65.6		15.2
Admissions for diabetes for children and young people aged under 19 years	2020/21	→	25	55.2	53.9	48.2	97.9		18.7
Admissions for diabetes for young people aged 10 to 18	2020/21	→	20	94.1	80.4	70.5	169.6		29.9

How can pharmacy contractors help?

As detailed above more pharmacy contractors can be commissioned to provide NHS Health Checks, which would help identify and counsel patients with diabetes (or pre-diabetes) and hypertension to prevent these patients from requiring more intensive interventions later in life.

Counselling on most appropriate use of medicines and interpretation of blood glucose test results amongst other services can be carried out by pharmacies.

5.4 Cancer

- Overall improving trend for under 75 preventable mortality but no improvement on narrowing gap with England Average or ranking among statistical neighbours.
- Emergency admissions and presentations for cancer is below England average.
- Two week wait referrals for suspected cancer above national average in 2019-20. Was just below in 2009-10. The gap appears to be widening.
- New cancer cases treated resulting from two week wait referral below England but one of best performing amongst statistical neighbours.

Public health profiles

Data view ▾ Area profiles	Geography NHS Bury CCG CCGs in England	Indicator search Results for: cancer
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Show me the profiles these indicators are from

[Legend](#)
[Benchmark](#)
[More options](#)

Geography version CCGs (from Apr 2021) ▾

Indicator	Period	Bury				England			
		Recent Trend	Count	Value	Value	Worst/Lowest	Range		Best/Highest
Cancer: QoF prevalence (all ages)	2020/21	↑	5,928	2.9%	3.2%	1.6%			4.7%
Personalised Care Adjustment (PCA) rate for cancer indicator	2020/21	↓	2	0.4%	1.3%	0.0%			5.4%
% reporting cancer in the last 5 years	2021	→	80	3.1%	3.1%	2.0%			4.7%
Patients with cancer reviewed within 6 mths of diagnosis (denominator incl. PCAs)	2020/21	→	403	72.5%	78.4%	43.7%			93.0%
New cancer cases (Crude incidence rate: new cases per 100,000 population)	2019/20	→	1,142	552	531	307			768
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2020/21	↓	18,513	71.4%	61.3%	38.8%			72.5%
Persons, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2020/21	↓	4,942	64.7%	62.8%	46.7%			77.7%
Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) - retired after 2018/19	2018/19	↑	7,321	60.6%	57.9%	44.6%			65.7%
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) - retired after 2018/19	2018/19	↑	12,603	60.0%	58.0%	45.0%			66.3%
New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated)	2020/21	→	500	54.3%*	54.8%*	45.3%			64.5%
Two-week wait referrals for suspected breast cancer (Number per 100,000 population)	2020/21	↑	1,392	671	693	323			1,141
Two-week wait referrals for suspected lower GI cancers (Number per 100,000 population)	2020/21	↑	1,587	765	615	362			1,095
Two-week wait referrals for suspected lung cancer (Number per 100,000 population)	2020/21	→	186	90	69	23			150
Two-week wait referrals for suspected skin cancer (Number per 100,000 population)	2020/21	→	1,336	644	689	55			1,431
Number of emergency admissions with cancer (Number per 100,000 population)	2020/21	↓	844	407*	456*	259			726
Number of emergency presentations (Number per 100,000 population)	2020/21	→	195	94*	87*	53			151
Number of other presentations (Number per 100,000 population)	2020/21	→	671	323*	297*	118			507
Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals)	2020/21	↓	484	6.4%*	7.0%*	4.0%			10.2%
Two-week wait referrals for suspected cancer (Number per 100,000 population)	2020/21	↑	7,544	3,635	3389	2,458			5,006
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2020/21	↑	20,760	65.1%	66.8%	55.0%			75.1%
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2020/21	↑	8,192	71.1%	70.7%	58.7%			77.5%
Two-week wait referrals for suspected cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	—	36,560	3,798	3484	2,496			4,928
Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). Five years combined data.	2016/17 - 20/21	—	2,383	6.5%	7.1%	4.1%			9.6%
New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated). Five years combined data.	2016/17 - 20/21	—	2,432	53.7%	52.9%	43.5%			62.7%
Two-week wait referrals for suspected breast cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	—	6,426	668	649	429			1,011
Two-week wait referrals for suspected lower GI cancers (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	—	6,995	727	615	343			931
Two-week wait referrals for suspected lung cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	—	1,517	158	99	46			189
Two-week wait referrals for suspected skin cancer (Number per 100,000 population). Five years combined data.	2016/17 - 20/21	—	6,837	710	716	265			1,507
Mortality rate from cancer, ages 65+ years	2020	→	395	1,126.2	1050.5	1,376.4			861.2
Percentage of deaths with underlying cause Cancer (All ages)	2020	→	504	23.1%	24.3%	19.7%			27.7%
Percentage of deaths with underlying cause Cancer (<65 yrs)	2020	→	109	31.8%	31.7%	22.3%			39.2%
Percentage of deaths with underlying cause Cancer (65-74 yrs)	2020	→	131	34.5%	38.2%	29.1%			52.1%
Percentage of deaths with underlying cause Cancer (75-84 yrs)	2020	→	165	24.2%	27.4%	20.0%			32.3%
Percentage of deaths with underlying cause Cancer (85+ yrs)	2020	→	99	12.7%	13.8%	10.2%			16.3%

How can pharmacy contractors help?

Pharmacy public awareness campaigns can help highlight to members the signs and symptoms of cancer and any cancer screening programmes to improve early diagnoses and therefore improve outcomes.

Identifying patients at high risk of developing cancer in the future due to diet, obesity, smoking and other lifestyle factors and giving them information or signposting into other relevant services can help reduce the long term outcomes for the residents of Bury Borough.

5.5 Chronic Respiratory conditions

- Overall under 75s mortality is falling and gap with England average closing.
- Under 75s preventable mortality improved and now below England average and best among statistical neighbours'.
- Asthma and COPD recorded prevalence has been increasing and both above England average.

Indicator	Period	Bury				England			Best
		Recent Trend	Count	Value	Value	Worst	Range		
Mortality rate from respiratory disease, ages 65+ years	2020	→	204	588.3	495.3	825.6		387.3	
Mortality Rate (All ages)	2020	→	2,185	1,218	1,042	1,509		850	
Mortality Rate (<65 yrs)	2020	→	346	230	193	372		143	
Mortality Rate (65-74 yrs)	2020	→	380	1,961	1,630	2,922		1,215	
Mortality Rate (75-84 yrs)	2020	→	682	5,701	4,649	7,111		3,672	
Mortality Rate (85+ yrs)	2020	→	777	18,272	16,558	22,181		13,344	
Mortality rate from pneumonia (underlying cause) (1 year range)	2020	→	63	35.96	33.36	59.92		22.44	
Mortality rate from pneumonia (underlying cause) (3 year range)	2017 - 19	→	255	50.44	43.25	82.20		28.15	
Mortality rate from pneumonia (all mentions) (1 year range)	2020	→	504	281.68	190.86	403.45		111.17	
Mortality rate from pneumonia (all mentions) (3 year range)	2017 - 19	→	1,013	196.14	167.59	280.07		117.05	
Mortality rate from COPD as a contributory cause (1 year range)	2020	→	152	83.81	68.82	178.74		34.68	
Mortality rate from COPD as a contributory cause (3 year range)	2017 - 19	→	354	67.49	53.90	112.27		25.08	
Mortality rate from asthma (1 year range)	2020	→	1	*	2.30	-	Insufficient number of values for a spine chart	-	
Mortality rate from asthma (3 year range)	2017 - 19	→	17	3.29	2.36	4.07		0.72	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)	2020	→	35	19.3	17.1	53.7		7.4	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)	2017 - 19	→	95	18.9	20.2	45.4		10.9	

Public health profiles

Data view ▼ Area profiles	Geography NHS Bury CCG CCGs in England	Indicator search Results for: respiratory
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Show me the profiles these indicators are from

► Legend ► Benchmark ► More options

Geography version CCGs (from Apr 2021) ▼

Indicator	Period	Bury				England			Best/ Highest
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range		
Asthma: QOF prevalence (all ages) - retired after 2019/20 (now 6+ yrs)	2019/20	↑	14,145	6.8%	6.5%	4.7%		8.3%	
Personalised Care Adjustment (PCA) rate for asthma indicators - retired after 2019/20 (due to changes in contributing indicators)	2019/20	→	1,920	9.4%	9.9%	3.3%		20.1%	
Patients with Asthma (8+): measures of variability/reversibility recorded, denominator includes PCAs - retired after 2019/20	2019/20	↓	4,714	88.9%	91.1%	83.9%		94.5%	
Patients with Asthma: Review in the last 12 months (incl. an assessment using the 3 RCP questions), denominator includes PCAs - retired after 2019/20	2019/20	↓	9,203	65.1%	67.1%	55.5%		76.8%	
Smoking recorded in the last 12 mths (14-19y w asthma), denominator includes PCAs - retired after 2019/20	2019/20	↓	696	76.4%	78.3%	69.8%		89.5%	
Asthma: QOF prevalence (6+ yrs)	2020/21	→	12,891	6.7%	6.4%	4.5%		8.2%	
Mortality rate from respiratory disease, ages 65+ years	2020	→	204	588.3	495.3	825.6		387.3	
Hospital admissions for asthma (under 19 years) (1 year range)	2020/21	↓	45	95.0	73.1	267.4		17.5	
Hospital admissions for asthma (under 19 years) (3 year range)	2017/18 - 19/20	→	375	265.7	172.7	393.6		86.0	
Admissions for lower respiratory tract infections in infants aged under 1 year	2020/21	→	30	129	90	255		45	
Admissions for lower respiratory tract infections in infants aged 1 year	2020/21	→	-	-	23.7	-	Insufficient number of values for a spine chart	-	
Admissions for lower respiratory tract infections in children aged 2, 3 and 4 years	2020/21	→	-	-	3.6	-	Insufficient number of values for a spine chart	-	
Admissions for asthma for children aged 0 to 9	2020/21	→	35	139.7	91.5	398.7		28.1	
Admissions for asthma for young people aged 10 to 18	2020/21	↓	10	44.8	52.9	134.6		15.7	
Percentage of deaths with underlying cause respiratory disease (All ages)	2020	→	219	10.0%	10.2%	8.5%		13.2%	
Percentage of deaths with underlying cause respiratory disease (<65 yrs)	2020	→	15	4.4%	6.1%	2.5%		10.8%	
Percentage of deaths with underlying cause respiratory disease (65-74 yrs)	2020	→	35	9.2%	10.2%	5.6%		15.9%	
Percentage of deaths with underlying cause respiratory disease (75-84 yrs)	2020	→	84	12.3%	11.1%	8.1%		15.8%	
Percentage of deaths with underlying cause respiratory disease (85+ yrs)	2020	→	85	10.9%	11.0%	7.7%		14.3%	
Emergency hospital admissions for asthma in adults (aged 19 years and over)	2020/21	→	65	41.2	44.4	85.5		28.3	
Emergency hospital admissions for respiratory disease	2020/21	→	1,500	758	711	1,145		511	
Median length of stay (days) of emergency admissions to hospital for asthma in adults (aged 19 years and over) New data	2020/21	→	-	1.00	2.00	0.00		4.00	
Median length of stay (days) of emergency admissions to hospital for asthma (aged under 19 years) New data	2020/21	→	-	1.00	1.00	0.00		2.00	
Mortality rate from asthma (1 year range)	2020	→	1	-	2.30	-	Insufficient number of values for a spine chart	-	
Mortality rate from asthma (3 year range)	2017 - 19	→	17	3.29	2.36	4.07		0.72	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (1 year range)	2020	→	35	19.3	17.1	53.7		7.4	
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (3 year range)	2017 - 19	→	95	18.9	20.2	45.4		10.9	
Patients with Asthma: review in the last 12 months (denominator incl. PCAs)	2020/21	→	2,799	21.7%	31.2%	14.2%		59.7%	
For patients (6-19 yrs) with asthma, (second-hand) smoking status is reported (last 12 months), denominator incl. PCAs	2020/21	→	578	32.6%	56.0%	32.6%		81.7%	

How can pharmacy contractors help?

Services to identify and help people using nicotine to stop, such as smoking cessation schemes, are pivotal to reduce the decline of patients with COPD.

The Inhaler technique service can optimise a patient's health outcomes from their medication and reduce their hospital admissions.

Using the Make Every Contact Count (MECC) approach, pharmacy staff can engage people who purchase over the counter cough mixtures to identify any long term health conditions and refer them to the appropriate service.

5.6 Chronic Kidney Disease (CKD)

- Overall preventable mortality is falling and the gap with England Average narrowing.
- Prevalence of CKD has broadly remained consistent in Bury, having the 3rd highest recorded prevalence amongst statistical neighbours.



How can pharmacy contractors help?

Through their essential and advanced contractual requirements pharmacists can explain to patients the importance of taking their medicines correctly and identify medicines which may cause harm for those with chronic kidney disease. This should help prevent further deterioration of kidney function.

5.7 Mental Health

- Premature mortality in adults with Severe Mental Illness (SMI) has increased, is significantly above the England Average and 2nd worst among statistical neighbours.
- Excess under 75s mortality in adults with SMI has also increased and having been well below the national average is now almost equal to it.
- Having been above the national average up to 2015-17, the suicide rate in Bury is now below the national average.
- Hospital admissions for those with mental health conditions is similar to the England average.
- Bury has the highest rate of newly diagnosed patients with depression having had a review 10-56 days after diagnosis.
- Successful completion of alcohol and drug treatment is similar to the national average and among best of statistical neighbours.

Indicator	Period	Bury			England				
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
% with a long-standing health condition	2021	➡	1,484	53.9%	51.1%	41.1%		59.8%	
Mental Health: QOF prevalence (all ages)	2020/21	➡	2,046	0.99%	0.95%	0.61%		1.55%	
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (65+ yrs)	2019/20 Q2	—	25	73.0%*	66.4%	-	Insufficient number of values for a spine chart	-	
Patients with severe mental health issues having a comprehensive care plan (denominator incl. PCAs)	2020/21	⬇	539	29.9%	43.1%	13.6%		68.2%	
Record of alcohol consumption for patients on the MH register (last 12 mths), den. incl. exc. - retired after 2018/19	2018/19	➡	1,569	87.7%	81.1%	50.7%		89.6%	
Record of blood pressure check in preceding 12 months for patients on the MH register (denominator incl. PCAs)	2020/21	⬇	703	39.1%	55.4%	37.4%		79.4%	
Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.) - retired after 2018/19	2018/19	➡	382	71.5%	70.5%	64.1%		77.7%	
IAPT referrals: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	275	793*	268	-	Insufficient number of values for a spine chart	-	
Completion of IAPT treatment: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	40	115*	104	-	Insufficient number of values for a spine chart	-	
Entering IAPT treatment: rate (quarterly) per 100,000 population (65+ yrs)	2019/20 Q2	—	200	577*	204	-	Insufficient number of values for a spine chart	-	
IAPT reliable improvement: % of people who have completed IAPT treatment who achieved "reliable improvement" (65+ yrs)	2019/20 Q2	—	25	71.4%*	79.9%	-	Insufficient number of values for a spine chart	-	
Personalised Care Adjustment (PCA) rate for MH indicators	2020/21	➡	122	2.3%	6.5%	1.6%		32.7%	
Hospital admissions for mental health conditions	2020/21	➡	35	77.6	86.6	184.4		32.3	
% reporting a long-term mental health problem	2021	—	318	12.4%	11.0%	7.7%		17.1%	
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	—	26,427	17.5%*	16.9%*	-	Insufficient number of values for a spine chart	-	
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	—	3,643	10.7%*	10.2%*	-	Insufficient number of values for a spine chart	-	
Attended contacts with community and outpatient mental health services, per 100,000 (All ages) New data	2019/20	—	69,295	36,647	30674	16,549		57,182	
Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) New data	2019/20	—	16,635	40,250	28395	14,736		66,000	
New referrals to secondary mental health services, per 100,000 (All ages) New data	2019/20	—	20,505	10,924	6897	4,389		14,059	
New referrals to secondary mental health services, per 100,000 (<18 yrs) New data	2019/20	—	4,070	9,796	6977	3,267		18,214	
Inpatient stays in secondary mental health services, per 100,000 (All ages)	2019/20	—	790	428	241	528		119	
Inpatient stays in secondary mental health services, per 100,000 (<18 yrs)	2019/20	—	30	71	53	804		7	
Record of BMI in the last 12 months for patients on the MH register (denominator incl. PCAs)	2020/21	—	667	37.1%	54.4%	31.4%		78.2%	
Suicide rate (Persons)	2018 - 20	—	51	10.4	10.7	18.8		5.0	
Suicide rate (Male)	2018 - 20	—	39	16.3	16.6	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	—	12	4.8	5.0	5.0	10.3		2.8

How can pharmacy contractors help?

In Bury there are currently 17 pharmacies who provide regular contact with people prescribed medication in the supervised consumption scheme. Plus, 5 of these pharmacies also provide needle exchange schemes to people who inject substances of misuse, who may or may not be in contact with the substance misuse scheme.

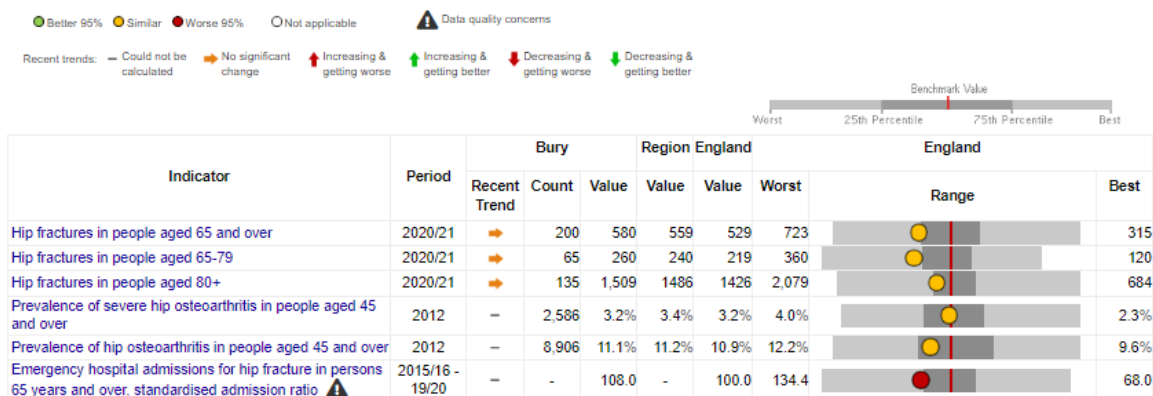
As well as providing safe equipment to use and medication to take pharmacies can also provide signposting and advice and regular contact with people who may not use more conventional medical services.

Pharmacies in Bury do not currently provide alcohol support services, but they can provide signposting and advice. There is the potential for pharmacists to engage with people misusing alcohol when they collect prescriptions related to alcohol dependency.

They could also use screening tools to begin a conversation with someone who may not approach any other medical service.

5.8 Musculoskeletal

- Hip fractures among those aged over 65 are just above the England average and middle of the pack among statistical neighbours.
- The percentage of the population reporting a long term musculoskeletal problem is above the England average and 4th highest among our statistical neighbours.

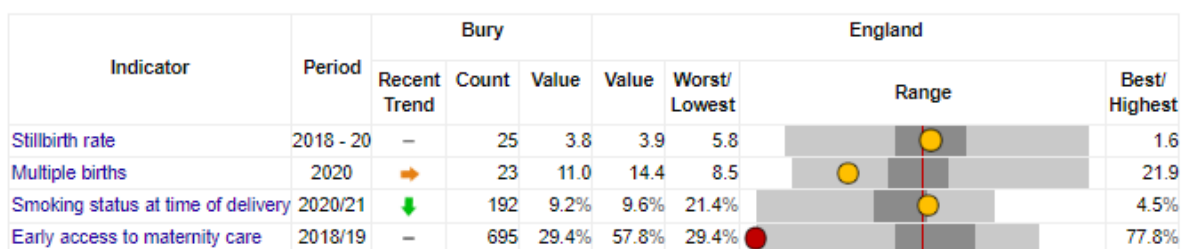


How can pharmacy contractors help?

Medication reviews can identify prescribed or over the counter medication which may contribute to falls. Pharmacies should discuss adherence to prescribed medication or exercise regimes and promote healthy lifestyles which reduce the risk of accidental fractures.

5.9 Maternal and Child Health

- Infant Mortality is slightly above the national average
- The percentage of children achieve a good level of development at reception has been improving and is like the national average
- Admissions for children and young people under 19 for Diabetes has increased more recently and now highest of statistical neighbours.
- Hospital admissions caused by unintentional and deliberate injuries is above the national average has shown no improvement – in fact the gap with England has widened slightly.
- Emergency admissions under 18 years is one of highest amongst statistical neighbours.
- Oral health of children under 5 is getting worse and is above the national average which has remained steady
- Overall childhood immunisation & vaccine uptake is above the national average but there is room for improvement compared to statistical neighbours



How can pharmacy contractors help?

Pharmacists could help identify and refer soon-to-be parents and those with children who meet any agreed at-risk criteria.

Community pharmacies have an established immunisation/ vaccine process and could be commissioned to provide an extended service where patients are not able to access these through usual routes.

6 Provision of pharmaceutical services

The Community Pharmacy Contractual Framework (CPCF) for 2019/20 to 2023/24

The Community Pharmacy Contractual Framework (CPCF) adds more detail to the [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). The CPCF are reviewed and updated every 5 years in line with national health care strategies.

The update, CPCF 2019/20 to 2023/24 (published in July 2019), is NHS England's latest statement of what is expected of pharmacists providing NHS services and has been designed to support delivery of the NHS Long Term Plan. It introduces new services to community pharmacies broadening the use of clinical skills of the teams that work in pharmacies and to make best use of the accessibility of the 11,500 pharmacies throughout England.

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types.

1. [Essential services and clinical governance](#) These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS CPFC. These are
 - dispensing (medicines and appliances)
 - repeat dispensing
 - signposting
 - clinical governance
 - disposal of unwanted medicines
 - Support for self-care
 - Public health (promotion of healthy lifestyles) and
 - the new Discharge of Medicines Service (DMS);
2. [Advanced services](#) which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS E&I. These include
 - Appliance Use Review (AUR),
 - Community Pharmacy Consultation Service (CPCS) (from Nov 2020),
 - Covid 19 lateral flow distribution service (from March 2021)
 - Flu Vaccination Service,
 - Hep C testing Service
 - Hypertension Case finding service (from Oct 2021)
 - New Medicine Service (NMS)
 - Pandemic Delivery Service (currently active until 31st March 2022)
 - Stoma Appliance Customisation
 - Stop Smoking Advanced Service (from January 2022)
3. [Locally commissioned services](#) commissioned by Local Authorities, Clinical Commissioning Groups and NHS England (i.e. "Enhanced Services" outlined in the Drug Tariff) in response to the needs of the local population

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

Necessary services, for the purposes of this PNA, are defined as:

- those services provided by pharmacies and DACs in line with their terms and contracted hours of service as set out in the 2013 regulations, and
- advanced services

Relevant services are

- locally commissioned services set up in response to needs of the local population.

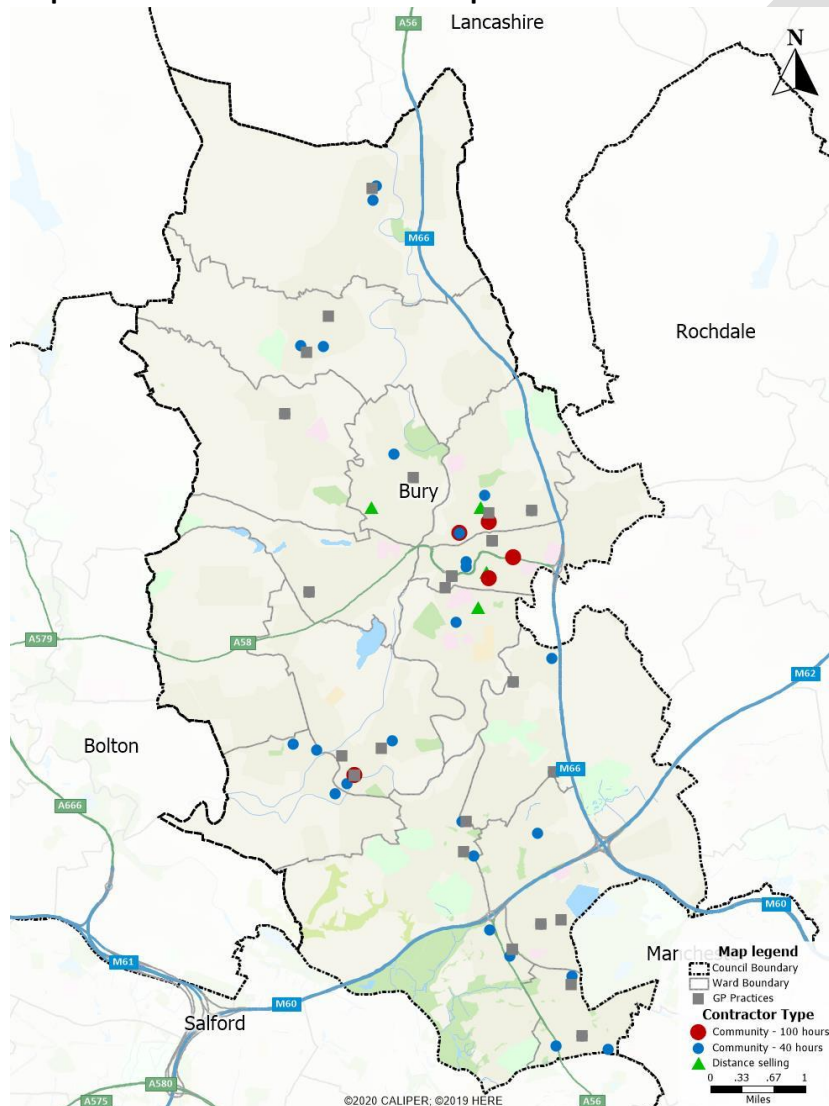
6.1 Necessary services - current provision with-in the HWB's area

There are 43 pharmacies included in the pharmaceutical list for the area of the HWB. This is made up of 34 with a standard 40-hour contract, five with a 100-hour contract and four listed as distance selling. There are no DACs, dispensing GP practices, and no LPS pharmacies in Bury.

Map 6 (see Appendix Ten for a larger version), which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The index number for each premises can be found in Appendix Six, with an overview of opening hours and cluster for each premises shown in Appendix Eight.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix Eleven provides an index of those GP surgeries.

Map 6 - Location of Pharmacies & GP practices



Where GP practices and pharmacies are co-located only GP practices are visible on this map.

In 2020/21, Bury's average prescription items per month per pharmacy were 7,322. This is similar to the Greater Manchester average but lower than the average for England. Using Table 14 below we calculated the number of dispensed items per head of population for Bury was 1.8 in line with the Greater Manchester average, but above the average in England of 1.5 items per head.

Table 12 - Bury pharmacies 2017/18 to 2020/21 (source: EPACT2)

	Number of community pharmacies (based on mid-year count)	Prescription items dispensed per month (000)s	Population (000)s mid-year	Pharmacies per 100,000 population
2017/18	39	292	190	21
2018/19	41	299	190	22
2019/20	41	307	191	21
2020/21	42	304	191	22
2021/22	43	315	TBC (Sept 22)	TBC

**This table includes distance selling pharmacies.*

From April 2021 until March 2022 approximately 7% of items dispensed by Bury pharmacies were prescribed by providers who were not Bury CCG registered practices (see Table 13).

Table 13 - Items dispensed by Bury pharmacies for providers (source: EPACT2)

Registered provider	Total items dispensed through a Bury Pharmacy	% of total items dispensed by Bury pharmacies
BURY CCG	3526326	93%
SALFORD CCG	59300	2%
MANCHESTER CCG	46580	1%
BOLTON CCG	36881	1%
HEYWOOD, MIDDLETON & ROCHDALE CCG	36405	1%
ENGLISH/WELSH DUMMY DENTAL	17766	0%
STOCKPORT CCG	9193	0%
BURY COUNCIL	9065	0%
OLDHAM CCG	8550	0%
EAST LANCASHIRE CCG	7414	0%
PENNINE CARE NHS FOUNDATION TRUST	3910	0%
TRAFFORD CCG	3855	0%
TAMESIDE AND GLOSSOP CCG	1982	0%
SALFORD ROYAL NHS FOUNDATION TRUST	1392	0%
BLACKBURN WITH DARWEN CCG	1261	0%
WIGAN BOROUGH CCG	954	0%

**This table includes distance selling pharmacies.*

The average items per month are slightly lower than both GM and England average. The ability of each premises to cope with prescription dispensing demand is dependent upon a range of factors e.g. staffing levels, available space, use of robotics. As the aging population grows demand is likely to increase and pharmacy will need to consider how it prepares for this.

Table 14 - Number of pharmacies and items dispensed per month nationally and locally for 2020/21 data (source: EPACT2)

Based on 2020/21 data	Number of community pharmacies (based on mid year count)	Prescription items dispensed per month (000)s	Population (000s) mid year 2020	Pharmacies per 100,000 population	Average items per pharmacy per month
Bury	42	304	191	22	7,238
GM	680	5,011	2,848	24	7,369
England	11,364	84,738	56,550	20	7,457
<i>* This table includes distance selling pharmacies.</i>					

The number of pharmacies available per 100,000 population in Bury in 2020/21 was 22 per 100,000 population. This has remained constant since 2017/18, except for an increase of one during 2018/19. The number of pharmacies per 100,000 in Bury is lower than GM (24), but higher than England (20) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.

Also, with the average items per month dispensed in Bury Pharmacies being lower than GM and England figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.

6.1.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and the length of time to access the pharmacy by driving (private car, using public transport or walking).

Community pharmacists are easily accessible³¹ with over 11,600 community pharmacies in England located where people live, shop and work. The latest information shows that:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk;
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy; and
- As the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities.

The location of pharmacies does not cause a problem for 151 of 160 (94%) of the responders to the public survey and the opening hours do not cause a problem for 91% (145 /160).

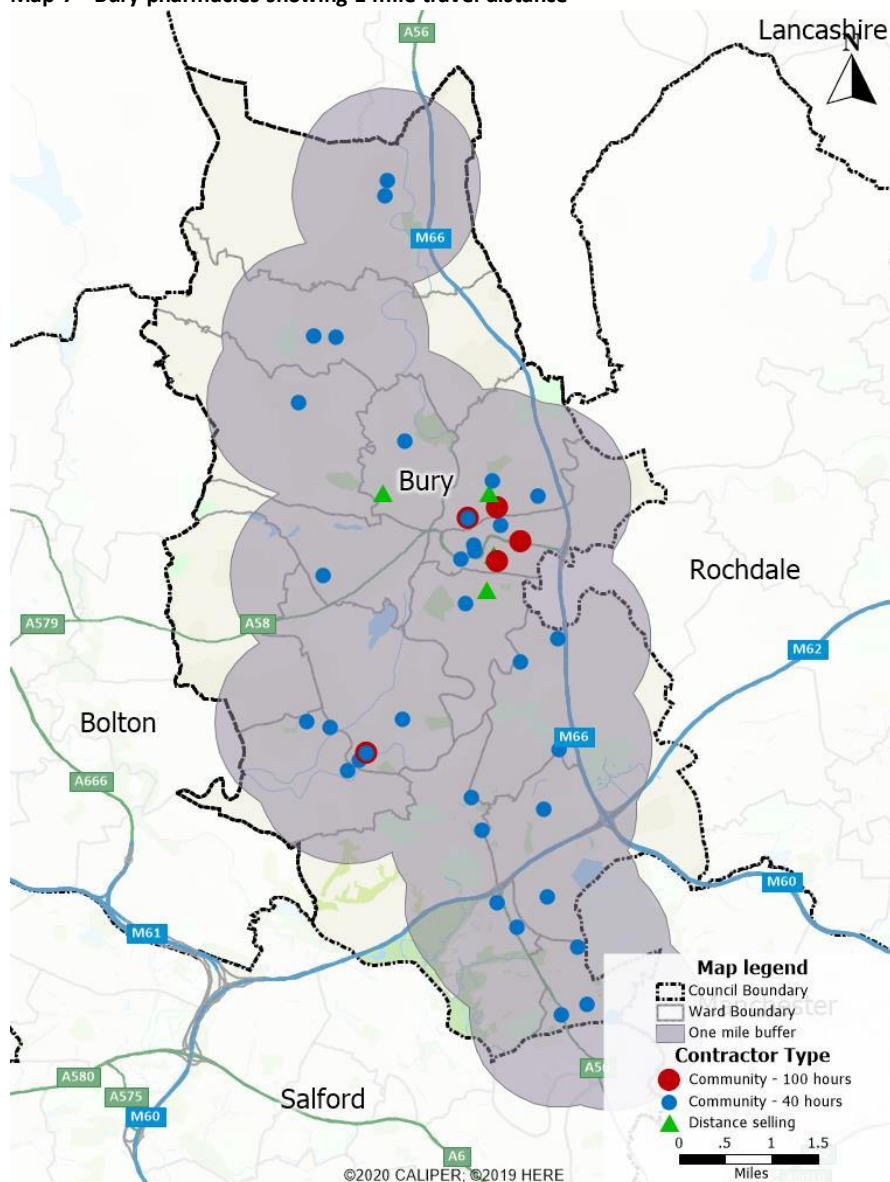
The Pharmacy Access Scheme (revised PhAS) started from January 2022, to continue to support patient access to isolated, eligible pharmacies. It is funded from the Community Pharmacy Contractual Framework (CPCF).

Eligibility for PhAS continues to be based on both those pharmacies in the lowest 70th percentile by dispensing volume, and distance of more than 1 mile from the next nearest pharmacy. The exception to the distance criteria is where the pharmacy is in an area in the top 20% on the Index of Multiple Deprivation (see section 4.3) and more than 0.8 miles from the nearest pharmacy.

1 mile is used as an approximate for 20 minutes walking time assuming that an average walking speed is 3mph. Of course, the speed will vary depending on the walking ability of the person and the terrain in the area.

³¹ <https://psnc.org.uk/psncs-work/about-community-pharmacy/> accessed 22/02/2022

Map 7 - Bury pharmacies showing 1 mile travel distance



Map 7 indicates there are parts of Bury further than a mile away from their nearest pharmacy, although these tend to be in the least populated areas however (see Map 4). Also there are pharmacies within 1 mile of Bury boundaries that offer further access, see map 8 (below) for location of pharmacies in the neighbouring Boroughs.

However, Map 8 (below) showing 20-minute travel time by public transport, indicates that more of the borough is accessible when using public transport. The areas which indicate public transport travel time is greater than 20 minutes are located in the North West of Bury Borough, either side of Hawkshaw. These areas are rural and have limited housing in the area.

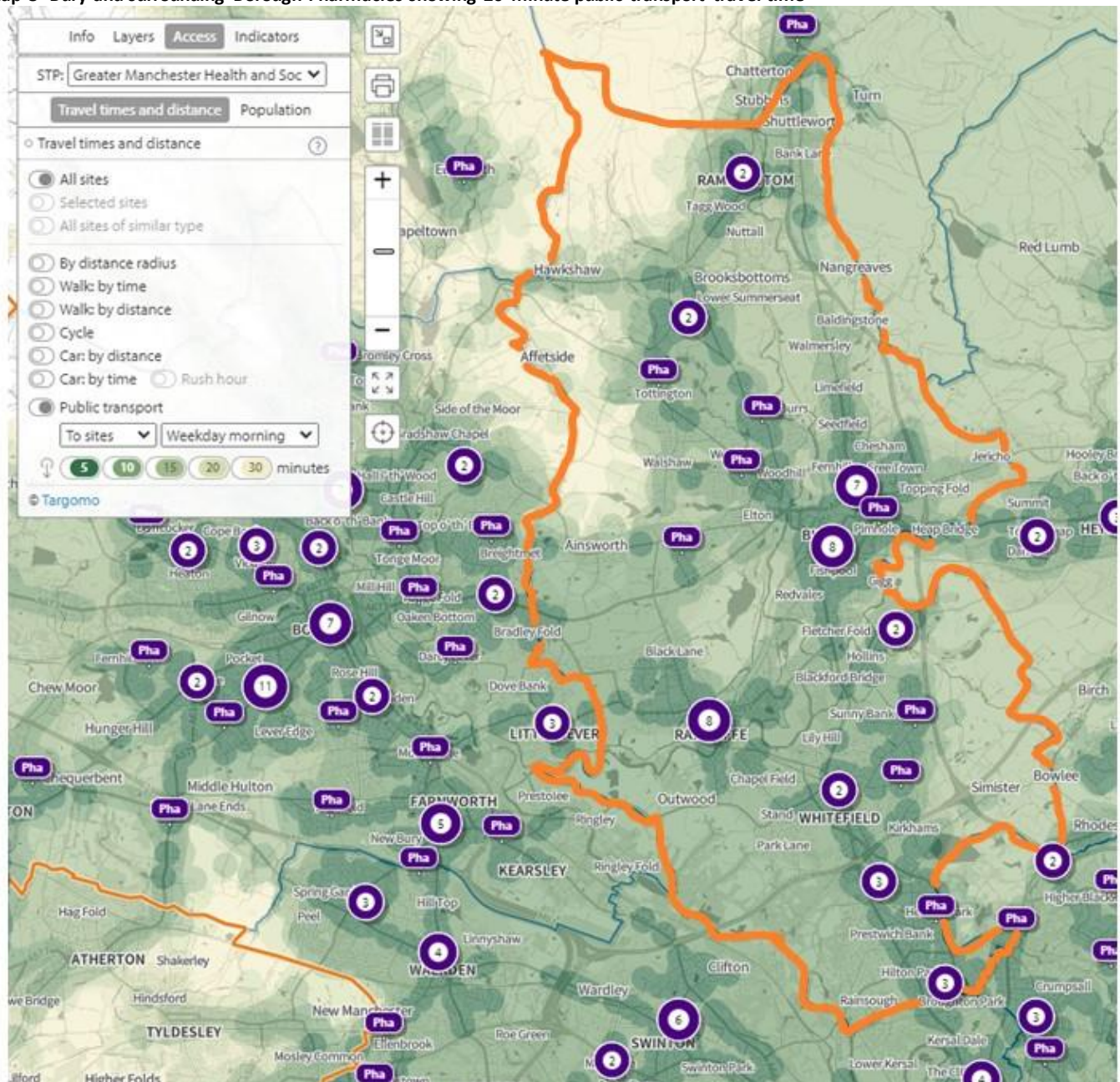
According to government statistics the percentage of households in the North West without access to a vehicle has fallen from 27% in 2002/03 to 22% in 2020³² (see Table 19 in section 7.1). Although this is high compared to some national regions it is on a par with other highly urbanised areas e.g. West Midlands 22% (England 2020 average 21%, England-excluding-London 17%, London Only 42%). This is because the North West includes large city centres, such as Manchester and Liverpool where people

³² <https://www.gov.uk/government/statistical-data-sets/nts99-travel-by-region-and-area-type-of-residence>

are more likely to rely on public transport rather than have access to a vehicle, the value for Bury alone is not available but is likely lower than the NW average.

Most of Bury's population should have access to a pharmacy within 20 minutes by car, walking or using public transport.

Map 8- Bury and surrounding Borough Pharmacies showing 20-minute public transport travel time



6.1.2 Correlation with GP practices

There are 43 community pharmacies, more than the 29 GP practices. In addition, all neighbourhoods have multiple pharmacies and there are pharmacies close to each GP practice, although practice list sizes, number of GPs and opening times may differ significantly between practices. Where these GP practices and pharmacies are co-located Map 6 shows only the GP practice location. At ward level, only Radcliffe North and Ainsworth ward has no community pharmacy or GP practice, but do have both in close proximity to their borders, including its border with Bolton Local Authority area.

6.1.3 Access due to opening hours

The public survey asked, 'Have you used pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?'. 110 out of 160 (69%) respondents replied 'No', so whilst most people will visit a pharmacy during the 9am to 7pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. This may be to collect a dispensed prescription or after being seen by the out-of-hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The public survey provided the following insights into how Bury residents access pharmaceutical services:

- 94% of respondents surveyed had not had any problems accessing a pharmacy service due to location. Of the other 9 responders: 2 left this answer blank; 2 mentioned parking and accessibility; 2 mention poor public transport; 1 mentioned lack of delivery service at their chosen pharmacy; 1 said the medicines issued and service were poor at their nearest pharmacy and the last one made no comment on why they had problems.
- 145 respondents (91%) had no access problems due to opening hours. Of the 15 other respondents: 2 did not submit a response to this question; 9 respondents who had access issues stated their main issues were 'Not open outside of working hours' and 'Not open weekends'; 2 stated that in emergency, after 11pm, there are no pharmacies open in Bury; 1 said their items weren't ready to collect at opening times; and 1 did not give a reason.
- Yet 7 of these 15 were unaware of pharmacies in Bury with extended opening hours, and a further 2 did know of them but were unaware of their location.
- When rating the overall experience of using a pharmacy most respondents (78%) indicated they were satisfied or very satisfied, with 14% not responding to this question and only 8% indicating they were unsatisfied.

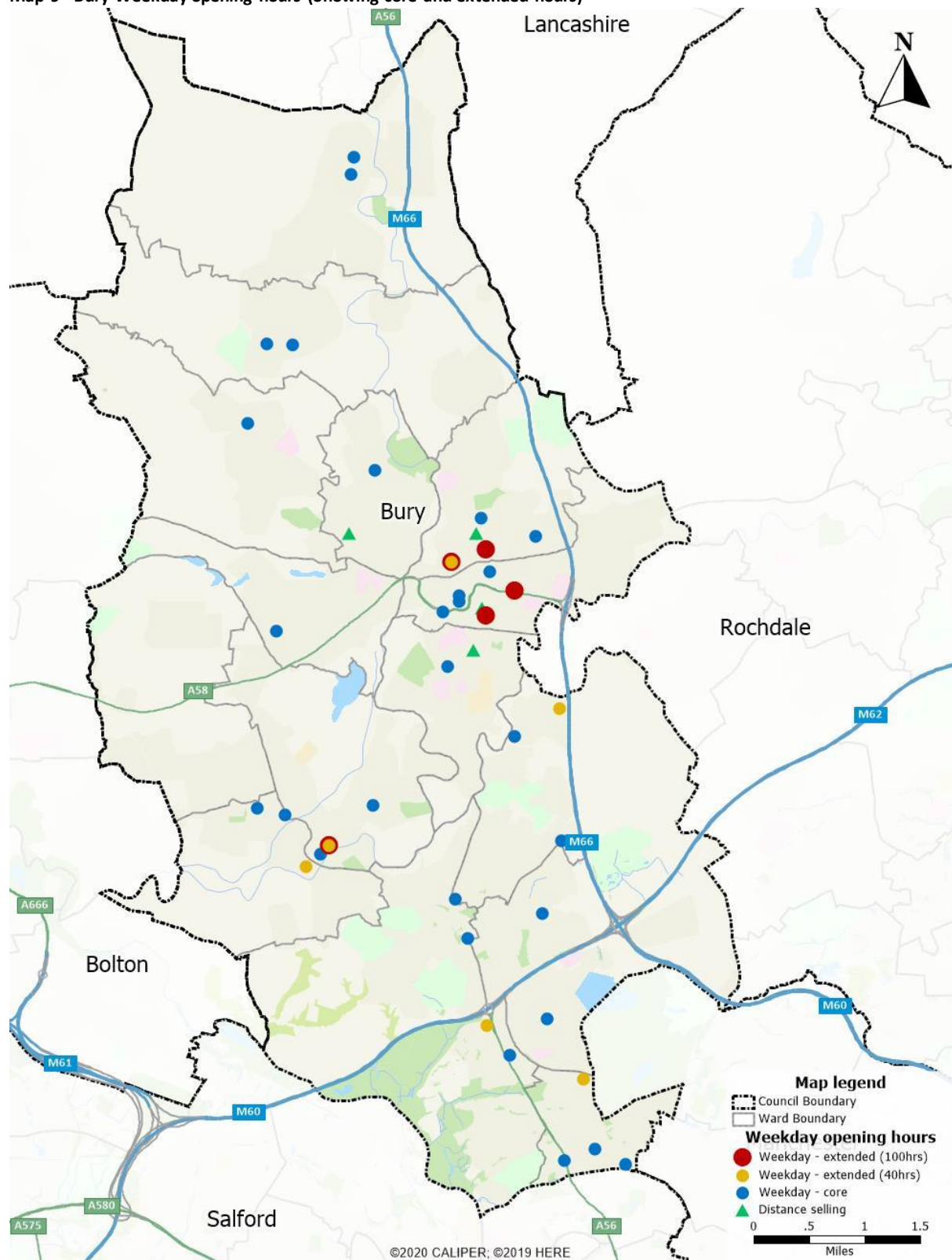
Map 9 and 10 detailed below show the span of opening times for Bury pharmacies based on their core and supplementary opening hours³³. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open before 8am and after 7pm Monday to Friday (identified as 'extended - 40hrs').

Full details of the opening hours for community pharmacies in Bury can be found on NHS Choices³⁴.

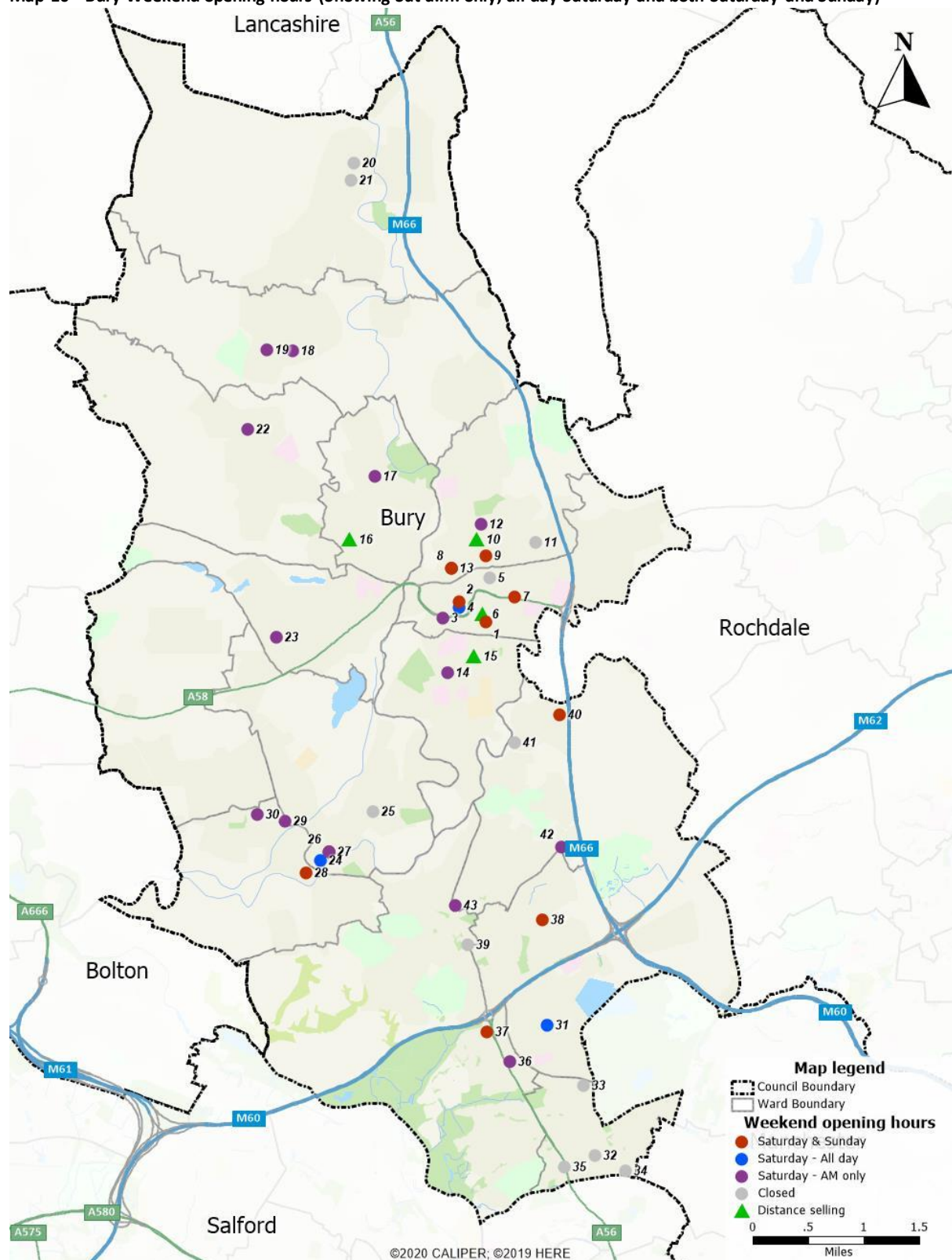
³³ Data valid as at 28th February 2022

³⁴ <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>

Map 9 - Bury Weekday opening hours (Showing core and extended hours)



Map 10 - Bury Weekend opening hours (Showing Sat a.m. only, all day Saturday and both Saturday and Sunday)



Monday to Saturday opening

Eight walk-in community pharmacies open at 8:00 a.m. or earlier Monday to Saturday. The earliest opening is 6:00 a.m. (see Table 15).

28 of the 39 walk-in community pharmacies open on a Saturday morning, 13 of these 28 pharmacies close by 1:00 p.m. 15 remain open until later during Saturday in Bury with latest time of closing being 10:00pm for 5 of these.

The gaps in opening hours are in Bury North neighbourhood where there is no pharmacy open before 9:00am or after 6:30pm on a weekday or before 9:00am and after 13:00pm on a Saturday and no pharmacies open on a Sunday.

The public survey had 97 responses from people whose postcode matched those in Bury North (BL0 & BL8 & BL9). 9 of these 97 (9%) residents complained of poor access due to opening times at their local pharmacy.

All other neighbourhoods have cover with at least 1 pharmacy remaining open during the weekday and Saturday evening, and on a Sunday.

Table 15 - Bury pharmacies open Monday to Saturday from 8:00 a.m. or earlier (source: NHSE&I)

Pharmacy	Postcode	Map Index	Mon to Sat opening time	Comments
Asda Pharmacy	BL9 0RN	1	6:00am	
Boots the Chemist	BL9 5BY	8	8:00am	
Bury Healthcare Pharmacy	BL9 6DP	9	7:00am	
Medi Home Pharmacy	BL9 0RE	6	8:00am	Distance selling pharmacy - closed on Saturday
Pimhole Pharmacy	BL9 7BB	7	7:00am	
Postbox Pharmacy	BL9 9AA	15	7:00am	Distance selling pharmacy - closed on Saturday
Radcliffe Pharmacy	M26 2SP	26	8:00am	Opens at midnight on Saturday morning
Tesco Pharmacy	BL9 5BY	13	8:00am	
Tesco Pharmacy	M25 7BL	37	8:00am	
Well	M26 2SP	27	8:00am	

10 pharmacies provide access to pharmaceutical services until 7:00 p.m. or later Monday to Friday; with 9 pharmacies also providing until 7:00 p.m. or later Saturday (see Table 16).

Table 16 - Bury pharmacies open Monday to Saturday until 7:00 p.m. or later (source: NHSE&I)

Pharmacy	Postcode	Map Index	Mon to Sat closing time	Comments
Asda Pharmacy	BL9 8RS	40	10:00pm	
Asda Pharmacy	M26 3DA	28	10:00pm	
Asda Pharmacy	BL9 0RN	1	10:00pm	Closes at 9:00pm on Mondays and Tuesdays
Boots the Chemist	BL9 5BY	8	00:00	Closes at 10:00pm on Saturdays
Bury Healthcare Pharmacy	BL9 6DP	9	22:00	
Dennis Gore Chemists	M25 1FX	33	19:00	Closed on Saturdays
Pimhole Pharmacy	BL9 7BB	7	21:30	Closes at midnight on Friday
Radcliffe Pharmacy	M26 2SP	26	22:30	
Tesco Pharmacy	BL9 5BY	13	21:00	
Tesco Pharmacy	M25 7BL	37	22:00	

Sunday opening

11 of the 39 walk-in pharmacies open on Sunday and four of the five neighbourhoods have at least one pharmacy open for some hours. The Sunday opening hours across the borough range from 8a.m. to midnight. Most of the respondents to the public survey were satisfied or very satisfied with the opening hours provided.

Table 17 - Bury pharmacies open on Sunday (source: NHSE&I)

Pharmacy	Postcode	Map Index	Sunday opening time	Sunday closing time
Asda Pharmacy	BL9 8RS	40	10:30am	4:30pm
Asda Pharmacy	M26 3DA	28	10:00am	4:00pm
Asda Pharmacy	BL9 0RN	1	11:00am	5:00pm
Boots the Chemist	BL9 0QQ	2	10:30am	4:30pm
Boots the Chemist	BL9 5BY	8	11:00am	5:00pm
Bury Healthcare Pharmacy	BL9 6DP	9	08:00am	6:00pm
Pimhole Pharmacy	BL9 7BB	7	11:00am	Midnight
Radcliffe Pharmacy	M26 2SP	26	08:00am	4:00pm
Tesco Pharmacy	BL9 5BY	13	11:00am	5:00pm
Tesco Pharmacy	M25 7BL	37	10:00am	4:00pm
Whitefield Pharmacy	M45 8NE	38	11:00am	1:00pm

Changes to pharmacy contractors

In Bury since the last PNA there have been closure of four distance selling pharmacies and a different four have opened in the meantime. So there has been no net loss or gain of pharmaceutical services since 2018.

There are no further known changes anticipated at the time of writing the PNA.

6.1.1 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the HWB's area can access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

6.1.2 Access to Advanced Services

6.1.2.1 Access to Appliance Use Review (AUR)

According to data from NHS England no pharmacies in Bury provided appliance use reviews. Data from the NHS Business Services Authority show that the main providers of appliance use reviews and stoma customisation services are DACs. In the 12-month period, November 2020 to October 2021 (latest data on 1st February 2022), 320 AURs were provided to Greater Manchester residents with 307 of these delivered in the individual's home.

Of the DACs in GM three have provided 320 AURs during 2020/21 the majority (307) of which took place in the patient's home. Some patients in Bury will receive this service from DACs outside of GM.

This low level of provision reflects the specialist nature of the provision of appliances but may also reflect a drop in numbers due to COVID-19 and limited face-to-face patient contact.

6.1.2.2 Access to Community Pharmacy Consultation Service (CPCS)

Appendix Seven provides a list of pharmacies providing CPCS advanced services.

Since 1st November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS³⁵, once a local referral pathway has been agreed. The local NHS E&I area Team (GMHSCP) have 41 pharmacies listed to provide this service across Bury Borough.

As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient, and effective service to meet their needs. Since the CPCS was launched, an average of 230 patients per month in Bury Borough are being referred for a consultation with a pharmacist following a call to NHS 111. These are patients who might otherwise have gone to see a GP.

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

6.1.2.3 Access to Covid-19 Lateral Flow Device Distribution Service

At the end of March 2021, a new Advanced service – the NHS community pharmacy COVID-19 lateral flow device distribution service (or ‘Pharmacy Collect’ as it is described in communications to the public) – was added to the NHS Community Pharmacy Contractual Framework as part of the Government’s response to the Covid-19 pandemic. On average 8,500 tests per month were distributed by pharmacies in Bury.

This service, which pharmacy contractors chose to provide if they met the necessary requirements, aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

However, the COVID-19 lateral flow device distribution service was decommissioned on 31st March 2022 following government suspension of the isolation requirements.

The speed of set up and de-escalation of this service is further evidence that community pharmacies can be relied upon to provide timely and essential services to their local population.

6.1.2.4 Access to Community Pharmacy Seasonal Influenza Vaccination programme

According to data available at NHS Business Services Authority 37 pharmacies in Bury delivered this service for 2020/21, providing 11,471 vaccinations during the flu season. This is compared to 34 pharmacies providing 6,596 vaccinations for 2019/20; which is an 74% increase in vaccination delivery compared to the national figure of 61%. From September 2021 to February 2022, 19,673 vaccinations have been delivered by 37 pharmacies in Bury.

6.1.2.5 Hepatitis C Testing Service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in 2020, commencing on 1st September. The introduction of this new Advanced Service was in the [5-year CPCF agreement](#), and was always likely to be a time-limited service³⁶ as the national Hepatitis C Programme is an exercise to identify those people not in contact with other healthcare services.

³⁵ <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

³⁶ <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

Currently (February 2022) there are no pharmacies in Bury providing this Hep C testing service. If the service is to be commissioned it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.

6.1.2.6 Hypertension Case Finding Service

The Hypertension case-finding service, which was commissioned as an advanced service from 1st October 2021. It is described, in public-facing communications, as the NHS Blood Pressure Checks Service.

The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Contractors opting to provide the service must undertake both stages of it, where clinically required, i.e. it is not possible to just undertake clinic BP readings and not ABPM.

This service is commissioned by NHS E&I and has 26 pharmacies participating in Bury. In the three-month data for November 2021- January 2022³⁷ that we have access to currently, there were 34 blood pressure checks undertaken, but no ABPM undertaken at the moment.

6.1.2.7 Access to New Medicine Service (NMS)

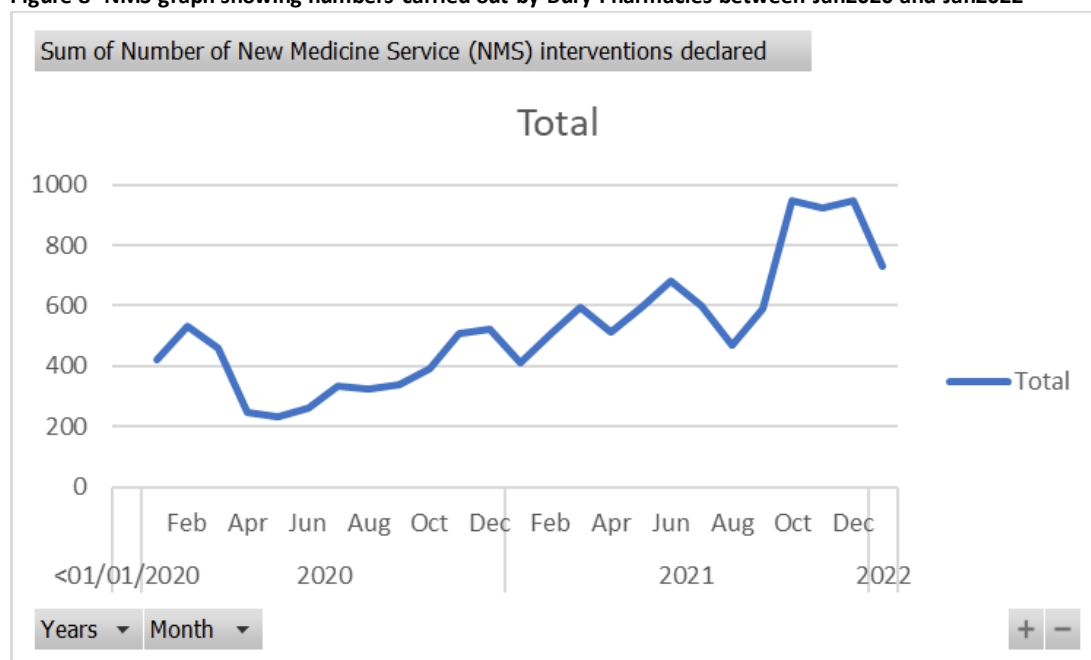
The service provides support for people, often with long-term conditions, newly prescribed a medicine to help improve medicines adherence and patient outcomes. The primary aim of the consultation (which can be face-to-face or telephone-based) is the patient-centred identification of any problems either with the treatment (including any adverse drug reactions) or otherwise in relation to the patient's self-management of their long-term condition, and identification of any need of the patient for further information and support in relation to the treatment or the long-term condition. NMS is focused, from 1st September 2021, on the following conditions, many of which align to the Bury Local Priority Plan:

1. Asthma and COPD
2. Diabetes (Type 2)
3. Hypertension
4. Hypercholesterolaemia
5. Osteoporosis
6. Gout
7. Glaucoma
8. Epilepsy
9. Parkinson's disease
10. Urinary incontinence/retention
11. Heart failure
12. Acute coronary syndromes
13. Atrial fibrillation
14. Long term risks of venous thromboembolism/embolism
15. Stroke / transient ischemic attack
16. Coronary heart disease

³⁷ NHS BSA dispensing data

See Appendix Seven for those pharmacies that are providing NMS.

Figure 8- NMS graph showing numbers carried out by Bury Pharmacies between Jan2020 and Jan2022



Since the service was relaunched in September 2021, with extra disease areas to focus on, uptake has increased significantly. This is due partly to the requirement in the PQS to carry out 20 NMS in the financial year (see section 3.5.1).

6.1.2.8 Pandemic Delivery Service

The Pandemic Delivery service was launched in April 2020 as a contractual responsibility introduced during the COVID-19 pandemic. It was to support certain groups of clinically vulnerable and self-isolating people to obtain their medicines via a delivery service. The Pandemic Delivery Service (Advanced service) finished on 5th March 2022 and the whole service was decommissioned on 31st March 2022 following an easing of government COVID-19 restrictions.

6.1.2.9 Access to stoma appliance customisation

Between February 2021 to January 2022 two Bury pharmacies provided 10 stoma customisations, however, a number will have been provided by dispensing appliance contractors outside the Bury area. Information provided by NHS England shows that there are eight DACs in the Greater Manchester area in January 2022, they provide an average 34 stoma customisations each per month to patients nationally and locally. Some patients will access this service from DACs outside GM. This low level of provision reflects the specialist nature of the provision of appliances, and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

6.1.2.10 Access to Smoking Cessation Service (SCS)

The Smoking Cessation Service (SCS) has been an advanced service from 10th March 2022. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

To start with, the service will only be provided by pharmacists, not other pharmacy staff members. There are currently seven pharmacies providing access to SCS.

6.1.3 Access to locally commissioned or enhanced services

6.1.3.1 *Locally commissioned services by Bury Council*

In February 2022 Bury Council commissioned four services from community pharmacies.

Local Authorities commission public health or preventative services.

Three services are directly commissioned, another one, Chlamydia Testing Service, is currently suspended as the processing company RU Clear ceased trading in 2020, so this service is no longer available until commissioners determine if a pharmacy is still a viable commissioning route:

- Emergency Hormonal Contraception
- Needle Syringe Exchange Programme
- Supervised Consumption Services
- Bury Chlamydia Testing service

6.1.3.2 *Locally commissioned services by NHS Bury CCG/ transferring to GM ICB (July 2022)*

NHS Bury CCG usually commission services related to a person's current disease state rather than for preventative care. In Bury there are two such services; one service (LFT Onsite testing) ceased on 31st March 2022 following a change in COVID testing regulations:

- Palliative care service medicine stockholder
- COVID-19 LFT Onsite testing

In July 2022 NHS Bury CCG will no longer be the statutory body and will therefore not be able to commission these services. The responsibility will lie with the newly formed GM Integrated Care Board (see section 2.3.1). How services will be arranged across GM is not yet fully mapped out, but it is thought that the current CCGs will become localities with some delegation to address local needs – whilst ensuring a reduction in inequalities across GM.

6.1.3.3 *Enhanced Services commissioned by NHS E&I area Team (GM HSCP)*

GM HSCP commission three services from Bury pharmacies

- Inhaler Technique Service
- Minor Ailment Scheme
- Minor Eye Conditions Service

6.2 Necessary services: current provision out-side the HWB's area

In making its assessment the HWB needs to take account of any services provided to its population, which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Bury by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff. Patients have a choice of where they access pharmaceutical services, which may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. Consequently, not all the prescriptions written for residents of Bury were dispensed by the pharmacies within Bury. The Bury Council has borders with four Greater Manchester boroughs (Bolton, Salford, Manchester, Rochdale) and with Blackburn with Darwen and Rossendale.

27 pharmacies are located within one mile outside of Bury's boundary.

Data from NHS Digital shows that although most items (93%, see Table 13) prescribed by NHS Bury CCG prescribers are dispensed in Bury pharmacies.

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Bury residents is not available.

It is not possible to identify the number of Bury residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However, residents of the HWB's area may access enhanced services from outside Bury. The same applies to locally commissioned services.

6.3 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6.1 and section 8.2 to 8.5) but have secured improvement or better access to pharmaceutical services.

Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies outside of the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Advanced services
- Locally commissioned or enhanced services

6.3.1 Other relevant services within the HWB's area

Bury Pharmacies also provide essential and advanced services where they have supplementary hours in place. The totality of these hours covers evenings, Saturday and Sunday. Opening hours are available on NHS Choices. The range of opening times is discussed in section 6.1.3 and is shown in Appendix Eight and Maps 10 and 11.

6.3.2 Other relevant services provided outside the HWB's area

Whilst there are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access, it is a choice of individuals whether to access these as part of their normal lives. None are specifically commissioned to provide services to the population of Bury HWB area.

6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, three services, Inhaler Technique, Minor Ailment Scheme and Minor Eye Conditions Services are commissioned by NHS England. From March 10th 2022, the new advanced service Smoking Cessation Service (SCS) has been introduced nationally. There are currently 7 pharmacies signed up to SCS across Bury Borough.

6.3.4 Choice regarding obtaining pharmaceutical services

90.2% of items prescribed by Bury practices are dispensed within Bury community Pharmacies. 9.8% of items are dispensed outside of the borough of Bury. This may be due to people using location near work for example, or through use of distance selling pharmacies in other areas of England. As expected, a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

6.4 Future provision – necessary and other relevant services

This section contains information on expected future housing and regeneration development which may impact on the future need for pharmaceutical services.

6.4.1 Housing and development

There are 400 dwellings proposed at the East Lancashire Paper Mill (ELPM), a site in Radcliffe East ward, although most will be delivered beyond this PNA's 3-year time frame. Plus 130 dwellings at Green Street, Radcliffe and 90 at School Street Radcliffe. A further 200 are in the pipeline at York Street, Radcliffe.

There are 268 homes currently under construction at Bevis Green Works, Walmersley Old Road, Bury. 124 are under construction at George Street, Prestwich.

The proposed Places for Everyone (PfE) Allocations are dependent on the outcomes of the Examination in Public, see section 6.4.1.1 below.

"Unconstrained Potential" are sites within our Strategic Housing Land Availability Assessment which are expected to come forward but that don't currently have planning permission. A 90,000 sqft capacity of commercial floorspace is planned at Chamberhall, Bury employment site, this reflects Bury's Employment Land Availability Assessment.

There are also plans for significant levels of development proposed in the Bury Town Centre Masterplan which could get under way within the next 3 years, although it is expected the majority will be delivered beyond the 3-year timeframe of this PNA.

6.4.1.1 Places for Everyone

Places for Everyone (PfE) is a joint plan for nine boroughs of Greater Manchester (Bury, Bolton, Bury, Manchester, Rochdale, Salford, Tameside, Trafford and Wigan).

The [PfE Publication Plan](#)³⁸ was submitted to the Secretary of State in February 2022. An Independent Inspector(s) has been appointed to undertake an independent examination into the plan later in 2022. Please see the GMCA website for further information and updates on the Plan's progress.

PfE proposes strategic housing and employment development across the nine boroughs and should be considered as a whole, given the likely effects of development in one borough impacting infrastructure needs in neighbouring boroughs. Policies set out measures to ensure the plan is supported by appropriate infrastructure. Including where it sets out measures related specifically to health provision.

PfE sets out a housing requirement for Bury to identify areas to construct an average of 452 homes each year 2021-2037; phased using a stepped requirement as follows:

- 2021 to 2025 – 199 homes
- 2025 to 2030 – 452 homes
- 2030 to 2037 – 596 homes

Across the PfE plan period the total housing required in Bury is 7,228 homes. Table 7.2, page 133, of the Plan identifies the housing land supply breakdown by Local Authority area.

³⁸ [Places For Everyone: GMCA Housing Plan](#)

For Bury, Table 18 below identifies a potential 7,652 homes, proposed between 2020 and 2037, plus 862,472 sqm of business space. Residents in the new homes and employees at these business premises may need access to pharmaceutical services and how these are accessed should be considered once the planning for the premises have been approved.

Table 18 - Bury's Proposed Strategic Allocations (including Places for Everyone)

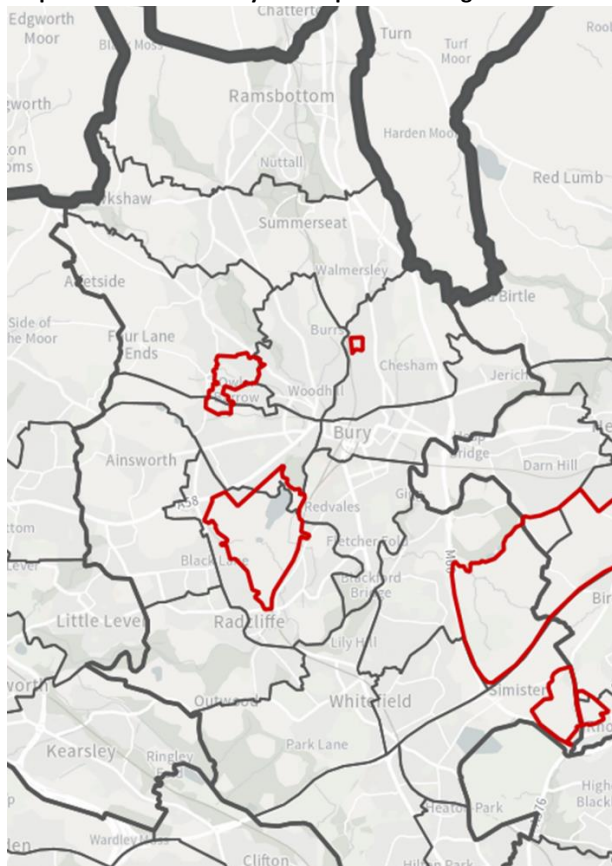
Housing

Site name	Ward	Status	Total homes 2020-2025	Total homes 2025-2030	Total homes 2030-2037	Total homes post 2037
Heywood / Pilsworth	Unsworth	Proposed PfE Allocation	0	165	35	0
Simister and Bowlee	Holyrood	Proposed PfE Allocation	0	540	810	0
Elton Reservoir	Radcliffe East, Church	Proposed PfE Allocation	0	750	1150	1600
Walshaw	Tottington, Church	Proposed PfE Allocation	0	600	650	0
Seedfield	Moorside	Proposed PfE Allocation	70	70	0	0
East Lincs Paper Mill, Radcliffe	Radcliffe East	Outline planning permission	50	250	100	0
School Street, Radcliffe	Radcliffe West	Unconstrained potential	60	30	0	0
Green Street, Radcliffe	Radcliffe East	Unconstrained potential	0	130	0	0
York Street, Radcliffe	Radcliffe East	Planning permission	0	200	0	0
Tetrosyl, Bevis Green	North Manor	Under construction	140	128	0	0
Mountheath, Prestwich	Sedgley	Under construction	124	0	0	0
Bury Town Centre	East	Bury Town Centre Masterplan	Detail to be confirmed but the Bury town centre masterplan and the acquisition of the Millgate Centre identify the potential for a significant increase in the amount of residential development within the town centre. Estimated that over 1,000 new units could be added to the supply, but a more detailed review of capacity for housing within the town centre will be undertaken in conjunction with the update to the SHLAA.			

Employment

Site name	Ward	Status	Total industry and warehousing floorspace 2020-2025	Total industry and warehousing floorspace 2025-2030	Total industry and warehousing floorspace 2030-2037	Total industry and warehousing floorspace post 2037
Heywood / Pilsworth	Unsworth	Proposed PfE Allocation		125,000sqm	365,975sqm	365,000sqm
Chamberhal I Phase 2	Moorside	Outline permission	3250sqm	3250sqm	0	0

Please note that Heywood Pilsworth and Simister Bowlee are cross boundary allocations – only the potential supply within Bury is included.

Map 11 - Places for Everyone Proposed Strategic Allocations³⁹

The areas identified by a red outline show location of significant PfE proposed locations.

There is also a proposed Metrolink station in Radcliffe East ward near the Elton Reservoir allocation. This may bring more people into the area as it will provide improved transport links to Manchester and Bury. Further detail is provided within the allocation topic papers, available on the GMCA website.

Further discussions may be required to further understand the healthcare needs arising from the PfE proposed strategic allocations.

6.5 Other NHS services

The following NHS services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out-of-hours service.
- Services commissioned by Bury Council or CCG

³⁹ [https://mappinggm.org.uk/pfe-consultation-](https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016)

[2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016](https://mappinggm.org.uk/pfe-consultation-2021/?lyrs=pfe_allocation_boundaries,gm_wards,gm_boundaries,gm_border#os_maps_light/12/53.5528/-2.0016)

6.5.1 Hospital pharmacies

Patients attending hospital pharmacies, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There is an acute hospital and a mental health trust operating in the Bury Borough HWB's area,

- Fairfield General Hospital (part of NCA Foundation Trust which also includes Royal Oldham and Salford Royal).
- Pennine Care NHS Foundation Trust, which provides a range of mental health, learning disability, and autism services at several sites in Bury.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, it is likely that pharmacies will be able to absorb additional dispensing arising from this, should it happen.

6.5.2 Personal administration of items by GP practices

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their prescriber will electronically transfer or give them a prescription which they take to their preferred pharmacy. In some instances, the GP practice supplies the item against a prescription. This is referred to as personal administration because the item supplied is then directly administered to the patient by the GP or a clinical member of staff. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices, and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

6.5.3 GP out of hours service

Beyond the normal working hours of GP practices, there is an out of hours service operated as an initial telephone consultation where a clinician may attend the patient's home or request the patient access one of the clinics. The clinics and travelling clinicians have a stock of medicines and depending on the patient's requirement they may be given medicines from stock, or a prescription issued for dispensing at a pharmacy. GPs offer an OOH service from BARDOC (Bury and Rochdale Doctors On Call).

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These pharmacies which are open seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 15, 16 and 17). There is a lack of extended hours pharmacies in Bury North Neighbourhood, where all pharmacies are open core hours during the week closing after 6pm, and only Saturday mornings (all closed after 1pm) at a weekend. This neighbourhood does have the least deprivation and has the highest vehicle ownership so they are more able to travel to a pharmacy further afield, however extension of opening hours in this location could be beneficial to residents.

6.5.4 Locally commissioned services – Bury Council and NHS Bury CCG

Since 1st April 2013 Bury Council has been responsible for the commissioning of some public health services. In addition, the CCG commissions a number of services that have an impact. Appendix Five sets out the services currently commissioned and the number of pharmacies providing these services. The patient survey indicated that more can be done to increase awareness of these services commissioned, 25 of the 160 of respondents said there were other services they would like their pharmacy to offer. Some of these included services already provided, e.g. minor ailment service,

vaccinations, which may mean promotion of services is required to be highlighted to the public. Other requested services included notification when a product is out of stock, blood flow, UTI and respiratory checks in pharmacy, travel vaccination administration and prescribing when GP not available.

7 Districts for the purpose of the PNA

7.1 Overview

This assessment has taken a ward level approach to support the integration of public health data with other sources of information. The 17 wards were then aggregated into five neighbourhoods, as described in section 3.1.2. As each cluster has slightly differing health needs, they are considered separately for the purposes of the PNA. Current residential and future proposed residential areas have been assessed for access to a pharmacy. Access to a pharmacy is based on walking and public transport times from the nearest pharmacy and the most recent census data from 2011 showing % residents with no car or van availability in each ward.

Table 19 - Car ownership by cluster and ward

Neighbourhood	Ward	Cars: All categories: Car or van availability	Cars: No cars or vans in household	% no cars	% with car or van availability
Bury East	Bury East	4,493	1,830	41%	59%
Bury East	Moorside	5,095	1,880	37%	63%
Bury West	Radcliffe West	4,850	1,455	30%	70%
Whitefield	Besses	4,555	1,331	29%	71%
Bury East	Redvales	4,817	1,407	29%	71%
Bury West	Radcliffe East	4,824	1,364	28%	72%
Prestwich	St Mary's	4,582	1,155	25%	75%
Bury West	Radcliffe North	4,894	1,115	23%	77%
Prestwich	Sedgley	4,542	1,034	23%	77%
Prestwich	Holyrood	4,765	1,075	23%	77%
Whitefield	Unsworth	4,115	837	20%	80%
Bury North	Elton	4,775	941	20%	80%
Bury West	Bury West (former)	4,452	811	18%	82%
Whitefield	Pilkington Park	4,171	678	16%	84%
Bury North	Ramsbottom	5,003	813	16%	84%
Bury North	Tottington	3,991	473	12%	88%
Bury North	North Manor	4,189	484	12%	88%

The percentage of Bury residents (2011) with access to a car or van averages at 76%.

The Bury East wards have the lowest average (64%) car ownership across the Borough. This may be partly as they are closest to the town centre of Bury, with the facilities and public transport access that this offers, so they may not require transport to travel for work, or shopping. However it is also the most deprived neighbourhood.

The Bury North Neighbourhood wards have the highest average car ownership of 85%, with the highest level of 88% car ownership being in both Tottington and North Manor Wards. Bury North neighbourhood has the poorest pharmacy accessibility due to opening hours, this may be a reflection of the population's accessibility via their own vehicles to other areas for their out of hours pharmacy supplies. Bury North is generally less densely populated than the other neighbourhoods and also has the most rural locations in Bury (see Map 4).

7.2 Bury East Neighbourhood Profile

This profile provides an insight into the neighbourhood of Bury East. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Moorside, Bury East (East) and Redvales.

Population

There are around 36,500 people living in Bury East, which constitutes 19% of the total population in Bury. 23% of residents in Bury East are from a Black and Minority Ethnic background, which is significantly higher than the proportion in Bury and England.

Life Expectancy

Within Bury East Neighbourhood, Moorside ward has the lowest levels of life expectancy for females and Bury East (East) ward has the lowest for males. The highest proportion of the adult population who smoke live in Bury East ward. Also 4% of Bury East secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality in Bury East is circulatory disease, yet the highest cause of premature mortality is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Bury East are found around the centre of Bury, in Bury East and Moorside wards. In contrast, household income levels are highest in the northern part of Moorside ward.

Early Years

Bury East Neighbourhood has had 335 families eligible for help under the Troubled Families programme to date; 251 families have been worked with and 114 (34%) have been successfully turned around as a result of the programme. Moorside ward within Bury East successfully turned around the highest proportion of families. As a whole Bury East children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. Within Bury East, young people living in Redvales ward achieved the highest rates of A Level attainment in 2018/19.

Social Care

Adult social care service users within Bury East have a lower satisfaction with care and support services than Bury and England, with carers also having a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Bury East, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

Housing

There are around 14,400 households within Bury East. Only 17% of properties are rented privately; 57% are owned or under shared ownership. There are more lone parent households, co-habiting couples and under 65 one person households in Bury East when compared to Bury and England.

Crime

The highest cause of domestic noise complaints in Bury East is amplified music. The centre of Bury which includes Pimhole has the highest levels of reported anti-social behaviour and reported crime. Bury East has the highest proportion of crimes across the whole of Bury.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴⁰

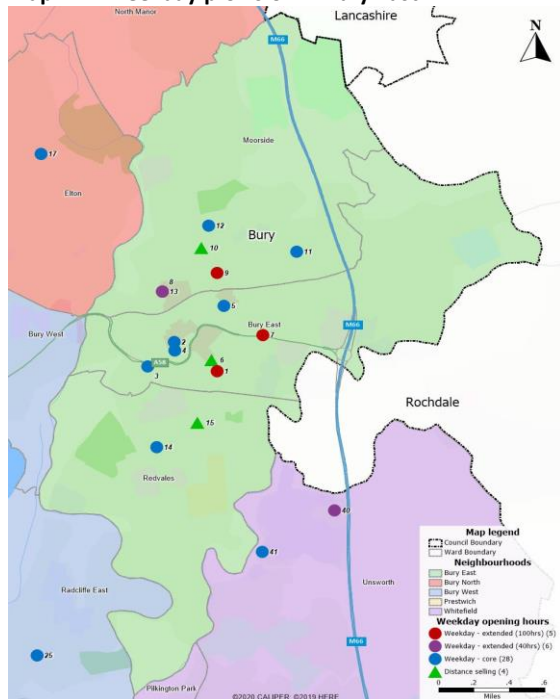
7.2.1 Access to a pharmacy in Bury East Neighbourhood

Maps 13 and 14 show that during Monday to Friday and at weekends there is satisfactory provision of pharmaceutical services across this Neighbourhood. All wards within Bury East have pharmacies located within them. There are four with extended weekday hours and five that open on both

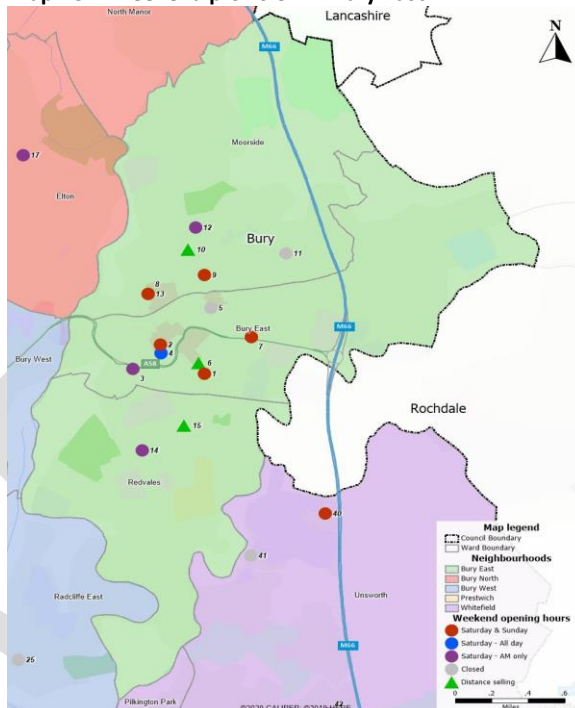
⁴⁰ [Joint Strategic Needs Assessment - Bury Council](#)

Saturdays and Sundays. Although the population density is high and there the area has the lowest average number of households with cars (range 59% to 71%), this is the central area of Bury Town centre and the transport links are good. The patient survey identified two respondents with BL9 postcodes, which are likely to be residents of Bury East neighbourhood, who ticked they had problems accessing a pharmacy. Only one of these gave a reason which was that the pharmacy was located on a main road, but they can walk to the pharmacy and that the pharmacy usually deliver to them.

Map 12 - Weekday provision in Bury East



Map 13 - Weekend provision in Bury East



7.2.2 Future housing development in Bury East Neighbourhood

A small plot of land for 140 properties under PfE proposal is allocated in Moorside ward at the Seedfield site. There are currently 5 walk-in pharmacies in Moorside ward plus 2 that are on the border with Bury East ward, and good public transport links into Bury Town centre where more can be accessed. Bury Town centre lies within Bury East ward and there are plans for the redevelopment of the town centre including a potential to increase the residential properties, but this area is well served by pharmacies and would not require any extra pharmaceutical service facilities.

7.3 Bury West Neighbourhood Profile

This profile provides an insight into the neighbourhood of Bury West. It is one of the five neighbourhoods within Bury, and it comprises of four wards: Bury West (Church), Radcliffe East, Radcliffe West and Radcliffe North.

Population

There are around 45,500 people living in Bury West, which constitutes 24% of the total population in Bury. 6% of residents in Bury West are from a Black and Minority Ethnic background, which is significantly lower than the proportion in Bury.

Life Expectancy

Within Bury West, Radcliffe West ward has the lowest levels of life expectancy for both males and females and the highest proportion of the adult population who smoke. Additionally 6% of Bury West secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in Bury West is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions.

Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Bury West are found around Radcliffe town centre. In contrast, household income levels are highest in Bury West (Church) Ward. Radcliffe

Early Years

West has had the highest number of early help cases for children; yet also has the highest proportion of families who have been successfully turned around as a result of the Troubled Families programme. As a whole, Bury West children are underachieving at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. However, young people living in Bury West (Church) ward achieved the highest rates of A Level attainment in 2018/19.

Social Care

Adult social care service users with Bury West have a higher satisfaction with care and support services than Bury and England, yet carers have a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Bury West, whereas for those aged 65+, it is support with physical mobility.

Housing

There are around 19,000 households within Bury West. Only 13% of properties are rented privately; 68% are owned or under shared ownership. There are more terraced houses, bungalows, and detached houses in Bury West when compared to Bury and England.

Crime

The highest cause of domestic noise complaints in Bury West is dogs. Radcliffe wards have the highest proportion of reported fly tipping across Bury West and the town centre of Radcliffe has the highest levels of reported anti-social behaviour and reported crime.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴¹

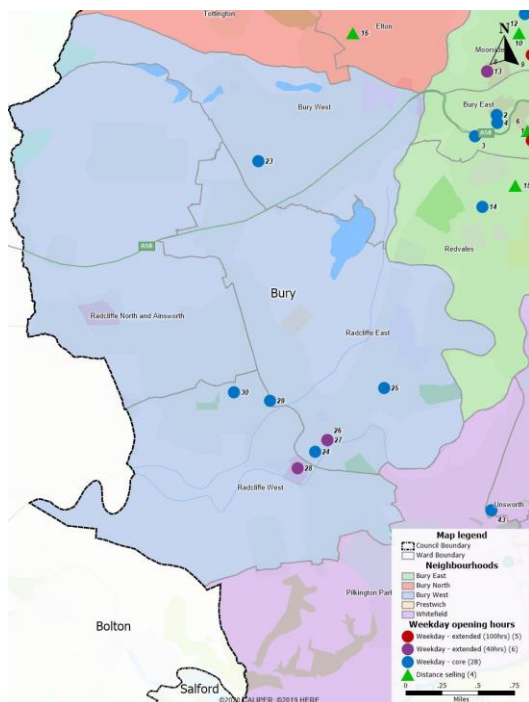
7.3.1 Access to a pharmacy in Bury West Neighbourhood

Maps 14 and 15 show that during Monday to Friday there is satisfactory provision of pharmaceutical services across this neighbourhood with 2 contractors providing extended hours. Weekend provision is limited to two pharmacies open all day on a Saturday and only open on a Sunday. Although there are no pharmacies located in Radcliffe North and Ainsworth Ward but travelling distances to pharmacies located on ward boundaries of Radcliffe West, Bury West and with Bolton Borough areas are all within the 1-mile travel buffer. The population density is lower compared to more central areas

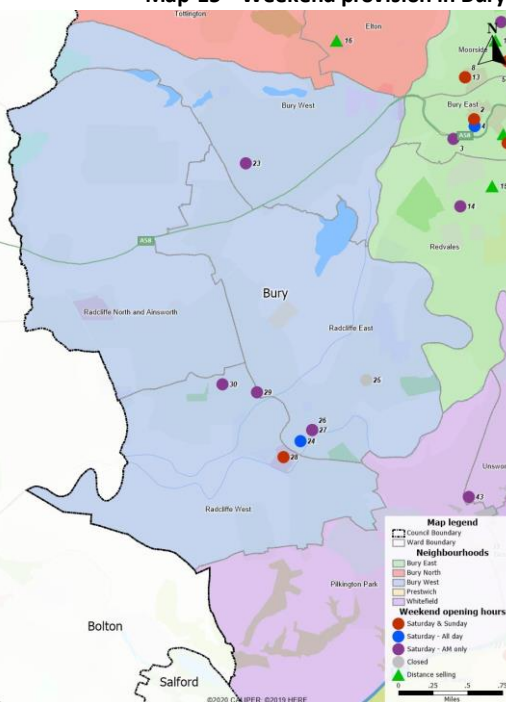
⁴¹ [Joint Strategic Needs Assessment - Bury Council](#)

of Bury, except for Bury West Ward. There is an average number of households with cars (range 82% to 70%) compared to the borough average of 76%.

Map 14 - Weekday provision in Bury West



Map 15 - Weekend provision in Bury West

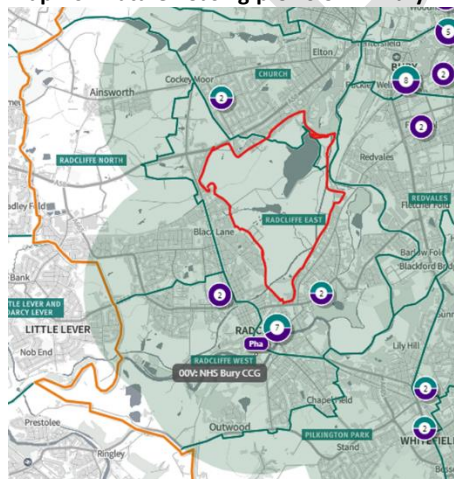


7.3.2 Future housing development in Bury West Neighbourhood

Bury West has the largest proposed housing allocation under Places for Everyone at the Elton Reservoir Site, the majority of which falls in Radcliffe East Ward. There is a proposal for 3,500 houses to be built up to and beyond 2037. Although this is not yet finalised and the proposed timescales for building to begin is from 2025 onwards (mostly outside the 3-year timeframe of this PNA). The large number of new residential houses in the area may require other local facilities such as local shops, schools, and health centres to accommodate the new population. However, there are already 10 pharmacies which fall within a 1-mile radius of the proposed site. Also, a new metrolink station near the proposed housing would give good public transport access to both Radcliffe and Bury town centres where there are more health facilities.

Additionally to this there are four smaller sites, 3 in Radcliffe East and 1 in Radcliffe West wards, which have unconstrained potential or outlined planning permission to build 820 homes up to the year 2037.

Map 16 - Future housing provision in Bury West Neighbourhood



7.4 Bury North Neighbourhood

This profile provides an insight into the neighbourhood of North. It is one of the five neighbourhoods within Bury, and it comprises of four wards: Ramsbottom, North Manor, Tottington and Elton.

Population

There are around 42,900 people living in North, which constitutes 23% of the total population in Bury. Just over 4% of residents in North are from a Black and Minority Ethnic background, which is significantly lower than the proportion in Bury and in England.

Life Expectancy

Within North, Life expectancy is generally quite high across the area, with slightly lower levels in Tottington and Elton. The highest proportion of North's adult population who smoke live in Elton. Additionally, 12% of North secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in North is cancer, closely followed by circulatory disease;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in North are found in pockets in both Elton and Ramsbottom wards. In contrast, household income levels are highest on the western side of all three wards within the neighbourhood.

Early Years

North has had 192 families eligible for help under the Troubled Families programme to date; 140 families have been worked with and 59 (42%) have been successfully turned around as a result of the programme. Within North, Elton ward successfully turned around the highest proportion of families (54%). As a whole, children living in North are achieving a higher standard at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury. Out of the four wards within North, A Level attainment rates for 2018/19 are highest in Tottington.

Social Care

Adult social care service users with North have a similar satisfaction with care and support services when compared to Bury and England, with carers having a lower satisfaction rate than Bury and England. Learning Disability is the main primary support reason for those aged 18-64 in North, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

Housing

There are around 18,000 households within North. Only 11% of properties are rented privately; 80% are owned or under shared ownership. There is a higher percentage of detached and terraced houses in North when compared to Bury and England.

Crime

The highest cause of domestic noise complaints in North is dogs. The pockets of highest reported crime and anti-social behaviour in North can be found within Ramsbottom and Elton wards.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

is required please contact: JSNA@bury.gov.uk

For further details or if any further information see [Bury Neighbourhood Profiles, February 2020](#)⁴²

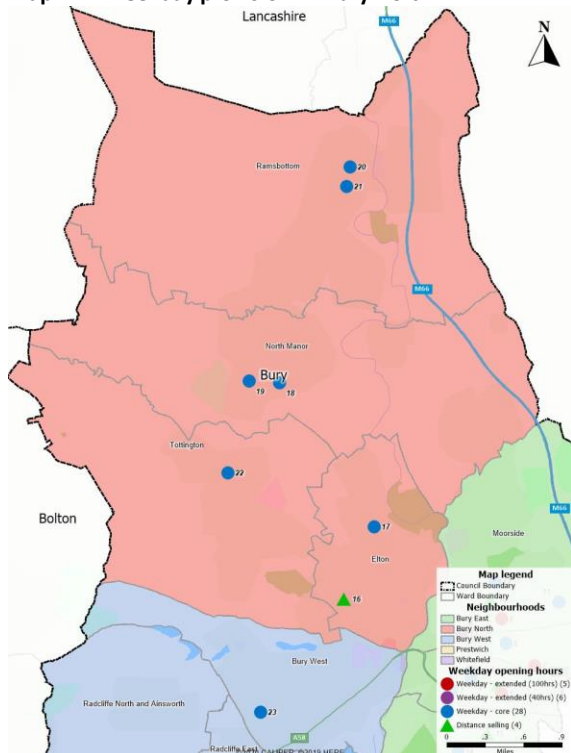
7.4.1 Access to a pharmacy in Bury North Neighbourhood

Maps 17 and 18 show that there are six walk-in pharmacies and one distance selling pharmacy in Bury North Neighbourhood. During Monday to Friday and at weekends there is very limited opening hours for provision of pharmaceutical services, all pharmacies only provide core opening hours after 8am

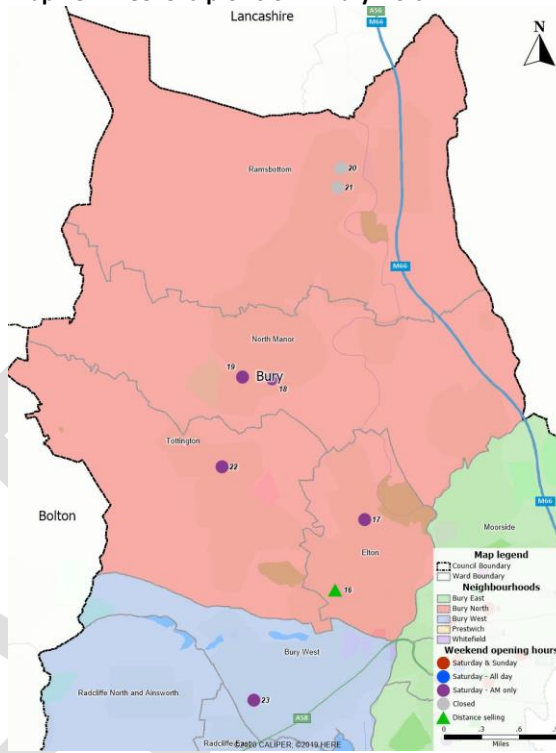
⁴² [Joint Strategic Needs Assessment - Bury Council](#)

and close by 7pm. With Ramsbottom ward having no pharmacy provision on a weekend and the other three wards only having a pharmacy in the morning on a Saturday and none open on a Sunday. However, this area has the lowest population density in Bury Borough and it has the highest number of households with cars (range 88% to 80%) so there is not enough trade to recommend another pharmacy contract be granted, although if the current pharmacy contractors were to request an extension of their hours then this would be an advantage for the neighbourhood.

Map 17 - Weekday provision in Bury North



Map 18 - Weekend provision in Bury North



7.4.2 Future housing development in Bury North Neighbourhood

Under PfE there is a proposal for 1250 houses in Walshaw which crosses the borders of Tottington and Bury West (Church) wards, but the bulk of the area is in Tottington ward. This location falls within 1 mile of 4 pharmacies, although only 1 of these is in Tottington ward. North Manor ward at Bevis Green has begun construction of the first 140 of 268 houses which are planned for this location. This location is more than 1 mile, but less than 2, from the nearest pharmacy however travel times by public transport are accessible and are within the 20-minute travel time identified as acceptable to the public.

7.5 Prestwich Neighbourhood

This profile provides an insight into the neighbourhood of Prestwich. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Holyrood, St. Mary's and Sedgley.

Population

There are around 35,100 people living in Prestwich, which constitutes 18% of the total population in Bury. Just under 14% of residents in Prestwich are from a Black and Minority Ethnic background, which is higher than the proportion in Bury overall but lower than in England.

Life Expectancy

Within Prestwich, Sedgley ward has the lowest levels of life expectancy for both females and males. The highest proportion of the adult population who smoke live in Holyrood. Additionally, 3% of Prestwich secondary age children reported using nicotine products at least once a week. • The highest cause of mortality and premature mortality in Prestwich is cancer;

- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Prestwich are found around the centre of Prestwich and the Rainsough area of St. Mary's ward. The highest household income levels can be found in pockets of Sedgley and St. Mary's wards.

Early Years

Prestwich has had 162 families eligible for help under the Troubled Families programme to date; 107 families have been worked with and 52 (49%) have been successfully turned around as a result of the programme. St. Mary's ward within Prestwich successfully turned around the highest proportion of families (54%). As a whole, Prestwich children are achieving a higher standard than Bury and England at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years). Within Prestwich, young people living in Sedgley achieved the highest rates of A Level attainment in 2018/19.

Social Care

Adult social care service users within Prestwich have a lower satisfaction with care and support services than Bury and England, with carers also having a lower satisfaction rate. Learning Disability is the main primary support reason for those aged 18-64 in Prestwich, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

Housing

There are nearly 14,000 households within Prestwich. Only 16% of properties are rented privately; 70% are owned or under shared ownership. There are more semi-detached houses in Prestwich when compared to Bury and England. The highest cause of domestic noise complaints in Prestwich is dogs.

Crime

The highest levels of anti-social behaviour within Prestwich can be found around the centre of Prestwich and the Rainsough area, whilst the centre of Prestwich and Prestwich Clough areas have the highest reported levels of crime.

Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see [Bury Neighbourhood Profiles, February 2020](#)⁴³

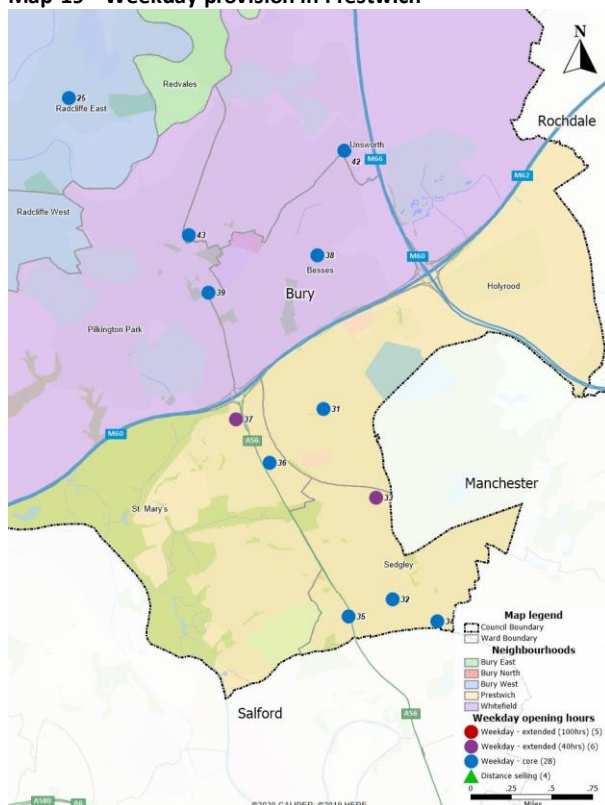
7.5.1 Access to a pharmacy in Prestwich Neighbourhood

Maps 19 and 20 show that, of the seven pharmacies in Prestwich neighbourhood, during Monday to Friday one pharmacy is open at 8am or earlier and two close 7pm or later giving the neighbourhood extended weekday hours. On a Saturday there are three pharmacies open, however none of these are in Sedgley ward. On a Sunday there is only one pharmacy open which is on the main road, near to the motorway junction in St. Mary's ward. Most of the neighbourhood is within a 1-mile buffer and it all

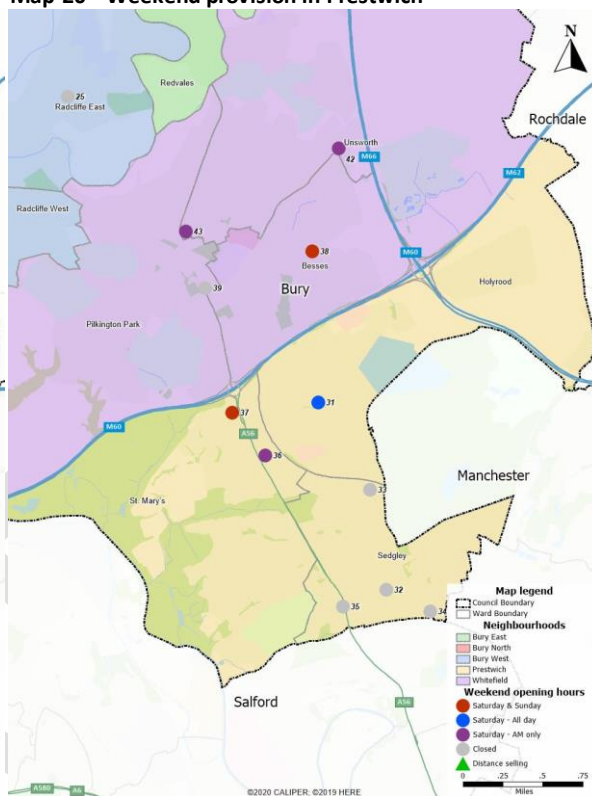
⁴³ [Joint Strategic Needs Assessment - Bury Council](#)

falls within the 20-minute public transport time. The population density is relatively high especially in Sedgely ward, but St. Mary's ward has a lower population density than the other wards. Vehicle ownership is just below the average for the borough with a range of 75 to 77%.

Map 19 - Weekday provision in Prestwich



Map 20 - Weekend provision in Prestwich



7.5.2 Future housing development in Prestwich Neighbourhood

A small allocation of 124 houses have already begun construction in Sedgely ward and this is within 1 mile of several pharmacies within Bury Borough and Manchester City local authority areas.

A larger allocation in the Prestwich Neighbourhood is in Holyrood Ward at Simister and Bowlee. Here 1350 houses are proposed under PfE between 2025 and 2037. There is a small area in Simister which is outside of the 1 mile radius but within 2 miles from the nearest pharmacies. However they are all within a 20 minute public transport time.

7.6 Whitefield Neighbourhood

This profile provides an insight into the neighbourhood of Whitefield. It is one of the five neighbourhoods within Bury, and it comprises of three wards: Unsworth, Besses and Pilkington Park.

Population

There are around 30,000 people living in Whitefield, which constitutes 16% of the total population in Bury. 9.5% of residents in Whitefield are from a Black and Minority Ethnic background, which is lower than the proportion in Bury and England.

Life Expectancy

Within Whitefield life expectancy is slightly mixed, as Besses ward has the highest level of life expectancy for females yet has the lowest life expectancy for males. The highest proportion of the adult population who smoke live in Besses. Additionally, 8% of Whitefield secondary age children reported using nicotine products at least once a week.

- The highest cause of mortality and premature mortality in Whitefield is cancer;
- The highest long term condition recorded prevalence level is for hypertension;
- Coronary Heart Disease is the highest cause of emergency hospital admissions for long term conditions, followed by Chronic Obstructive Pulmonary Disease.

Deprivation

The highest levels of deprivation, poverty and Job Seeker Allowance claimants in Whitefield are found around both the centre of Whitefield including the Besses o' th' Barn area, and pockets of Unsworth. In contrast, household income levels are highest in Pilkington Park ward.

Early Years

Whitefield has had 191 families eligible for help under the Troubled Families programme to date; 135 families have been worked with and 65 (48%) have been successfully turned around as a result of the programme. Besses ward within Whitefield successfully turned around the highest proportion of families (62%). As a whole, children living in Whitefield are achieving a higher standard at Key Stage 1 (5-7 years) and Key Stage 2 (7-11 years) in comparison to Bury and England. Within Whitefield, young people living in Pilkington Park ward achieved the highest rates of A Level attainment in 2018/19.

Social Care

Adult social care service users within Whitefield have a higher satisfaction with care and support services when compared to Bury and England, with carers having a lower satisfaction rate than Bury and England. Learning Disability is the main primary support reason for those aged 18-64 in Whitefield, whereas for those aged 65+, it is support with physical mobility issues followed by support with memory and cognition.

Housing

There are around 12,900 households within Whitefield. Only 11% of properties are rented privately; 73% are owned or under shared ownership. There are more married/civil partnership couples and all aged 65 and over households in Whitefield when compared to Bury and England.

Crime

The highest cause of domestic noise complaints in Whitefield is dogs, followed by amplified music. The centre of Whitefield which includes the Besses o' th' Barn area has the highest levels of reported anti-social behaviour and reported crime. Please note: In the absence of raw data, some percentages have been aggregated in order to provide a neighbourhood level figure.

For further details or if any further information see Bury Neighbourhood Profiles, February 2020⁴⁴

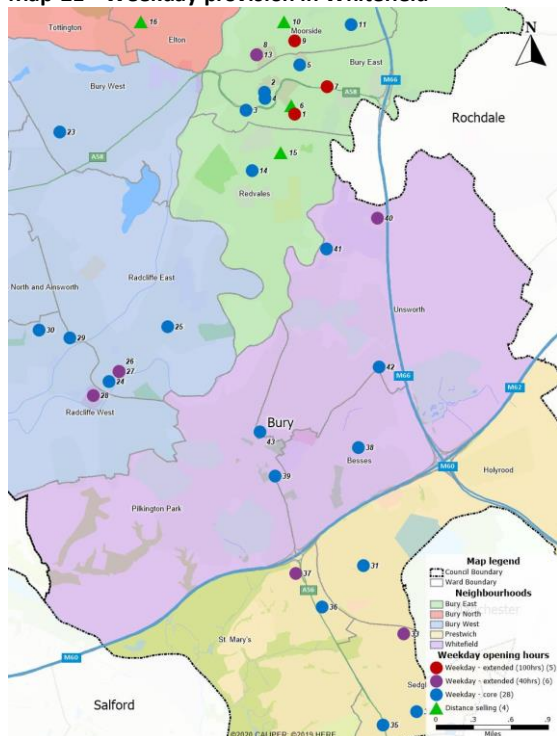
7.6.1 Access to a pharmacy in Whitefield Neighbourhood

Maps 21 and 22 show that of the six pharmacies in Whitefield neighbourhood one is open extended hours during Monday to Friday and at weekends there are two pharmacies open both Saturday and Sundays plus another two which open on a Saturday morning only. This is satisfactory provision of pharmaceutical services across this neighbourhood. Most residential areas are all within the 1-mile travel buffer and all are within the 20-minute public transport time frame. The population density is

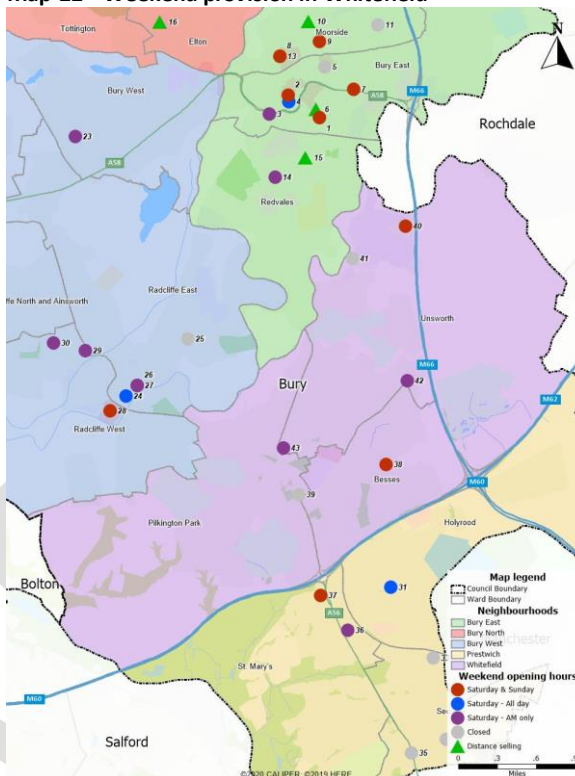
⁴⁴ [Joint Strategic Needs Assessment - Bury Council](#)

similar to the Bury average and there is a higher-than-average number of households with cars (range 71% to 84%). The patient survey also identified no specific issues with access to pharmacies from this ward.

Map 21 - Weekday provision in Whitefield



Map 22 - Weekend provision in Whitefield



7.6.2 Future housing development in Whitefield Neighbourhood

There is a small residential allocation (200 houses up to the year 2037) proposed for future development in Whitefield Neighbourhood within Unsworth ward. This will be part of a large industrial development along the M62 corridor which crosses over Bury Borough into Rochdale Borough. Industrial or commercial areas are not considered as a part of the PNA as it is likely a place where people would commute to for work rather than shop or reside there. The plans for these industrial areas have not yet been approved and are not due to be started until 2025- 2030. Depending on where the residential properties lie within this allocation will determine whether further pharmaceutical services are necessary. This should be revisited during the next PNA when planning permission is more likely to be finalised.

8 How pharmaceutical services can help support a healthier population

Pharmacies are well used by the public, employ clinically trained health care professionals and are freely accessible for the local population, some of whom may not access other health care services. As a minimum they must provide the essential services listed below, plus can then provide advanced and locally commissioned services to their customers. This gives commissioners scope for directing them to provide services for specific populations or health conditions and targeting the health needs which will most improve the population within the Borough.

8.1 Essential Services (ES)

The essential services within the CPCF are listed below. These services must be offered by all pharmacy contractors during all opening hours of the pharmacy.

1. Dispensing (medicines and appliances)
2. Repeat dispensing
3. Clinical governance
4. Disposal of unwanted medicines
5. Signposting
6. Support for self-care
7. Public health (promotion of healthy lifestyles)
8. Discharge of medicines Service (DMS)

One of the main functions of any pharmaceutical service is safety. Errors in medication use can lead to unwarranted hospital admissions, due to side effects from medication interactions or incorrect dosages or falls through overprescribing. All essential services play a role in ensuring medicines are dispensed, taken, and disposed of safely ES1, ES2, ES3, ES4 and ES8.

ES1 & ES2, safe dispensing is vital for any person on medication to ensure dosages are correct, side effects and interactions are reduced.

ES3, a clinical governance programme follows structured processes and roles within pharmacy premises. These are designed to aid consistency, and therefore safety, of service provision and should undergo regular review.

ES4, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which increases the risk of errors in taking medicines or in taking out of date medicines.

ES5, ES6, & ES7 all help the public's understanding of their health condition and how to get help or self-manage either before or when problems arise. If people know why and how they are to take any medications it will benefit their long-term health. Also, improving awareness of the signs and symptoms of conditions through public health campaigns can save lives and improve a person's number of years of healthy living.

ES8, from February 2021, NHS Trusts are able to refer patients for extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

8.2 Advanced Services

There are currently eight advanced services (Appendix Seven) within the NHS CPCF; a further two were decommissioned in March 2022. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

Current service (June 2022)

1. Appliance Use Review
2. Community Pharmacist Consultation Service (CPCS): GP referral for minor illnesses
3. Flu Vaccination
4. Hepatitis C Testing
5. Hypertension Case Finding
6. New Medicine Service (NMS): support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence
7. Stoma Appliance Customisation (SAC)
8. Smoking Cessation Service (SCS): referral from NHS trusts, where the patient consents, to a community pharmacy of their choice to continue their smoking cessation treatment.

Decommissioned 31st March 2022

1. Covid-19 Lateral Flow Device Distribution: decommissioned 31st March 2022
2. Pandemic Delivery: decommissioned 31st March 2022

Evidence⁴⁵ shows that up to half of medicines may not be taken as prescribed or simply not be taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

Advanced services may also identify other issues such as general mental health and well-being providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Screening for diseases of people who are hard to reach can also be effectively delivered through advanced services such as hepatitis C testing, and hypertension case finding. This allows these patients to be monitored or treated earlier and hence reduce disease progression.

Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management.

The COVID-19 decommissioned services were set up quickly to help stop the spread of disease and to aid patients in maintaining access to their medicines during COVID-19 pandemic. This shows that pharmaceutical services can be very responsive to the needs of the population and are a nationally trusted partner in healthcare.

⁴⁵ <https://www.nice.org.uk/guidance/cg76>

8.3 Locally commissioned services (LCS)

These services are commissioned to meet an identified need in the local population. Pharmacies may choose whether to provide a service or not. Depending on the service agreement used these services may or may not be accessible during all of the pharmacies opening hours.

8.3.1 NHSE&I Enhanced services

Inhaler Technique Service

Inhaler technique services provide education, training, monitoring and support for patients with respiratory conditions. Correct use of an inhaler can lead to improved drug delivery in the lungs and therefore better health outcomes.

Minor Ailment Scheme

Provides advice and support to people registered with a Bury GP on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP or other healthcare provider for a prescription.

Minor Eye Conditions Service (MECS)

The aims of the service are to improve access and choice for people with minor eye conditions who are seeking advice and treatment via the community optometry minor eye conditions service by:

- supplying appropriate medicines at NHS expense; and
- to improve health-inequalities for low income families and equal access to medicines for self-care of minor eye conditions.

The pharmacy (or pharmacist/suitably trained pharmacy staff) will dispense medication directly to a patient who presents with a signed order on the agreed form written by an Ophthalmic Optometrist.

8.3.2 NHS Bury CCG locally commissioned services

NHS Bury CCG currently commissions the services below.

NHS Bury CCG will cease to exist from July 2022. The commissioner for these, and any future services, will then be GM ICB.

Palliative Care Stock Scheme

Stock holding of items which are required for patient use at short notice. However, the drugs may not be used very frequently and so may go out of date before used. Hence not all pharmacies are needed to maintain stock, so a few that have longer opening hours and/or are strategically placed around the borough are contracted to deliver this service.

8.3.3 Bury Council locally commissioned services

Emergency Hormonal Contraception (EHC)

EHC is used in reducing unplanned or unwanted pregnancies. The drugs ulipristal and levonorgestrel are used for EHC, they are supplied under a Patient Group Direction (PGD) to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over-the-counter medication from pharmacies; however, this service is of value to those unable or unwilling to access a prescription or who are not able to purchase the medication.

Needle and syringe exchange services (NEX)

An integral part of the harm reduction strategy for drug users which aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Needle Exchange service may be an access point for reaching and delivering other services to people who are injecting drug users but are not in contact with any other health service (e.g. Hepatitis C testing service).

Supervised consumption

This involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over or under usage of drug treatment.
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
- Reduce the risk of harm to the community by accidental exposure to these prescribed medicines.

There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

9 Gaps in current provision of pharmaceutical services

Necessary services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies during standard 40 and 100 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 and 100 core hours that should be regarded as necessary. There are 43 such pharmacies. The spread of opening times including the core hours are provided in Appendix Six and Eight, which is supported by Maps 12 to 21.

9.1 Gap Analysis Criteria

An assessment of whether there is a gap in pharmaceutical provision has been assessed using these criteria:

- All parts of the population should have general access to a physical community Pharmacy.
- Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Bury within a one-mile buffer zone, will be recorded and can qualify as providers of access.
- In rural areas (Bury has 4 LSOA described as rural 'village and dispersed' or 'rural town and fringe'⁴⁶) the population should be within 20 minutes' driving time or within a 5 miles radius of at least one of the above providers. If neither criteria is met, then this should be given further consideration as a possible gap.
- In all other wards in Bury, which are classed as urban areas, the population should be within 20 minutes' walking time (estimated at 1 mile) or 20 minutes' public transport time of a provider. If neither criteria is met, then this should be given further consideration as a possible gap.
- All pharmacies should open their minimum core hours each week.

⁴⁶ ONS <https://geoportal.statistics.gov.uk/documents/rural-urban-classification-2011-map-of-the-isoas-in-the-north-west-region/explore>

- Weekend coverage by standard pharmacies (commonly about four hours on a Saturday morning) will be noted, but assessment of access to pharmacies will not be made utilising this, as it is difficult for NHS E&I to effect changes in existing contracts for weekend opening hours.
- Areas of low car ownership in villages (where 15% or more of households are without cars) should be identified and examined for acceptable public transport access on weekdays (within 20 minutes' travel time). Public transport access in rural areas (mainly bus) should be commented on, although it should not form a criterion.
- The prospective needs of new build areas should be identified and considered where growth of 200 or more dwellings is planned in the period April 2019 to March 2025.
- The projection of gaps in general access for new build areas in each locality should, as far as possible, apply the criterion of 20 minutes' drivetime in rural areas and the criterion of 20 minutes' public transport time in urban areas in the attempt to project the emergence of gaps in pharmaceutical services.

9.2 Gap Analysis – Location and times of opening

The HWB considered the following, drawn from data discussed in this PNA and the mapped provision of and access to pharmacies:

- All five neighbourhoods have pharmacies within their border (Map 7)
- 93% of items dispensed in Bury Pharmacies were for people registered with an Bury GP practice. (Table 13). Indicating that the population do not need to travel outside of the borough to access pharmacy dispensing services.
- The number of pharmacies available per 100,000 population is 22 in Bury (Table 14). This is lower than GM (24), but higher than England (20) averages. Based on historical pharmacy use this would indicate that the current number of pharmacies are sufficient for the current population.
- Also, with 7238 average items per month dispensed in Bury pharmacies (Table 14) being lower than GM (7369) and England (7457) figures, this also indicates that the current number of pharmacies can cope with demand for prescription dispensing.
- Map 4 showing the population density by ward and the relative location of pharmacy premises indicates more pharmacies are in the most densely populated wards.
- Looking at Map 4 and Map 5 (showing the Index of Multiple Deprivation) show that the areas of high population density also have higher rates of deprivation, and therefore as with the previous statement, the pharmacies are located in these areas.
- Maps 7 & 8 illustrate that the majority of the residents of the HWB are within a 20-minute walk (approximately 1 mile) and/or a 20-minute public transport ride. In the small areas where this is not true there is a sparse population and car ownership is high (see Table 19).
- Considering the number and distribution of pharmacies within each of the five neighbourhoods and HWB area (section 7; Map 12-22).

9.3 Gap Analysis - Current service provision

- 137 of respondents to the public survey (appendix 3) replied to the question 'What is your overall view of your local pharmacy service?'. Of these 91% said they were either satisfied or very satisfied.
- 93% of respondents to the public survey had not had any difficulty in accessing a pharmacy of their choice
- 86 % of responders said the opening hours of pharmacies in Bury do not cause a problem
- 84% were satisfied or very satisfied with the opening hours of the pharmacy they used (Appendix 3).
- Overall results of the patient survey (Appendix 3).

9.4 Gap Analysis - Future Provision

- Proposed housing development. As identified in Table 18 all housing developments up to the year 2025 propose less than the 200 properties as outlined in the gap analysis criteria, and fall within a 1 mile radius or 20 minute public transport time to a current Bury Pharmacy. Hence it is concluded that there is no immediate requirement for new pharmacy sites to be established.

9.5 Gap analysis - Conclusion

Considering the information outlined in this PNA, the HWB considers the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the whole Bury HWB area providing essential and advanced services during the standard core hours to meet the needs of the current population.

Future provision of pharmaceutical services beyond 2025 will be reviewed during the next iteration of the Bury HWB PNA.

10 Improvements and better access: gaps in provision of pharmaceutical services

The HWB considers it is those services and times provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services may be regarded by some as pertinent to this consideration. However, the HWB consider the duty to be one of proportionate consideration overall.

Location and Opening Hours

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours across Bury borough. However, in each neighbourhood apart from Bury North, there are pharmacies open beyond what may be regarded as standard hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday. (see Tables 15, 16 & 17 in Section 6.1.3). For Bury North there is a lack of pharmacies open after 6pm on a weekday and after 1pm on a Saturday afternoon and none open on a Sunday. Consideration could be made to extending these hours if a request was submitted from a current pharmacy contracted and located within Bury North.

From the information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods who are providing essential and advanced services during the evening, on Saturday and Sunday, provides an improvement over standard contracted hours and better access which meets the requirements of the population.

The patient survey responses mentioned the low opening hours outside of regular 'office hours', yet some respondents were unaware of the location of pharmacies in Bury Borough which had extended opening hours. Public awareness campaigns of local services and opening times could help improve this. The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

Future Gaps for access to pharmaceutical services

Although the Places for Everyone plans for residential and commercial buildings in Bury has not yet had its final independent examination, it has been concluded that despite to the large numbers of residential properties proposed for Bury North and Bury West Neighbourhoods during the life-span of this PNA there is no requirement to open a new pharmacy. This decision is based on travel times to current pharmacies and that the potential houses are not due to be start the initial building phase until 2025, when the next PNA will be due.

Enhanced services commissioned by NHS England, and locally commissioned services commissioned by the local authority or ICB, are regarded as pharmaceutical services for the purpose of this PNA. Whether commissioned as enhanced or locally commissioned service, the HWB consider these to provide both an improvement and better access to such services for the residents of Bury HWB area where such health needs have been identified and verified at a local level.

- Any campaign to increase use of pharmacies, e.g. for self-care, should include providing information on the location and opening times of pharmacies that provide extended hours.
- Pharmacist staff should be primarily focussed on patient safety, of which delivering information to patients is a main feature. Regular conversations with clients around their medication and health status should be improved in pharmacies as this increases understanding of medications and develops improved public confidence in the ability of pharmacy staff.
- Patients should also be encouraged to ask questions and understand that pharmacists are a good source of information about the medication they take.
- Hep C testing- If the service is to continue it would be better placed in pharmacies who supply needle exchange programmes, rather than just supervised consumption, as is aimed at PWIDs who are not yet in treatment.
- The patient responses to services requested improved repeat medication services, text information when an item is out of stock, Travel vaccines, hearing aid supply, blood flow and respiratory checks (see appendix 3)
- Service should continue to be developed to meet the health needs of the Borough and each cluster individually when deemed necessary.

At the time of writing this PNA, the HWB has not identified, either itself or through consultation, any requirement to provide services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the five neighbourhoods and the Bury HWB area providing enhanced services or locally commissioned services to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

11 Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

11.1 Current provision – necessary and other relevant services

As described in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Bury HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Bury HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

11.2 Necessary services – gaps in provision

As described in particular in section 9 and required by paragraph two of schedule 1 to the Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

In order to assess the provision of essential services against the needs of our population we consider access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.

11.2.1 Access to essential services during normal working hours

Bury HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the need for provision of essential services during normal working hours have been identified.

11.2.2 Access to essential services outside normal working hours

In Bury there is good access to essential services outside normal working hours in four of the five neighbourhoods and across the HWB area. However the exception being Bury North neighbourhood where due to lower population, deprivation and car ownership no extra service hours of provision are deemed necessary. This is due to the supplementary opening hours offered by other pharmacies across the borough. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS E&I foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the provision of essential services outside normal working hours have been identified.

11.2.3 Access to advanced and enhanced services

Insofar as only NHS E&I may commission these services, section 3.5 of this PNA identifies access to enhanced and advanced services.

Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

11.3 Future provision of necessary services

Bury HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

As detailed in Sections 6.4.1, 7.5.3 and 7.6.3 and section 9.4, The proposed PfE building of residential housing developments, where this would include a local centre with a healthcare service, may require one pharmacy to provide pharmaceutical dispensing services and any other necessary services to the 'new' population in those areas.

Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Bury HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the five neighbourhoods and the area of the HWB.

11.4.1 Access to essential services – present and future circumstances

Bury HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at 11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Bury HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.

11.4.2 Current and future access to advanced services

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

11.4.3 Current and future access to enhanced services

NHS England commission three enhanced service (Inhaler Technique service, MAS and MECS) from pharmacies. It also commissions services from other non-pharmacy providers, principally GP practices.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Bury HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB. This includes locally commissioned services, see section 3.5.2

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

11.6 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine neighbourhoods in its area for the purpose of this PNA, see section 3 and section 7 and maps 12-21.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 4.5.

In respect of the consultation undertaken by the HWB, see Appendix Thirteen.

11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map 6 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix Ten.

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Appendix One – Glossary

A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bisexual and Transgender
AIDS	Acquired Immune Deficiency Syndrome	LMC	Local Medical Committee
AUR	Appliance Use Review	LPC	Local Pharmaceutical Committee
BME	Black and Minority Ethnic	LPS	Local Pharmaceutical Service
CCG	Clinical Commissioning Group	LSOA	Lower Super Output Areas
CHD	Coronary Heart Disease	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MI	Myocardial Infarction
COVER	Cover of Vaccination Evaluated Rapidly	MMR	Measles, Mumps and Rubella
CPCF	Community Pharmacy Contractual Framework	MUR	Medicines Use Review
CPCS	Community Pharmacy Consultation Service	NEX	Needle and Syringe Exchange Services
CVD	Coronary Vascular Disease	NHS	National Health Service
DAC	Dispensing Appliance Contractor	NHSBSA	NHS Business Services Authority
EHC	Emergency Hormonal Contraception	NHSCB	NHS Commissioning Board
EPS	Electronic Prescription Service	NHSE&I	NHS England & NHS Innovation
ES	Essential Services	NICE	National Institute for Clinical & Healthcare Excellence
GCSE	General Certificate of Secondary Education	NMS	New Medicine Service
GFR	General Fertility Rate	NW	North West
GM	Greater Manchester	ONS	Office for National Statistic
GMJCT	Greater Manchester Joint Commissioning Team	OOH	Out of Hours
GP	General Practitioner	PCT	Primary Care Trust
HIV	Human Immunodeficiency Virus	PGD	Patient Group Direction
HWB	Health and Wellbeing Board	PHE	Public Health England
ICB	Integrated Care Board	PNA	Pharmaceutical Needs Assessment
ICS	Integrated Care Service	PQS	Pharmacy Quality Scheme
IMD	Index of Multiple Deprivation	SAC	Stoma Appliance Customisation
JHWS	Joint Health and Wellbeing Strategy	SAR	Standardised Admission Ratio
JSA	Jobseeker Allowance	SMR	Standardised Mortality Rate
JSNA	Joint Strategic Needs Assessment	STDs	Sexually Transmitted Diseases
LA	Local Authority	STIs	Sexually Transmitted Infections
LCS	Locally Commissioned Services	TB	Tuberculosis

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Appendix Two – Terms of Reference

Name of Committee	Pharmaceutical Needs Assessment (PNA) Steering Group
Connectivity Reports to	Updates to the Health and Wellbeing Board (HWB) via the HWB Lead/HWB PNA Champion
Bodies reporting to this Group	None
Chair	Senior Medicines Optimisation Pharmacist
Membership	<p>Representatives from the Greater Manchester Joint Commissioning team (GMJCT):</p> <ul style="list-style-type: none"> • Senior Medicines Optimisation Pharmacist • Project Manager <p>Representatives from Bury Council</p> <p>Representatives from NHS Bury CCG</p> <p>NHSE&I Representative (GM Team)</p> <p>LPC Representative</p>
Function of Committee	<p>To develop a PNA for Bury HWB that fulfills the statutory requirements specified in 'The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.</p> <p>To identify and report any risk to the HWB that might jeopardise the successful completion of the above.</p>
Responsibilities/Actions	GMJCT will lead the development of the PNA and will ask for support from all stakeholders during the process with regards to reviewing specific areas.
Outputs of the Group	To produce a Pharmaceutical Needs Assessment for Bury HWB.
Frequency of Meetings	It is envisaged that the group will meet via Microsoft teams, and have email exchanges, as often as required to ensure successful completion of the PNA.

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Appendix Three – Public survey results

Survey ran 7th March 2022 to 15th May 2022

There were 159 responses

Q1 was removed from the response and plotted on map two

There were no responses to Q1, Q19 and Q42 when additional information to an answer was requested

Q2. Do you use a pharmacy?



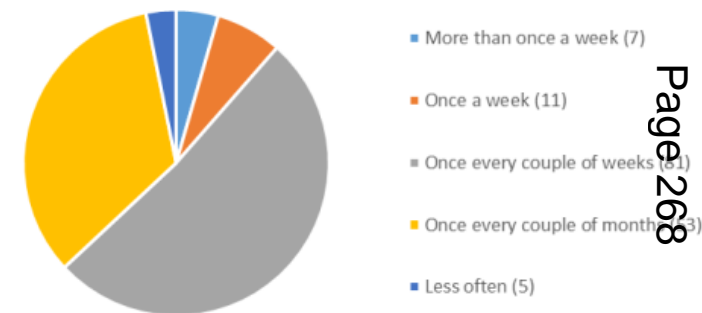
■ Yes (158) ■ No (1)

Q3. Why do you use a pharmacy? (Please tick all that apply)



■ For myself (152) ■ As a carer for an adult (26) ■ As a carer for a child (15)

Q4. If you do use a pharmacy, how often have you used one?



■ More than once a week (7)
 ■ Once a week (11)
 ■ Once every couple of weeks (81)
 ■ Once every couple of months (33)
 ■ Less often (5)

Q5. Do you have problems accessing a pharmacy due to location?



■ Yes (7) ■ No (151)

Q7. Do you have problems accessing a pharmacy due to opening hours?



■ Yes (13) ■ No (145)

Q6. If you answered 'yes' to Q5, please explain why:

- It's on a main road.
- The one nearest to us is dreadful. They use the cheapest items for prescriptions and as a result of this my son (who I am a carer for) was very ill for months. I now have to travel to a pharmacy just for prescriptions due to this fiasco. They need to be looked into and shut down. The one I am referring to is on XXX Road, near XXX. It used to be XXX and there were never any problems with them.
- The pharmacy I use is in a supermarket and doesn't deliver. I'm on chemotherapy and can't access it due to low immune system.
- Without going into a supermarket, my nearest pharmacy is hard to just "pop into". Parking is an absolute nightmare, at either of the nearest. I go to one in another locality. It's always accessible and I feel the staff care and take time to help if you have any queries.
- Have to catch a bus to get there that doesn't always turn up.
- Distance, public transport.

Q8. If you answered 'yes' to Q7, please explain why:

- Previously when I have visited the pharmacy in my lunch hour, but the pharmacy is closed.
- It is not open at weekend
- Work commitments
- None open in my area on a Saturday,
- My local pharmacy is only open half day on Saturday so I have to go down early to get what I need. There is also no local late-night pharmacy near me, only business hours, sadly most childhood illnesses and problems tend to happen at night!
- In an emergency after 11pm I believe, there is only a pharmacy open in Manchester City centre.
- Doesn't open until 9.30, closed Saturday afternoon.
- I would prefer to collect prescriptions on a Saturday pm, but it is closed then
- They shut at lunchtime on Saturdays and are closed all day Sunday
- Work times
- Local pharmacies not open at weekend
- Sometimes my prescription isn't ready at opening times.

Q9. Did you know that there are pharmacies in Bury that are open extended hours (e.g. early morning, late night, weekends and bank holidays)?



■ Yes (112) ■ No (46)

Q10. Do you know where these pharmacies are located?



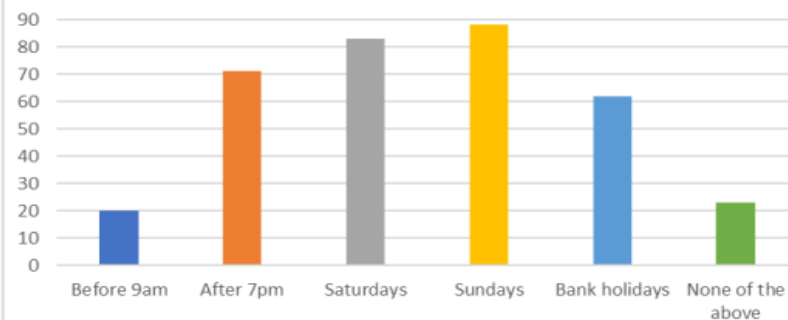
■ Yes (65) ■ No (93)

Q11. Have you used these pharmacies early in the morning (before 9am), later at night (after 7pm), at weekends or on bank holidays?

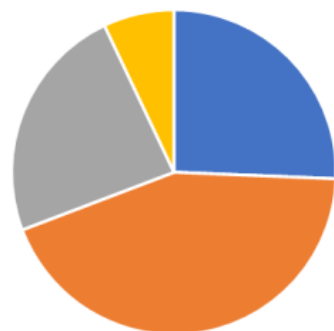


■ Yes (48) ■ No (110)

Q12. At what time would you, or do you, find pharmacies with extended hours most useful? (Please tick all that apply)



Q13. How far from your home or place of work would you be willing to travel to a pharmacy?



■ Less than 1 mile (40)
 ■ 1 - 2 miles (68)
 ■ 2 - 3 miles (37)
 ■ More than 3 miles (11)

Q14. Do you have any difficulties accessing a pharmacy of your choice?



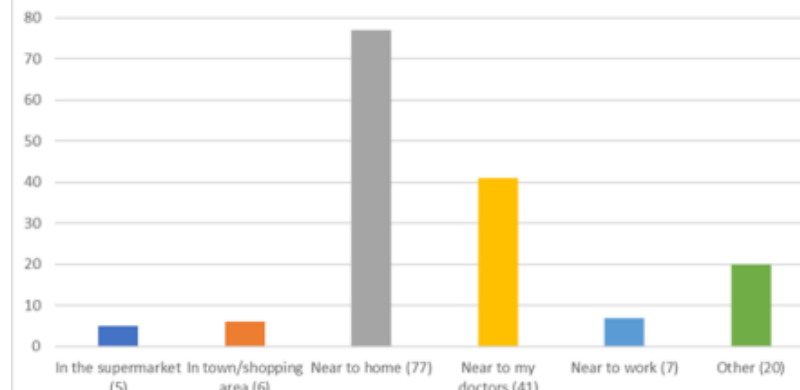
■ No (148)
 ■ Yes, I have mobility issues (8)
 ■ Yes, I'm housebound (1)

Q15. Do you have a regular pharmacy?



■ No (4) ■ Yes (154)

Q16. In terms of location, why do you use this pharmacy regularly?



Q17. If you answered 'other' in Q16, please explain why:

- They deliver to us.
- They deliver
- As explained above.
- So far , they have tried to do what I use them for.
- It used to be useful being in the supermarket but now it's not cos I can't go in a supermarket.
- I use the pharmacy in XXX because it is open extended hours and if closed, there is also XXX next door which is open late.
- On way from home to other places so can break journey
- I like the staff and they know me now so it's easier and a friendly face says a lot.
- Prescription delivery service. Knowledgeable staff.
- Had difficulty with prescriptions with previous chemist. Can take disabled husband for injections / procedures - I can park at the door.
- This is a pharmacy which is around 3 miles from where I live. It's always accessible re parking and times. I feel the staff care and take time to help if you have any queries.
- There is somewhere I can park nearby, preferably free.
- delivery service
- They deliver
- Recommended as reliable and helpful. I'm willing to travel to this one because they have been by far, the best and most accommodating pharmacy I've ever used in 30 years of using pharmacies in the Bury area.
- They deliver my large monthly repeat prescription order & also other pharmacy items as necessary. Deliveries are reliable.
- They are able to supply all my needs and very friendly and efficient
- As there are no face to face appts I don't need to use the chemist at the doctors. This chemist part of a mini shopping centre so I can combine a number of things with a number of shops in one visit.

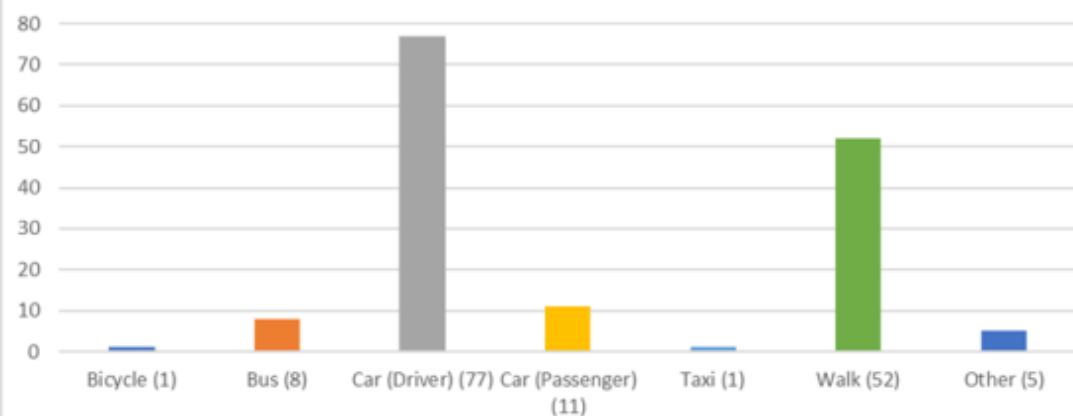
Q18. If you use a particular pharmacy on a regular basis, is this because:
(please tick the one that applies most)



Q20. If you answered 'they offer another service which I use' to Q18, please state which service(s) you use:

- Electronic prescription
- Click and collect for things like vitamin supplements
- Prescription reordering and text advice to let me know when they are ready for collection
- Order online and prescription sent from doctors to pharmacy electronically.
- Disabled husband had his Covid booster there, am waiting for the ear syringing service to start and later in the year they are doing the pneumonia jab. I will be keeping an eye open to see if they are able to offer any other vaccinations.
- They order and collect my prescription for me, I just collect from shop
- Pick up medication from pharmacy
- As an independent chemist they are more careful about things like dosette dispensing (for elderly mother) and source specific drugs which others in a large group just keep saying they can't get hold of.
- Direct transfer of my prescriptions from the Doctor's surgery
- I order my tablets on line from the Drs and the prescription is sent through to the Pharmacy. The Pharmacy then sends me a text when it is ready for me to collect. It works very well.
- Have a disabled husband - I take the early appts so that I can park at the door - he had his Covid vaccinations and booster there and is waiting for the ear syringing service to start.
- Online prescription through NHS/Ask my GP. I order and collect

Q22. What is your usual method of travel when you visit a pharmacy?



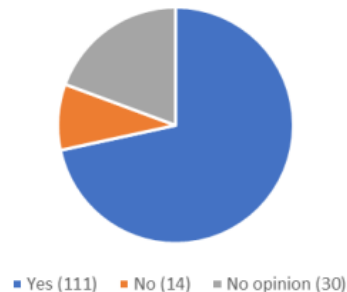
Q21. If you answered 'other' to Q18, please explain why:

- It's convenient for me.
- Close to home
- It's in my doctors
- Repeat prescriptions
- As above.
- Near the doctors
- Near to my home
- Very near my home
- The staff are professional
- Near work
- I use them because I find the extended opening hours helpful and match my needs.
- Convenient location
- Location to both Doctor surgery and home
- The pharmacy I use has good parking and is easy to get to as it is on the route I take everyday
- Nearest to my home
- Originally I used them as they were tall of : Town centre, near my Drs, friendly staff and knowledgeable and they picked up my scripts!! With the advent of electronic prescriptions they started not only receiving but delivering our multiple prescriptions and provide a great service. They also offer flue jabs and will offer advice on other queries. It is only their closure from 3pm on Saturday to Monday 9am that has been a problem when emergency medications have been needed.
- Location, it's close to my doctors surgery, so I can collect my prescription immediately.
- I use my regular pharmacy because it is near my doctor's surgery.
- It is the nearest to me.
- It's local
- Nearest to home
- Close to home
- Proximity to my home & GP surgery
- It is near
- I use a busy supermarket pharmacy because I think they will have the freshest medicines. Also they have been helpful ordering repeats from GP
- It's convenient. I work there and live nearby.
- There is somewhere I can park my car
- First started using it for repeat prescription as it is near doctors and continued due to helpful friendly staff
- Near to home
- Can walk there in a couple of minutes
- Recommendation
- Proximity to home
- As 15 above .
- It's near home and the surgery and prescriptions are sent direct.
- Family members employment
- Close to GP
- Close to my home.
- Close to home
- Its the nearest one to my doctor and home and they have always been helpful with deliveries when required

Q23. If you answered 'other' to Q22, please explain why:

- Trams
- I have to ask someone else to pick it up for me now which can cause issues.
- I use Metrolink
- They deliver

Q24. Do you feel that pharmacy staff provide you with sufficient information about your prescribed medication or medicines purchased over the counter e.g. dose, possible side effects, any warnings?



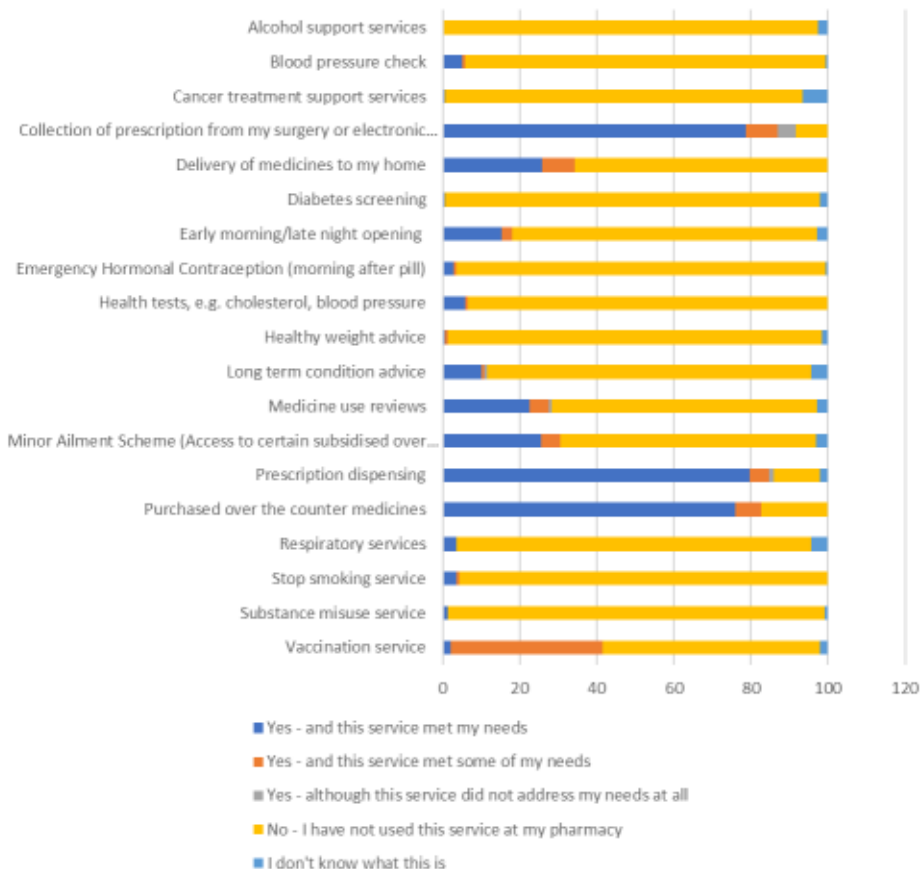
Q25. If you answered 'no' to Q24, please explain why:

- They are shop assistants not medical staff
- Very rarely have I been given advice on prescribed medication- very superficial
- They never refer to dose, side effects, warnings.
- Staff are not proactive at all, never mention anything
- Have answered "no" because both mine and my husband's prescriptions have been repeated for so long, the staff feel that we know all we need to know.
- Not very helpful now
- Never given any advice
- Our chemist have had different chemists and not regular behind the counter, the driver knows more about personal meds
- Staff never offer such information
- They don't say anything!
- Would like them to say when it is best to take the prescribed medication.
- Never had any information regarding any side effects, dose, warnings other than the leaflets in the medication.

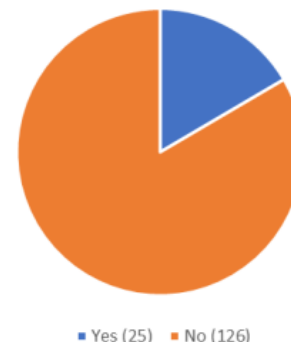
Q26. How important are the following aspects of pharmacy services?



Q27. Have you ever paid for or used any of the following services from your pharmacy?



Q28. Are there any other services you would like your pharmacy to offer?

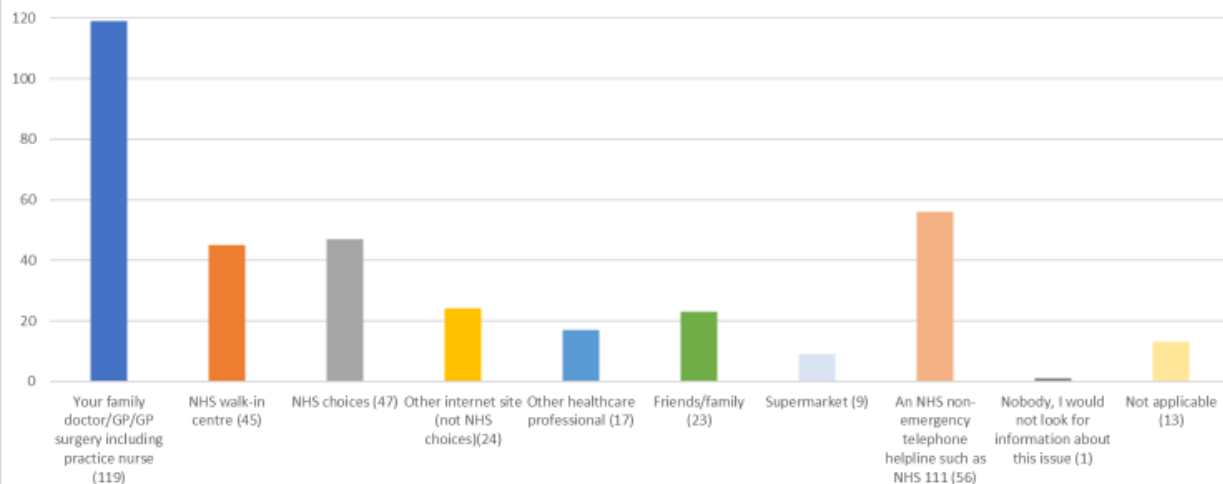


Q29. If you answered 'yes' to Q28, please explain why:

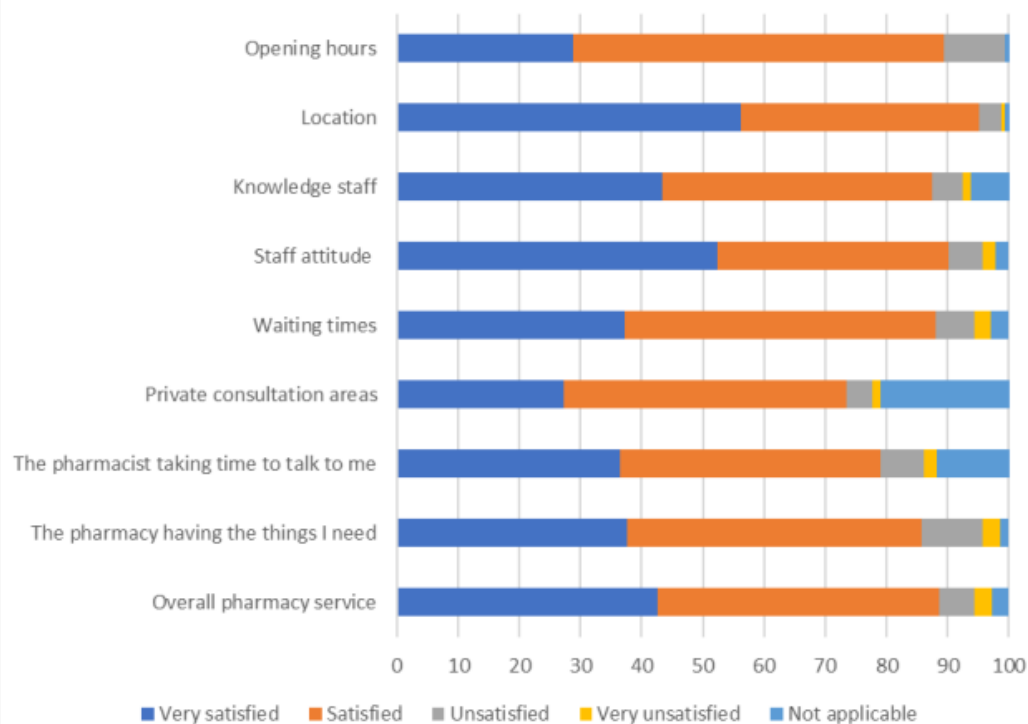
- As above, supply proper medication and not the cheapest stuff that makes you ill. Tried the delivery service 3 times and on each occasion, there was a problem (they went to the wrong address or just didn't turn up as arranged)
- Delivery
- I would like them to remind me when repeat meds are due
- Automatically get repeat prescription
- Instead of going to your GP for a minor ailment - say allergy advice, aches and pains advice ?
- More linked up computer system between doctor surgery and pharmacy
- I'd like to be informed if the pharmacy is struggling to get the medication in stock and the prescription is already in and waiting then I think the pharmacy should send a text to let the patient know so they are not waiting an unnecessary amount of time and it gives them the opportunity to look at other pharmacies to try and source the medication.
- Blood flow and respiratory checks.
- Vaccination and private travel vaccination

- Gifts! So many pharmacies are turning into shops stocking more and more items that to be honest I pick up when I'm shopping, but less and less 'gifts' - I have time to kill whilst I'm waiting for my prescription so it's an ideal time to browse and pick up health related gifts for friends and family.
- Flu jab
- Out of hours, we don't have a local pharmacy that offers this service
- Face to face appointments at the doctors when requested. More staff to process prescriptions faster. Fast service to just speak to the reception with a query.
- Definitely dispensing of hearing aid batteries! Possibly the following; Weight management advice, Urine testing for UTIs
- I would like them to give you a repeat prescription each time you receive prescription. Instead you have to write every item out. Or give prescription in boxes so you can see if you have missed taking tablets. When I asked for this service my chemist refused
- Try to get my medication on time
- I understand from gov website online that pharmacy's are allowed to sell/provide one emergency pack of customers regular/repeat prescription medicine when customer has run out and there is delay at GP's end. However I have never encountered any willingness to do this nor have I ever been told by a pharmacy that it is possible.
- I would like them to be able to prescribe you meds if your doctor is closed
- HONESTY WHEN EXPLAINING WHY THEY HAVEN'T DELIVERED PRESCRIPTION.
- A more local vaccination service would be useful (but possibly the limited accommodation for the pharmacy means that this would not be practicable)
- Change simple things on request for ease and common sense without having to go back to the doctor and then wait for change to be done by over busy GPs.
- More advice
- When ordering my prescription from the doctor, they don't advise if they haven't got the medication. I have to contact the doctor to order a different medication
- All pharmacies should offer blister packs of pills to the elderly who take large numbers of tablets regularly. Currently I only know of XXX in Bury and they were a life saver for my mum.

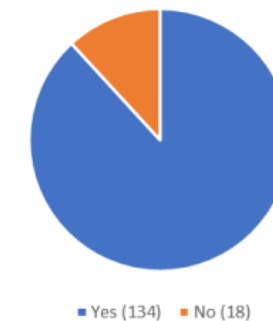
Q30. If you don't go to a pharmacist for any of the services listed in Q27, who would you contact if you wished to get information: (Please tick as many answers as appropriate)



Q31. How satisfied are you with the following aspects of service provided by pharmacies?



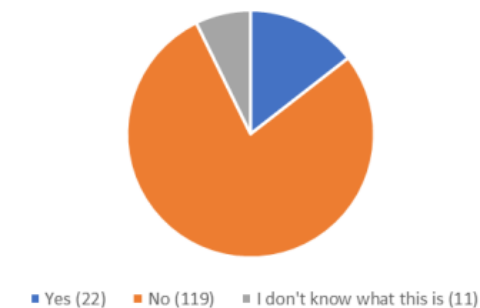
Q32. Did you know pharmacy staff could provide advice of treating minor ailments such as viral infections, mild skin conditions, minor cuts, aches and pains, hay fever and allergies etc?



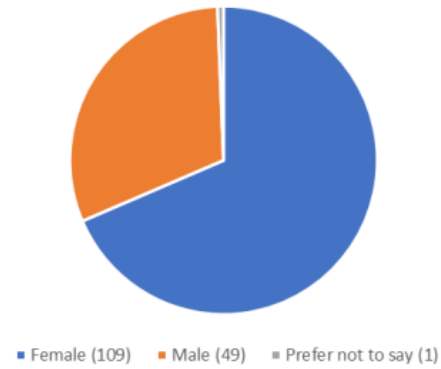
Q33. Do you use a dispensing appliance contractor (which isn't a pharmacy) for items such as continence or stoma products?



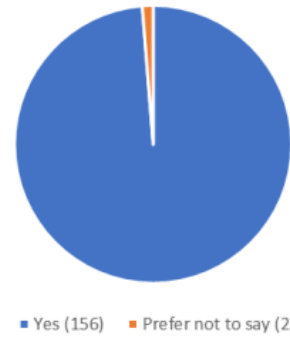
Q34. Do you use a distance selling pharmacy where you have ordered medicines/appliances over the internet, by mail order or by telephone?



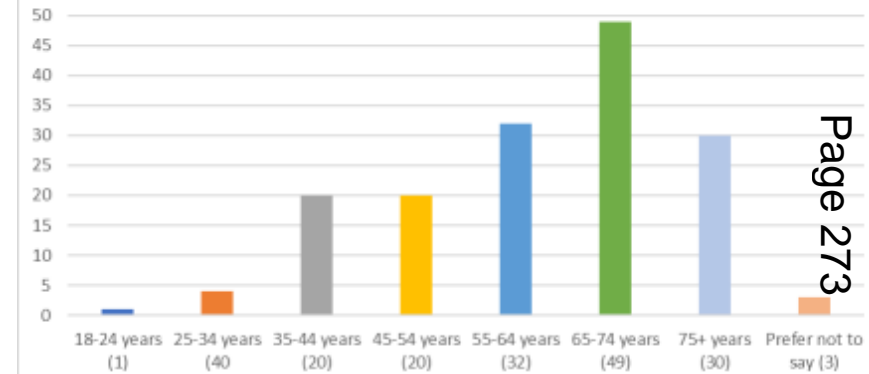
Q35. My gender is:



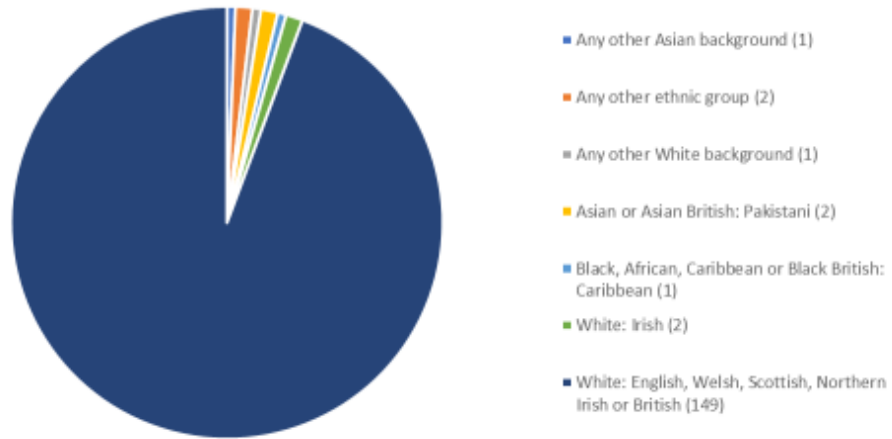
Q36. Do you identify with the gender you were assigned at birth? (e.g. Male or Female)



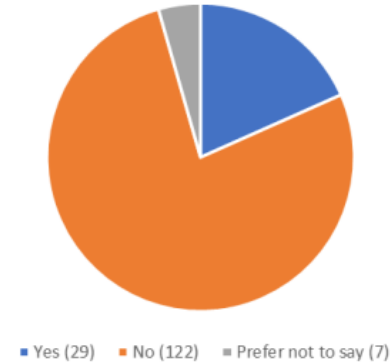
Q37. My age is:



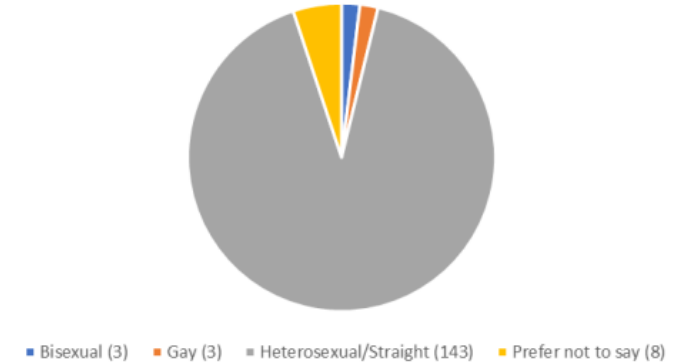
Q38. I would describe my ethnic origin as:



Q40. Do you consider yourself to be disabled?



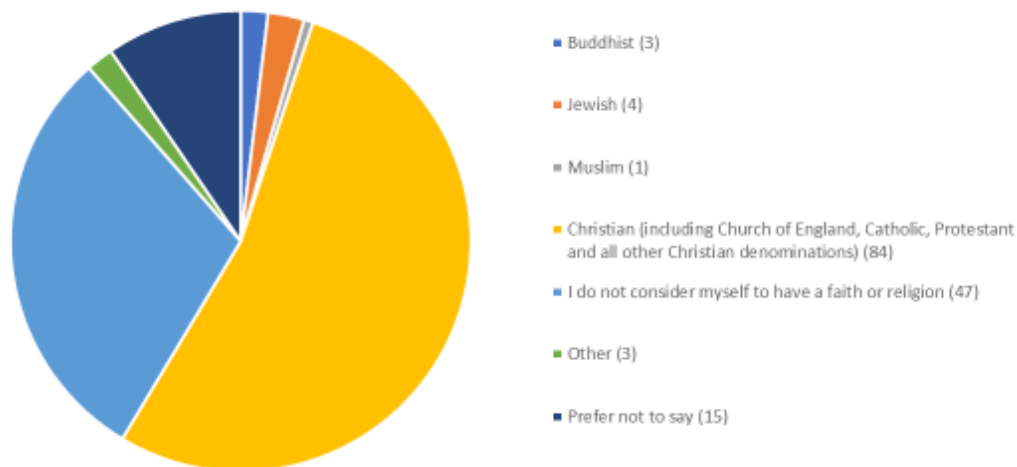
Q41. I would describe my sexuality as:



Q39. If you answered 'other' in Q38, please describe your ethnic origin:

- 50% White British. 50% white Jewish/Lithuanian
- Hongkonger

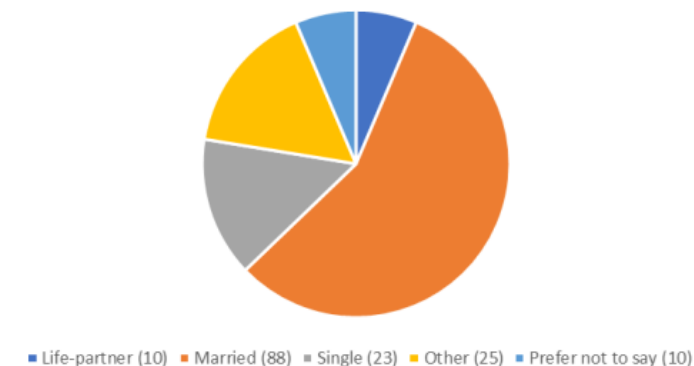
Q43. Please tell us your faith or religion:



Q44. If you answered 'other' to Q43, please describe your faith or religion:

- Methodist
- Agnostic
- Spiritualist

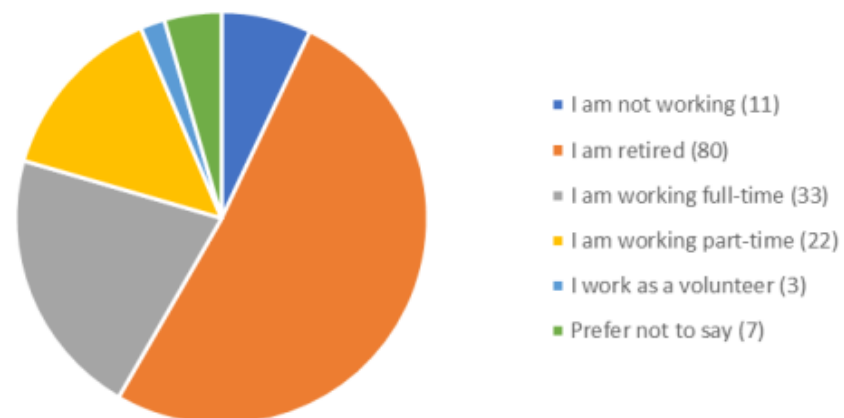
Q45. What is your marital status?



Q46. If you answered 'other' to Q45, please describe your marital status:

- Partner
- Widowed (15)
- Divorced (5)
- Separated (2)

Q47. Which of the following best describes your working situation?



Appendix Four – Pharmacy survey results

Survey ran 19th January 2022 to 15th May 2022

There were 13 responses

Q1 to Q6 were removed in order to allow anonymity for those who responded

Q10 was also removed as above – see appendix eight for opening hours

Q12, Q18, Q25, Q27, which asked for additional information if ‘other’ was selected, were left blank

Q7. Is this pharmacy a 100-hour pharmacy?



■ Yes (0) ■ No (13)

Q8. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)



■ No (12) ■ Yes (1)

Q9. Has your pharmacy been registered with NHS Business Services Authority's (NHSBSA's) Manage Your Service (MYS) platform to receive Pharmacy Access Scheme (PhSA) 2022 payments?



■ No (4) ■ Yes (9)

Q13. Where there is a consultation area, is it a closed room?



■ Yes (13) ■ No (0)

Q14. During consultations are there hand-washing facilities:



■ Close to the consultation area (1) ■ In the consultation area (12)

Q15. Patients attending for consultations have access to toilet facilities:



■ No (11) ■ Yes (2)

Q16. Please provide details of languages spoken (in addition to English):



■ Arabic (1) ■ Hebrew (1) ■ Urdu (7) ■ Punjabi (4) ■ Polish (2)

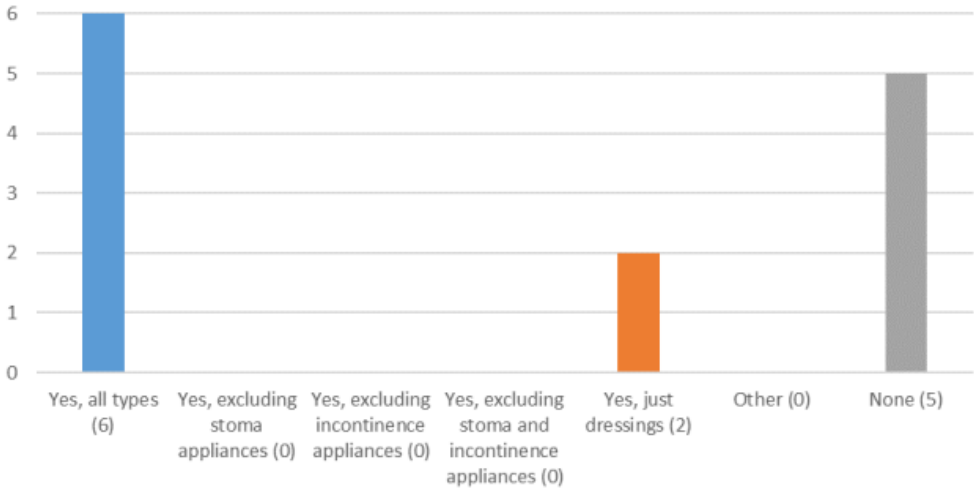
Consultation facilities

Q11. There is a consultation room on premises (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)

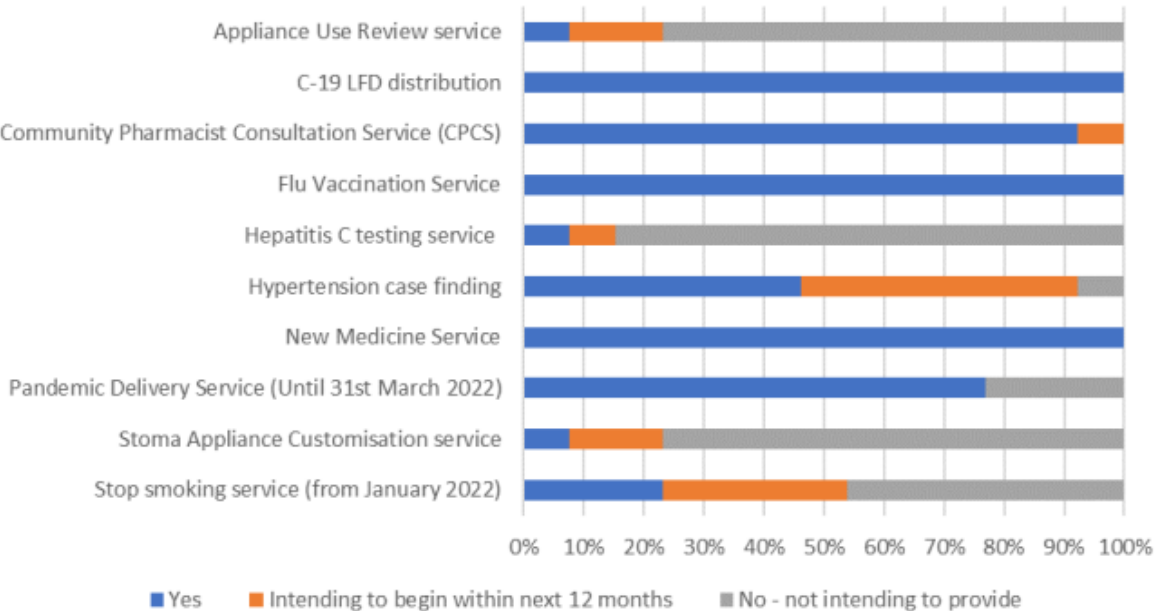
Response	Number of responses
None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	0
None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	0
None (Distance Selling Pharmacy)	0
Available (including wheelchair access)	8
Available (without wheelchair access)	5
Planned before 1st April 2023	0
Other	0

Services

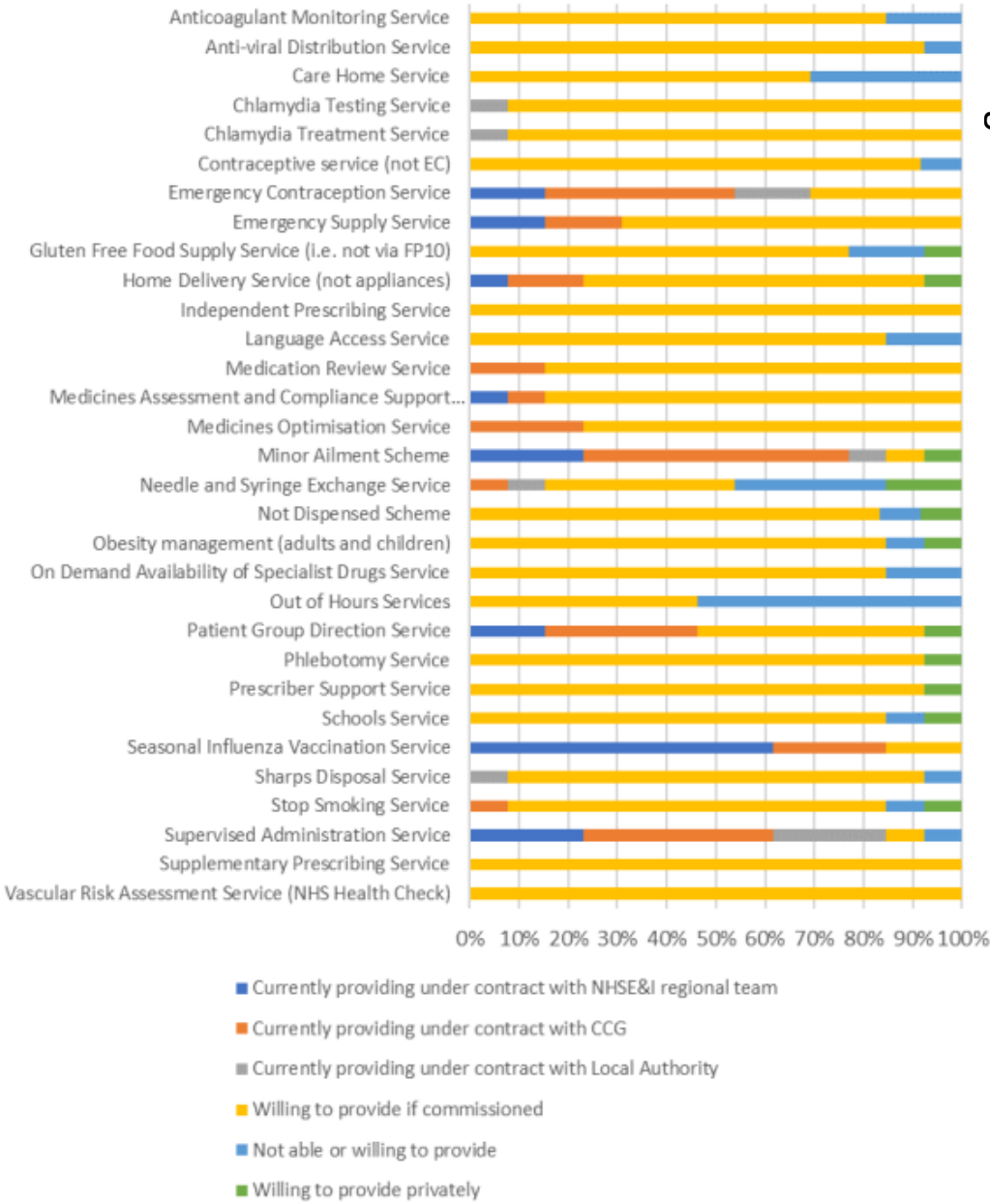
Q17. Does the pharmacy dispense appliances?



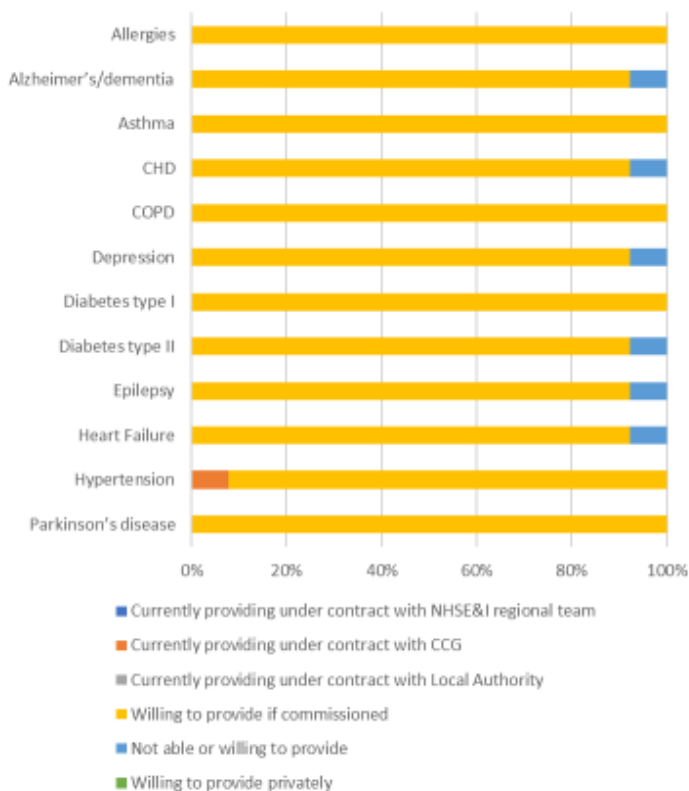
Q19. Does the pharmacy provide the following advanced services?



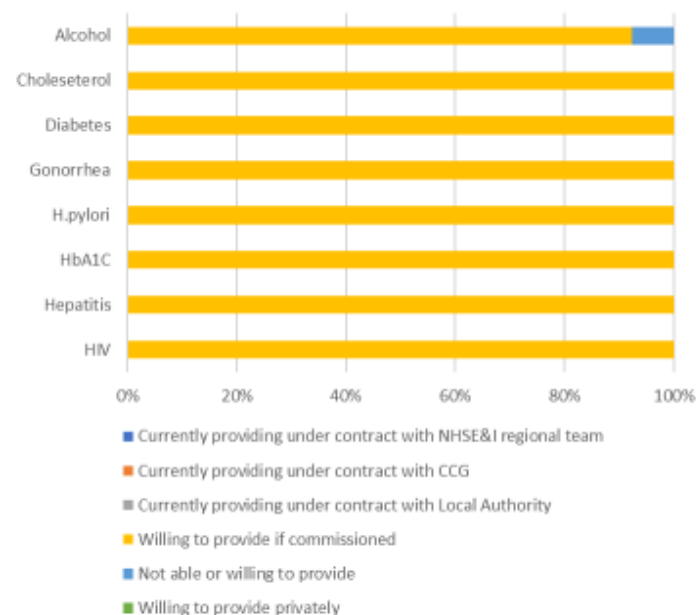
Q20&21. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?



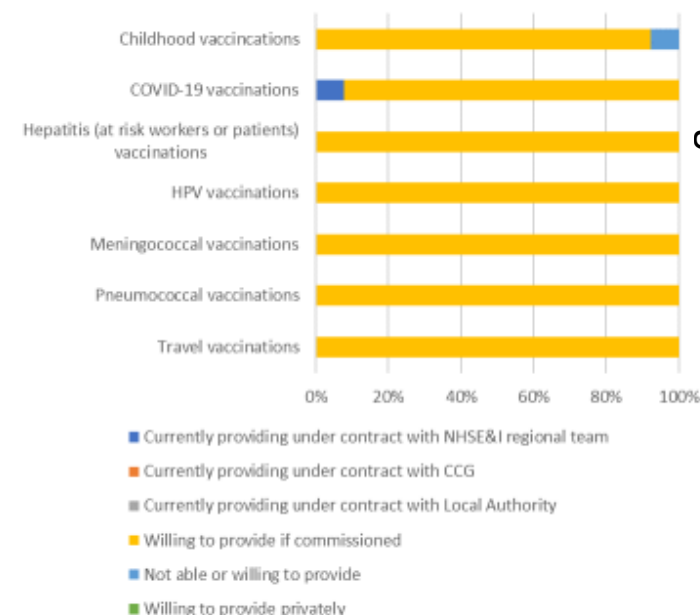
Q22. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?
(Disease specific management service)



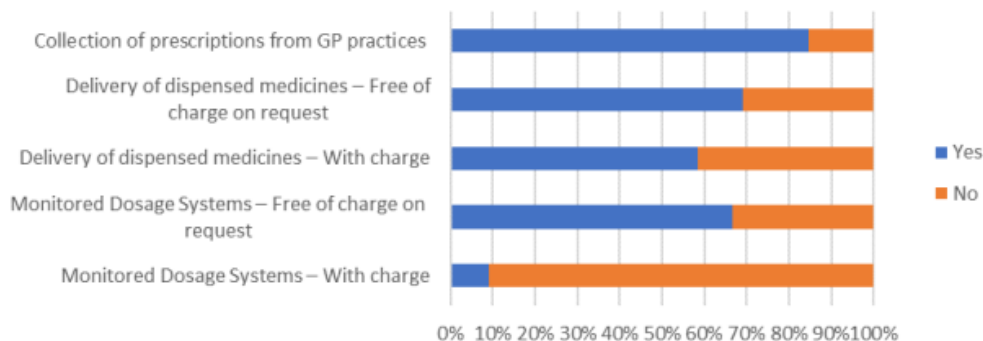
Q23. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?
(Screening service)



Q24. Which of the following other locally commissioned services does the pharmacy provide, or would be willing to provide?
(Other vaccinations)



Q26. Does the pharmacy provide any of the following non-commissioned services?



Q28. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?

- EHC - frequent requests currently refer or sell OTC
- Inhaler technique service - significant issues with patients on new inhalers for asthma and COPD
- Smoking cessation
- COPD clinic using Pharmacist as Independent prescriber
- ALL OF THE ABOVE
- COPD clinic in Pharmacy -IP Pharmacist
- COPD clinic using IP of community pharmacist
- Community Pharmacy needs to be linked into PCN and locality changes - this is a massive gap at the moment.
- I think the commissioning of monitored dosage systems within the Bury area should be given some thought. We've noticed this a service that is in high demand and with the amount of work that goes into these I think this should be commissioned in some way to reimburse the employer.

Q29. Thank you for taking the time to complete this questionnaire. If you wish to add anything else which has not been covered in the above questions please use the text box below:

- As a community pharmacy, with the correct support and guidance we are willing to provide all the services that would be relevant to the local population
- More nationally commissioned services
- Can a distance selling pharmacy apply to be front facing and open to the public? Demand is increasing and present.
- If it is not an option, private system and locally commissioned services will have to be increased etc
- Funding for IP training

Appendix Five – Enhanced and locally commissioned services

CCG	PC	Palliative care medicines stock holding	NHS England	IT	Inhaler technique
Council	EC	Emergency contraception		MAS	Minor ailment Service
	NE	Needle exchange		MECS	Minor eye condition service
	SC	Supervised consumption			

Neighbourhood	Ward	Map Index	Trading Name	Postcode	PC	EC	NE	SC	IT	MAS	MECS
Bury East	Bury East	1	Asda Pharmacy	BL9 0RN					Y	Y	Y
		2	Boots the Chemist	BL9 0QQ		Y		Y		Y	Y
		3	Cohens Chemist	BL9 0SN		Y		Y		Y	Y
		4	IQ Pharmacy	BL9 0QL		Y					Y
		5	Lloydspharmacy	BL9 0NJ		Y		Y		Y	Y
		6	Medi Home Pharmacy	BL9 0RE							
		7	Pimhole Pharmacy	BL9 7BB	Y	Y				Y	Y
	Moorside	8	Boots the Chemist	BL9 5BY	Y	Y				Y	Y
		9	Bury Healthcare Pharmacy	BL9 6DP		Y					
		10	Bury Pharmacy	BL9 5AS							
		11	Huntley Mount Pharmacy	BL9 6JA		Y	Y	Y		Y	Y
		12	Strachan's Chemist	BL9 6LL		Y		Y		Y	Y
		13	Tesco In-Store Pharmacy	BL9 5BY						Y	
	Redvales	14	Fishpool Pharmacy	BL9 9AX		Y				Y	Y
		15	Postbox Pharmcare Ltd	BL9 9AA							
Bury North	Elton	16	Futurecare Pharmacy	BL8 1SW							
		17	Manor Pharmacy	BL8 1HS				Y		Y	Y
	North Manor	18	Gardners Chemist	BL8 4DD							Y
		19	Manor Pharmacy	BL8 4DS			Y	Y			Y
	Ramsbottom	20	Cohens Chemist	BL0 9AJ	Y	Y				Y	Y
		21	Lloydspharmacy	BL0 9HX		Y		Y		Y	Y
	Tottington	22	Cohens Chemist	BL8 4AD	Y			Y		Y	Y

Bury West	Bury West	23	Mile Lane Pharmacy	BL8 2JR		Y				Y	Y
	No pharmacies in Radcliffe North and Ainsworth										
	Radcliffe East	24	Boots the Chemist	M26 1NN		Y		Y		Y	Y
		25	Radcliffe Pharmacy	M26 2RF				Y			Y
		26	Radcliffe Pharmacy	M26 2SP			Y	Y			Y
		27	Well	M26 2SP	Y	Y		Y		Y	Y
	Radcliffe West	28	Asda Pharmacy	M26 3DA	Y	Y			Y		
		29	JT Smith & Son	M26 4DJ		Y				Y	Y
		30	Manor Pharmacy	M26 3RF			Y	Y			
Prestwich	Holyrood	31	Wise Pharmacies Ltd	M25 1NL		Y		Y			Y
	Sedgley	32	Cohens Chemist	M25 0HT		Y				Y	
		33	Dennis Gore Chemists	M25 1FX		Y				Y	Y
		34	Formans Chemist	M25 0FX						Y	Y
		35	Sedgley Park Pharmacy	M25 9JY		Y				Y	Y
	St Mary's	36	Prestwich Pharmacy	M25 1AY		Y	Y	Y	Y	Y	Y
		37	Tesco In-Store Pharmacy	M25 7BL						Y	
Whitefield	Besses	38	Whitefield Pharmacy	M45 8NE				Y		Y	Y
	Pilkington Park	39	Barash Pharmacy	M45 6QJ						Y	Y
	Unsworth	40	Asda Pharmacy	BL9 8RS					Y	Y	Y
		41	Cohens Chemist	BL9 8QA		Y				Y	Y
		42	Rowlands Pharmacy	BL9 8JR						Y	Y
		43	Well	M45 7TA						Y	Y
Total number of pharmacies providing this service					6	23	5	17	4	30	33

Appendix Six – Bury Pharmacies

Neighbourhood	Ward	Map Index	Trading Name	Address of Contractor	Postcode	Contractor Type
Bury East	Bury East	1	Asda Pharmacy	Spring Street	BL9 0RN	Community - 100 hr
		2	Boots the Chemist	32-36 The Mall	BL9 0QQ	Community - 40 hr
		3	Cohens Chemist	Townside PCC, 3 Knowsley Place	BL9 0SN	Community - 40 hr
		4	IQ Pharmacy	14 Princess Parade	BL9 0QL	Community - 40 hr
		5	Lloydspharmacy	Moorgate PCC, 22 Derby Way	BL9 0NJ	Community - 40 hr
		6	Medi Home Pharmacy	Remmets House, Unit 1, Lord Street	BL9 0RE	Distance selling
		7	Pimhole Pharmacy	189 Rochdale Road	BL9 7BB	Community - 100 hr
	Moorside	8	Boots the Chemist	Unit 1 Woodfields Retail Park, Peel Way	BL9 5BY	Community - 100 hr
		9	Bury Healthcare Pharmacy	46 Walmersley Road	BL9 6DP	Community - 100 hr
		10	Bury Pharmacy	First Floor, 65 Canning Street	BL9 5AS	Distance selling
		11	Huntley Mount Pharmacy	Huntley Mount Road	BL9 6JA	Community - 40 hr
		12	Strachan's Chemist	Chesham Precinct, 166a Walmersley Road	BL9 6LL	Community - 40 hr
		13	Tesco In-Store Pharmacy	Peel Way	BL9 5BY	Community - 40 hr
	Redvales	14	Fishpool Pharmacy	14 Parkhills Road	BL9 9AX	Community - 40 hr
		15	Postbox Pharmcare Ltd	235 Market Street	BL9 9AA	Distance selling
Bury North	Elton	16	Futurecare Pharmacy	14a Whitelegge Street	BL8 1SW	Distance selling
		17	Manor Pharmacy	367 Brandlesholme Road	BL8 1HS	Community - 40 hr
	North Manor	18	Gardners Chemist	6 Vernon Road	BL8 4DD	Community - 40 hr
		19	Manor Pharmacy	1 Brandlesholme Road	BL8 4DS	Community - 40 hr
	Ramsbottom	20	Cohens Chemist	7 Market Place	BL0 9AJ	Community - 40 hr
		21	Lloydspharmacy	6 Bolton Street	BL0 9HX	Community - 40 hr
	Tottington	22	Cohens Chemist	12-14 Market Street	BL8 4AD	Community - 40 hr
Bury West	Bury West	23	Mile Lane Pharmacy	66 Mile Lane	BL8 2JR	Community - 40 hr
	No pharmacies in Radcliffe North and Ainsworth					
	Radcliffe East	24	Boots the Chemist	11 Blackburn Street	M26 1NN	Community - 40 hr
		25	Radcliffe Pharmacy	62 Cross Lane	M26 2RF	Community - 40 hr
		26	Radcliffe Pharmacy	47 - 49 Church Street West	M26 2SP	Community - 100 hr
		27	Well	Radcliffe PCC, Church Street West	M26 2SP	Community - 40 hr
	Radcliffe West	28	Asda Pharmacy	Riverside Retail Park	M26 3DA	Community - 40 hr
		29	JT Smith & Son	8-8a Ainsworth Road	M26 4DJ	Community - 40 hr
		30	Manor Pharmacy	Unsworth Street	M26 3RF	Community - 40 hr

Prestwich	Holyrood	31	Wise Pharmacies Ltd	474 Bury Old Road	M25 1NL	Community - 40 hr
	Sedgley	32	Cohens Chemist	St Gabriel's Medical Centre Pharmacy, 4 Bishop's Road	M25 0HT	Community - 40 hr
		33	Dennis Gore Chemists	26 Whittaker Lane	M25 1FX	Community - 40 hr
		34	Formans Chemist	12 Park Hill, Bury Old Road	M25 0FX	Community - 40 hr
		35	Sedgley Park Pharmacy	33 Bury New Road	M25 9JY	Community - 40 hr
	St Mary's	36	Prestwich Pharmacy	40 Longfield Centre	M25 1AY	Community - 40 hr
		37	Tesco In-Store Pharmacy	Bury New Road	M25 7BL	Community - 40 hr
Whitefield	Besses	38	Whitefield Pharmacy	4 Albert Place	M45 8NE	Community - 40 hr
	Pilkington Park	39	Barash Pharmacy	166 Bury New Road	M45 6QJ	Community - 40 hr
	Unsworth	40	Asda Pharmacy	Pilsworth Road	BL9 8RS	Community - 40 hr
		41	Cohens Chemist	135 Croft Lane	BL9 8QA	Community - 40 hr
		42	Rowlands Pharmacy	59 Parr Lane	BL9 8JR	Community - 40 hr
		43	Well	Unit 1 Elms Square	M45 7TA	Community - 40 hr

Appendix Seven – Advanced services

CPCS	Community Pharmacy Consultation Service	Flu	Flu Vaccination
NMS	New Medicines Service	HepC	Hepatitis C
Stoma	Stoma Customisation	HCF	Hypertensive Case Finding

Neighbourhood	Ward	Map Index	Trading Name	Postcode	CPCS	NMS	Stoma	Flu	HepC	HCF
Bury East	Bury East	1	Asda Pharmacy	BL9 0RN	Y	Y		Y		Y
		2	Boots the Chemist	BL9 0QQ	Y	Y		Y		
		3	Cohens Chemist	BL9 0SN	Y	Y		Y		Y
		4	IQ Pharmacy	BL9 0QL	Y	Y		Y		Y
		5	Lloydspharmacy	BL9 0NJ	Y	Y		Y		Y
		6	Medi Home Pharmacy	BL9 0RE						
		7	Pimhole Pharmacy	BL9 7BB	Y			Y		
	Moorside	8	Boots the Chemist	BL9 5BY	Y	Y		Y		
		9	Bury Healthcare Pharmacy	BL9 6DP	Y			Y	Y	Y
		10	Bury Pharmacy	BL9 5AS	Y					Y
		11	Huntley Mount Pharmacy	BL9 6JA	Y	Y		Y		
		12	Strachan's Chemist	BL9 6LL	Y			Y		Y
		13	Tesco In-Store Pharmacy	BL9 5BY	Y	Y		Y		
	Redvales	14	Fishpool Pharmacy	BL9 9AX	Y	Y		Y		
		15	Postbox Pharmcare Ltd	BL9 9AA	Y	Y				Y
Bury North	Elton	16	Futurecare Pharmacy	BL8 1SW	Y					Y
		17	Manor Pharmacy	BL8 1HS	Y	Y		Y		
	North Manor	18	Gardners Chemist	BL8 4DD	Y	Y		Y		Y
		19	Manor Pharmacy	BL8 4DS	Y			Y		
	Ramsbottom	20	Cohens Chemist	BL0 9AJ	Y	Y		Y		Y
		21	Lloydspharmacy	BL0 9HX	Y	Y		Y		Y
	Tottington	22	Cohens Chemist	BL8 4AD	Y	Y		Y		Y
Bury West	Bury West	23	Mile Lane Pharmacy	BL8 2JR	Y	Y				
	No pharmacies in Radcliffe North and Ainsworth									
	Radcliffe East	24	Boots the Chemist	M26 1NN	Y	Y		Y		
		25	Radcliffe Pharmacy	M26 2RF	Y	Y		Y		
		26	Radcliffe Pharmacy	M26 2SP	Y	Y		Y		Y
		27	Well	M26 2SP	Y	Y		Y		Y

	Radcliffe West	28	Asda Pharmacy	M26 3DA		Y		Y		
		29	JT Smith & Son	M26 4DJ	Y	Y				
		30	Manor Pharmacy	M26 3RF	Y	Y		Y		
Prestwich	Holyrood	31	Wise Pharmacies Ltd	M25 1NL	Y			Y		Y
	Sedgley	32	Cohens Chemist	M25 0HT	Y	Y		Y		Y
		33	Dennis Gore Chemists	M25 1FX	Y	Y	Y	Y		Y
		34	Formans Chemist	M25 0FX	Y	Y		Y	Y	Y
		35	Sedgley Park Pharmacy	M25 9JY	Y			Y		
	St Mary's	36	Prestwich Pharmacy	M25 1AY	Y	Y		Y		Y
		37	Tesco In-Store Pharmacy	M25 7BL	Y	Y		Y		
Whitefield	Besses	38	Whitefield Pharmacy	M45 8NE	Y			Y		Y
	Pilkington Park	39	Barash Pharmacy	M45 6QJ	Y	Y	Y	Y		Y
	Unsworth	40	Asda Pharmacy	BL9 8RS	Y	Y		Y		Y
		41	Cohens Chemist	BL9 8QA	Y	Y		Y		Y
		42	Rowlands Pharmacy	BL9 8JR	Y	Y		Y		
		43	Well	M45 7TA	Y	Y		Y		Y
Total number of pharmacies providing this service					41	33	2	37	2	26

Appendix Eight – Community Pharmacy Opening Hours

Neighbourhood	Ward	No of pharmacies in ward	Weekdays					Saturdays					Sundays
			8am or earlier	AM	PM	7pm or later	Closed for lunch	8am or earlier	AM	PM	7pm or later	Closed for lunch	
Bury East	Bury East	6	2	6	6	2	0	2	5	4	2	0	3
	Moorside	5	3	5	5	3	0	3	4	3	3	0	3
	Redvales	1	0	1	1	0	0	0	1	0	0	0	0
Bury North	Elton	1	0	1	1	0	1	0	1	0	0	0	0
	North Manor	2	0	2	2	0	1	0	2	0	0	0	0
	Ramsbottom	2	0	2	2	0	1	0	0	0	0	0	0
	Tottington	1	0	1	1	0	0	0	1	0	0	0	0
Bury West	Bury West	1	0	1	1	0	0	0	1	0	0	0	0
	No pharmacies in Radcliffe North and Ainsworth												
	Radcliffe East	4	2	4	4	1	0	2	3	2	0	0	1
	Radcliffe West	3	0	3	3	1	2	0	3	1	1	0	1
Prestwich	Holyrood	1	0	1	1	0	0	0	1	1	0	0	0
	Sedgley	4	0	4	4	1	0	0	0	0	0	0	0
	St Mary's	2	1	2	2	1	0	1	2	1	1	0	1
Whitefield	Besses	1	0	1	1	0	0	0	1	0	0	0	?2hrs
	Pilkington Park	1	0	1	1	0	0	0	0	0	0	0	0
	Unsworth	4	0	4	4	1	2	0	3	1	1	0	1

**There may be some variation in opening and closing times on certain days.*

This table does not include distance selling pharmacies. These pharmacies tend to be open between 9am and 6pm, and close for an hour at lunch time.

For full details of pharmacy opening hours please see [NHS Choices](#).

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Appendix Nine - PNA 60 Day Consultation Plan

1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>.

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;
- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The formal consultation programme will commence on **XXX** and will run for a period of 60 days. Therefore, the consultation will formally close on **XXX**.

3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between XXX and XXX.
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

4. Key audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public
- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**XXX**) and end (**XXX**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by **XXX**.

The advert on homepage of council's website and the link on other relevant pages need to be done on **XXX** to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.

All the stakeholders listed below who are preceded by a **C** are in the compulsory list of people who must be consulted on the draft PNA.

You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	LA	<i>e.g. yes or no</i>	<i>e.g. 2,100 people</i>
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	LA		
C	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		

C	NHS Commissioning Board (NHS England)	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	LA		
	General population	Advert in local newspapers	Quarter page, black and white advert in local newspaper to direct people to the online survey would be advised	Various cost	LA		
	General population	Press release	Short news piece with link to the survey.	No cost	LA		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	LA		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	LA		
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	Printing and postage costs	LA		
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	Printing and postage costs	LA		
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation	No cost	LA		

			document with a link to the online response form.				
	Local Authority Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	LA		
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	LA		
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	CCG/LA		
	MPs and Local councillor's	Email MP and Councillor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	LA		
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: <ul style="list-style-type: none"> • Prison Pharmacy's • Care UK • Asylum seekers • Schools • Colleges • Older People's Forum • Adult Safeguarding Board • Men's Action Group • Women's Centre • BME Forum • Interfaith Network • Community Committees 	No cost	LA		

			<ul style="list-style-type: none"> • <i>Carers Centre</i> • <i>MIND</i> • <i>Breathe Easy</i> 				
--	--	--	--	--	--	--	--

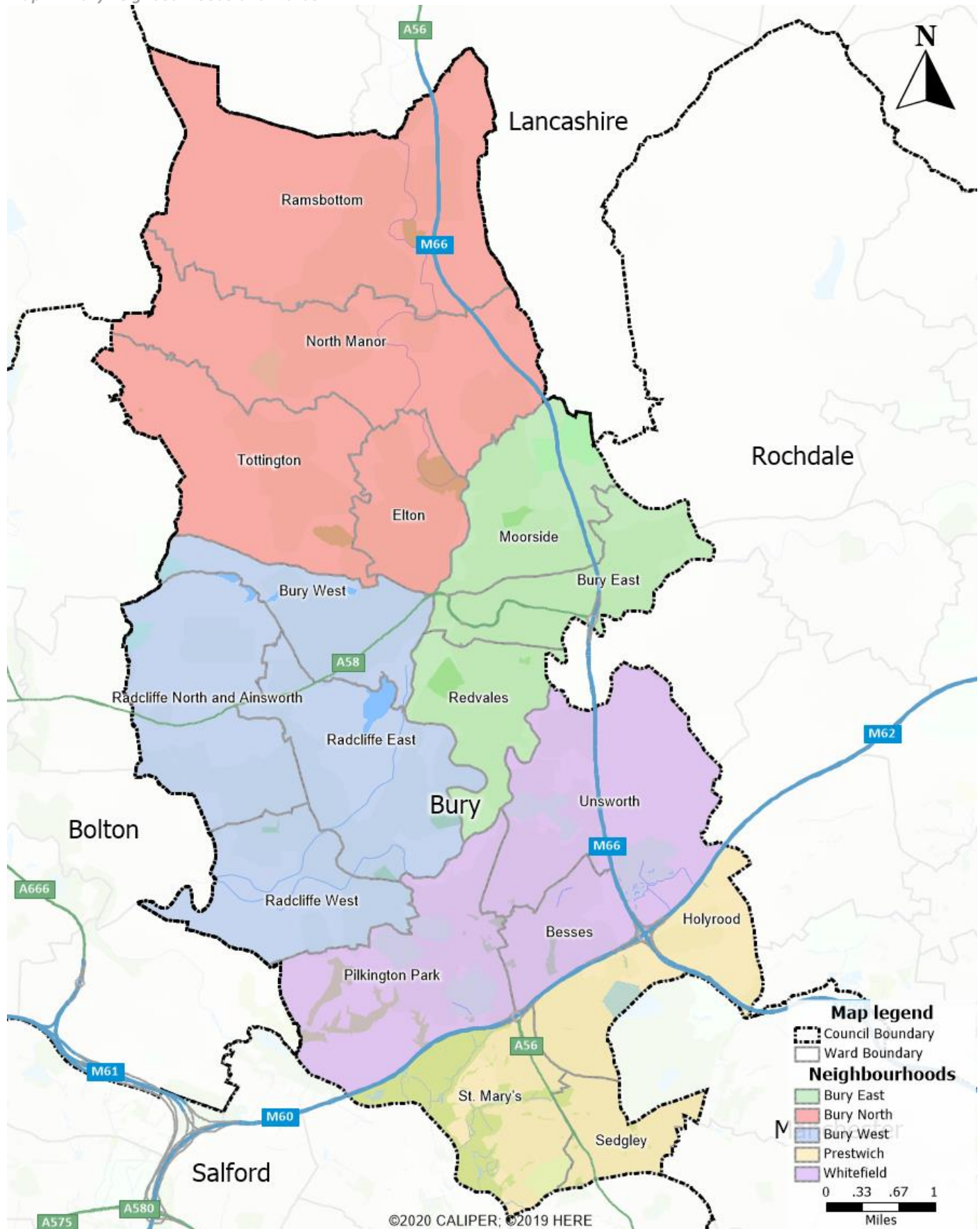
6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMJCT if needed.

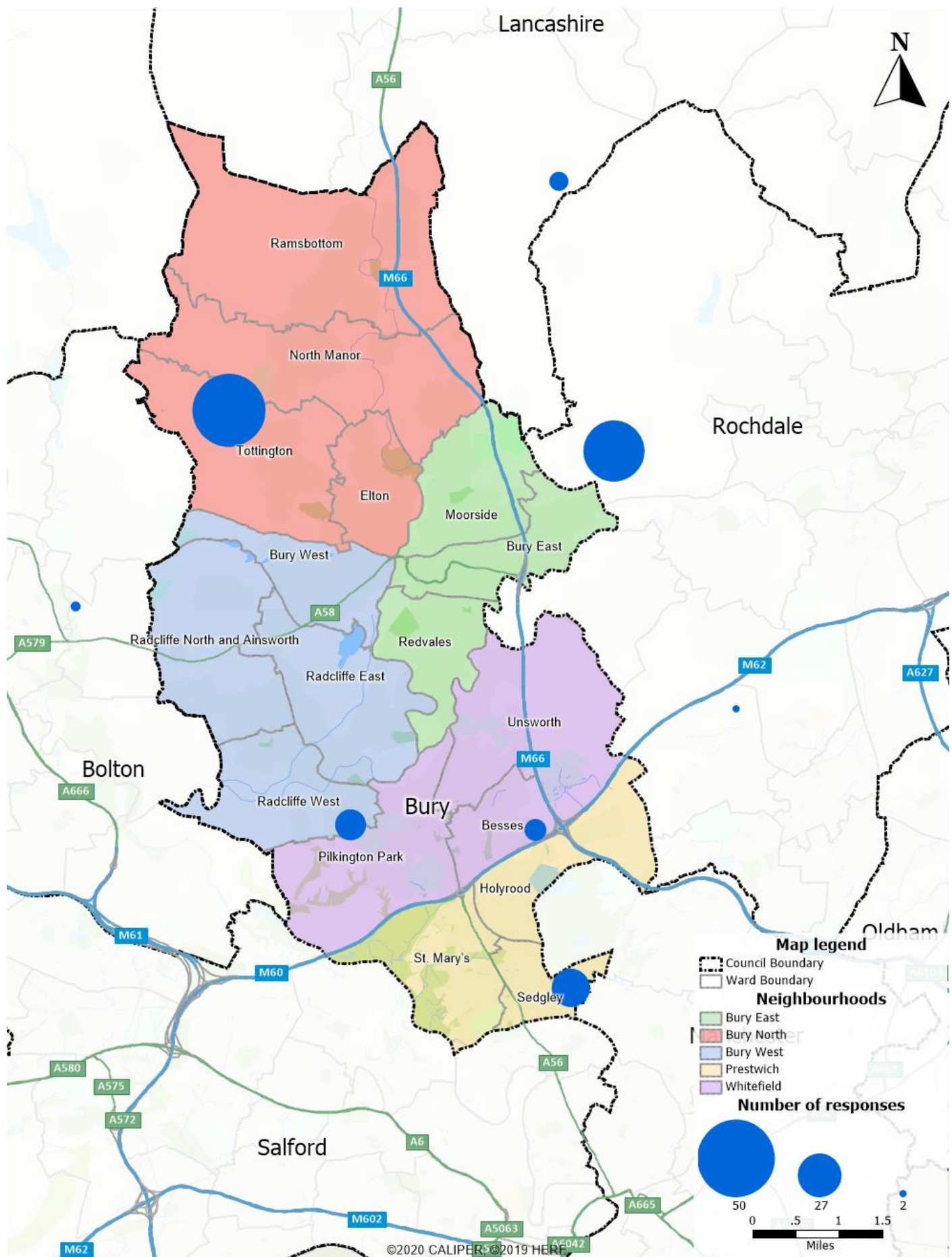
7. Evaluation

A consultation report and an evaluation report will be provided by GMJCT. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

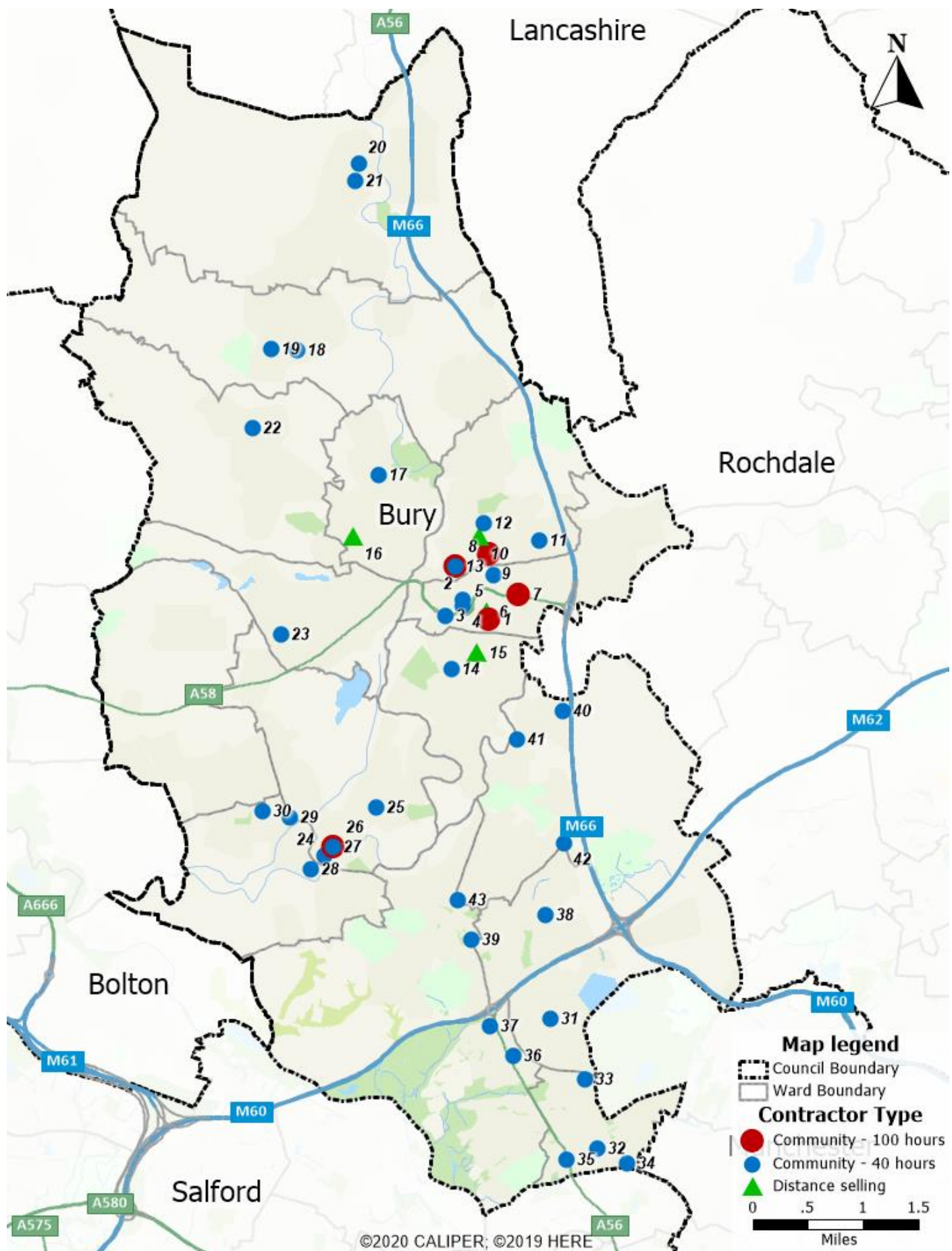
Map 1 - Bury neighbourhoods and wards



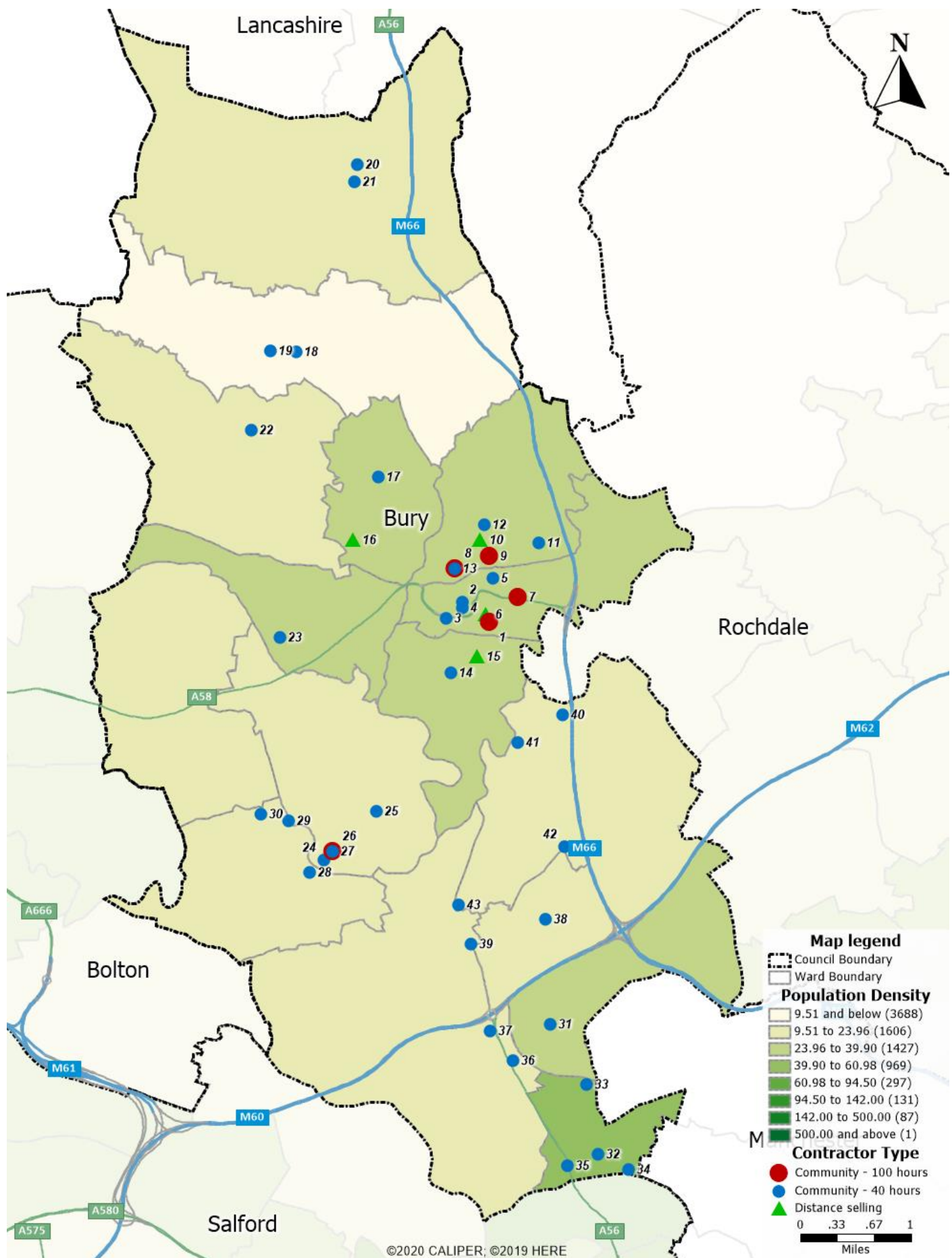
Map 2 - Public survey responses by post code district

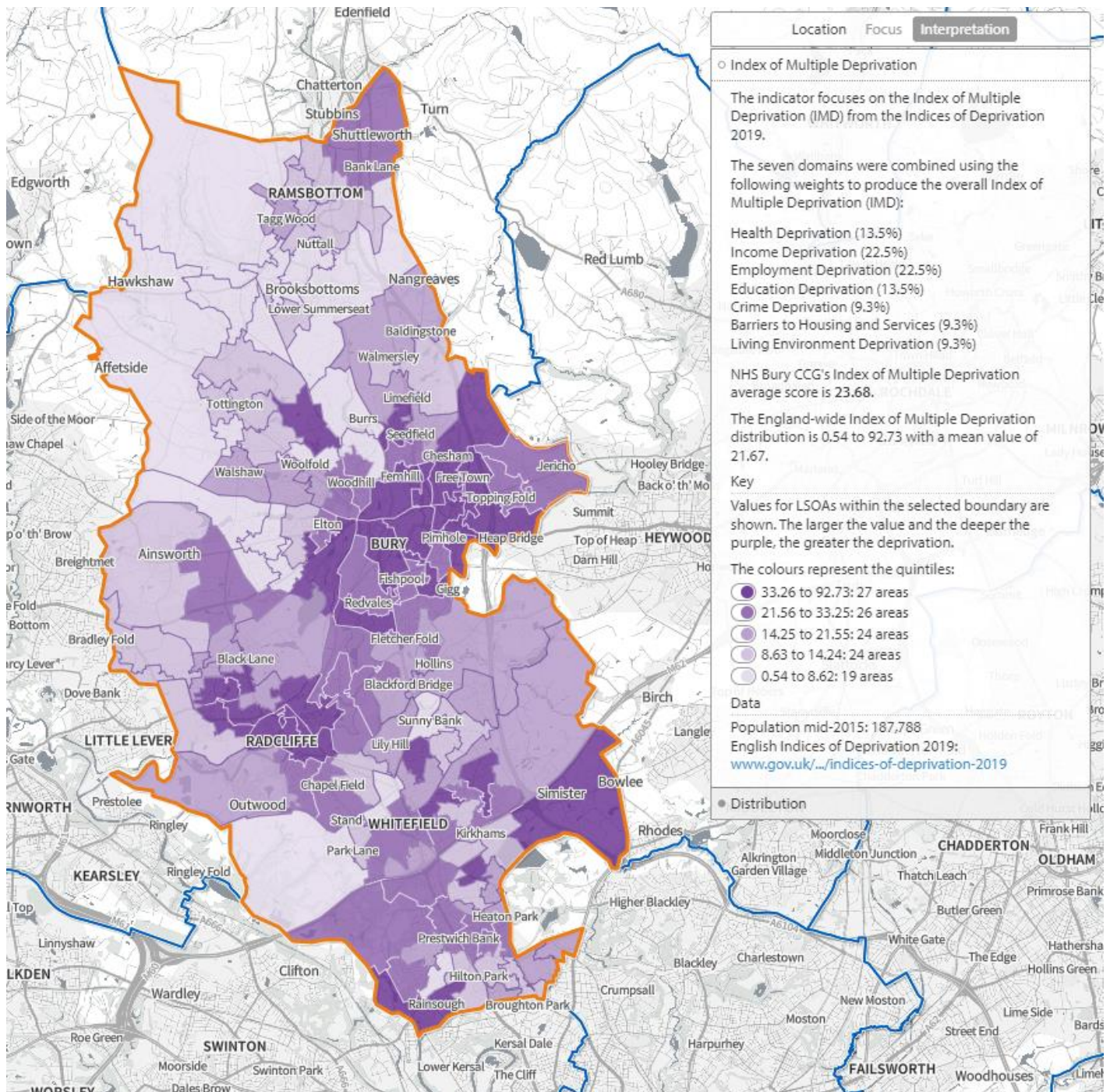


Map 3 - Bury pharmacies by contractor type

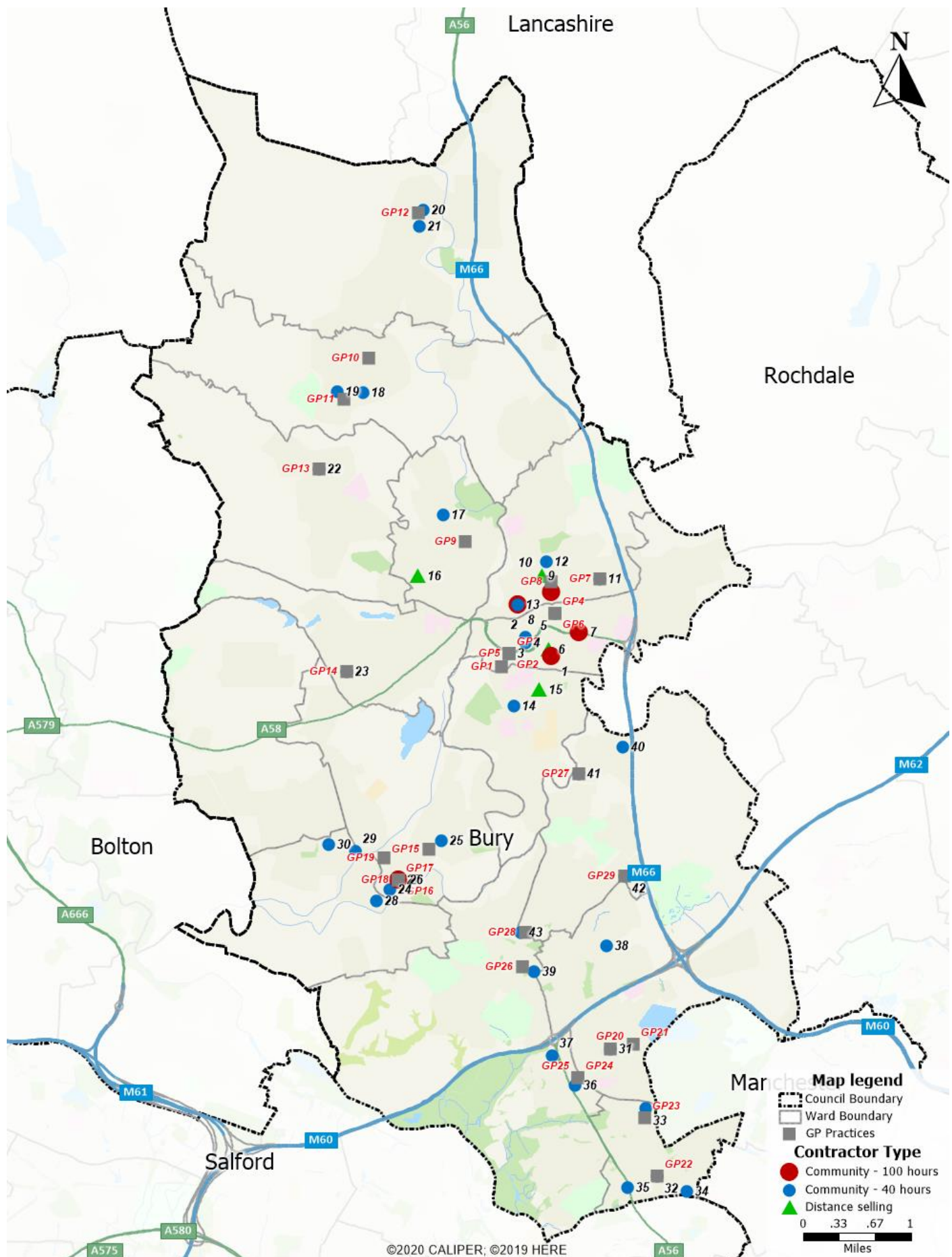


Map 4 - Population density

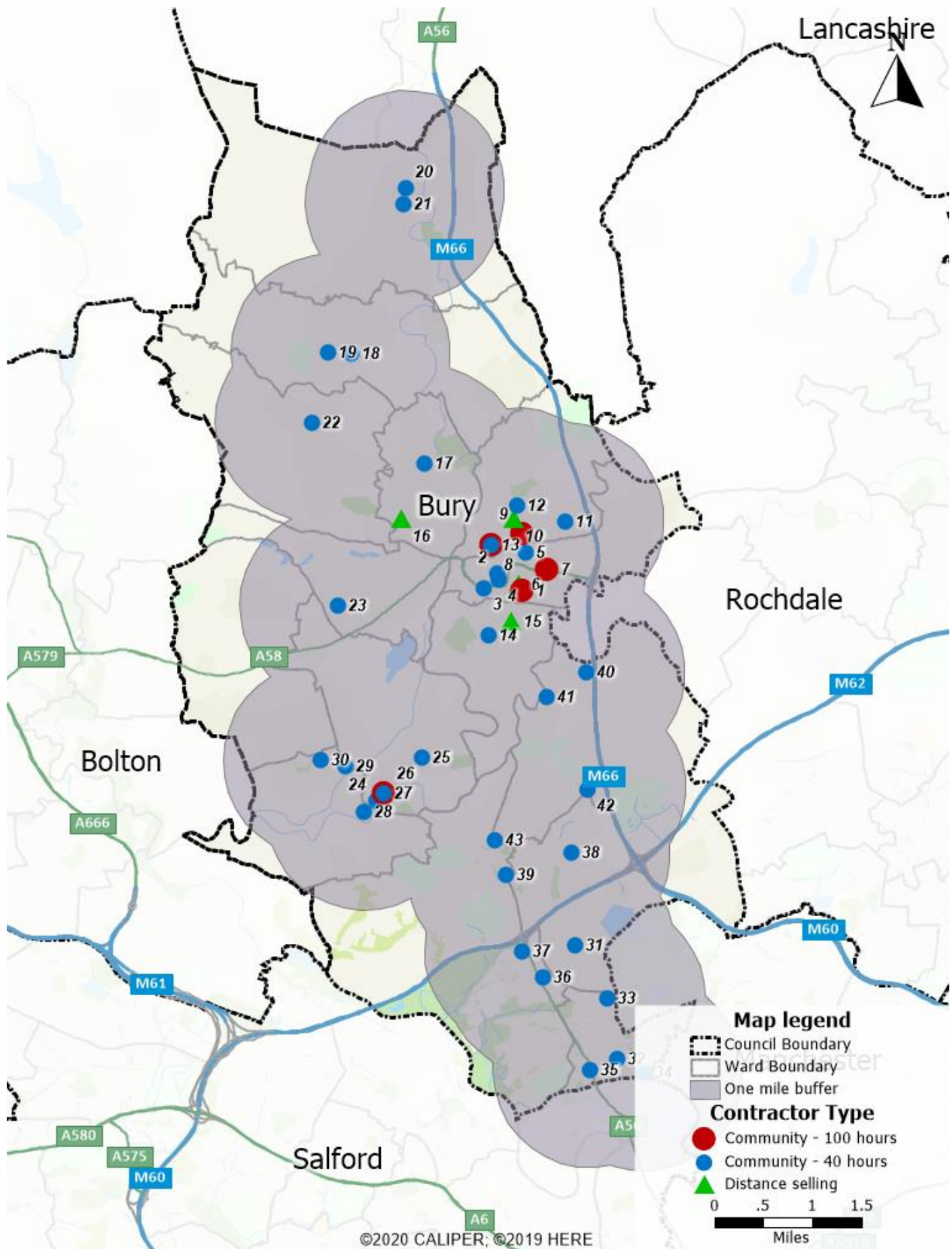




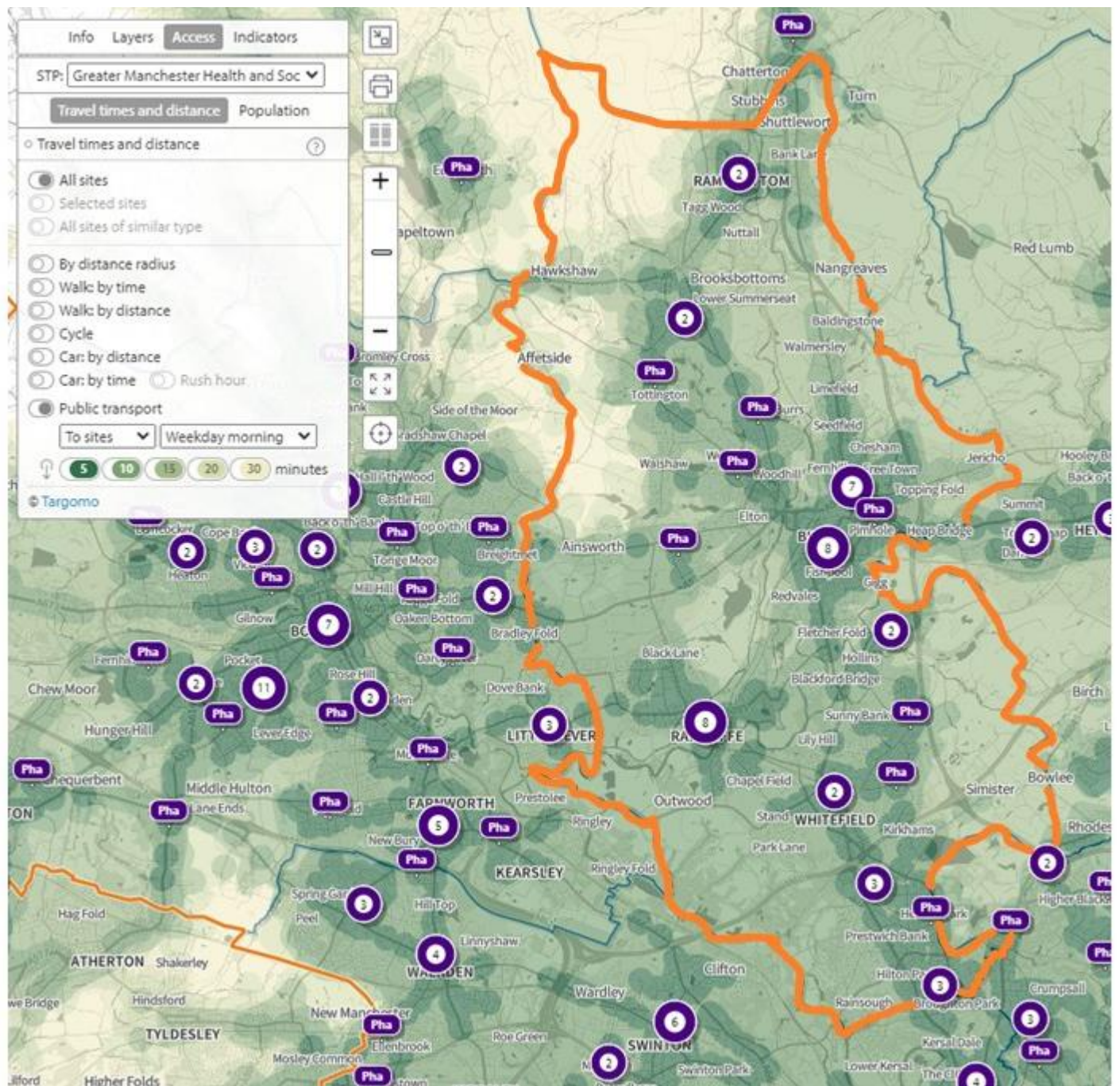
Map 6 - Location of pharmacies and GP practices



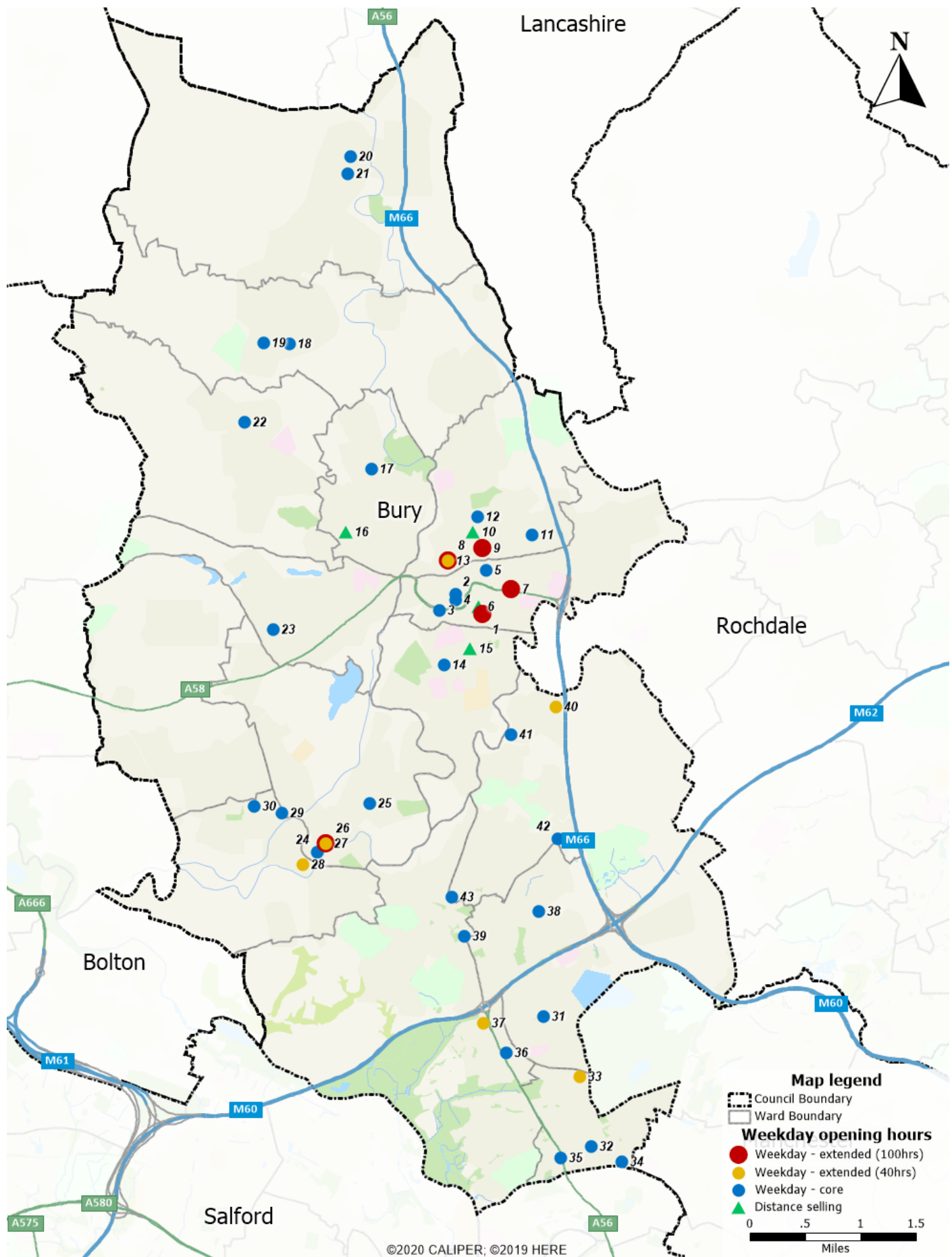
Map 7 - Bury pharmacies showing one mile travel distance



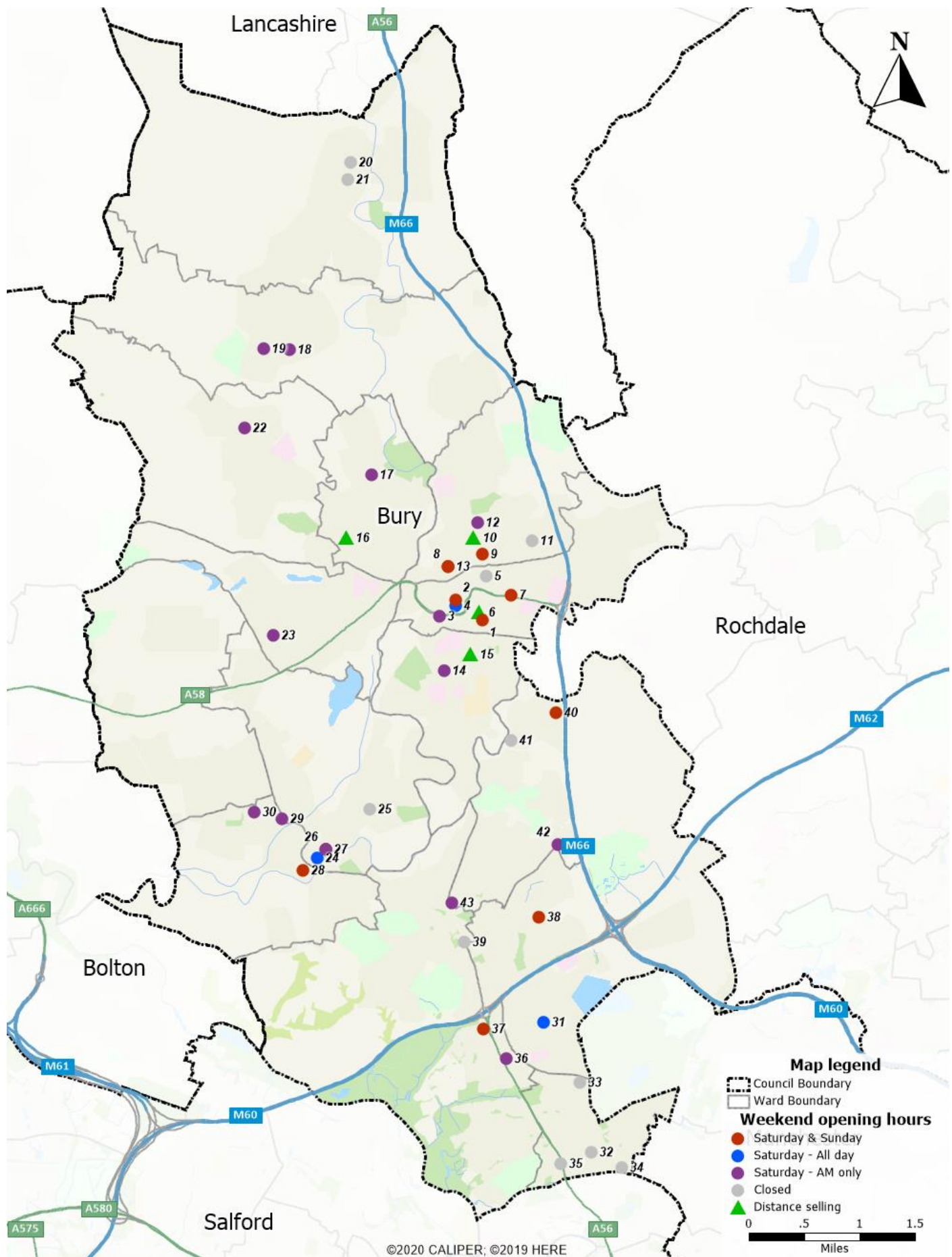
Map 8 - Bury and surrounding Borough Pharmacies showing 20-minute public transport travel time



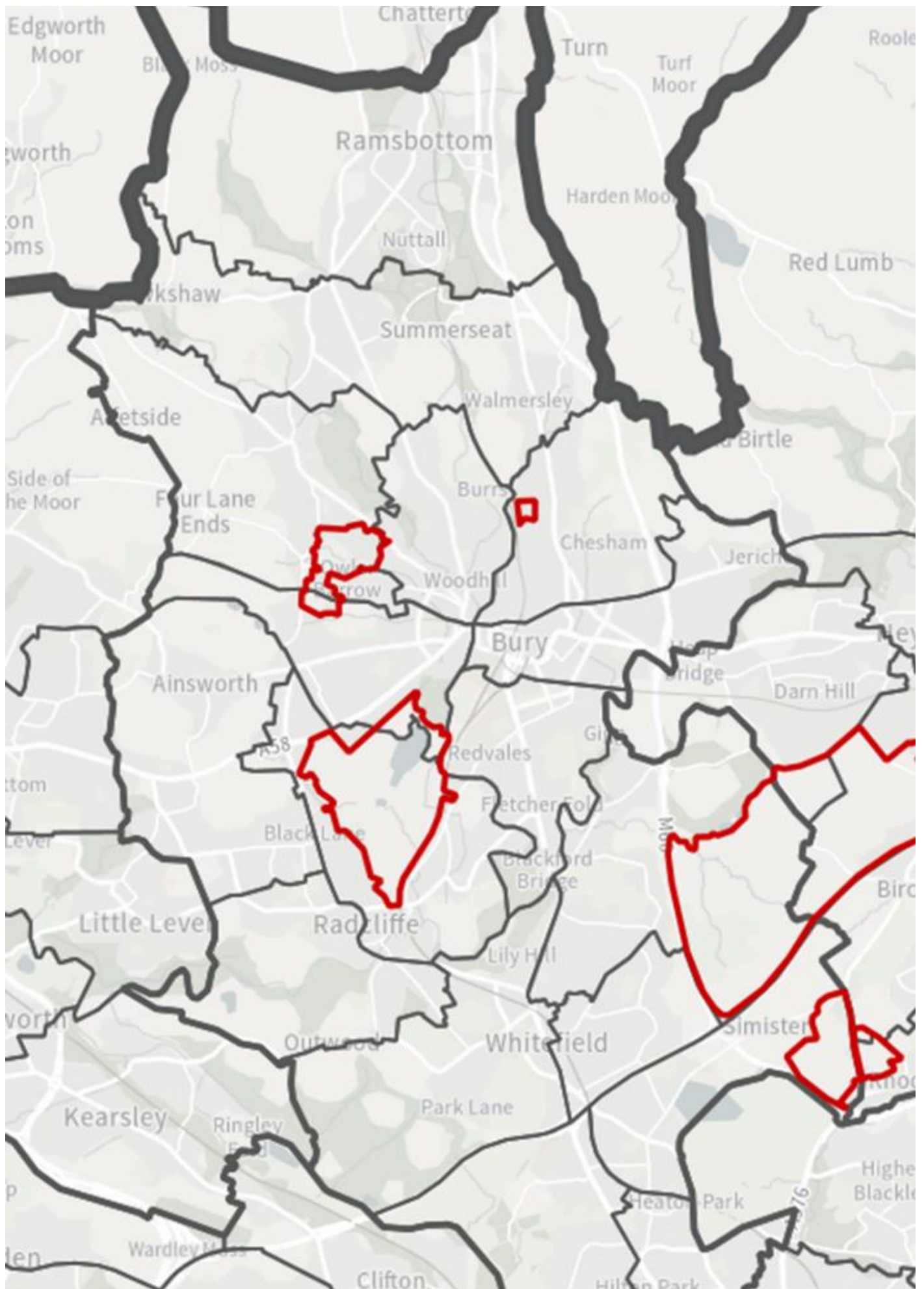
Map 9 - Bury weekday opening hours (showing core and extended hours)



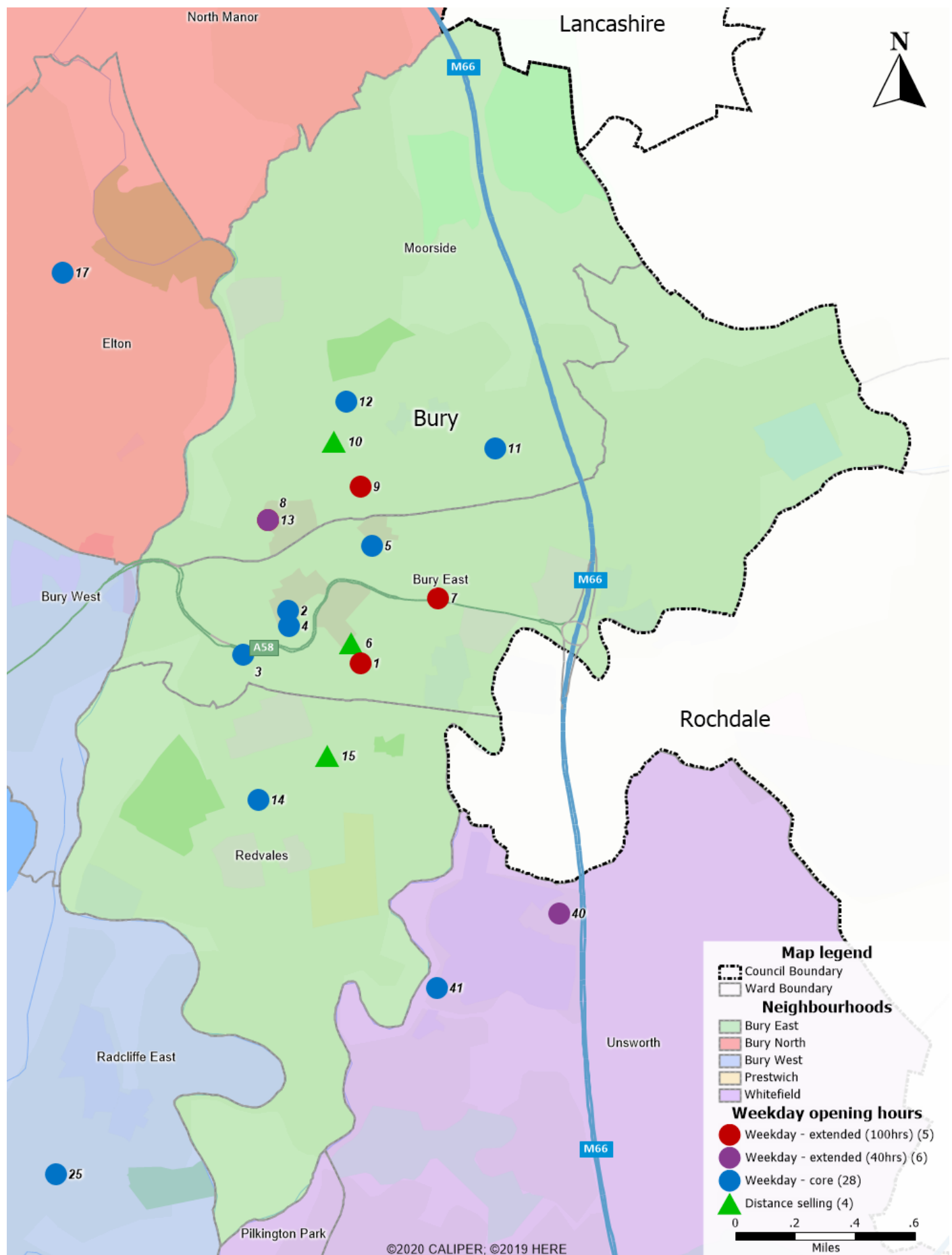
Map 10 - Bury weekend opening hours (showing Saturday am, all day Saturday and both Saturday and Sunday)



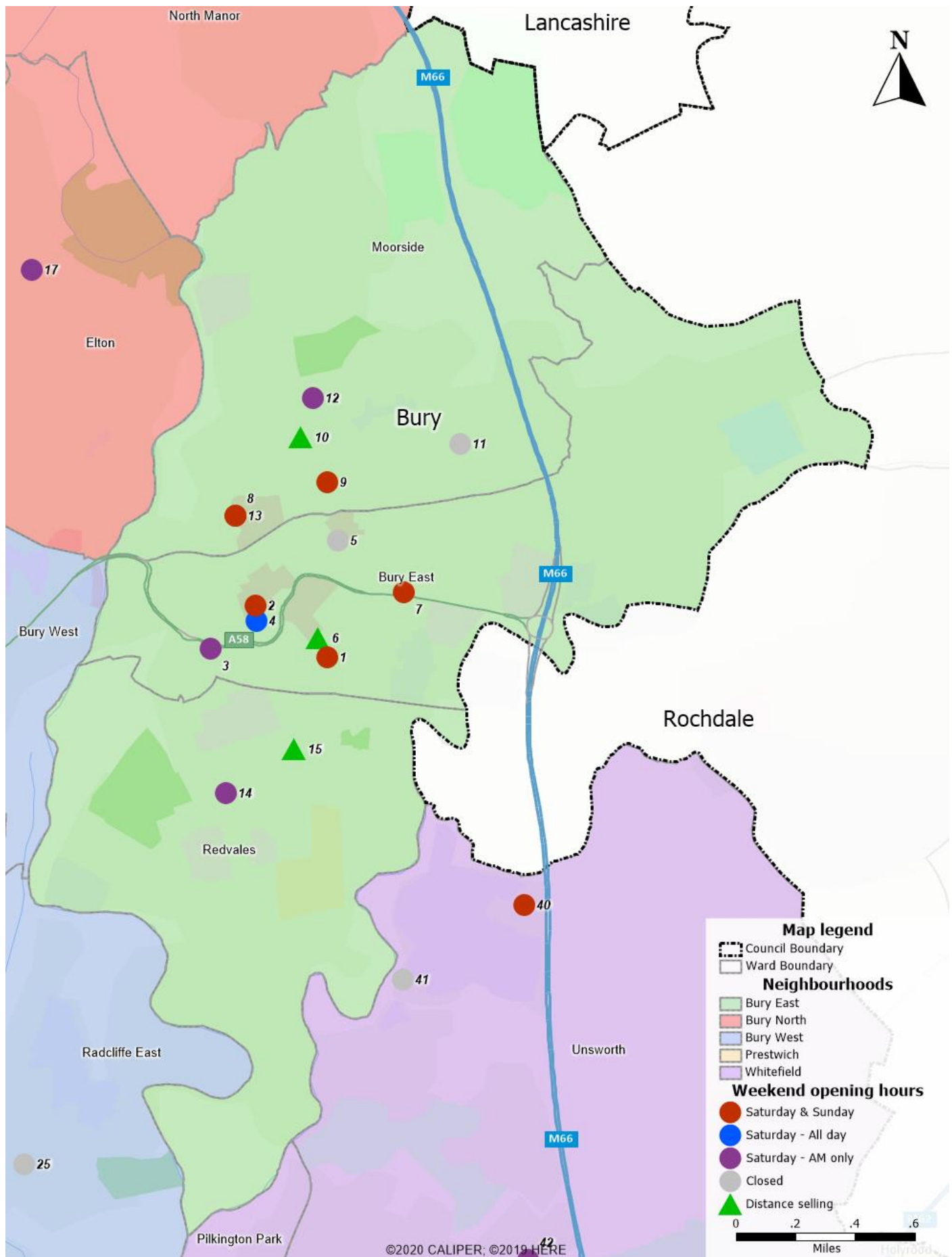
Map 11 - Places for Everyone Proposed Strategic Allocations



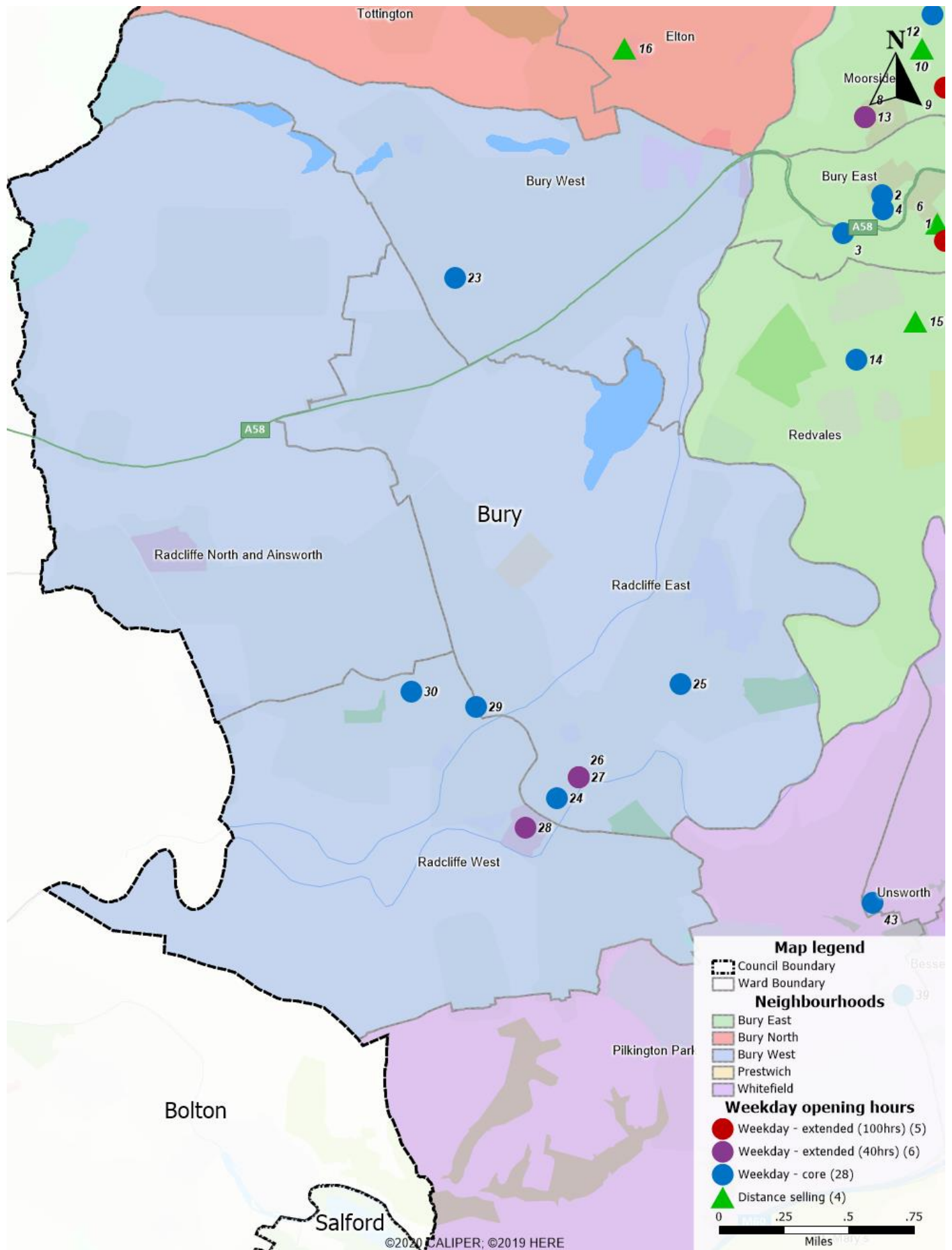
Map 12 - Weekday provision in Bury East



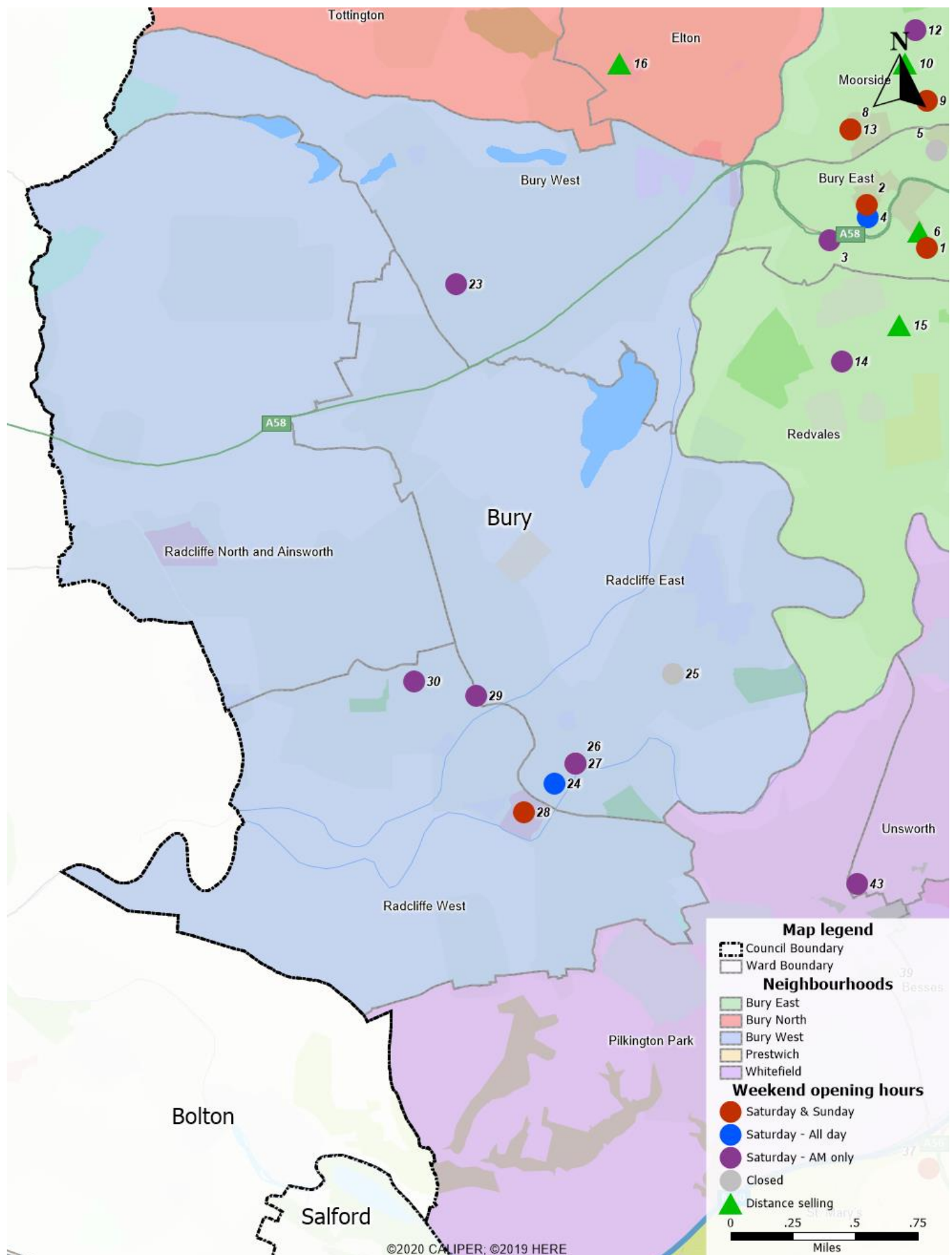
Map 13 - Weekend provision in Bury East



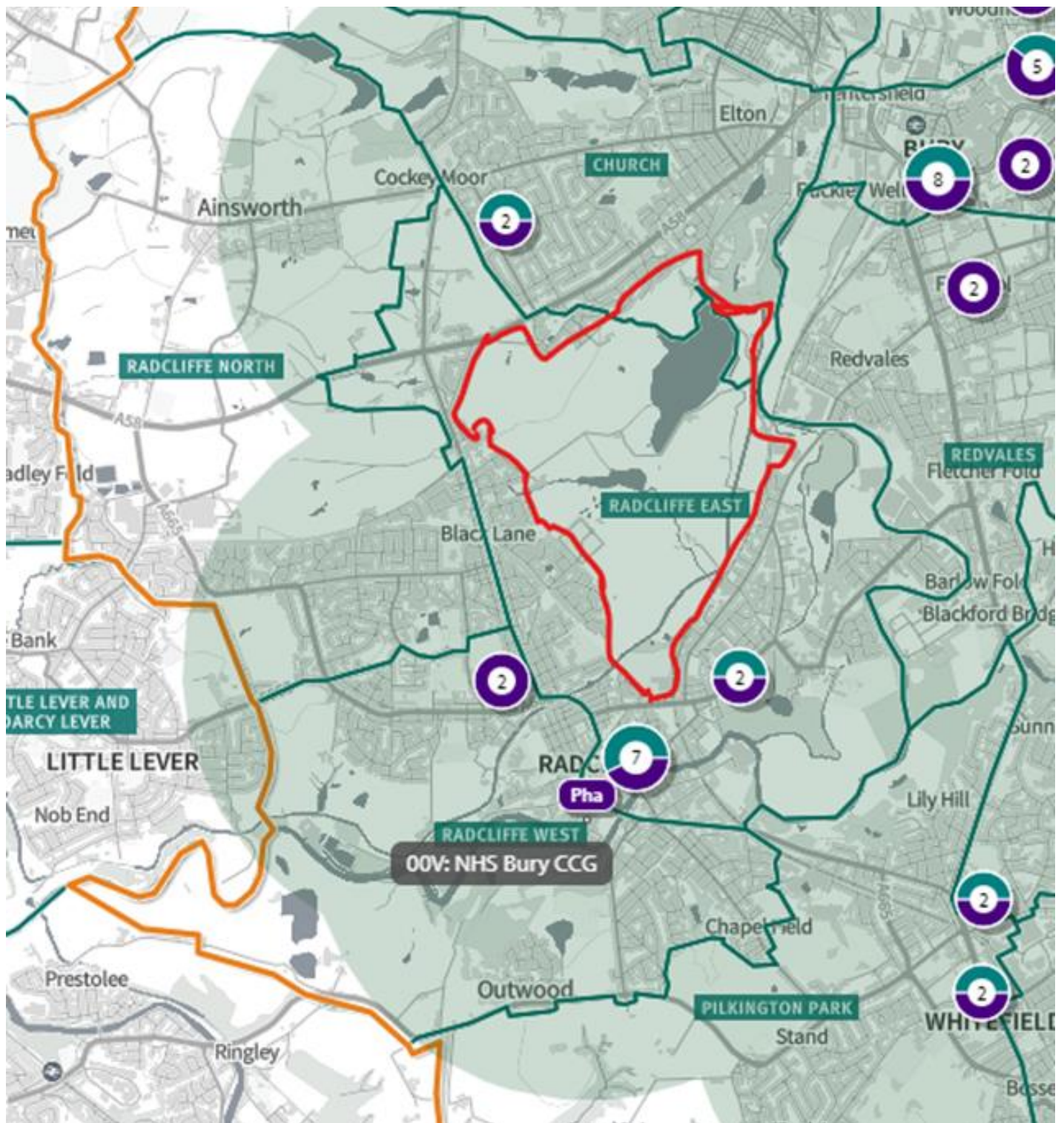
Map 14 - Weekday provision in Bury West



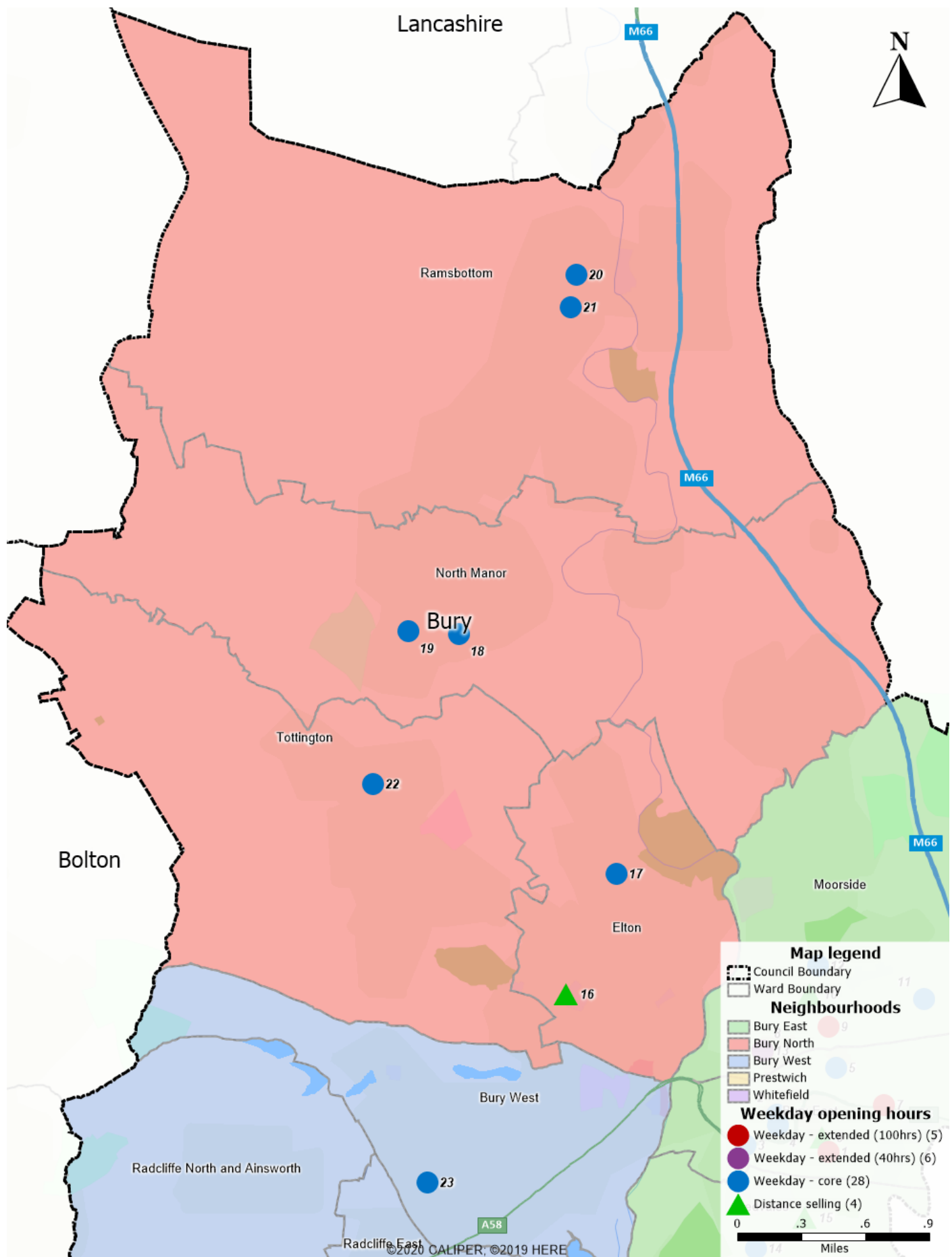
Map 15 - Weekend provision in Bury West



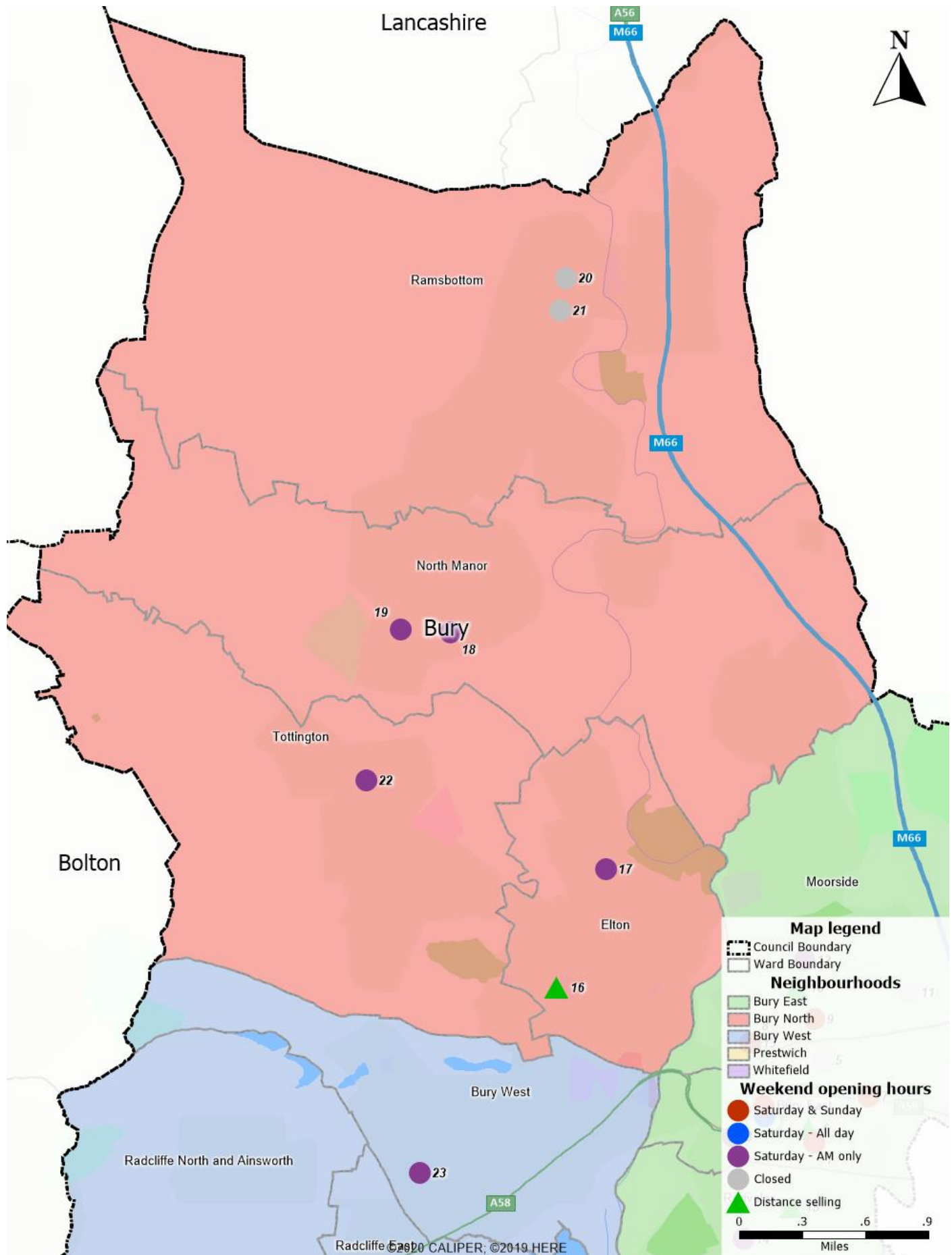
Map 16 - Future housing development in Bury West



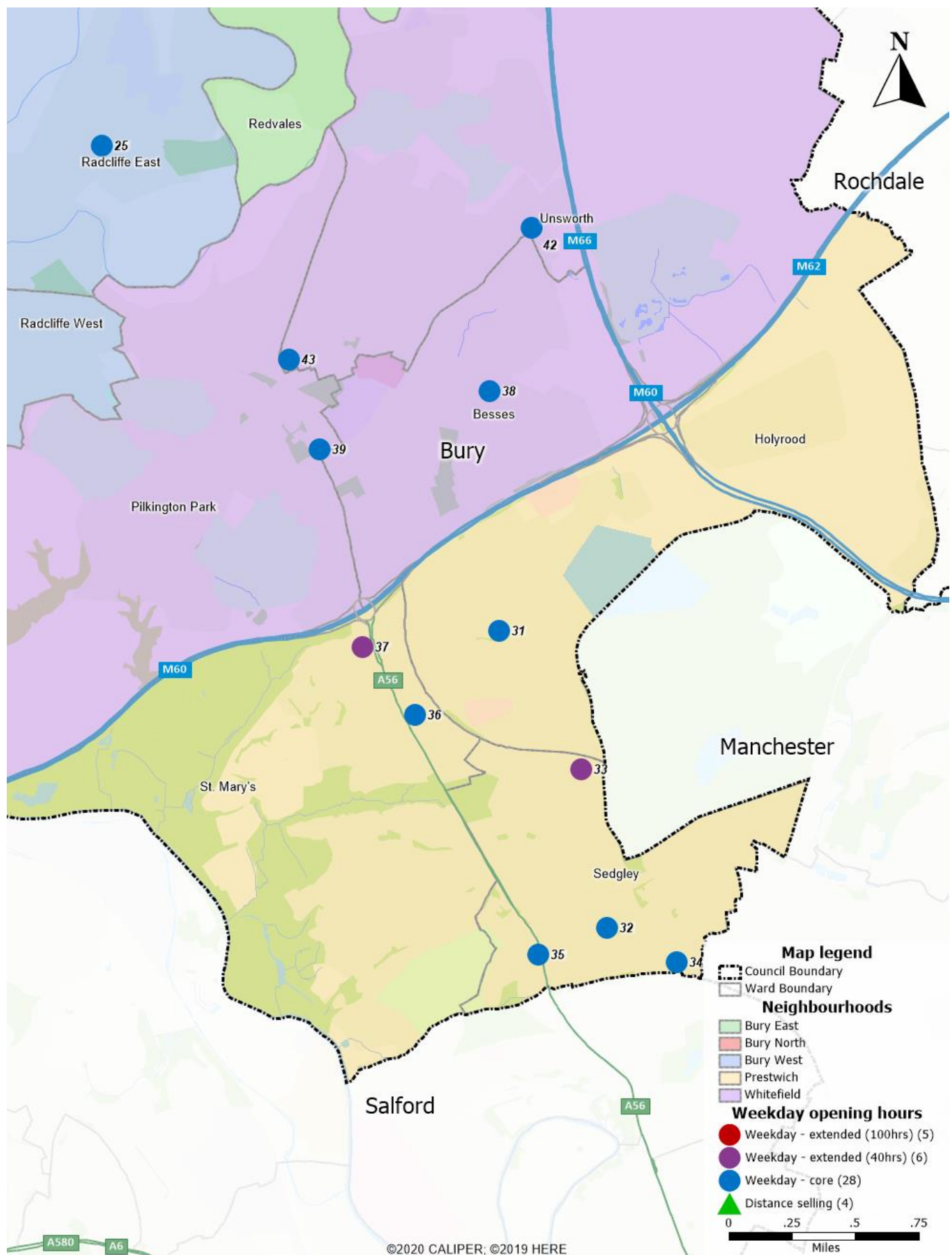
Map 17 - Weekday provision in Bury North



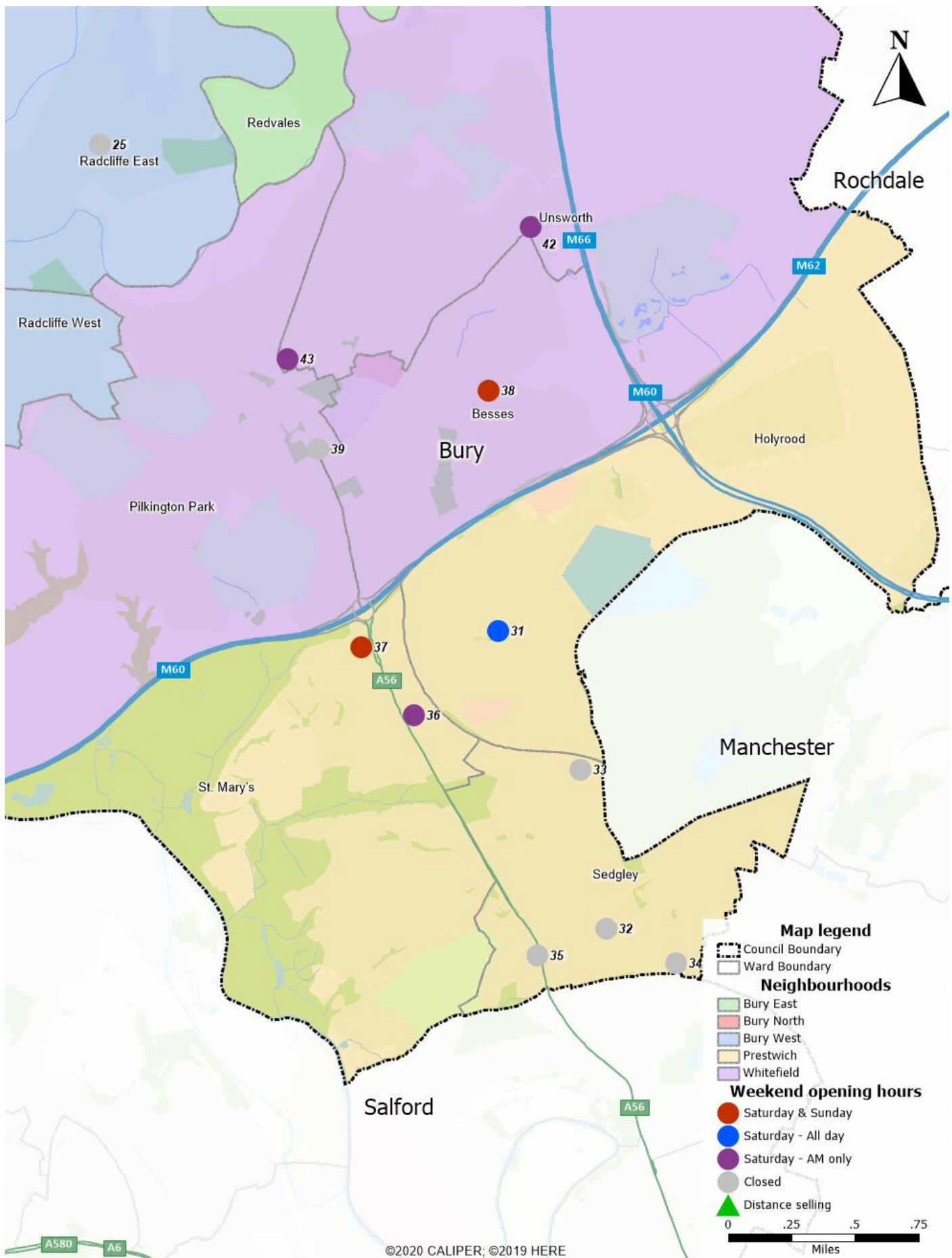
Map 18 - Weekend provision in Bury North



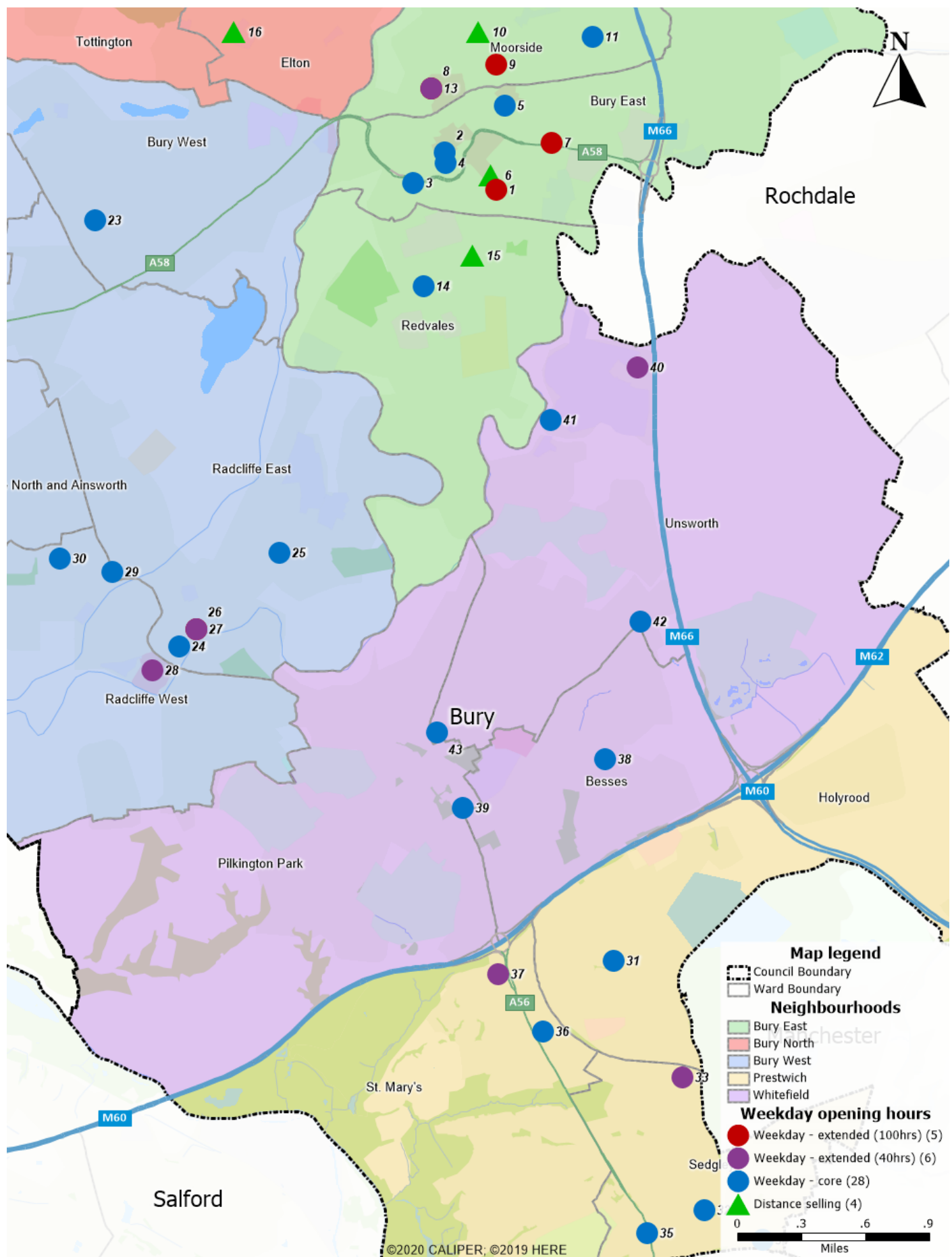
Map 19 - Weekday provision in Prestwich



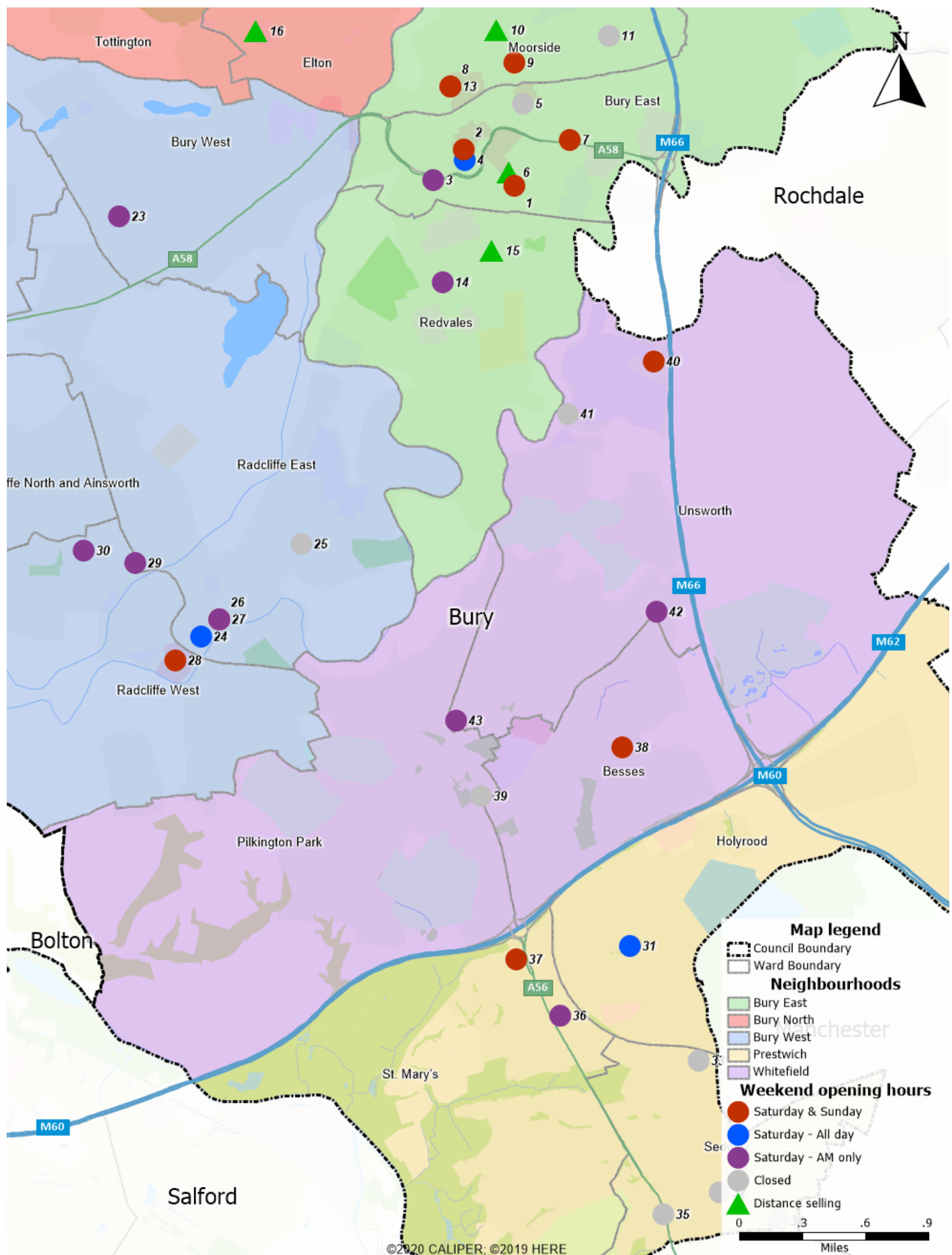
Map 20 - Weekend provision in Prestwich



Map 21 - Weekday provision in Whitefield



Map 22 - Weekend provision in Whitefield



Appendix Eleven – Bury GP Practices

Neighbourhood	Ward	GP ID	GP Surgery	Address	Postcode
Bury East	Bury East	GP1	Knowsley Medical Centre	9/11 Knowsley Street	BL9 0ST
		GP2	Peel GPs	Townside Primary Care Centre, Knowsley Street	BL9 0SN
		GP3	Ribblesdale Medical Practice	Townside Primary Care Centre, Knowsley Street	BL9 0SN
		GP4	Rock Healthcare Limited	Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
		GP5	Townside Primary Care Centre	Knowsley Street	BL9 0SN
		GP6	Tower Family Healthcare: Minden Family Practices	Moorgate Primary Care Centre, 22 Derby Way	BL9 0NJ
	Moorside	GP7	Huntley Mount Medical Centre	Huntley Mount Road	BL9 6JA
		GP8	Walmersley Road Medical Practice	110 Walmersley Road	BL9 6DX
Bury North	Elton	GP9	Woodbank Surgery	2 Hunstanton Drive	BL8 1EG
	North Manor	GP10	Garden City Medical Centre	1A Garden City, Holcombe Brook	BL0 9TN
		GP11	Tower Family Healthcare: Greenmount Medical Centre	9 Brandlesholme Road	BL8 4DR
	Ramsbottom	GP12	Ramsbottom Medical Practice	Carr Street	BL0 9DD
	Tottington	GP13	Tower Family Healthcare: Tottington Medical Practice	16 Market Street	BL8 4AD
Bury West	Bury West	GP14	Mile Lane Health Centre	Mile Lane	BL8 2JR
	Radcliffe East	GP15	Monarch Medical Centre	65 Cross Lane	M26 2QZ
		GP16	Radcliffe Medical Practice	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
		GP17	Red Bank Group Practice	Radcliffe Primary Care Centre, 69 Church Street West	M26 2SP
		GP18	Rock Healthcare Limited: Radcliffe Primary Care Centre	69 Church Street West	M26 2SP
		GP19	Tower Family Healthcare: Spring Lane Surgery	15-17 Spring Lane	M26 2TQ
Prestwich	Holyrood	GP20	Greyland Medical Centre	468 Bury Old Road	M25 1NL
		GP21	The Birches Medical Centre	Polefield Road	M25 2GN
	Sedgley	GP22	St Gabriel's Medical Centre	4 Bishops Road	M25 0HT
		GP23	Whittaker Lane Medical Centre	Daisy Bank, Whittaker Lane	M25 1EX
	St Mary's	GP24	Fairfax Group Practice	Prestwich Health Centre, Fairfax Road	M25 1BT
		GP25	Longfield Medical Practice	Prestwich Health Centre, Fairfax Road	M25 1BT
Whitefield	Pilkington Park	GP26	The Uplands Medical Practice	Whitefield Health Centre, Bury New Road	M45 8GH
	Unsworth	GP27	Blackford House Medical Centre	137 Croft Lane	BL9 8QA
		GP28	The Elms Medical Centre	Green Lane	M45 7FD
		GP29	Unsworth Medical Centre	Parr Lane	BL9 8JR

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Appendix Twelve – One mile boundary pharmacies

Map ID	Name	Address	HWB Area	Postcode
BL1	Geloo Brothers Ltd	365 Bolton Road	Blackburn with Darwen	BL7 0AZ
BO1	A1 Pharmacy	491 Radcliffe Road	Bolton	BL3 1SX
BO2	Cohens Chemist	Springview Health Centre	Bolton	BL3 1HQ
BO3	Cohens Chemist	193-195 Bolton Road	Bolton	BL4 9BX
BO4	Cohens Chemist	Brightmet Health Centre, Brightmet Fold Lane	Bolton	BL2 6NT
BO5	Cohens Chemist	31 Kentmere Road	Bolton	BL2 5JG
BO6	Cohens Chemist	1 Market Street	Bolton	BL3 1HH
BO7	Market Pharmacy	34 Brackley Street	Bolton	BL4 9DR
BO8	Maxwell's Chemist	830 Bury Road	Bolton	BL2 6PA
BO9	Well	118 High Street	Bolton	BL3 1LR
BO10	Well	Farnworth Health Centre, Frederick Street	Bolton	BL4 9AL
MA1	Boots	103 Crumpsall Lane	Manchester	M8 5SR
MA2	Higher Crumpsall Pharmacy	248 Middleton Road	Manchester	M8 4WA
MA3	LloydsPharmacy	Heaton Park Road	Manchester	M9 0QS
MA4	Tesco Instore Pharmacy	Cheetham Hill Road	Manchester	M8 5DP
MA5	Well	183-187 Victoria Avenue	Manchester	M9 0RB
MA6	Wellfield Pharmacy	Wellfield Medical Centre, 53-55 Crescent Road	Manchester	M8 9JT
MA7	Wise Pharmacy	376 Cheetham Hill Road	Manchester	M8 9LS
ROC1	Bowness Pharmacy	26 Bowness Road	Rochdale	M24 4WT
ROC2	Internet Pharmacy	120 Bury New Road	Rochdale	OL10 4RG
ROC3	LloydsPharmacy	7 Argyle Parade	Rochdale	OL10 3RY
ROC4	Rowlands Pharmacy	3A Lakeland Court, Wood Street	Rochdale	M24 5QJ
ROS1	Scout Moor Pharmacy	9 Market Street	Rossendale	BL0 0JQ
SA1	Broughton Pharmacy	86 Devonshire Street	Salford	M7 4AE
SA2	Newbury Place Pharmacy	Newbury Place Health Centre, 55 Rigby Street	Salford	M7 4NX
SA3	Tims & Parker Pharmacy	The Health Centre Pharmacy, 659 Bolton Road	Salford	M27 8HP
SA4	Tims & Parker Pharmacy	716 Bolton Road	Salford	M27 6EW

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GM Population Health Board

Agenda

Thursday 16 June 2022 (13:00-15:00)

Microsoft Teams- details in invite

1	13:00	Welcome and introductions	Chair
2	13:05	Healthy Homes Deep Dive – Review of write up, agreement and next steps	David Boulger / Charlotte Norman
3	13:20	GM Build Back Fairer Framework: Workshop Feedback and Next Steps	Jane Pilkington
4	13:40	PH Board Forward Plan	Jane Pilkington
5	14:00	Working together to achieve good lives for all	David Boulger
6	14:20	Connecting to the GM Integrated Care governance	Jane Pilkington
7	14:40	Khan Review: Making Smoking Obsolete (https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete)	Katrina Stevens
8	14:50	Any Other Business	All
9	15:00	CLOSE	

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Greater Manchester Population Health Board**21st April 2022****Overview**

The GM Population Health Board undertook a deep dive inquiry into ***“the importance of good housing in improving health and reducing inequalities”***.

The session was led by Charlie Norman (Chief Executive of Mosscafe St Vincents Housing Group), supported by Noel Sharpe (Deputy Group Chief Executive of Bolton at Home), Helen Simpson (Strategic Relationship Manager – Housing, GM Health and Social Care Partnership) and Professor Brendan Nevin.

Summary of Scope

The session covered:

- The impact of poor housing on health and inequalities across the life course and across physical and mental health and wellbeing.
- The scale of poor housing in GM, with an estimated 280,00 homes in GM estimated to contain a Category 1 Health and safety hazard, which equates to 23% of all homes against a national average of 15
- The estimated cost of poor housing to the NHS in England which is £1.4billion a year, and the estimated cost to wider public services is £20billion a year.
- The nature of housing tenure in GM (62% owner occupied / 18% private rented sector / 20% social housing)
- The work that has taken to date including, but not exclusive to, the GM Tripartite Agreement between GM Housing Providers, GM Combined Authority and GM Health and Social Care Partnership and work focussed on homelessness, age-friendly homes, dementia, supported housing
- The link between housing and our response to inequalities in GM as amplified by Build Back Fairer and the GM Independent Inequalities Commission
- A summary of research undertaken by Professor Brendan Nevin which sets out the existing health vulnerabilities associating with housing in GM, the impact that these had on Covid 19 morbidity and mortality and morbidity in GM, and the risks and opportunities as we enter the Covid-19 repair, recovery and resilience phases.

Key Topics of Discussion

Initial feedback from board members included:

- There are good examples of action being taken around housing and health in GM, although these are often focussed on points of crisis or groups with the most acute needs.
- There are opportunities to look at how we collectively improve housing quality as a means of protecting the health of children, young people and working aged families. Build Back Fairer places the greatest emphasis on achieving the best start in life so it is important to reflect this when setting priorities so that we are aiming to make big improvements in long term outcomes, as well as doing things which aim to prevent demand and improve outcomes in the short-medium term.
- There was a recognition that most attention is focussed on the housing needs associated with private rented and social housing tenants at the expense of those who live in owner-occupied poor-quality housing whose issues may be exacerbated by the

- cost-of-living crisis, who may be asset rich but cash poor, and whose attachment to their place and home is powerful and prevents them moving to more suitable housing.
- There is a need to consider different interventions and approaches across different spatial levels and to recognise the heterogeneous nature of GM.
- There was a view that most people with a good income don't live in poor housing and that the demand for poor quality PRS accommodation will reduce as income inequality reduces. As such, there was a recognition that an inclusive economy is critical and that anchor institutions can play a key role in creating solutions.
- The VCSE sector are actively engaged on this agenda and are keen to explore how we can amplify tenant voices and radically expand community owned housing schemes and housing co-operatives.

Board members were asked to consider:

- What actions would the Board want to take forward or advocate?
- What is missing from what we have described?
- How does this connect with your sector or organisational priorities as a member of the Board?
- Who does the Board need to involve and/or influence in order to take this forward?

Key Actions

The Greater Manchester Population Health Board will:

1. Engage with and influence the ongoing national review of the Decent Home Standards with a particular focus on:
 - a) Shaping the national definition of 'decency' to ensure it is ambitious and will make a real difference to housing standards in GM.
 - b) Ensuring that the new standards are applicable to the private rented sector in addition to the social housing sector.
2. Encourage the emergent GM Integrated Care Board and Local Authorities to scale up joint action on meeting the preventative and reactive housing needs of groups who require supported or specialist housing arrangements including optimising investment in care and provision for groups with needs, preventative investment in home improvement measures to improve the health of vulnerable households and working with housing providers to strengthen discharge and admission avoidance pathways.
3. Build upon existing good practice, to support colleagues at the GM and East Cheshire Strategic Clinical Network to systematically include "good housing" as a feature of all clinical care pathways.
4. Explore the feasibility of a 'call to action' committing that no child in GM will spend their first 1000 days in a house that does not meet a decent standard.
5. Work with GM Reform Board colleagues to explore the feasibility of developing a 'neighbourhood housing quality and health standard'.

6. Work with GM Reform Board colleagues and wider system stakeholders to establish a collective response to the “cost of living” crisis through policy, strategy, and practical action.
7. Encourage GM Housing Providers, GMCA, Local Authorities and the GM ICS to collaborate on ensuring housing providers are integrated into neighbourhood teams and aligned to Primary Care Networks, and to support place-based interventions in neighbourhoods with high-risk private rented markets.
8. Request that the GM ICS establishes a defined and consistent approach to homelessness health intervention through Core20Plus5.
9. Contribute to ongoing devolution trailblazer negotiations, as set out in the Levelling Up White Paper, to ensure the inclusion of proposals that are pertinent to housing and health.
10. Encourage data, insight and analyst colleagues to identify opportunities to strengthen our level of knowledge and understanding of housing in Greater Manchester to understand the nature of housing and it’s relationship with segments and cohorts within the GM population.

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Greater Manchester Population Health Board

ITEM 3

Date: 16th June 2022

Subject: **Tackling Inequalities in Greater Manchester – Build Back Fairer Framework**

Report of: Jane Pilkington, Director of Population Health - GMHSC Partnership

SUMMARY OF REPORT:

This report provides an update on the development of the Greater Manchester Build Back Fairer Framework.

KEY MESSAGES:

- This update on the progress of the Build Back Fairer framework highlights the initial engagement of over 120 people to develop the principles and key enablers of the framework which will continue to be developed through further engagement
- Intelligence tools are being developed, to support the mobilisation of the Build Back Fairer Framework, due to be available in Sep 2022, which can be localised and adapted to different spatial and sectoral needs to support planners and practitioners.
- To develop the core content for the framework, four Task and Finish groups have been established: *reducing variation in access, experience and outcomes; culture change and organisational development; intelligence; and social value/anchor institutions*. These groups will collect insight and evidence from a range of partners to generate a collective understanding of the evidence base, good practice across GM and the system level action required to help the much wider adoption of these approaches to support a step change in addressing inequalities.

RECOMMENDATIONS:

The Greater Manchester Population Health Board is asked to:

- To review and comment on the revised Build Back Fairer principles and the emerging themes.

- Review and comment on the process for co-producing the framework including the scope and objectives of the Task and Finish groups

CONTACT OFFICERS:

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Andrea Crossfield - Population Health Policy and Strategy Specialist
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1. BACKGROUND

1.1 At Population Health Board on Feb 10th, 2022, a paper was presented which said that:

“PH and EDI have proposed to develop a joint ICS Build Back Fairer Framework and Action Plan, together with a consistent GM approach to Equality Impact Assessment, which will outline system requirements for the ICS to ensure that health equity and equalities is at the heart of decision making, system leadership and governance and provide the system infrastructure to deliver against GM ambitions and national planning guidance for CORE20PLUS¹ and reducing inequalities in access to care.

The BBF framework will provide a strategic framework for embedding health equity and inclusion within the DNA of the emergent ICS and ensuring the principles of equity are built into ICS infrastructure and decision-making including finance, governance, workforce, and operational delivery.”

1.2 It was envisaged that the BBF framework would outline shared principles and ways of working, define objectives, priorities for action at city-region level, short-, medium- and long-term goals and resource requirements for leadership and capability, governance, strategic intelligence and people power.

1.3 This paper provides an update on the development of the framework, the engagement process and an overview of the tools that are being developed to support this. These include intelligence tools, that can be localised and adapted to different spatial and sectoral needs, that will be critical to support the shift in making ‘build back fairer’ business as usual.

2. Engagement and development of the GM Build Back Fairer (BBF) framework

2.1 In April and May two virtual workshops brought together 129 people from across Greater Manchester (GM) working across health and social care, councils and the voluntary, community, faith and social enterprise sectors to agree a shared vision for how the GM Integrated Care Partnership (ICP) can ensure inclusion, equity and sustainability are at the heart of all GM Integrated Care Partnership processes and governance.

2.2 Over the coming months there will be ongoing engagement through a range of GM forums to enable the process of co-producing the BBF framework, including:

- **GM Equalities Panels** – to advise on the process and methods for VCSFE engagement to ensure wide range of VCSFE partners are able to engage
- **BBF Reference group** - to be co-chaired by the VCFSE sector - to reflect on engagement and useability of the framework and associated tools across spatial levels and sectors

¹ Core20PLUS5 is the NHS England and NHS Improvement approach to supporting the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the Core20PLUS – and identifies 5 focus clinical areas requiring accelerated improvement

3. Shared principles

3.1 There was consensus at the workshops that the draft Build Back Fairer principles presented there align with current and emerging locality inequalities strategies. Following feedback, the principles have been reviewed to simplify and clarify the language (see 1 - draft version 2 below). Further review is planned through consultation and engagement with the GM equality panels and to draft a public facing easy read version.

Figure 1

BUILD BACK FAIRER PRINCIPLES : DRAFT v2 FOR CONSULTATION				
Build Back Fairer		Greater Manchester Health and Social Care Partnership		
People Power	Equity, inclusion and sustainability is everyone's business	Proportionate Universalism -	Representation	Health Creating Places
<ul style="list-style-type: none"> • Health and care services will work with people and communities to ensure diverse voices are heard and respond to your better health needs • Health and care services will move away from what's the matter with you to what matters to you • We will build trust and collaboration where discrimination and disadvantage – past and present – has adversely impacted on your life chances 	<ul style="list-style-type: none"> • We will tackle structural racism and systemic prejudice and discrimination and take a relational trauma-responsive approach to care • Making things more equal will come first in everything we do and how we do it. We will make sure how we work makes things better, and makes our environment better, for the future. • We will ensure our policies and our operational delivery protect future generations and meet our sustainability goals 	<ul style="list-style-type: none"> • Care for all – focused and tailored to individual and community needs and strengths • We will allocate resources in order to improve health and reduce health inequalities • We will co-design universal services and policies, but with a scale and intensity that is proportionate to the level of need 	<ul style="list-style-type: none"> • The mix of people who work in our organisations will be the same as the people we provide services for • At all levels our decisions will be informed by the diversity of thought, lived experience and culture present. To achieve this we will undo structural and systemic racism and discrimination • We will help <u>everyone</u> take part in deciding what services we have and how they need to work. If something gets in the way for some groups of people, we will do something about this, so they can. 	<ul style="list-style-type: none"> • As anchor institutions we will build on the strength of our communities and leverage collective power – to support communities and local economies • We will focus on place and work collaboratively to tackle social, commercial and economic determinants of health

3.2 One of the key challenges when agreeing the wording for the principles has been finding a shared language for the concept of 'proportionate universalism' (see figure 2 below). This will require further engagement to find a suitable term in plain English for the public facing document, which is based on a commitment in GM to proportionate universalism. For us this means:

- To acknowledge that inequalities exist across the social gradient. So to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage
- More disadvantaged groups receive more support and resources to narrow the gap with other groups, reducing the social gradient and health inequities.
- While retaining investment in universal offers is important for the population at large, shifting resources towards more disadvantage groups requires commitment and leadership as it may involve difficult investment and dis-investment decisions.

Figure 2



3.3 Principles: next steps

- Principles to be refined through discussion with Equality Panels
- Further consideration to be given to how 'proportionate universalism' may be expressed for public facing communication
- Principles to be incorporated into/aligned with the GM Integrated Care Partnership strategy as it develops – included in shared commitments and ways of working as appropriate
- Easy read versions of principles produced

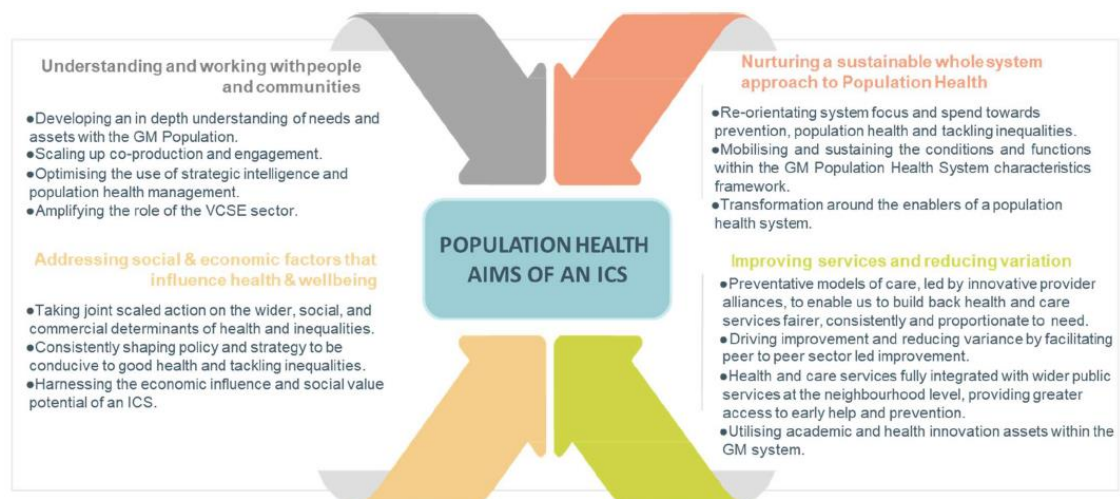
4. Key themes and priority areas of focus

4.1 A core set of high level themes arose from both workshops which will help shape the ongoing development and priorities for the BBF framework:

- Ensuring that through Building Back Fairer, health equity and inclusion is central to the work of GM Integrated Care Partnership and an acknowledgment that this will require a step change in how we work so that we go beyond national operating frameworks and KPIs to deliver real change.
- Equally, there was a recognition that change will take time and a belief *that what gets measured gets done* –thus stressing the importance of setting the right outcomes and indicators supported by the appropriate governance processes. Ultimately this is an enduring mission to tackle inequality setting out action, measures and investment for the next 15 years and which requires immediate action as GM ICP is formally established.
- There was also consensus on the key system priorities for GM ICP in order to build back fairer and these align with the stated core GM Integrated Care Population Health aims and are also in line with the themes in the emerging GM ICP 5 year strategy. (see figure 3)
- Confirmation of the centrality of people power and putting lived experience at the heart of the ICS operating framework. A recommendation that GM ICP and GM NHS prioritise building community capability and build a long-term commitment to co-production

- Recognition that there is an opportunity to build on the VCSE Sector Accord to maximise the long-term capacity and capability of VCSE organisations to take a leadership role in building back fairer.
- Strong support for the continued shift in GM's approach to integrated care from the medical model to the social model that creates a much needed cultural shift in the discussion away from illness and conditions and towards whole person-centred approaches and integrated place-based working
- Wide recognition of the importance of investing differently if we are to drive real change in health inequalities. This includes the need to significantly shift investment into prevention and for work on inequalities to endure, a need to change the way baseline spending is allocated, to include treating inequalities spending as part of the mainstream and not as short-term funding.
- Renewed focus on our role as a network of anchor institutions by leveraging our assets, spending power and roles as employers to support our local communities and economies. This was seen as reviewing action, scaling best practice and accelerating programmes of work to secure bigger health gain.

Figure 3 GM ICP Population Health aims



5. Further development of the framework

5.1 The previous paper to Population Health Board specified that the framework would define objectives, priorities for action at city-region level, short, medium and long-term goals and resource requirements for key enablers re leadership and capability, governance, strategic intelligence and people power.

5.2 *Task and finish groups*

5.2.1 Based on the priorities emerging from the original GM Marmot report and emerging priorities from the stakeholder workshops, a series of Task and Finish groups are being set up to further develop the framework.

5.2.2

5.2.3 Table 1 shows the objectives for these groups as currently defined. These groups will collect insight and evidence from a range of partners to generate a collective

understanding of successful approaches and to develop tangible proposals for what could help the much wider adoption of these approaches to support system priorities.

Table 1 Build Back Fairer Task and Finish Groups

Group	Objectives
1.Reducing Variation in access, experience, and outcomes of care	<p>1.1 Share learning across clinical programmes about how we have reduced variation in access, experience and outcomes of care and developed sustainable care pathways and identify opportunities to scale and spread</p> <p>1.2 Agree short (22/23) and medium term (3year) priorities for Build Back Fairer to reduce variation in access, experience and outcomes of care at system level to support PCN and Localities, provider collaboratives etc</p> <p>1.3 Review opportunities to incorporate BBF into ICP approach to performance and improvement</p> <p>1.4 Agree system priorities and support required for CORE20PLUS5 to enhance locality/neighbourhood action</p>
2.Intelligence	<p>2.1 Consider the role and function of the ICS to facilitate translating strategic intelligence into action and impact, and act as a hub for research and innovation in relation to equity, inclusion and sustainability</p> <p>2.2 Agree set of BBF indicators (for greener, fairer, inclusive)</p> <p>2.3 review provider/locality impact assessments and consider GM tool for single impact assessment (equity, inclusion, sustainability)</p> <p>2.4 Collate evidence of what works (for greener, fairer, inclusive) and system for continuously collating this intelligence</p>
3.NHS role as anchor institutions/social value	<p>3.1 Review opportunities to build Anchor/Social Value into ICP and GM NHS leadership and governance</p> <p>3.2 Review opportunities for increased collaboration to enhance impact</p> <p>3.3 Review GM action and tools to support Anchor institution work at neighbourhood/Locality/Provider collaborative</p>
4.Leadership/OD	<p>4.1 Agree core skills, systems and processes to support BBF principles and culture shift</p>

5.3 Task and Finish groups: next steps

- PHB to review and comment on task group objectives
- Recruitment of VCSFE partners into the T+F groups – co-ordinated through VSNW

Tools to support the system

- 5.3.1 To enable BBF to be enabled across the GM Integrated Care Partnership, there is a need to develop shared tools which can be adapted for use at different spatial levels and across sectors and organisations. These tools will be developed through

bringing diverse stakeholders together from VCSFE, health and care, academia and local government to collate tools that we can use to:

- Understand health needs and assets in different communities (of geography, interest and identity)
- understand variation in access, experience, and outcomes of care (combined intelligence on service and health outcome data alongside community insight) and the root causes of these disparities
- understand allocative efficiency and cost effective of our delivery models - if we are doing the right things as well as whether we are doing them right.
- stimulate discussions about how to work together differently to analyse the intelligence and co-design solutions applying the principles of people power and representation
- Support staff to reflect on their skills, networks and organisational change required to Build Back Fairer

5.3.2 The GM tools that are currently being developed to support the BBF framework include:

5.3.3 **Curator** – a web-based portal that will provide a range of intelligence and performance management tools (and related training). This site is under development (due to launch in Autumn 2022) and a variety of tools/web functions are being explored, including:

- Interactive web-based GM Impact Assessment tool which combines health equity, equality and sustainability and informs commissioning, policy and partnership approaches
- Insight bank – to collate learning about ‘what works’ regarding equity, inclusion and sustainability
- Interactive data tools which will enable analysis of linked primary care, elective care, urgent care and cancer databases enabling both strategic and operational planning, and direct care provision.
- Build Back Fairer performance indicators and outcome metrics

5.4.4 **Leadership/OD resources**– including collaboration with universities and Health Education England to develop a Build Back Fairer fellowship model and work with North West ICB partners and the Kings Fund to develop leadership programmes for BBF.

Greater Manchester Population Health Board

Date: 16 June 2022

Subject: **GM Population Health Board Forward Plan 2022/23**

Report of: Jane Pilkington, Director of Population Health, GMHSCP

David Boulger, Head of Population Health Transformation, GMHSCP

SUMMARY OF REPORT AND KEY MESSAGES:

- This report sets out a proposed 2022/23 forward plan for the GM Population Health Board

RECOMMENDATIONS:

- That Population Health Board endorse the proposed forward plan set out in 2.1.

CONTACT OFFICERS:

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David Boulger – Head of Population Health Transformation, GMHSCP,
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1. Introduction

1.1 This report sets out a proposed 2022/23 forward plan for the GM Population Health Board.

1.2 In setting out the proposed forward plan, attempts have been made to balance:

- The appetite for most explorative sessions focussed on the key determinants of health
- The need to retain oversight of key areas of business for which the board is accountable
- The opportunity to align with other emergent plans within the GM system or nationally which are relevant to population health and inequalities.

2. Draft Forward Plan

2.1 The proposed forward plan for 2022/23 is as follows:

Date	Key Items
21/4/22	Deep Dive: <i>"The impact of good housing on health and inequalities in Greater Manchester"</i>
16/6/22	Business Meeting: <ul style="list-style-type: none"> • Governance • Unique Contribution • Forward Plan • GM Build Back Fairer Framework Update • Impact of devolution on health outcomes
14/7/22	Board Development Session: Maximising Impact and Influence: <ul style="list-style-type: none"> • Stakeholder analysis • Enabling architecture • Responsibilities and expectations of individual Board members
11/8/22	Deep Dive: <i>"The impact of good employment on health and inequalities in Greater Manchester"</i> Including an opportunity to contribute to the refresh of the GM Local Economic Strategy (Previously the GM Industrial Strategy)
September 2022	Towards a GM Population Health System: <ul style="list-style-type: none"> • Build Back Fairer Framework • GM ICS Strategy • GM Population Health System Characteristics Framework • Strategic Intelligence and Population Health Management

October 2022	Business Meeting: <ul style="list-style-type: none"> • Mid-year review of activity, achievements, opportunities, risks, and threats
November 2022	Deep Dive: <p><i>“The impact of poverty and deprivation on health and inequalities in Greater Manchester”</i></p>
December 2022	Business Meeting: <ul style="list-style-type: none"> • Final GM ICS Strategy
January 2023	Deep Dive: <p><i>“The impact of a good start in life on health and inequalities in Greater Manchester”</i></p>
February 2023	Board Development Session: Reflecting back and looking forward
March 2023	Business Meeting: <ul style="list-style-type: none"> • 2022/23 Annual Review • 2023/24 Forward Plan and Priorities

2.2 In addition, it will be important to retain a degree of flexibility to introduce relevant items into the agenda as they emerge. This could include significant GM-level activities or national legislative or policy activity for which the timeline is currently unclear such as the [Levelling Up and Regeneration Bill](#), [Women’s Health Strategy](#) or the [Schools Bill](#).

3. Recommendations:

3.1 That Population Health Board endorse the proposed forward plan set out in 2.1.

END

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Greater Manchester Population Health Board

Date: 16 June 2022

Subject: **Enabling Good Lives for All: Establishing the ‘unique contribution’ of the GM Population Health Board to achieving whole system ambitions.**

Report of: Jane Pilkington, Director of Population Health, GMHSCP

David Boulger, Head of Population Health Transformation, GMHSCP

SUMMARY OF REPORT AND KEY MESSAGES:

This report explores the potential value of collaborative working across the key Boards in Greater Manchester which lead activity to improve the lives of citizens, and sets out a series of proposals to strengthen collaborative working.

RECOMMENDATIONS:

That Population Health Board:

- Note to content of this report
- Agree the ‘unique contribution’ description as set out in s.2
- Endorse the proposals set out in s.3

CONTACT OFFICERS:

Jane Pilkington - Director of Population Health, GMHSCP,
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David Boulger – Head of Population Health Transformation, GMHSCP,
david.boulger@nhs.net

1. Introduction

- 1.1 The size and complexity of the overarching Greater Manchester strategic ambition of achieving 'good lives for all' is too big for any one group within the system architecture to address in its entirety.
- 1.2 Responding to the persistent poor outcomes and inequalities that exist within GM is everyone's business, with many parts of the GM system having a valuable and crucial role to play.
- 1.3 However, as with any complicated system responding to a complex challenge there is the potential for duplication, gaps, inefficiency and missed opportunities.
- 1.4 To optimise existing governance arrangements so that we can better navigate the scale and complexity of this challenge, work has been undertaken to articulate the 'unique contribution' of some of the existing 'governance boards' with a role to play. This is set out in s.2 of this report.
- 1.5 To strengthen our current approach to joint working across the GM system governance as a series of additional proposals are set out in s.3 of this report.
- 1.6 The intention of this exercise is to maximise the impact of the individual Board contributions, and thus collectively have greater impact.

2. Unique contributions of the key governance Boards

2.1 It is proposed that the following are accepted as descriptions of the 'unique contributions' of the Tackling Inequality Board, Population Health Board, Reform Board and Growth Board to responding to the GM Strategy ambition to achieve 'good lives for all' in Greater Manchester:

Tackling Inequality Board <i>Good Lives for All by...</i> better responding to equality and intersectionality in Greater Manchester	<p>The Tackling Inequalities Board has a primary focus on inequality for communities-of-identity and experiences/impact of intersectionality, where protected characteristics cross-over and/or with other experiences.</p> <p>The Board brings together Political, Public, Voluntary and Equality Panel Leaders enabling support and challenge across a broad range of cross-cutting topics (not limited to a specific policy-lens focus), as well as 'ways of working' including resident representation and voice.</p>
Population Health Board <i>Good Lives for All by...</i> reducing health inequalities across Greater Manchester	<p>The Population Health Board has a specific remit around improving health outcomes and reducing health inequalities through population health system development, ensuring that there is balanced action across and between all four domains of the GM Population Health model (the wider determinants of health; behaviours and lifestyle; integrated public services; Person & Community Centred Approaches (PCCA)).</p> <p>This includes the development of the characteristics of a population health system at different spatial levels and</p>

	<p>ensuring that there is health in all key place shaping city region policies.</p> <p>The Board also has a specific role in relation to overseeing the ICS functions and statutory duties relating to population health and health inequalities.</p>
<p>Reform Board <i>Good Lives for All</i> by... pivoting the system to well-being and responding to cross-cutting issues</p>	<p>Reform Board takes ownership for the system shift we need to see as demonstrated by the issues presented to the Reform Board and the common issues that emerge in numerous other thematic boards (<i>pivot the system to well-being</i>).</p> <p>The GM Reform Board will pivot around themes pertinent to Greater Manchester under the headings of 'Good Lives for our youngest residents', 'Good Lives for our Young People', 'Good Lives for those that need help the most' and 'Good Lives for our older residents'.</p>
<p>Growth Board <i>Good Lives for All</i> by... working to address some of the underlying spatial, social and economic inequalities in our city region and fostering an economy with as equal opportunity for all as possible.</p>	<p>The GM Growth Board has a remit regarding the management and handling of the GM economy, including how other portfolios interact with it (such as Transport, Skills and Environment), and leads on the implementation of the Local Industrial Strategy, which feeds into the delivery of the GMS.</p> <p>The Growth Board therefore considers matters relating to skills and employment, business resilience and support, investment and inward investment, innovation, sector development, social enterprise and 'generative businesses', good employment, and GM's real Living Wage campaign.</p> <p>The Board's role subsequently covers recommendations from the Independent Inequalities Commission within the themes of 'Good Jobs, Decent Pay' and 'Building Wealth', as well as the overall recommendation to 'pivot the system' to putting wellbeing and equality goals' at the centre of what we do</p>

3. Enhancing the existing arrangements:

3.1 In order to further strengthen the existing governance arrangements and enhance inter-board collaboration a series of proposals have been developed:

3.2 Proposal 1 – Establish an officer level 'engine room':

- A fortnightly informal working group already exists involving officers working across the four Boards, which attempts to co-ordinate relationships across them.
- It is proposed that this group takes on a more formal role in relation to co-ordination inter-Board activity, enabling co-operation and collaboration, and collating information from the four Boards into an overarching summary to be taken into the monthly TIEG

and into each of the individual Boards as a means of identifying and advancing themes, synergies, and opportunities.

3.3 Proposal 2 – Enhance collective leadership and prioritisation:

- It is proposed to convene a bi-annual workshop involving the Chairs of the 4 Boards, key co-ordinators, and other key stakeholders to review activity that has taken place, jointly review future plans, identify opportunities for collaboration and problem-solve complex cross cutting issues.

3.4 Proposal 3 – Explore the potential role of the GM Tackling Inequalities Executive Group as a place of shared problem-solving.

- The existing Tackling Inequalities Executive group (TIEG), chaired by the lead Local Authority Chief Executive for Inequalities, meets monthly to discuss issues and agendas pertinent to tackling inequalities across GM.
- This meeting already involves Senior officers from the four Boards in scope of this piece of work, along with VCSE Leadership representation.
- It is proposed that steps are taken to explore the potential of this becoming a space for dialogue around whole system issues which cut across the working of two or more of the GM Boards, identifying key risks and opportunities and taking action to address both.

4. Recommendations:

4.1 That Population Health Board:

- 4.1.1 Note to content of this report
- 4.1.2 Agree the 'unique contribution' description as set out in s.2
- 4.1.3 Endorse the proposals set out in s.3.

END

Greater Manchester Population Health Board

Date: 16 June 2022

Subject: **Population Health Board governance: Alignment to NHS Greater Manchester Integrated Care**

Report of: Jane Pilkington, Director of Population Health, GMHSCP

David Boulger, Head of Population Health Transformation, GMHSCP

SUMMARY OF REPORT AND KEY MESSAGES:

This report sets out proposals aimed at confirming the position of the GM Population Health Board, within the context of the emergent GM Integrated Care system governance.

RECOMMENDATIONS:

That Population Health Board:

- Note the content of this report
- Reflect upon the key considerations set out in 3.1
- Endorse the proposals set out in 3.2.

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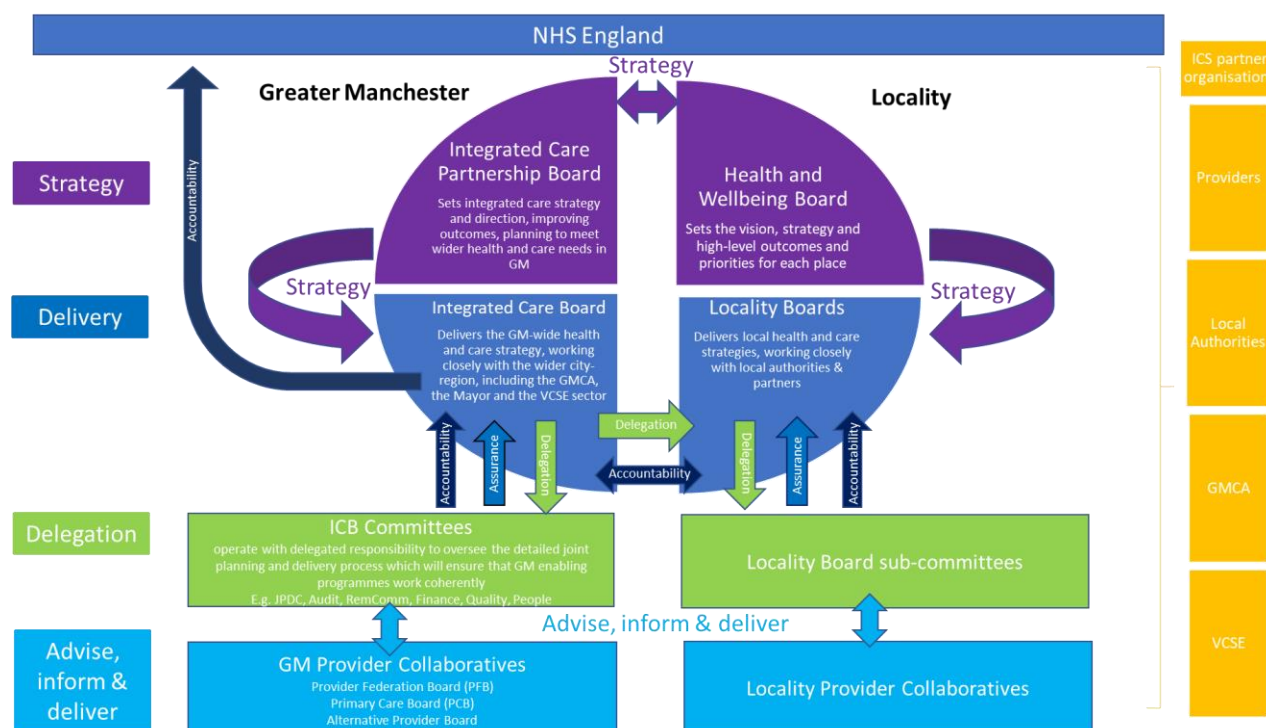
1. Introduction

1.1 On 1/7/2022, the 10 GM CCG's, GM Shared Services and GM Health and Social Care Partnership will merge to form one new organisation – NHS GM Integrated Care, with overarching responsibility for health and care in Greater Manchester.

1.2 This will lead to considerable changes to GM and locality system governance which will impact upon the GM Population Health Board which has historically been accountable to the GM Health and Care Executive, albeit with a high degree of autonomy and delegated authority.

2. Governance Arrangements – NHS GM Integrated Care

2.1 The proposed governance arrangements for NHS GM Integrated Care are as follows:



2.2 As set out above, the GM Integrated Care system will be called the GM Integrated Care Partnership and will be made up of two statutory elements:

- **Greater Manchester Integrated Care Partnership Board**, involving all the different organisations involved in supporting people's health and care, and focussed on delivering the totality of the GM Integrated Care Plan.
- **NHS Greater Manchester Integrated Care**, a new organisation, overseen by an **Integrated Care Board** to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population and discharging the statutory duties of the organisation.

2.3 These will interface with locality constructs as part of a whole system approach delivering across appropriate spatial levels.

2.4 The GM Population Health Board is required to consider and agree how it will interface with the new Integrated Care system governance, and particularly the desirability of a formal reporting relationship into the GM Integrated Care Partnership Board.

3. Future proposals

3.1 In order to determine the way in which the Population Health Board interfaces with the new system governance there are several key considerations to work through:

- a) Are Population Health Board members in support the Board being formally accountable to the Integrated Care Partnership Board given it's statutory and whole system responsibility for improving health and providing health and care in partnership.
- b) What other system governance arrangements (within NHS GM Integrated Care and within the wider system) should be formally accountable to the GM Population Health Board whether as a means of discharging to statutory responsibilities of the GM Integrated Care system or as a means off adding value through city-regional collaboration? – i.e., Screening and Immunisation Oversight Group; Emergency Planning, Preparedness and Resilience; Sexual and Reproductive Health Network and Board; Health Protection Reform Group; GM Gambling Harm Steering Group?
- c) What impact would absorbing a wider range of governance responsibilities have on the functionality of the Population Health Board and what form of sub-structure would be required to enable the board to retain a forward-looking and strategic focus? What could be the sub-groups or an executive function reporting to the Board?
- d) What other strategic relationships are critical to the effective functioning of the Population Health Board, but would not involve formal accountability arrangements

3.2 It is proposed that the Board reflects upon these considerations, takes a decision in relation to (a) and explores (b), (c) and (d) further in a second Board development day in July 2021.

4. Recommendations:

4.1 That Population Health Board:

- 4.1.1 Note to content of this report
- 4.1.2 Reflect upon the key considerations set out in 3.1
- 4.1.3 Endorse the proposals set out in 3.2.

END

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The Association of Directors of Public Health

DsPH ready to play a pivotal role in 'Making Smoking Obsolete'

ADPH responds to today's publication of Javed Khan OBE's independent tobacco review, 'Making Smoking Obsolete'

The Association of Directors of Public Health (ADPH) has welcomed today's report by Javed Khan OBE, which sets out clear and bold recommendations to dramatically reduce the prevalence of smoking in time to meet the 2030 Smokefree target.

The report rightly takes a holistic approach, recognising that there is no single bullet to making smoking obsolete. What is now needed is a concerted effort at a national and local level to implement the whole package of recommendations effectively which will require partnership working between Central Government, the NHS, local councils, police, industry, communities, schools, retailers and the media in order to achieve its ambitious aims.

Directors of Public Health, who work hard to develop and maintain these partnerships, are a critical piece of this jigsaw – a jigsaw that needs to be completed not only to make it as easy as possible for people to quit, but also to stop people from ever starting.

Another important piece of the jigsaw is adequate funding for both tobacco control measures and stop smoking services and so ADPH also welcomes the report's recommendations for significant and immediate investment.

This comprehensive review, which will help inform the forthcoming white paper on health disparities, provides the Government with a real opportunity to support ADPH members – and the wider public health community – to work together with all the necessary partners to help save over 60,000 lives each year.

ADPH President, Jim McManus, said:

"Consistent and collaborative implementation of tobacco control measures has already made a huge impact on decreasing the prevalence of smoking. However, there is still much more to do, particularly around tackling inequalities in smoking rates across society.

"Implementation of the recommendations in today's report represents a generational opportunity to not only reach, but to go beyond the target for a Smokefree 2030 and Directors of Public Health are ready to work closely with Government and play a pivotal role in making smoking obsolete." **ENDS**

About us

The Association of Directors of Public Health (ADPH) is the membership body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

Further information: comms@adph.org.uk

9th June 2022

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Date: 13th June 2022

Subject: Individual Placement and Support in Primary Care (IPSPC) initiative

Report of: Matthew Ainsworth, Acting Director – Education, Skills & Work, GMCA

REPORT AUTHOR AND CONTACT OFFICER

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1.0 OVERVIEW AND REQUEST OF GM POPULATION HEALTH BOARD

- 1.1 On 8th June 2022, the Department for Work and Pensions and the Department for Health and Social Care's launched the Individual Placement and Support in Primary Care (IPSPC) initiative.
- 1.2 Up to £40 million grant funding is being made available to support around six IPSPC services enabling the continued growth of IPS employment support. These services will be for people with physical and/or mental health conditions and disabilities and are expected to commence delivery in Spring 2023 and run for 24 months. Combined Authorities and Upper Tier Authorities (LA) (including County, Metropolitan Councils, London Boroughs, and Unitary Authorities) in England are able to bid for the grant funding.
- 1.3 Employment rates for disabled people and people with long-term health conditions are much lower than the general population (see Appendix one) and their risk of falling out of the labour market is higher. But many people in these population groups who are out of work want to work, those at risk of falling out of work want to stay in work and from a labour force perspective, GM needs both their capacity and valuable capabilities.
- 1.4 IPS is an evidence-based model for supporting people with complex health needs and/ or disabilities into paid work. Some IPS services - and these IPSC services - also provide job retention support – the latter as per GM's Working Well Early Help test and learn programme which finished delivery on 31st March 2022 leaving a gap.
- 1.5 GMCA is one of the most experienced IPS commissioners in the country and is keen to work with partners on a city region bid - an application could be with GMCA as the lead bidder or a local authority as the lead supported and enabled by GMCA.
- 1.6 To caveat this, there is currently no detail on expected deliverables, the payment model or grant conditions including availability of management fees with further information due on 20th June 2022. GMCA does not have the capacity to commission and programme manage a new IPSPC service within its existing staffing resources and this is also likely to be the case for any potential local authority lead.
- 1.7 **Request of Greater Manchester Population Health Board**
The timeline for applications is very tight; currently anticipated to be a mid-July 2022 deadline. Greater Manchester Population Health Board is therefore asked to:
 - endorse the proposal for GMCA to begin to explore a city region bid for the IPSPC initiative;
 - recognise the above caveats in particular the need for management fees;
 - should a GMCA or local authority led city region be submitted and successful, actively support the commissioning, mobilisation and implementation of a new IPSPC service.

- 1.8 For wider context, a new IPSPC services would sit alongside - but not be duplicating - the IPS for severe mental illness being delivered with GM's two mental health trusts to support the Long Term Plan ambition for IPS and the IPS being rolled out in drugs' services as part of the 10 year drugs' plan (initially extending to Wigan, Oldham and Rochdale in GM).

Appendix one

Health and Disability Employment related indicators

This table includes data for upper tier local authorities in England on:

- the proportion of the working age population for individuals receiving Employment Support Allowance (ESA) due to a health condition or disability.
- the proportion of the working age population for households receiving Universal Credit (UC) who been assessed to have limited capability for work and work related activity (LCWRA) and are therefore entitled to additional support.
- the disability employment rate (a person is defined as disabled if they have a health condition lasting more than 12 months that impacts negatively on their daily life); and
- the gap between the employment rate of disabled and non-disabled people.

The column for ESA relates to individual claimants whereas the column for UC relates to household claims. A small number - around 6% of ESA claimants nationally - also claim both benefits. **It is therefore strongly advised not to sum the figures in these two columns.**

The number in brackets next to each value show how it compares to all other Local Authorities - the lower the rank the better with 151 being the highest.

Local Authority	ESA ¹	UC LCWRA ²	Disability employe nt rate ³	Disability employe nt gap ³
	Nov-21	Nov-21	2020/21	2020/21
Bolton	5.8% (132)	2.4% (121)	36.6% (145)	40.3 (143)
Bury	5.0% (112)	2.0% (86)	58.0% (43)	20.6 (33)
Manchester	5.4% (124)	2.6% (129)	49.0% (105)	24.8 (59)
Oldham	5.0% (112)	2.9% (139)	56.3% (55)	17.3 (16)
Rochdale	6.2% (139)	2.5% (125)	40.4% (140)	36.6 (135)
Salford	6.0% (135)	2.4% (121)	47.9% (115)	34.5 (125)
Stockport	4.8% (104)	1.6% (52)	55.1% (67)	23.0 (48)
Tameside	6.0% (135)	2.6% (129)	48.4% (109)	31.9 (111)
Trafford	3.6% (62)	1.7% (66)	51.3% (88)	31.0 (101)
Wigan	5.2% (120)	2.5% (125)	54.3% (73)	29.8 (94)

¹Source:

The proportions are calculated from separate data available via [DWP's Stat-Xplore](#).

The data used is from two data tables within Stat-Xplore:

'ESA - Data from May 2018' and 'Population Estimates'

²Source:

The proportions are calculated from separate data available via [DWP's Stat-Xplore](#).

The data used is from two data tables within Stat-Xplore:

'Households on Universal Credit' and 'Population Estimates'

³Source: [The employment of disabled people - GOV.UK \(www.gov.uk\)](#)

Bury Integrated Safeguarding Partnership



Annual Report 2020-21



Contents

Page Number	Contents
3	Foreword by the Independent Chair
5	Introduction
5	About the Bury Integrated Safeguarding Partnership
7	Business Unit
8	Business Group Review
9	Subgroup Review
14	Partner Agency Reviews
24	Safeguarding Case Reviews
25	Customer Voice
27	Action Plans
29	Targets for 2021-22
29	Acknowledgements and Closing
30	Glossary
32	Appendix 1
33	Appendix 2
35	Appendix 3
38	Appendix 4

Foreword

Kathy Batt – Independent Chair

The work of the Bury Integrated Safeguarding Partnership (BISP), from 1st April 2020 through to 31st March 2021 was dominated, as were so many other areas of public service, by the Covid pandemic and the subsequent restrictions. In this report it will be possible to read about how each agency responded to the crisis with a determination to keep vulnerable children and adults safe and support families. It has been an extremely challenging time and the impact of some the changes to working practices which were necessary, as well as the aftermath of the restrictions, e.g. the disruption to schooling and the increase in poor mental health amongst young people and, indeed, the general population will require a robust response from services which are already overstretched in Bury and across Greater Manchester.

Within hours of the first lockdown being announced the BISP had moved all its meetings online. Although the duration of BISP strategic and business meetings were shortened, not one was cancelled, and attendance has been excellent. The agendas for the business meetings enabled each agency to give a summary of how their services were being delivered under the restrictions and to highlight any barriers to multi agency safeguarding. These forums became a vital exchange of information. especially in the earlier months of the lockdowns.

In parallel with the planned meetings of the BISP partners, the business group and working groups there were the Rapid Reviews and full Safeguarding panel meetings which took place throughout the year. The number of referrals for Rapid Reviews for children became a matter of concern and there has been some work about the interpretation of the criteria by other agencies, particularly the police. A flowchart for the process of referral and decision making has been produced but there is still opportunity for professional judgment and there has been much debate about how decisions are made about progress to full Local Child Safeguarding Practice Reviews (LSCPRS). The same issues do not affect safeguarding Adult Reviews, a protocol for which was implemented this year.

The findings of some of the LSCPRS have become depressingly familiar, e.g. lack of communication between agencies, lack of curiosity about past history, professionals not having the confidence to challenge each other or escalate concerns, over optimism, especially in cases of domestic abuse, inconsistent decision making in applying thresholds, poor or incomplete assessments, and finally situations where adults with severe mental health problems are not recognised as parents who have caring responsibilities towards vulnerable children. This last issue was starkly prominent in Serious Case Review G19, “Joshua” where a child died at the hands of his father. This review looked at services in both Bury and the City of Manchester and highlighted the current fragmentation and confusing multiplicity of some mental health services. This issue, alongside others raised by the reviews in Bury have been escalated to the Greater Manchester Social Care Alliance as solving them will not be possible in one Borough alone.

Of course, reviews such as these focus on cases where the outcome has been tragic and it is important to remember that there are many other families where intervention and support has been timely and effective but the reoccurrence of the themes of the child reviews is a matter of great concern to the BISP and requires commitment and leadership from the Strategic Partners to ensure blockages and barriers to good practice, whether it be staff turnover or ineffective structures, are addressed.

This report contains evidence of the many assurance systems and audits that agencies undertake on a regular basis. It is not the role of the BISP to duplicate these but to ensure that there is similar scrutiny for multi- agency arrangements and apart from the ample data and analysis produced by the business unit, this scrutiny needs to be independent and robust. The Strategic Partners have been evaluating how far the current structures and arrangements align with the recommendations of Sir Alan Wood's review; and although in many ways the BISP is progressing in the right direction, e.g., in the efforts to link up the many different forums operating in Bury and clarify governance under the Children's Strategic Partnership Board; there are still a few important gaps, not least in ensuring independent scrutiny. While the role and function of having an Independent Chair for certain meetings allows for some impartial oversight it is not enough on its own, to reassure the Strategic partners for Children's safeguarding services that multi - agency working is effective and improving the lives of children. Several models for commissioning independent scrutineers are being considered and implementing a new system will be a priority for 21/22.

Sir Alan Wood's review also considered the role of the Business manager for the Partnerships and Boards that exist. He emphasised that the role carries much more responsibility than simply ensuring that certain administrative tasks are completed, when done well it has a key role in facilitating multi -agency co -operation. The business unit has coped very well with the never-ending demands that the year has brought yet a review of the capacity within in the unit is overdue and is planned for the coming year.

There are future challenges including the recovery from the Covid pandemic, the dissolution of the CCG and the introduction of the Integrated Care System, the new Protection of Liberty standards and the ever-present issue of budget constraints across all agencies and how Bury carves out a role within the context of the Greater Manchester Care Alliance. I will be stepping down as Independent Chair in the coming months, but looking back it is possible to see that, notwithstanding the many challenges the BISP has faced and will face, the individuals, practitioners, managers, and support staff who deliver services to the families, children and adults at risk in Bury, remain committed and determined to provide the very best response they can to the needs of service users.

K. Batt – Independent Chair, Bury Integrated Safeguarding Partnership

Introduction

This report is the first, full combined Annual Report to be published by the Bury Integrated Safeguarding Partnership and focuses on the work undertaken by the Bury Safeguarding Childrens Partnership and the Adults Board, in the April 2020 – March 2021 reporting period.

As part of their statutory requirements defined in Working Together to Safeguard Children (2018), the Children Act (2014) and the Care Act (2014), the Childrens Safeguarding Partners and the Adult Safeguarding Board are required to produce a report at the end of each financial year which highlights:

- What BISP has done during that year to achieve its objectives
- What BISP has done during that year to implement its strategy
- What each BISP member has done during that year to implement the strategy
- The findings of the Safeguarding Reviews for both Children and Adults arranged by the BISP which have concluded in that year (irrespective of whether they have started in that year or not)
- The reviews arranged by BISP under that section which are ongoing at the end of that year (whether or not they began that year)
- What BISP has done during that year to implement the findings of reviews arranged by it under that section, and where it decides during that year not to implement a finding of a review arranged by it under that section, the reason for that decision

About Bury Integrated Safeguarding Partnership

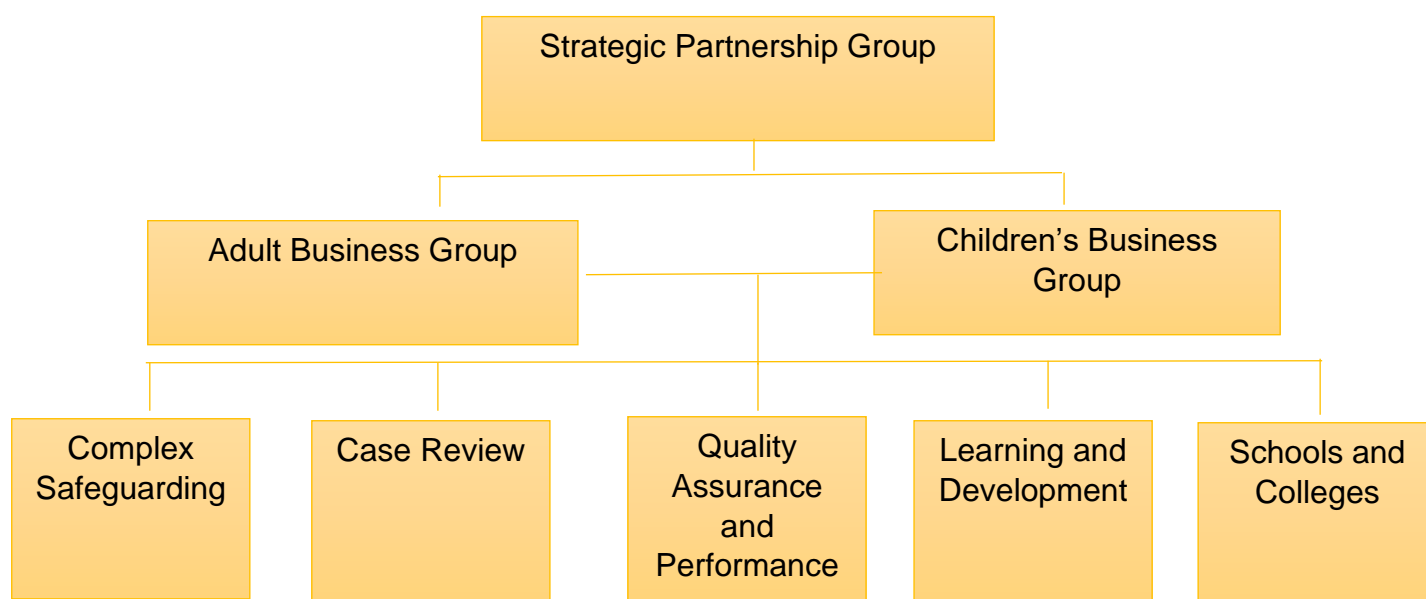
Due to the changes in statutory requirements, learning from service /practice reviews and development sessions with both the Bury Safeguarding Adults Board (BSAB) and Bury Safeguarding Children Board (BSCB) it was decided in 2019 that Bury would transition to having one integrated safeguarding board which will be known as the Bury Integrated Strategic Partnership (BISP).

The benefits of moving to this integrated model are seen as follows:

- Drive a more rounded approach to safeguarding i.e., via shared learning, joint workforce development, developing/improving joint practice, an all-aged, shared focus, and agenda.
- Avoid duplication both of officer time and resource investment
- Strengthen the links with and learn from local, regional, and national partnerships
- Ensure that Bury meets its obligations in relation to adult and child safeguarding statutory requirements and Greater Manchester Health and Social Care transformation plans
- Ensuring that the customer/patient voice is entrenched in developing Bury's overall response to safeguarding

Structure:

The BISP's structure consists of Strategic Partnership Group, Business Groups for both Childrens and Adults, and five specialist subgroups. (As highlighted below)



Each subgroup may create Task and Finish groups with specific, specialist members in order to undertake work-schemes to further investigate priority areas or developing patterns and trends in the local areas.

In the case of the Case Review Subgroup, there has been additional support given to the Business Groups in the form of disseminating learning from children's and adult's safeguarding cases and the scoping and commissioning of Safeguarding Reviews and Learning Reviews for both Children and Adults and monitoring the response to actions coming out of those reviews.

This has become an essential process, due to the significant number of Rapid Reviews that have been applied for during the last year, and the number of case reviews that have been carried over from previous years.

Priorities and Plans

The plan for 2020-21 has included the following target areas focusing on scrutiny and challenging the system with specific focus on the areas below, including "Where will the assurance be sought from?"

1. **To ensure interagency safeguarding practice is informed by the lived experience of children and at-risk adults**
2. **To establish effective sharing of information between all partner agencies working with children and at-risk adults**
3. **BISP should be confident that safeguarding services are accessible to every community and especially those who may be at risk**
4. **To reduce the risk of harm and abuse through early intervention strategies and nurturing positive relationships.**
5. **To ensure practitioners working with children and at-risk adults are well trained, well informed, and confident in fulfilling their roles and responsibilities**
6. **To ensure that safeguarding remains effective during Covid-19 and responds to local pressures**

Business Unit:

The Bury Integrated Safeguarding Partnership is supported by a jointly funded Business Unit that provides expert guidance, administration, quality assurance, development work, communications, and training. The unit is hosted by Bury Local Authority.

The officers currently located together are:

- Integrated Safeguarding Partnership Business Manager
- Learning and Development Officer
- Quality Assurance and Performance Officer
- Senior Administrator
- Administration Officer

During the first year of the BISP, the Business Unit established its workforce and began to support the BISP in the development and implementation of its strategic priorities and the subsequent processes to allow the different subgroups to undertake specific and specialised work. This work has continued into 2020-21, as the Covid-19 pandemic has placed additional challenges on the operation of the BISP.

The primary work stream for the business unit this reporting period has been to manage the increased number of referrals for Rapid Review and Safeguarding Reviews that have been received by the BISP. At present, there are still a number of active Serious Case Reviews, Safeguarding Adult Reviews and Safeguarding Reviews, as well as others that are open for consideration for a Rapid Review or have been taken forward for initiation or are to be completed as learning reviews. These are discussed later in the report.

The unit has also supported the undertaking of a re-structuring of subgroup processes and timescales in order to ensure a more fluid relationship between the sub-groups, Business Groups and Strategic Partners, and to provide structure for collecting data and evidence to ensure all statutory responsibilities are being met. More details on Safeguarding Reviews, Training and Development, and Quality Assurance activities of the BISP are detailed later in this report.

Reporting

All BISP groups have been asked to comment on their activities in relation to the six priority areas identified in the 2019-20 Strategic Priorities Plan. These can be found in Appendix 1.

Overview

In a difficult year, there has been a number of trends and patterns identified in both children's and adults safeguarding.

With regards to children, some of the notable changes occurred during the second and third quarters, where there were fluctuations across many areas. Within social care, there was a reduction in the number of locality hub episodes open during the month, from 370 down to 301, before rising again to 397 by the year end, a significant fluctuation of around 25%. There were also 2047 referrals into children's social care over the year, with around 22% of these being repeat referrals. What is positive to see is that over 90% of these referrals went on to Single Assessment, with around 85% being completed to timescale. In Bury, by year end, there were 201 children subject to a Child Protection Plan, with two thirds of these plans (66.5%) being subject to a plan for a subsequent time, however only 3 plans had lasted for over 2 years.

The number of Looked After Children has reduced over the year, down from 364 to 347, with a total of 113 children becoming looked after during the year. The rate of Section 47 enquiries being held at the end of the year was 217.8, with 82.2% of Initial Child Protection Conferences being held within 15 days of the strategy meeting.

With regards to specific safeguarding, there were 1747 domestic violence notifications received by Greater Manchester Police from addresses where a child is present over the year, with 958 repeat notifications. Again, this saw an increase in Quarters 2 and 3 for the year where there was an increase of 67 cases per quarter from Quarters 1 – 3, and a reduction of 23 by Q4.

There were 328 missing from home incidents over the year and 360 missing from care incidents, with 78% of return interviews taking place within 72 hours of the child returning home. There were also 35 CSE episodes open at year end with an average of 1.91 of new referrals being high risk. All data can be found in more detail in Appendix 2.

With regards to adult data, there were 1724 individuals per 100,000 involved in safeguarding concerns over the year, with 828 per 100,000 being involved in a Section 42 enquiry and 133 per 100,000 involved in other safeguarding enquiries, 252 individuals had more than one Section 42 enquiry in the year.

There were 1407 Deprivation of Living Protocols applications submitted, with 654 being authorised, and 4 Safeguarding Adult Reviews were undertaken in the year. Further details can be found in Appendix 4.

Business Group Reporting 2020-21

Both the Children's and Adults Business groups are expected to provide a summary of their achievements during the reporting period. Below is a brief summary of the contributions of each of these Business Groups in the 2020-21 period and highlights some of the key themes and areas that will be priorities in 2021-2022.

It has been felt, that while there has been a number of operational challenges as the result of the Covid-19 Pandemic, there has been a very positive shift within the Business Groups, and

as a result there is a better working relationship between members. While some workstreams and priorities were placed on hold at the beginning of the pandemic, many of these have now been resumed, with only a small number still waiting for an increase in capacity to allow them to resume. There has been a significant increase in the attendance of members within both groups, and the attendees have been consistent, with all member agencies having both a clear voice in the group, but also an equal level of engagement and value of their contribution. All agencies not only feel they are seen as equal partners in the groups, but also that there has been a better link developed between the Children's Business Group (CBG) and the Adult Business Group (ABG), with a more equitable focus on both.

There has been some evidence of planning ahead, with both the CBG and ABG encouraging the development of local training and audit programmes through the subgroups that are directly linked to outcomes and actions of case reviews, which has led to a clear link to the various subgroups, with consistent feedback and reviews of their activities. There has also been an added interaction on a Greater Manchester level, contributing to a number of combined workstreams with other Local Authorities, where Bury is well represented by members of the Business Unit and the Business Groups.

This BISP CBG and ABG both also obtain regular assurance from partners through their individual agency reports and audits, for example the NHS CCG's Nursing Home audit, and this is reflected in reports to the Business Groups.

Sub-Group Reporting 2020-21

As stated earlier, the BISP has a number of sub-groups that support the business groups. This year, group chairs have been asked to provide feedback on the successes and challenges that they have identified over the last 12 months.

Many of the activities undertaken by these groups, especially the Case Review, Learning and Development and Quality Assurance Sub-Groups, are directly taken from findings and recommendations of Rapid Reviews and Case Reviews undertaken since the inception of the BISP in 2019.

Case Review Sub-Group

Chair – Sandra Bruce (CSC), Deputy – Amanda Symes (ASC)

The Case Review Sub-Group has had an unprecedented number of reviews to manage in the last year. The first task undertaken by this group was to identify the historical learning and outstanding actions for case reviews initiated previous to the inception of the BISP and identify any practice that had been made by partners and other services to complete those actions. With the support of the BISP Business Unit and the other sub-groups, most actions were completed and signed off within the year. This group has also contributed to the new Rapid Review process which has now been implemented throughout Bury.

Complex Safeguarding Sub-Group

Chair – DCI Kate Atton (GMP), Deputy – Janice Barr (CSC)

The Complex Safeguarding Team Sub-Group (CST) have had a number of successes in the last year, mainly focusing on Operation Burgos, a multi agency 3-year investigation into non recent child sexual exploitation in Bury. As a result, two brothers have now been convicted

and sentenced for a variety of child exploitation offences. The victims from Burgos have worked with GMP's press office and produced videos detailing their journey which can be found at <https://youtu.be/WsXR7MS7jm0>

In relation to the sub-group's general activities, the CST have collected information via the production of the Quarterly Complex Safeguarding Insights and impact framework. This contains a wide range of performance data ranging from the number of referrals into the complex safeguarding team to the associated pathways and current caseload.

The group collects the feedback from Peer reviews (facilitated through GM CST) including points for improvements that are assimilated into the Complex Safeguarding Team Action plan, and Voice of the Child data is collected at Domestic Abuse incidents to ensure safeguarding practice is informed by the lived experience of children. There is also a working group looking at the Rapid Reviews relating to complex safeguarding and associated action plans.

Within the group, Health representatives have completed risk assessments for visiting service users at home, and vulnerable children and families were prioritised, especially during the Covid-19 pandemic. This has also meant that the social workers from the Complex Safeguarding Team have moved out of the Police Station due to covid regulations and as a result virtual working has supported this transition and meeting attendance has been improved. Children's services and Health are in the process of reviewing their estates and ways of working safely during Covid also.

In relation to service development, there has been an establishment of a Complex Safeguarding Nurse role to work directly with Complex Safeguarding Team and improve communication between health and other agencies. A joint Complex safeguarding action plan has been produced in conjunction with partners and a new complex safeguarding room has been developed at the police station in the Haven; this room is to support children in crisis. Additionally, Child Protection status is checked by all out of hour's health services when a child attends and helps identify CSC involvement.

Achieving Change Together (ACT) Model Social Workers have joined the CST in addition to Trusted Relationships Psychologist/Health representative to increase the range of service available.

Externally, it has been agreed and implemented that Taxi drivers have to complete mandatory safeguarding training, and while COVID has impacted on this there is a requirement that all new applicants now need to undergo safeguarding training. It is also now mandatory for all applicants and licence holders to have enhanced DBS checks every three years; this is being reviewed currently with a view to undertake an enhanced DBS check every 6 months. Licensing has powers to suspend or revoke Hackney Carriage and Private Hire Drivers Licences if it is in the interests of public safety, this is done in consultation with the Chair of the Council's Licensing and Safety Committee and the Head of Service/Licensing Unit Manager.

In March 2020, Pennine Care in partnership with BISP, planned & delivered four multi-agency Safeguarding Adults half-day training sessions in order to improve awareness and understanding of how to recognise respond and refer in relation to the needs of vulnerable adults at risk of abuse and harm. These sessions were delivered by the Pennine Care Safeguarding Team to a number of practitioners from various services across Bury in April 2021, via the Zoom platform.

It has been identified by the group that Children's Services have seen an increased amount of data breaches because of the increased use of electronic information sharing, and work is

being undertaken across Social Care to ensure that staff are aware of the need to share information-sharing in a safe and effective manner.

The Complex safeguarding team have completed targeted work with vulnerable children throughout the Covid lockdown period where the Local Authority led an engagement campaign to target vulnerable communities who may be experiencing domestic abuse. The Complex Safe guarding Team is committed to ensuring safeguards are in place for all by developing communications with the Jewish Community through Operation Parachute, establishing Philomena Meetings, where Philomena Forms are completed by all Children's/Semi Independent Provisions in Bury to support Police with high risk missing young people and also Operation Mezzanine (CCE/CSE operation dealing with victim/offender, night-time economy) focused on visiting the most vulnerable children at weekends and out of hours and "Soft" intelligence is gathered to inform plans and interventions.

Pennine Care NHS Foundation Trust level 3 safeguarding training packages (both children and adults) have been refreshed in early 2021 to ensure that learning from local Serious Case Reviews / Local Child Safeguarding Practice Reviews and Safeguarding Adult Reviews is embedded. In addition to this, learning from local SCR's / LCSPRs, SARs and DHRs is shared at the borough Quality Forum which has representation from each Service within Pennine Care. This is an opportunity to discuss, share, and embed the learning as it applies to us from 7-minute briefings etc. It is also shared at the Healthy Young Minds (CAMHS) Quality Forum which includes staff from both Healthy Young Minds (HYM) community teams as well as in-patient Child and Adolescent Mental Health Service (CAMHS) provision.

The ongoing vulnerabilities and risk of abuse as children enter adulthood are highlighted in the Pennine Care NHS Foundation Trust Safeguarding Adults training package as above (this includes risks of criminal exploitation and sexual exploitation), to enable a better transition from children to adult services. There has also been an implementation of "Health Passports" for some young people with mental health issues (inpatients in children's wards at Cygnet Hospital and one of our therapeutic homes that primarily supports young adults aged 18-22) if they need to attend Accident & Emergency. The aim of this is to ensure vulnerable young adults are cared for appropriately and any safeguarding issues can be addressed.

Multi-agency adult safeguarding sessions have been facilitated in order to build stronger working relationships with Adult Services to enhance focus and awareness regarding Transition, and there is a named link for CST for those young people who are turning 18.

In order to reduce the risk of harm to children from individuals identified by the CST, health services led an early intervention update in relation to safe sleeping, an area that seems to be an emerging theme in some Rapid Reviews.

The ACT Model /Signs of Safety plans have been developed to improve relationship building and to give more intensive support for the most vulnerable young people and Bury is a pilot are for the PIED (Prosecution, Intervention, Education and Diversionary) project. This is a prevention, intelligence, and diversion project whereby all juvenile victims and offenders of crime are discussed by a multi-agency group including Youth Offenders Service, Police, Early Break, Children's services, Victim services and the voluntary sector Early Break/CSC. Early intervention and diversionary pathways are considered, and actions implemented to prevent escalations in offending behaviour

The CST group has also linked with the BISP Learning & Development officer who has a working group that looks at all Rapid Reviews to pull out learning and themes. This helps to ensure services/professionals are learning from SCR's and Rapid Reviews.

Finally, the Greater Manchester (GM) Complex Safeguarding Hub audited four cases during their peer review process in September last year. One of the cases was highlighted for its best practice and shared with other Complex Safeguarding Teams throughout Greater Manchester. The key positive aspects were: -

- The support for Child was young person centred, relational based and prioritised his needs.
- Child's character, strengths and interests were well documented in case files and assessments and has clearly been nurtured by Education, Social Care and Youth Justice. Child's case highlights how impactful strength-based practice can be when services invest in the young person's assets and not solely focus on the concerns.
- The recording and assessments of Child were of a very good standard.
- 'This is a very good case example of effective multi-agency working, comprehensive assessments and young person focused/strength-based interventions. It was a pleasure to review this case, the team are dedicated and clearly have Child's best interests at the forefront of their work.'

This can be seen as a very positive response from the GM Complex Safeguarding Hub group and indicates that the Bury CST group are operating effectively.

Quality Assurance Sub-Group

Chair – Helen Delamare (CSC), Deputy – TBC

The QA subgroup went through a number of changes in 2020-21, with the addition of extra data sources and the changing of the Deputy Chair, however a number of multi-agency audits were carried out in the period, and further areas for review were also identified as the result of a clearer working process with the other sub-groups.

On the whole, a data set for adults was agreed, and additional data sets for further investigation within children's social care were also identified, while audits into Transitions, Standardisation Review of MASH Referrals Advice, and Babies being born to Mothers Recently having Social Care involvement cease, were well received. In addition, the Section 11 audit was completed with Action Plans reviewed, and the Section 157/175 School Safeguarding audit is currently ongoing.

What was noted from the subgroups data, is that there were varying trends throughout the year, and this has been attributed to the ever-changing situation with the Covid-19 pandemic, and some challenging families who met service thresholds on a number of occasions, for example one family accounted for a significant of missing episodes in Quarter 4, and a distinct pattern has formed around some major themes.

As a result, there has been a plan of working initiated within the group, where there is the intention going forwards to have three Multi-Agency Audits each year, influenced by the

outliers and exceptions indicated in the Performance Data and the outcomes of any case reviews that have been published, linking in with the other sub-groups.

The planned Multi-Agency audits for 2021-22 are on the Think Family Approach within Bury, Criminal Exploitation of Vulnerable People in Bury and finally Child Death and Serious Injury as a Result of Overlay, while there is also the intention to review any outstanding audit activities planned for 2021-22 from Historic Case Reviews.

Learning and Development Sub-Group

Chair – Bev Johnson (Adult Social Care), Deputy – Bernie O'Brien (CSC)

The Learning and Development sub-group has started to shift its priorities this year to focus on outcomes of Case Reviews and Rapid Reviews, in order to ensure that the learning programme offered is appropriate to current themes that are emerging from the Case Review sub-group.

The BISP Learning & Development officer is part of a working group that looks at all Rapid Reviews to pull out learning and themes. This then determines future courses and identifies in the courses that are being delivered where updates need to be included or topics need to be changed/covered in more detail. This helps to ensure services/professionals are learning from all types of formal reviews, re-occurring themes are identified, and agency staff can access a range of development opportunities. Multi-agency training has still taken place during Covid, with some uptake from across all multi-agency partners, however, there has been some challenges regarding uptake from staff on some courses. This has led to some difficulty in identifying the impacts of training and learning, as there needs to be sufficient uptake to measure this impact effectively.

There are currently 16 live courses being offered by the BISP, with 13 in development and a further 6 gaps in training available to meet the learning from case reviews. These gaps link to Mental Health Pathways, Dementia Awareness, and the Impact of Covid. There is to be a further focus on 3 other areas, Safeguarding, Domestic Violence and Bruising on Immobile Babies.

Schools, Colleges and Adult Learning Sub-Group

Chair – Gail Branch (School/College), Deputy – Adele Williams

A number of changes affected the Schools, Colleges and Adult Learning Sub-Group (SCAL) in 2020-21, with changes to the chair, deputy and some of the Strategic Partner representatives all occurred over the year. This has meant that an accurate report from the group has been difficult to collate, however designated leads have been identified going forwards, and a direct source for support in the new Assistant Director Isobel Booler has agreed to support the restructuring the group.

BISP Partner Service Reports

Children's Social Care

Children's Social Care have, during the pandemic and associated lockdowns, continued to ensure vulnerable children are safeguarded and supported. The Multi-Agency Safeguarding Hub (MASH) moved out of the police station and operated from 3 Knowsley Place along with Initial Response Teams and Safeguarding Teams operating in smaller bubbles on a rota basis in accordance with agreed safety protocols. The roll out of new IT equipment prior to the Covid pandemic allowed staff to engage with new technology to aid working at home. The Microsoft Teams system was rolled out to all staff to enable virtual meetings across the service, with partners and parents able to participate and thus ensure services continued with business as usual. Staff have successfully adapted to home working and have been proactive in their approach.

The priority at the start of lockdown was to ensure the safety of children in Bury and that Statutory Processes for Children in Need (CIN), Child Protection (CP) and Looked After Children (LAC) continued, whilst ensuring the safety of staff; especially those having to carry out face to face visits. It was envisaged that the continued lock-down would result in increased pressures within families which in turn may put some children at a higher than usual risk. Every child at CIN, CP or LAC continues to have an updated risk assessment which is clearly recorded on the child's record to ensure that in the event of the child's social worker not being available, there is an up-to-date statement in respect of need, the agreed visiting / contact frequency and the current risks and concerns associated with each child.

A REACT meeting took place with Ofsted and the DfE on 30/04/20 to review Children's Services actions in respect of Schools, Social Care, SEND and Early Help and to consider any support required. The meeting was positive and in October 2020, Ofsted carried out a Focused Visit of Children's Social Care and Safeguarding. The remit of the visit was much broader than the usual focused visits and was to "look at what has happened for children and families in the last 6 months before the visit to understand children's experiences." The focus was on child-centred practice that that been carefully risk assessed to result in the best possible decisions for children in the context of the pandemic locally. This was a positive visit, and whilst some improvements were identified, inspectors saw that progress had continued to be made within the service during Covid, and that staff had been creative in ensuring that children continued to be seen in spite of the restrictions of the pandemic. Despite the restrictions and delays within the court processes, services have also continued to match children for adoption and place children with their adoptive parents.

Routine work continues within the Practice Improvement and Quality Assurance Service and the regular audit programme has continued, including Performance Management Meetings and Insight into Social Work Practice. These meetings continue to be the driving force promoting service improvements and learning across the department. Following a move to virtual initial child protection conferences at the start of the pandemic, it was found that parents were having difficulty engaging in the process. There is now a hybrid model in which parents meet face to face with the Conference Chair, whilst the remaining partners attend by virtual means. With regards to the provision of services via virtual means, there has been a maintenance throughout the pandemic of Priority 1 Services, and these have retained a high level of staffing. Regular communication takes place with peers and managers and staff have used WhatsApp groups, Coffee and Cake sessions (Via Teams) and 'walk and talk' sessions when lockdown restrictions allowed to provide team comradery.

Signs of Safety has been rolled out as the chosen strength-based practice model with an extensive staff training and support program, meaning that the end of year performance

against a number of key performance indicators was in line or better than our statistical neighbours.

Early Help

There has been much more of an opportunity to reflect on Early Intervention with families as services have shared the learning from Rapid Reviews. Specifically, these have focused on our Think Family approach and the need to ensure that at the earliest opportunity service are organising themselves into the team around the family to ensure that support is given earlier. As a result, there has been an increase in the Team Around the School meetings which have also led to some decrease in referrals into social care.

As locality early help teams are embedding services, they are making more connections across prevention services including better links with Education Welfare Officers, Connexions workers and the Youth Service. This has allowed teams to look at more creative ways to reach out to families and support them. The early years team has also been working with some projects delivered through Greater Manchester Care Alliance and services are seeing the impact of the approach especially in terms of pathways to talking and welcome. The early years team is reaching into local early years provider settings and working with them to raise the profile of early identification of need and early help.

There is no doubt that the impact of covid affected all services in 2020-2021, especially as services are all focused on the principle of “wrap around” within the community and especially schools and early years settings. The universal offer was reduced due to non-access to buildings and workers were not able to visit and see families as often and in the way they would like. However, services have continued to embed the model of Team Around and staff have used the time to look at more creative ways to work with families. They have used videos to share and support families in terms of parenting and child development, and they have been creative in developing YouTube channels through the local youth service to develop interactive timetables and activities and services have concentrated on greater detached work out in the community, meeting young people and engaging them around how to stay safe but connected. However there has been an impact as a result of the number of schools and settings that have had to close or send large groups of children home due to infections and it has been found that services have had to move into a much more reactive space than they would have liked and there was an increase in demand for practical support in terms of food parcels etc. for some local families.

Early Help Services are looking forward to recovery and re-setting and thinking of how they take some of the innovation forward in engaging families and resolving issues before they escalate. They have seen a higher demand for locality teams to be lead professional in team around and there has also been an increase in young people experiencing poor mental health.

Services have embedded a quarterly performance clinic and all services in Early Help provide key data to help them track their work and the impact they are having. Some key trends include remaining static in the two-year take up at 79% but they are hopeful to see this improve as Bury is a pilot authority working with a project to increase take up. We are in line with our statistical neighbours and above England averages of 69%.

There has been a reduction in repeat referrals into Early Help from 21% at the start of the year to 15% at the close. Its early days but audit work shows improvement in the quality of the current offer and resolution at closure. There was an increase of 50% of contacts from school into the Multi-Agency Safeguarding Hub where there had been an early help

response prior to referral. It is a key priority to see all but the most urgent safeguarding referrals to have evidence of early support.

Services have continued to see improvement, despite covid, on young people who are in Education, Employment and Training. (EET) which is at 97%, an improvement from 95% the previous year - It places Bury in the second quintile making it only one of two authorities in Greater Manchester achieving this output.

Bury saw a rise of Elective Home Educated children, up by 40% and this reflected the increase seen across England. There has now been a shift and we have started to see a reduction as parents have felt more confident in sending their children into school again.

Finally, there has been the integration of the Troubled Families offer into the Early Help offer and there was an improvement in turnaround from 40% to 80%.

Learning from Serious Case Review G19 has been embedded in procedures within the Locality Team, ensuring that stepped down plans from children's social care are managed through a robust system to ensure multi-agency planning within Team Around the Family and that clear bottom lines have been established.

Following audit baselining activity in quarter 4, 19/20 on reflection of the findings, thematic sampling of a larger number of cases was completed throughout April, May and July 20 which allowed the review of more cases and to test the progress on themes and learning. There were some strengths noted around case recordings, management footprint and supervisions being held and documented but more work needs to be done on chronologies, case summaries and the child's voice.

Learning opportunities were completed across the locality teams and a practitioner pack developed to improve areas identified in order to strengthen and develop the workforce. There were continued quality assurance functions which have been embedded within management practice and the outcomes of ongoing audits have shown an improvement in the overall grading with more needing improvement rather than being judged inadequate and as a result some emerging good practice has been identified.

The focus for 21/22 has been around compliance however in 21/22 this is moving into a more mature model of quality assurance that is considering quality and impact of intervention.

Education

The Education Service has reviewed and strengthened its arrangements for sharing information on vulnerable children as they transfer between school placements. This arrangement is implemented; it will be reviewed during the coming academic year to evaluate its effectiveness

With the appointment of a new Safeguarding Officer for Education the service has begun a systematic review of safeguarding processes and training. This work is in progress and some cumulative evidence is being collated.

A Task Group investigating service arrangements for combatting bullying in schools has nearly completed its work. This work will be completed during the current term. There will be a conference launch when restrictions allow.

The Education Service has reviewed and is strengthening the cross-service supports for vulnerable children, and additional funds from the DFE Safety Valve allocations to support this, which will enable the service to accelerate the transformation.

The White Paper on Skills has prompted the development of an integrated cross- council approach to pathway planning post-14 to age 25 for vulnerable young people in Bury. The audit of resources has been completed and is available. A workshop has been set up to develop the service's vision and priorities, and this will take place after the coming elections. It has also been recognised that the impact of the Covid 19 pandemic during the past year has changed things, however partnership working has strengthened, service priorities have changed to meet new challenges and progress in others has been accelerated. The service recognises additional strains and pressures in the service and sees well-being as a necessary priority as the service is reset.

Local Authority Designated Officer (LADO)

The total number of LADO related enquiries were 318 between 1st April 2020 and 31st March 2021, down 12 from 330 last year. Of the 318 LADO related enquiries, 60 reached the LADO threshold to referral, with 7 being classified as No Further Action after Initial Consideration, 19 being substantiated, 13 Unsubstantiated and 9 Unfounded, False or Malicious, with 12 investigations ongoing. For a more detailed breakdown, see Appendix 3.

Adult's Social Care

2020-2021 was a demanding year for health and social care services due to the Covid pandemic. Practitioners worked hard to ensure that our vulnerable residents were supported and protected. In relation to the pandemic response specifically, a virtual "command centre" staffed by senior leaders across health and social care was established to direct the local response to the pandemic, the Safeguarding Operations and Deprivation of Liberty Safeguard response continued with minimal disruption and the Standard Operating procedures were developed which ensured continuity across services and gave assurance regarding our approach.

A weekly report to care providers was mobilised giving advice and instruction on changing policy guidance, ensuring care providers were well informed and supported and that a consistent message was disseminated. The duty function available to care providers was also strengthened, allowing a quick response to requests for support/emerging issues.

Lead officers from Adult Social Care were commissioned to develop a number of protocols/policies for the BISP, which included the Safeguarding Adults Review Local Protocol and Procedures which was agreed by BISP Jan 2021, the Managing Allegations Protocol (People in A Position of Trust) was agreed by BISP March 2021 and finally the Inter-Agency Risk Management Protocol was agreed by BISP March 2021 and is awaiting agreement of responsibility discharge.

A new Adult Social Care Quality Assurance framework was developed by the Principal Social Worker. It is centred around 4 key outcomes:

- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.
- Enhancing the quality of life for people with care and support needs
- Ensuring that people have positive experience of care and support
- Delay and reducing the needs for care and support.

This document also addresses how we will increase the strength of and raise the quality of reflective supervision, as per learning identified in Safeguarding Adult Review “Amy”.

Following a query from Her Majesty’s Coroner on the role of Section 42 enquiries, Bury’s Principal Social Worker co-led a Tri-Borough adult safeguarding learning event. A practitioner event was held on the 9th of December with over 70 officers attending from the Boroughs of Bury, Oldham and Rochdale. Each area then developed its own learning action plan. A follow up event was also held on the 22nd of March which brought together Board members from across the 3 areas.

In 2020-21, the ACM (Active Case Management) standard operating procedures were devised. This document and way of working standardises the response across Bury for the Integrated Neighbourhood Teams (teams containing both health and social care officers) and clarifies the procedures around adult safeguarding as identified in the learning outcomes¹ for SAR “David”.

This year Adult Social Care has been involved in all adult Safeguarding Adult Reviews (SAR’s). Single agency audit summaries have been produced in each instance and learning taken from each Review. This information is then disseminated via a number of routes:

- Community Commissioning Management Team meetings
- Social Work Forum – run by the Principal Social Worker
- Safeguarding Champions Forum – which not only supports safeguarding practitioners in Adult Social Care but also supports other partner organisations.

This ensures that learning from these SAR’s has been integrated into current practice.

NHS Bury Clinical Commissioning Group

Along with all our colleagues in health, the CCG has faced significant pressures during the COVID19 pandemic. Despite this, we have continued to keep safeguarding children and vulnerable adults at the heart of all we do. At the start of the pandemic, Safeguarding was considered Priority 1 within the CCG and therefore no activity was stood down. Despite this, we as a team have also contributed to the vaccination response across the Borough. We have ensured Mental Capacity Act (MCA) (2005) is highlighted during decision making in COVID e.g., testing and swabbing of vulnerable groups

We have developed systems and processes to allow us to work remotely, ensuring continuity in the service we deliver and accessibility to our colleagues within the CCG and the wider partnership. We have invested in Information Technology to support staff in new ways of working to ensure compliance with ‘COVID secure’ working, meaning mandatory training has continued throughout the pandemic as online training packages have been developed and these are well attended and well evaluated. A Level 3 Adults and Children Safeguarding training session was delivered to General Practice virtually in September 2020

and January 2021 by the safeguarding team alongside Prevent training in December 2020. The sessions were a focus on safeguarding in Primary Care during COVID and included challenges of virtual consultations, domestic violence, Mental Capacity Act (2005) and consent. In addition, the safeguarding team deliver 2 Development Sessions per year to our Safeguarding Leads from each GP Practice. These sessions focus on the learning from statutory reviews undertaken by the BISP.

Bury CCG are represented on the Strategic Board, at the Children and Adult Business Groups and on the subgroups. Attendance at these is prioritised to support the work of the BISP and to ensure we are equal partners in the Tripartite agreement. In order to comply with expected standards, the CCG has in place a safeguarding policy, assurance framework and a training strategy and they are available on the CCG website alongside a Safeguarding Information pack for member practices.

The training figures at the end of March 2021 of staff who had completed online Level 1 Safeguarding training were; 86.1% for children's safeguarding and 85.4% for adult safeguarding which meets the required standard of 80% and demonstrates a quarter-on-quarter improvement throughout 2020/21. As standard, the CCG collects and collates data from all the services it commissions in relation to safeguarding activity. It requests and monitors regular assurance from providers against all requirements in Section 11. There have been significant changes in the team and a period of change and transformation. Despite this, 'business' has continued as normal.

The CCG have worked closely with our Looked After Children provider team to ensure that statutory health assessments continue to be completed to a good standard and in accordance with government advice. Engagement from young people during this time has been high.

The Greater Manchester LAC Designated Nurse network is collecting feedback from LAC across GM to inform changes to usual processes that will support a continued high-level engagement.

Training and support has been offered to Cygnet Hospital to enable practitioners to complete LAC health assessments and reduce the need for external visitors during lockdown restrictions.

An ICON (Infant is crying normally, Comforting methods can help, Ok to walk away, Never, ever, shake a baby) steering group has been developed and is being led by the CCG, with the first meeting being well attended. This meeting will also consider the safer sleeping messages and how these are implemented across the Borough.

Greater Manchester Police

GMP is represented on the Strategic Board by the District Commander Superintendent Suzanne Downey, and DCI Kate Atton in the Children's and Adults Business Group's. In the subgroups, DCI Kate Atton (Chair – CST Subgroup), DI Partington (Deputy Chair CST Subgroup) and DI Kenneth Blaine.

GMP's focus continues to be ensuring interagency safeguarding practice is informed by the lived experience of children and at-risk adults. The police collect the 'voice of the child' all relevant domestic and child concern incidents. Recognizing risks and issues that affect children is a fundamental part of protecting and safeguarding. Officers are trained to always speak and listen to the child as well as to closely observe their environment to gain an understanding of the child's lived experience. This information is then passed through to a team of specialist triage officers who review the incident within 24 hours and ensure

information is shared with the most appropriate safeguarding partners. There has been single agency training initiative this year to improve the front-line officer's awareness and understanding of adverse childhood experiences emphasizing the importance of identification of traumatic experiences and the need for the early interventions. Bury police have worked in partnership with business to fund a child centric room at the police station which provides a place of comfort for children who have experienced trauma and need to attend the police station to provide video recorded evidence.

GMP revised its adult at risk policy in May 2020, this policy is designed to ensure vulnerability is a top priority for policing services and to provide a standardised and coherent response to all allegations of abuse against adults at risk, in a manner which ensures the best possible protection is afforded to victims and witnesses. The vulnerability assessment framework (VAF) is completed for Adults at Risk concern incidents which capture their experiences and the wider circumstances.

All high-risk domestic abuse cases and high risk vulnerable adult case are discussed in the district 'Engine room' daily domestic abuse meetings, which has been developed as part of Bury's public service reform agenda. The Engine Room's Daily Domestic Abuse Meeting is attended virtually by multiple partner agencies in order to provide a 24-hour response to high-risk domestic abuse cases.

Throughout the Covid pandemic GMP has engaged with new technology (Teams) to ensure these processes continue in a remote and COVID secure fashion.

To ensure effective sharing of information between all partner agencies working with children and at-risk adults, learning bulletins are shared force wide by the dedicated Serious Case Reviews and Safeguarding Adult Reviews team.

GMP ensures safeguarding services are accessible to every community and especially those who may be at risk. Telephone and Face to face interpretation services are available for all people whom English isn't their first language. GMP safeguard people with complex mental health issues via the vulnerable adult framework completion and referral into relevant BISP and other partners via Care Plan processes. Various strategic and tactical meeting are established to understand the complex mental health picture in Bury and to support continuous improvement.

To ensure practitioners working with children and at-risk adults are well trained, well informed, and confident in fulfilling their roles and responsibilities, GMP has increased its detective Child Protection specialist training (SCADIP). The Vulnerable Adult Framework has been delivered to all front-line staff for Adults at Risk.

To ensure that safeguarding remains effective during Covid and to responds to local pressures GMP engages with the LA on a weekly basis at the gold COVID contingency meetings. A two weekly strategic domestic abuse meeting was also established at the start of COVID to maintain effective partnership working.

The learning taken from this year includes the complex safeguarding Peer Review which will be completed again at a GM level, which will focus on complex safeguarding; the Complex safeguarding action plan came from the previous review (and the Child Protection Action Plan from the benchmarking exercises).

Pennine Care NHS Foundation Trust (PCFT)

During a challenging year for all, Pennine Care NHS Foundation Trust has ensured that all our services continued to be delivered during the year, although they have had to embrace different ways of working, referral criteria did not change.

Our Safeguarding Team has been fully established from May 2020 including 3 new practitioners who joined during Covid, and we have provided advice, support, and guidance throughout Covid, so our staff had access to safeguarding advice, support, and guidance. In addition, we continued to support the work of the BISP and all its subgroups despite the demands of Covid.

Due to having to cease face to face training as a result of Covid by May 20 the safeguarding team had transferred the full mandatory safeguarding training offer on to a virtual platform enabling staff to continue to access training to develop their safeguarding knowledge and skills. As a member of the Learning and Development Subgroup we led on the development and delivery of domestic abuse training via a virtual platform.

As an area of focus, it is still clear that respiratory conditions remain the most significant causes of premature mortality for people with a Learning Disability in Greater Manchester and nationally. It is therefore vital that the seasonal flu vaccination is offered to people with Learning Disabilities. This year the urgency of this action is amplified by the risk of avoidable admissions and to support the NHS response to the COVID- 19 pandemic. Pennine Care Foundation Trust Learning Disability Directorate has established a Seasonal Influenza Vaccination referral pathway which is targeted at those hard-to-reach patients.

In relation to our learning as a service, Working Age Adult Inpatient Safeguarding Audit was undertaken. The aim was to assess whether safeguarding concerns are recognised, assessed, documented, and acted upon, based on the relevant policies. The Key findings were: -

- The results suggest that patients admitted to hospital who have caring responsibilities for a child / children or vulnerable adult are identified and the safeguarding process is commenced
- Details of patients caring responsibilities are recorded but not fully enough to fulfil the standards. Risk assessments are completed but not every element is completed, carried out or documentation of risk assessments is incomplete
- The results suggest that staff are not contacting or liaising with the appropriate professionals who should be involved in the safeguarding process, this includes contacting the PCFT Safeguarding Team and social care; staff, are not documenting this activity correctly.
- No clinical practitioners challenged the Local Authority Management for safeguarding therefore we could not measure their knowledge of the escalation policy.

To support our practitioners recognising, understanding, and addressing cuckooing/mate crime and to be confident in reporting crimes to the police on behalf of a client, when appropriate we produced a safeguarding briefing and delivered a 'lunch and Learn session on Adult Grooming. This can be accessed at

https://www.youtube.com/watch?v=T_4Pi0aYHcs

Our trust identified a key priority to establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way. A survey was undertaken to establish a base line of staff knowledge and awareness of domestic abuse to support a trust wide domestic abuse learning programme. It also was to establish the level of awareness of the Trust Domestic Violence and Abuse Policy – Support for Managers and

Staff. 233 staff participated in the audit, 70% of surveys completed by clinical staff and 30% by non-clinical staff. 71% of staff felt they would benefit from domestic abuse training and a further 9% thought they would benefit from certain types of domestic abuse training (the most common suggestions being Female Genital Mutilation, honour based coercive control and forced marriage). The results revealed our staff lack confidence in their abilities on this subject more than any lack of knowledge and that they are aware of what domestic abuse is, the different types of abuse, and who can be affected but lack confidence in their abilities to identify these in practice

Northern Care Alliance (NCA)

During the period 2020/21 the NCA Safeguarding Children and looked After Children team continued to bring together newly appointed and existing staff to create a Care Organisation safeguarding children team for acute and community services in Bury. The team aims to provide place based safeguarding advice, support, training, and supervision to staff in our community services and at Fairfield General Hospital.

The detail of work undertaken for the period of 2020/21 is as follows: -

Firstly, a programme of work has been undertaken, with oversight by Bury CCG, to ensure that the Greater Manchester Contractual Standards for Safeguarding Children, Young People and Adults at Risk are achieved, and compliance thresholds are maintained for the period 2020/21. Each Care organisation now has a Safeguarding children steering group aiming to embed safeguarding at every level across the organisation. The steering groups link frontline staff into key safeguarding issues within their locality, enabling the sharing of lessons learnt from both single and multi-agency reviews.

A process has been undertaken for the recruitment of a new Complex safeguarding nurse for Bury, funded by Bury CCG and the Safeguarding Team continues with the provision of organisational support with "Managing allegations of abuse against staff" and People in Positions of Trust (PIPOT) across the acute and community settings.

Work has been undertaken to strengthen and improve organisational links with governance teams across the Trusts to ensure safeguarding is considered within the NHS Patient Safety strategy for serious incidents (SI). This is achieved by the implementation of alert DATIX/Safeguarding notification pathways and the attendance by the Safeguarding Team members at relevant SI meetings within each organisation.

Safeguarding Children supervision arrangements are under review to bring one to one supervision in line with the other NCA care organisations. Targeted supervision has continued and access to group supervision has been improved by opening access to dates available across the NCA. The use of Microsoft teams has enabled group sessions to continue throughout the pandemic and the NCA safeguarding children training programme has been developed to increase accessibility across a range of platforms.

This includes:

- Microsoft teams sessions replacing some face-to-face training
- Face to face continuing in smaller socially distanced groups to deliver bespoke sessions
- A filmed version of Level 3 delivered in modules that can be accessed 24/7 for all mandated staff

The NCA Safeguarding Team and colleagues from Childrens Community Services fulfil the Trust's statutory duty in attendance at BISP meetings, ensuring representation for the service across all groups and sub-groups, including any working groups where necessary.

The increase of Children and Young people presenting to A&E in emotional distress and /or mental health concerns has highlighted the inadequacy of safe and appropriate care provision nationally. During 2020/21 there has been a notable increase in presentations at A&E of young people in distress, with self-harm or suicidal risks. The partnership challenges are to recognise the urgency of improvements in our link to with mental health providers. This has been developing over the latter part of 2020/21 and continues to be an area of priority concerns for our services. The completion of statutory health assessments for Looked After Children has continued to be impressive for Children placed in Bury. This performance needs to be matched for Bury Children placed out of the locality.

National Probation Service & Community Rehabilitation Company

The National Probation Service (NPS) and Community Rehabilitation Company (CRC) have had a primary focus on safeguarding during the COVID-19 pandemic, which has constituted most of workloads in 2020-21. There has been a focus on staff training and development of virtual learning internally, allowing both services to maintain operational performances.

This has meant a continuation of focus on risk, including ensuring there is no gap in the delivery of Multi Agency Public Protection Arrangements (MAPPA) during the pandemic and alternative delivery methods following the temporary pause on the delivery of the group work that focused on sex offender and domestic abuse intervention.

The NPS/CRC has mapped both qualitative outcomes following review of priority cases and collated quantitative data based on attendance at the office and enhanced levels of contact of priority groups during pandemic. They have also collected learning and development data and data regarding alternative intervention delivery.

Updates have been issued for all staff regarding safeguarding children, adults, and domestic abuse, including feedback into the national update on child safeguarding training, while all offender management staff, and managers have completed e-learning programmes relating to working with men who commit sexual offences.

Prior to the COVID lockdown, Bury NPS commenced a mental health support group for people on probation who were unable to engage with third sector organisations to address emotional wellbeing issues. When unable to continue with group-based sessions, 1-1 engagement was introduced on both a virtual and face-to-face basis (via doorstep visits and at the office). Distraction packs and books were delivered to people on probation on requests, as well as the continued delivery of food parcels for people struggling with finances. A survey was conducted with our people on probation prior to increasing office reporting levels and comments shared highlighted how individuals felt they were treated with compassion during this period as probation practitioners were considering the additional emotional impact of isolation resulting from lockdown. One person on probation reported daily phone contact with their probation practitioner who focused not only on their risk, but they also felt cared for by someone.

Six Town Housing

At the time of writing, Six Town Housing had not submitted a report for the Annual Report

Case Review and Rapid Review Outcomes 2020-21

In the last year there have been several Rapid Reviews and Case Reviews initiated and also completed, in addition to a number of Adult Reviews, and Local Child Safeguarding Practice Reviews.

There were some reviews that linked very closely with other referrals that had been submitted in the same period or were initially rejected but further evidence provided at a later date triggered re-referrals, where others were identified as not requiring a Rapid Review or LCSPR, however learning needed to be taken from the incident, and so Local Safeguarding Practice Review was conducted.

In total, 11 referrals were made between April 2020 and March 2021, 2 of which were found not to meet the criteria for a Rapid Review. 5 were completed as Rapid Reviews, while 2 Safeguarding Adult Reviews were requested however both were rejected and one LCSPR was instigated. This LCSPR is still outstanding as it has not yet been published, however it is nearing completion and will be ready for the next reporting period.

In addition, C20 LCSPR was completed in the 2020-21 reporting calendar, and had links to G21 and learning has been taken into that review with similar themes, which will be combined into a Local Learning Review. The B20 Rapid Review relating to bruising on non-mobile babies was also completed, as was the SAR for "Albert".

Much of the learning from these Rapid Reviews, LCSPRs and SARs has influenced the training offered by the BISP and the Multi-Agency audits it has undertaken through its respective subgroups. The BISP Training Officer has worked to extract learning and develop a 7-minute briefing for each Rapid Review and has linked this into a clear map of training provision and potential training and learning needs. The Quality Assurance Subgroup has begun an audit of the use of the "Think Family" approach within cases across partners, as there being an unclear picture of the family of the subject of a referral has been identified in a number of Rapid Reviews. The topics of Criminal Exploitation of Vulnerable People in Bury and Child Death and Serious Injury as a Result of Overlay have also been identified as topics for Multi-Agency audits for the remainder of 2021-22, as both have been areas of concern as a result of the 2020-21 Case Review process. In relation to some recommendations from these Case Reviews, an audit was undertaken into the recording process within the MASH, which due to system changes was inconclusive and rescheduled for 2021-22,

It is clear that there has been a high volume of cases being instigated and completing during 2020-21, and this has put additional challenges on the BISP and its business unit, however what has become apparent from this high volume, and the responses from the National Panel, is that Bury is providing an accurate level of decision making within its reviews and learning is being written into practice and training across the safeguarding partners.

All current published reviews can be accessed via the BISP website and others are available on request once published.

Real-Life Examples of Good Practice and Consumer Voice

There have been a number of good examples of customer voice, where even in difficult circumstances, the lived experience of the service user has been captured, for example by GMP in the Operation Burgos victim collaboration and collecting voice of the child data from Domestic Violence incidents.

Within Children's Social Care, Early Help services supported a young person who was referred to Young Carers due to their mother's mental health issues. Young carers team worked with the young person alongside the school pastoral team to ensure she had the wrap around support she needed and knew who she could contact if mum's mental health deteriorated which included professionals and relatives. The young person was fully involved and informed of the plan around her and together with her mother all agencies worked to keep her at home but with continuous support.

Early Help support was also requested following a mother and toddler aged 3 moving to Bury on a temporary basis after the family sought asylum. Mother presented at A&E due to a significant dip in her mental health and was struggling to cope and wanted to move to Manchester to be nearer to others in her community and church. The Early Help Worker worked quickly to support the family to be accommodated in the Manchester area, from the start of the early help support mother reported feeling heard and seen and this made her feel much more positive about her future in the UK. She reported feeling able to cope and manage her daily living and her mental health had improved as a result of having direct support at a time where she felt isolated. The early help worker supported mother to move to a new house and secure nursery provision for her daughter. She was also supported with furnishing her property and accessing services in her new local area. The family also attended several of our park sessions which had a positive impact on her mental health, feelings of isolation and allowing them to interact with other parents and children. Adult Social Care have shared the journeys of two customers, identified as "Albert" and "Matthew". Albert is an 80-year-old man who lives on his own, his wife died approximately 10 years ago. Albert had a long military career and is a very proud of his time spent in the forces. Neighbours however had started to complain about the number of rubbish bags which were building up outside his property and called environmental services. On visiting, environmental services found him to be in a dishevelled state, looking poorly and his house cluttered. They voiced their concerns to him, but he was reluctant to accept any help. The officers raised a safeguarding referral. On attendance safeguarding officers managed to ascertain that Albert, as he had been feeling poorly for a while, had not been able to keep on top of the housework or shopping and was also scared to go anywhere due to Covid, his house was extremely cluttered. He also advised that he was un-befriended as he had no family and most of his friends had died; he had not properly spoken to anyone in months. He was however reluctant to have his house cleaned as he was very attached to some of the belongings he had collected.

Working with environmental services, officers arranged initially for the clean-up of the outside of the property then worked with Albert over several weeks to clean the inside of his property – going at his pace meant that he felt in control of what was happening and didn't become distressed. Officers also worked with the community hubs to arrange for Albert's shopping to be delivered and put him in touch with the local veteran's association who continue to provide much needed social contact and have arranged for a reputable cleaning service to help keep his property clean and tidy. Following contact with his GP Albert is now receiving medication for a long-term health condition.

Matthew is a 50-year-old man who it was suspected was being financially exploited by his “friend”. On speaking to Matthew social care staff found that he had a dependence on alcohol, a mild learning difficulty and had some significant untreated health issues. He reported that his friend had control of his money as he “wasn’t good with it” but he sometimes didn’t have enough money to buy what he wanted. His friend would also access his flat whenever they wanted. Neighbours had reported seeing Matthew sleeping out on the street. Matthew was asked what he wanted to happen, he replied that he wanted more access to his money and didn’t want his friend visiting his flat.

Staff worked with the local housing service, police, doctor’s surgery, alcohol dependency service and a local charity to ensure Matthew was safe and was able to achieve his independence. Working at Matthews pace, staff were able to support Matthew to get control back of his property and install target hardening measures which meant that Matthews locks were changed, and he could also see who was at his door before he let them in. He built a good rapport with his GP and is now receiving appropriate medical treatment for a long-term health issue as well as accessing support for his alcohol dependence. Supported by a local charity he also has an environment which provides him with long-term social support. A police prosecution against the “friend” is currently pending.

Pennine Care NHS Foundation Trust also identified some areas of good practice and documented their customer journey.

As a child Andrea had experienced bereavement and had spent some time as a looked after child. She had significant attachment difficulties and there were historical concerns relating to sexual abuse and she was known to Healthy Young Minds. She was initially diagnosed with an eating disorder and as an adult had an admission to an adult inpatient unit and was diagnosed with emotionally unstable personality disorder with impulsive behaviours of running away and self-harm. She had developed a mistrust of professionals and had little understanding of how to respond to care and support. Andrea was unable to understand and maintain safe emotional and sexual relationships. She became a mother as a teenager and the father also had experience of being a looked after child. There was domestic abuse in this relationship which resulted in a referral to the Multi-Agency Risk Assessment Conference (MARAC). She had periods of homelessness and spent time in a refuge. Andrea and her child were known to the local Children’s Services due to her chaotic lifestyle. The Safeguarding Team became aware of Andrea when they were contacted for advice and support by a mental health practitioner. The practitioner had identified a number of safeguarding concerns which included repeat presentations at A&E in relation to alcohol use, nutritional deficiencies, bruising and self-harm. There was a history of past sexual assaults from a number of males going back to childhood and a number of unknown males visiting her accommodation. There were concerns about a relationship with an older taxi driver and possible sexual exploitation and concerns about her sexual health and the risk of future pregnancies.

Andrea was well known to Children’s Services as the mother of a child where there were concerns but it was identified that she needed safeguarding as an adult at risk of abuse and/or neglect. An adult safeguarding concern was raised by the practitioner that triggered a multi-agency response. Andrea was involved at each stage to ensure making safeguarding personal principles were followed, however she did disengage with some agencies after a period of time. To date the concerns remain and Andrea remains open to our services who continue to monitor her mental health.

These examples of customer journeys show some of the direct impact that services have had on the wider public during the last year and indicates both the successes and the learning that has come from working with customers.

Action Plans

Services have been asked to provide actions that have been developed from practice learning and review this year.

Children's Social Care

Children's Social Care has a number of planned actions for 2021-22, first to improve the management direction and decision making in MASH in order to support timelier assessments of Children's Needs

Secondly there is a plan to improve the quality of strategy meetings to clearly define multi-agency actions to keep children protected during the investigation period and define how investigations should be undertaken.

There is the intention to improve the assessment of parental ability to sustain change before a decision is made to move children between different tiers of social care support

Finally, there is the intention to improve the quality of child protection and child in need plans, and planning, with focus on children's experiences, and on the timeliness of taking swift authoritative action when children's circumstances are not improving

Adult Social Care

ASC is involved in all adult safeguarding reviews and lead officers are identified to sit on each SAR panel, or Rapid Review panel where there is a link with Child Reviews. Where learning from adult social care is identified, via the multi-agency action plans produced from the review, we report action progression via BISP Case Review Group and have oversight of progression at our Community Commissioning Management Team Meetings (CCMT). Blockages or issues would initially be reported via our CCMT and from there escalated via the BISP Case Review Group or Adults Business Group.

Pennine Care NHS Foundation Trust

Pennine Care intends to enhance the work within the Trust in relation to the Mental Capacity Act 2005, establish support and guidance for staff to be able to routinely enquire about domestic abuse and be confident in how to manage when there is a disclosure to ensure this is able to be evidenced in a robust way. There is also a plan to review the Trust model for representation at Bury MARAC and develop a robust information sharing process.

There is a plan to ensure safeguarding is embedded in the new trust Integrated Leadership Model with clear safeguarding roles, responsibilities and assurance processes including a robust system for oversight and completion of action plans that arise from serious case reviews to prevent drift and ensure dissemination of the learning.

National Probation Service/Community Rehabilitation Company

The focus of the next 12 months for the NPS/CRC will be on unification and personal learning plans, ensuring all practitioners feel confident and competent in their safeguarding practice.

There will be an emphasis on the strengthening of partnership relationships developed during COVID and the implementation of community based integrated rehabilitative services to enhance positive outcomes for our people on probation, increase desistance from reoffending and reduce victimisation, this includes work with families of people on probation.

MAPPA training is to be arranged for partners to ensure effective engagement in collaborative risk management planning and safeguarding activity for complex, high/very high risk of serious harm cases. There is also the intention to embed learning emanating

from serious further offence reviews, safeguarding adult reviews, child learning reviews and inquests.

Northern Care Alliance

The NCA's Key Safeguarding priorities for 2021/22 are that the team will continue to build on and strengthen achievements set out from the previous period of 2020/21 by continuing to work towards complete compliance of the Greater Manchester Contractual Standards for Safeguarding Children, Young People and Adults at Risk are achieved and compliance is maintained for the period 2021/22.

They will also focus on Improving the application of the mental capacity act for 16 & 17 years in preparation for the implementation of Liberty Protection Safeguards in April 2022 and will continue to work with Bury CCG in the development of an outcome focussed service specification for Looked After Children. Moving from compliance based Key Performance Indicators to a trauma informed outcome focussed will be a challenge that will be pursued over the next year. The initial goal will be to agree the service specification along with any business cases required to develop existing services to meet the challenge.

The NCA safeguarding team will continue to develop our training offer and provide an annual workshop calendar, linked to lessons learnt from across the NCA and following the successful launch of our NCA safeguarding children week in June 2021.

Finally, then NCA will work with the partnership to develop and promote a trauma informed approach across our services.

BISP Targets 2021-2022)

It was agreed in 2020, that the Strategic Priorities would be carried out over a 2-year block, owing to the difficulties that were faced during the Covid-19 Pandemic. Therefore the 2021-22 Strategic Priorities have remained as follows:

1. To ensure interagency safeguarding practice is informed by the lived experience of children and at-risk adults
2. To establish effective sharing of information between all partner agencies working with children and at-risk adults
3. BISP should be confident that safeguarding services are accessible to every community and especially those who may be at risk
4. To reduce the risk of harm and abuse through early intervention strategies and nurturing positive relationships.
5. To ensure practitioners working with children and at-risk adults are well trained, well informed, and confident in fulfilling their roles and responsibilities

Acknowledgements

The Bury Integrated Safeguarding Partnership would like to first of all acknowledge the hard work and commitment made by all services throughout the last year, especially in the challenging times faced during the Covid-19 pandemic. Despite the many changes, there has been a shift in working for many services work, from face-to-face to online working and a virtual environment.

Thank you to all services who have provided reports and feedback, and for the contributions from the sub-groups and their chairs.

Finally, it would be pertinent to recognise the high volume of work undertaken by the business unit due to the unprecedented number of case reviews received in the previous year and historical cases that were still to be closed.

Learning from this year's report has been actioned for the 2021-22 reporting period, including the identification of a number of representatives for all partner agencies who are in a position to complete all review and feedback of service activities over the year and report back to the BISP Business Unit in order to ensure an accurate picture of the activities of the BISP and its partners over the year.

Glossary of Terms and Abbreviations:

ABG – Adult Business Group

ACM – Active Case Management

ACT – Achieving Change Together

ACCT – Assessment, Care in Custody, Teamwork

BISP – Bury Integrated Safeguarding Partnership

CBG – Children’s Business Group

CCE – Child Criminal Exploitation

CCG – Clinical Commissioning Group

CCMT – Community Commissioning Management Team

CIN – Child in Need

CP – Child Protection

CSC – Children’s Social Care

CSE – Child Sexual Exploitation

CST – Complex Safeguarding Team

DBS – Disclosure and Barring Service

DoLS – Deprivation of Liberties Safeguards

DHR – Domestic Homicide Review

EET – Employment Education and Training

FGM – Female Genital Mutilation

GM – Greater Manchester

GMP – Greater Manchester Police

GMCA – Greater Manchester Care Alliance

GMCA – Greater Manchester Combined Authority

ICON – Infant is crying normally, Comforting methods can help, Ok to walk away, Never, ever, shake a baby

ICS – Integrated Care System

KPI – Key Performance Indicator

LA – Local Authority

LAC – Looked After Child

LADO – Local Authority Designated Officer

LCSPR – Local Children’s Safeguarding Practice Review

MAPPA – Multi Agency Public Protection Arrangements

MASH – Multi Agency Safeguarding Hub

MCA – Mental Capacity Act (2005)

NCA – Northern Care Alliance

PCFT – Pennine Care Foundation Trust

PIED – Prosecution, Intervention, Education and Diversionary

PiPoT – Person in a Position of Trust

PMM – Performance Management Meeting

PMT – Performance Management Team

RR – Rapid Review

SAR – Safeguarding Adult Review

SCAL – Schools, Colleges and Adult Learning

SCR – Serious Case Review

SEND – Special Educational Needs or Disability

TAF – Team Around the Family

Appendix 1: 2019-2020 Strategic Priorities

The following are about scrutiny and challenging the system with specific focus on the areas below Where will the assurance be sought from?

1. 'To ensure interagency safeguarding practice is informed by the lived experience of children and at-risk adults'
 - What information do we collect?
 - Linking into outcomes of access to services
 - Impact of Covid-19 on access to services
 - Service development and co-production
2. 'To establish effective sharing of information between all partner agencies working with children and at-risk adults'
 - Utilise the new skills using digital technology, for example CPP, adult safeguarding meetings, core groups, BISP meetings
 - Risk of technologies e.g., images
 - Issues that arise using IT esp. around information sharing and ensuring the relevant sharing to safeguard all.
3. 'BISP should be confident that safeguarding services are accessible to every community and especially those who may be at risk'
 - Consider some targeted work with communities
 - Revisit the SCR and SAR learning
 - Also people who English isn't their first language
 - inequalities
 - how do we safeguard people with complex mental health issues (needs unpacking)
 - people who are disenfranchised and don't meet thresholds for services or do not want to engage
 - transition planning, children to adulthood and then into older adults
4. 'To reduce the risk of harm and abuse through early intervention strategies and nurturing positive relationships'.
 - Identifying system leader at neighbourhood work
 - Ensuring linking between the work and safeguarding
 - New AD for PSR needs to link in after appointment
 - ICON
 - Safe sleeping
5. 'To ensure practitioners working with children and at-risk adults are well trained, well informed and confident in fulfilling their roles and responsibilities'
6. To ensure that safeguarding remains effective during Covid and responds to local

Appendix 2: Key Performance Data submitted to QA Sub-group

Key Performance Indicator			Q1	Q2	Q3	Q4	End
1.1	% Children Living in Poverty						
1.2	Infant Mortality (Per 1000 live births)		4.1	4.1	4.1	4.1	4.1
1.3	Child Population						
2.1	No. of CIN with a Disability (%)						
2.2	No. of Children/YP living in the area who are the responsibility of other LA's	Total	235	234	251	259	259
2.3	No. of Private Fostering Arrangements	Total	2	1	1	1	1
3.1	No. DV Notifications from Police where a child is present		395	451	462	439	1747
3.2	No. DV Notifications from Children's Social Care that led to referral						
3.3	No. Repeat DV call outs by Police to an address where a child lives		238	277	231	212	958
3.4 (a)	No. Children Missing from Home	Total	92	72	86	78	328
3.4 (b)	No. Children Missing from Care	Total	121	85	81	73	360
3.4 (c)	No. Children Missing from Education						
3.5	% Children who had an independent return interview	Average	76.9	73.4	79.1	82.6	78
3.6	The rate of violent and sexual offences against children aged 0-17						
3.7	Number of CSE Episodes Open at Month End	Month End	31	30	30	35	35
3.8	No. of new CSE referrals recorded as being at 'high' risk of CSE	Average	2.3	2.67	1.67	1	1.91
4.1	Number of Locality Hub episodes open at end of month/year	Month End	370	317	301	397	1385
4.2	Number of Early Help The Story So Far assessments authorised in month/year	Average	61.3	32.3	35	40	42.15
4.3	Number of referrals to Children's Services where a CAF has already been in place.						
4.4	Number of MASH Referrals	Average	834	829.7	951.3	871.3	872
4.5 (a)	Average number of working days until MASH decision	Average	1.79	3.37	2.31	1.08	2.14
4.5 (b)	% of MASH Episodes with outcome of Early Help	Average	8	7.1	10.3	10.97	9.1
4.5 (c)	% of MASH Episodes with outcome of CSC	Average	19.5	21.8	20.9	22.4	21.15

5.1	Number of referrals to children's social care in quarter	Total	404	530	577	536	2047
5.2	% of referrals to Children's Social Care which are repeat referrals within 12 months.	Average	17.5	21.6	23.9	25.4	22.1
5.3	% of referrals leading to social care's Single Assessment	Average	94.6	88.5	95	94.6	93.2
5.4	% of completed assessments to timescale	Average	84.6	86.7	87.7	84.9	85.9
5.5	Number of children in need and rate per 10,000 0-17 population (RATE)	Average	171.8	176.5	196		181.4
6.1	Rate of accident and emergency attendance caused by unintentional and deliberate injuries to CYP aged 0-17						
6.2	Number of times police powers of protection were applied	Total	2	7	6	12	27
6.3	Rate of S47s per 10,000 0-17 population (Cumulative)	Month End	43.4	103.7	136.1	217.8	217.8
6.4	% ICPCs held in month where ICPC held within 15 working days of strategy discussion	Average	77.5	86.7	74.7	89.8	82.2
6.5	Number of children subject of Child Protection Plans	Total	161	204	207	201	201
6.6	No. child protection plans lasting 2 years or more	Month End	3	1	1	3	3
6.7	No. % percentage of children subject to a CP Plan for a subsequent time	Average		64.3	68.7		66.5
6.8	Number of child deaths with modifiable factors						
7.1	Number of looked after children (responsibility of our LA) including those living outside of the area	Total	364	356	349	347	347
7.2	Number of Children becoming looked after (Total)	Total	34	28	16	35	113
7.3	Number of children ceasing to be looked after	Total	12	36	23	38	109
8.1	Number of allegations referred to LADO.						318
8.2	Number of FTE social workers, health visitors and school nurses						
8.3	Vacancy rate of social workers, health visitors and school nurses						
8.4	Turnover rate of social workers, health visitors and school nurses						

Appendix 3: Bury Integrated Safeguarding Partnership Yearly LADO report – Mark Gay (LADO)

Total number of LADO related enquiries were 318 between 1st April 2020 and 31st March 2021

Distribution of 318 LADO related enquiries

LADO related enquires in sector where person works	No. of LADO Related Enquiries
Education	81
Nursery & Childminders	25
Residential Homes	22
Children's Services	14
Health	81
Faith Setting	7
Fostering	38
Voluntary	3
Police	4
Other	30
Sport	10
Transport	3
Total	318

Referring Sector	No. of LADO Related Enquiries
Education	60
Nursery & Childminders	16
Residential Homes	18
Children's Services	73
Health	71
Faith Setting	3
Fostering	22
Voluntary	3
Police	26
Other	19
Sport	2
Ofsted	3
Transport	2
Total	318

Category of 60 LADO referrals going on to investigation

Sector	Sexual	Physical	Conduct	Neglect	Emotional	Total
Education	2	1	4			7
Nursery & Childminders	1	3	2			6
Residential Homes	1	2	5			8
Children's Services		1	2			3
Health	1	1	10	10	1	23
Faith Setting	2					2
Fostering	1	2		1	1	5
Police						0
Other	4			1		5
Sport			1			1
Total	12	10	24	12	2	60

Key:

Education – Primary/Secondary/Independent/Out of School Care

Nursery & childminders – including private nurseries.

Residential – Private Children's Homes

Foster Carers - includes Independent Foster Carers and family/friends' carers

Children's Services –, social workers, Ed psychology, support/family workers for LA

Police – GMP officers

Health – including private health care providers

Other – including escort services and other support agencies

Voluntary – including agencies like scouts

Faith – including teachers in religious settings (mosque/church/synagogue)

Sports – Any sport related employer/agency who leads for person of potential concern

Transport – Escorts for the LA

Outcome of 60 investigations 1/4/20 – 31/03/21 (*) includes cases which are ongoing

Sector	NFA after Initial Consideration	Substantiated	Unsubstantiated	Unfounded*, false or malicious	Total
Education		2	1	2 (2)	7
Sport		1			1
Residential Homes		5	2	(1)	8
Children's Services	1			1 (1)	3
Health	3	6	7	4 (3)	23
Faith				(2)	2
Foster Care	2		2	(1)	5
Early Years		3	1	2	6
Voluntary					0
Other	1	2		(2)	5
Police					
Totals	7	19	13	9 (12)	60

Appendix 4: Adult Safeguarding Data

	Safeguarding Benchmarking	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SGA1 - Individuals involved in safeguarding concerns per 100,000 population.	SGA1	494	903	1288	1724
SGA2 - Individuals involved in a Section 42 Enquiry per 100,000 population.	SGA2	222	588	594	828
SGA2A - Individuals involved in an OTHER SAFEGUARDING ENQUIRY per 100,000 population	SGA2a	42	88	107	133
SGA4 - Number of individuals with more than one Section 42 enquiry	SGA4	133	171	207	252
SGA5 - Distribution of Types of Risk - Input the total number for each type of risk	SGA5				
	SGA5 Physical	59	119	178	243
	SGA5 Sexual	8	34	47	57
	SGA5 Psychological	21	55	95	111
	SGA5 Financial	32	91	145	184
	SGA5 Discriminatory	0	3	3	4
	SGA5 Org	2	6	10	13
	SGA5 Neglect	88	183	259	355
	SGA5 Domestic	11	41	72	82
	SGA5 Sexual Exploitation	5	6	12	14
	SGA5 Mod Slavery	0	1	3	3
	SGA5 Self-Neglect	15	38	65	80
SGA6 - Distribution of Location of Risk - Input the total number for each location of risk	SGA6				
	SGA6 Own Home	81	247	386	487
	SGA6 Community (exc comm serv)	14	5	48	0
	SGA6 Community Service	5	0	0	2
	SGA6 Care Home – Nursing	36	60	82	99
	SGA6 Care Home – Residential	53	114	160	228
	SGA6 Hospital – Acute	9	12	12	15
	SGA6 Hospital – Mental Health	27	36	56	655
	SGA6 Hospital – Other	1	3	6	
	SGA6 Other	5	14	22	27
SGA7a - Risk Outcome Measures - Input the total number for each risk outcome	SGA7a				

	SGA7a Risk Identified and Action Taken	34	194	282	387
	SGA7a Risk Identified and NO action taken	15	94	145	163
	SGA7a Inconclusive and Action Taken	11	40	49	63
	SGA7a Inconclusive and NO action taken	11	28	42	51
	SGA7a No Risk identified and Action Taken	26	27	42	60
	SGA7a No Risk Identified and No action taken	25	51	80	109
	SGA7a Enquiry Ceased	6	73	98	114
SGA7b - Where was a risk identified , what was the outcome?	SGA7b				
	SGA7b Risk Remained	18	26	35	48
	SGA7b Risk Reduced	6	220	324	409
	SGA7b Risk Removed	6	44	70	92
SGA8 - Number of enquiries that were recorded as lacking capacity and where they were supported by an advocate, family, or friend	SGA8				
	SGA8 - Number that lacked capacity	1	10	14	21
	SGA8 - Of those lacking in capacity, how many of these cases was support provided by an advocate, family or friend?	1	2	2	4
SGA9 - No. of Safeguarding Adult Reviews per 100,000 population. Total number or SARs that have taken place	SGA9	1	2	3	4
SGA10 - Number of DoLS applications received per 100,000 population [YTD]	SGA10	378	850	1407	
SGA11 - Number of DoLS applications authorised per 100,000 population [YTD]	SGA11	183	413	654	
SGA12a - Making Safeguarding Personal - Was a person asked about their desired outcomes? Provide the total figure from SAC table SG4a & SG4b	SGA12a Yes Outcomes Expressed	85	207	296	352
	SGA12a Yes No Outcomes Expressed	17	36	54	61
	SGA12a No/Don't Know/Not recorded	113	266	48	53

SGA12b - Making Safeguarding Personal - Where a person was asked about their desired outcomes, were they achieved? Provide the total figure from SAC table SG4a & SG4b (Section 42 & other enquiry).	SGA12b Yes – outcomes fully achieved	55	119	169	203
	SGA12b Yes – outcomes partly achieved	25	73	101	120
	SGA12b Yes – outcomes not achieved	5	15	26	29