

**Minutes of:** Health and Wellbeing Board

**Date of Meeting:** 28 March 2023

**Present:** Councillors E O'Brien, R Brown, N Boroda and T Pilkington

**Also in attendance:** Will Blandamer, Stephanie Boyd, Simon Brady, Catherine Farrell, Jon Hobday, Ruth Passman, Shenna Paynter, Steven Senior, Helen Tomlinson and Chris Woodhouse

**Public Attendance:** One member of the public was present at the meeting.

**Apologies for Absence:** L Ridsdale, A Crook, Councillor T Tariq and J Richards

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**HWB.1 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

**HWB.2 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the Minutes of the meeting held on 26 January 2023 be approved as a correct record.

**HWB.3 MATTERS ARISING**

It was reported that the Employment and Health report would be circulated after the meeting and the item would be added to a future agenda of the Health and Wellbeing Board.

The issue relating the damp and mould was being looked into by the integrated neighbourhood teams.

**HWB.4 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

**HWB.5 WIDER DETERMINANTS - ANTI-POVERTY STRATEGY**

Jon Hobday, Director of Public Health gave a verbal update on the on the Anti-Poverty Strategy and the work that had been done to date.

Councillor Pilkington referred to support available and asked whether there were any statistics on how the support available was being promoted.

It was explained the number of hits through the Bury Directory but more work was needed to capture how users were signposted.

Councillor O'Brien referred to making sure that the right people were being reached at the right time and how using this intelligence may influence the relationships that the council have.

Will explained that listening to communities and working with colleagues from the voluntary sector was very important and would continue.

**It was agreed:**

That the information be noted.

**HWB.6 BEHAVIOUR AND LIFESTYLE - AGE WELL AGENDA**

Stephanie Boyd, Integrated Commissioning Officer for Older People and Ageing Well and Jon Hobday, Director of Public Health gave a presentation on Aging Well in Bury.

It was explained that the population of people aged 50 and over is approximately 73,600 (around 38%) with this number expected to increase as people are living far longer than ever before.

By 2025 the number of people aged 90 and over in Bury is projected to increase by 56%.

But unfortunately, these extra years of life are not always spent in good health and we can expect greater numbers of:

- People living alone with increasing risk of social isolation, loneliness, and depression
- Unpaid carers, many of whom will be older people with their own care needs
- People with dementia, other long-term conditions and with multiple and complex needs

COVID 19 had a massive impact on some of the most vulnerable residents and older people in Bury, it affected the already stretched health and social care system, and exacerbated existing health inequalities, particularly for those who face racial inequalities and/or live in deprived areas. It also caused deconditioning for many of our vulnerable residents who are still experiencing the effects of the pandemic

Bury Council is working with partner agencies to better understand these inequalities so that we can tackle them together in a joined up and strategic way.

It was reported that there was a vast amount of work happening relating to older people and ageing well across the borough. Some of the key services for older people include: an Information and Advice Helpline, Befriending Service, Handy Person Service and Home from Hospital Service all delivered by Age UK Bury. We also have the Older People's Staying Well Team, the Live Well Service and the Social Prescribing Service to name a few. Commissioners are continuously working to ensure the right services are in place to meet the needs and aspirations of older residents in Bury.

Other specific pieces of work include (but are not limited to):

- Winter Well Campaign
- Ageing in Place Project
- Frailty Programme
- Joining the UK Network of Age Friendly Communities

It was explained that the Bury Older People's Network is an engagement mechanism for older people to have their voices heard on things that matter to them and to influence the way that services are designed, commissioned and delivered. The ultimate aim is to create better outcomes for the ageing population.

In order to monitor progress and change, the Network is developing an action plan; this will be a working document and have input from relevant lead persons.

It was explained that winter well calendars had been produced offering advice the local warm spaces were being promoted.

An application to join the UK network of age friendly communities had been submitted and it was anticipated that this would be brought to the Health and Wellbeing Board to endorse the application.

The Older people's Network Strategy was in the process of being produced and it would mirror the Greater Manchester Older People's Strategy.

Those present were given the opportunity to ask questions or make comments and the following points were raised:-

Jon Hobday reported that the membership of the network was as inclusive as possible and include a good cross section of different groups and communities to make the group as broad as possible.

**It was agreed**

1. That the update be noted.
2. That Stephanie be thanked for the presentation.

**HWB.7 PLACED BASED PERSON CENTRED APPROACH - SCREENING AND IMMUNISATIONS UPDATE**

Steven Senior – Consultant in Public Health and Shenna Paynter – Public Health Specialist attended the meeting to give an update on the screening programmes currently being carried out across Bury.

It was explained that screening is intuitively appealing. But all healthcare interventions involve risk, and no screening test is perfect. And since screening programmes involve apparently healthy people, they need to be carefully considered to avoid doing more harm than good. Informed consent is essential.

UK National Screening Committee defines screening as:

- “the process of identifying apparently healthy people who may have an increased chance of a disease or condition.
- The screening provider then offers information, further tests and treatment. This is to reduce associated problems or complications.”

Screening should always be a personal choice. Informed consent is essential

In the UK, the National Screening Committee (NSC) is responsible for making recommendations about which screening programmes are effective and cost-effective, according to established criteria. Decisions should not be taken locally.

Key considerations include:

- The condition: Is it a serious public health problem? Does it have a detectable early stage? Do we understand how it progresses? Is there an effective treatment? Does early treatment lead to better outcomes?
- The test: Is there a good test? How many people will get wrong positive results? How many wrong negatives? Is the test acceptable to the population?

- The programme: Is the treatment and the whole programme cost-effective? Are there sufficient resources (money, trained staff) available?

Screening programmes in England are commissioned by NHS England under section 7a of the NHS Act 2006. In Bury, programmes are commissioned by NHS GM at a GM level, not by locality NHS staff or by the Council public health team.

The Greater Manchester Screening and Immunisation Team is responsible for monitoring performance and inequalities and for working with local primary care commissioners to improve uptake and tackle poor performance from providers.

The local authority director of public health has a role in providing challenge to the commissioners and providers, and in advocating locally to improve access to screening and minimise inequalities.

In practice, the local public health team currently performs some of the functions of the Screening and Immunisations Team (monitoring data, promoting uptake, coordination and system leadership etc.)

Areas where Bury's screening uptake appears good include:

- Breast cancer screening; and
- Chlamydia screening.

Areas where Bury's screening uptake is poor include:

- New-born hearing screening;
- Abdominal aortic aneurysm screening;
- Cervical cancer screening (particularly among women aged 50 to 64 years old); and
- Bowel cancer screening uptake (specifically in Bury PCN).

Recent local priorities include:

- Setting up a Screening Assurance Group to bring together NHS GM commissioners, local public health expertise, and local providers.
- Understanding the impact of COVID-19 on local screening programmes and their recovery.
- Reviewing local breast screening performance and making recommendations.
- Reviewing local cervical screening performance (work in progress) and supporting plans to incentivise cervical screening by GP practices.
- Seeking assurances from NHS GM commissioners that steps are being taken to improve Abdominal Aortic Aneurysm screening, new born hearing screening, and addressing issues with timeliness of sickle cell and thalassaemia screening (part of the antenatal screening programme).

Bowel Cancer Screening:

- Bowel cancer screening uptake in East Neighbourhood is low. The PCN has chosen to focus on improving this.
- BAME specific support materials produced e.g. local GP created a video to explain the screening kit in Punjabi.
- Working with BCSP consultants at FGH who attended F2F session (and online) with health professionals to promote the programme and encourage their clients to take part.
- Future plans:  
Bowel Cancer awareness month activity (April)  
Review practice BCSP DNA policy (aim for unified policy)  
East practices to identify a BCSP Champion

East PCN to employ a Cancer Co-ordinator

#### Breast Screening

- PH Review (in context of COVID-19 recovery)
- reduced coverage in Bury (average 11.8% decrease)
- significant practice variation in screening uptake rates (prior to CV-19) that cannot be explained by deprivation alone
- Limited socio-economic and demographic data is available for breast cancer screening uptake currently. However, both 3-year coverage and 6-month uptake after invitation shows a correlation between practice area deprivation and engagement with breast screening services.
- BRCA screening in Jewish Community
- BRCA 1/40 Jewish people, 1 in 300 in general population. BRCA 1 lifetime risk of Breast Cancer = 80%
- Previous RCT. NHSE Cancer Prog and Genomics Unit are establishing a targeted programme. Acceptable, and has community support. But carries some risk of over-treatment.
- NHSE estimate 26 BRCA carriers identified in Bury over 1 year.

#### Targeted lung health checks (lung cancer screening)

- Initially used in areas of very high smoking prevalence. Now being rolled out more widely.
- Still some doubts on overall cost effectiveness and use of resources. Evidence strengthening though. Still needs to be targeted to areas of highest risk to ensure best balance of benefit vs harm is best.
- With NHS GM Bury colleagues we worked with Health Innovation Manchester Utilisation Management to refresh small-area lung cancer incidence statistics.

#### Self-referral to lung x-ray

- Self-referral to lung x-ray 'pilot' ongoing. However, evidence from previous pilots suggests focus on patient and GP education may be a better approach.

Those present were given the opportunity to ask questions and the following points were raised:

It was asked what could be done to encourage uptake of screening across the borough?

It was explained that work was being done to promote uptake and continued engagement as well as identifying barriers.

Councillor Pilkington referred to a screening of TB that was carried out recently in Rochdale and asked whether this would be replicated in Bury.

It was explained that there were not enough cases of TB in Bury to justify screening. This was something that was constantly reviewed.

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

That the update be noted.

That a further update report be brought to the Health and Wellbeing Board annually.

That Steven and Shenna be thanked for their comprehensive presentation.

## **HWB.8 THE PSR WORK PILOT ON IMPROVING ADULT LIVES**

Chris Woodhouse attended the meeting to report on the work that was ongoing in relation to the Improving Adult Lives pilot that was being carried out in Radcliffe.

The presentation set out:

- Developing a Pilot approach
- Initial learning – Positives
- Initial learning – Approach vs infrastructure
- Opportunities for development

**It was agreed:**

That Chris be thanked for the presentation.

That the positive work be recognised

## **HWB.9 THE SERIOUS VIOLENCE DUTY**

Chris Woodhouse gave a presentation providing an update on the Serious Violence Duty which was a new duty that came into force in 2022 and required the Council to identify the kinds of serious violence that occur in the area, and, so far as it is possible to do so, identify the causes of that violence.

To do so, specified authorities should undertake an evidence-based analysis of the causes of serious violence within their area and use this analysis to develop a local strategic needs assessment which should inform the local strategy.

The strategy, which specified authorities must prepare and implement, should contain bespoke solutions to prevent and reduce serious violence in their area.

This must be kept under review, which should be done on an annual basis and updated when necessary.

It was explained that the work would help to develop a strategy both regionally and sub regionally and will also supplement work across Greater Manchester.

The governance of the strategy will be overseen by the Community Safety Partnership which is chaired by Chief Superintendent Chris Hill but will continue to be fed into the Health and Wellbeing Board.

The Strategy has to be signed off by 31 January 2024 and renewed annually going forward.

**It was agreed:**

That it be recorded that the approach be supported.

That Chris be thanked for his presentation.

## **HWB.10 GM POPULATION HEALTH BOARD FEEDBACK**

It was explained that the GM Population Health Board met quarterly.

The Board considered 2 significant areas, Health and Employment and fed into the following:

Good Employment Charter  
Good Employers  
Living Wage  
Working Well Programmes  
VCSE Sector and Supporting Health

It was reported that the making smoking history report for a smoke free city region was available and would be circulated following the meeting.

**It was agreed:**

That the update be noted.

**HWB.11 URGENT BUSINESS**

Jon Hobday reported that he would circulate a report giving an update on ongoing work in relation to the importance of health and inequalities and reducing health inequalities and asked that members of the Board review and stated that comments would be welcomed.

It was reported that Bury had been shortlisted for an MJ Award.

**WILL BLANDAMER**  
**Chair**

**(Note: The meeting started at 5.00 pm and ended at 6.40 pm)**