AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members : Lynne Ridsdale, Councillor Eamonn O'Brien, Councillor Roger Brown, Will Blandamer, Adrian Crook, Kath Wynne Jones, Ruth Passman, Councillor Tamoor Tariq (Chair), Dr Cathy Fines, Supt Arif Nawaz, Helen Tomlinson, James Willmott, Councillor Nathan Boroda, Councillor Tom Pilkington, Jeanette Richards, Councillor Lucy Smith, Jon Hobday, Joanna Fawcus and Catherine Farrell

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:	Tuesday, 28 March 2023
Place:	Microsoft Teams
Time:	5.00 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 from the previous meeting held on 26 January 2023 are attached.

4 MATTERS ARISING

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 WIDER DETERMINANTS - ANTI-POVERTY STRATEGY

Jon Hobday, Director of Public Health to provide a verbal update.

7 BEHAVIOUR AND LIFESTYLE - AGE WELL AGENDA *(Pages 11 - 16)*

Stephanie Boyd, Integrated Commissioning Officer to present the attached presentation.

8 PLACED BASED PERSON CENTRED APPROACH - SCREENING AND IMMUNISATIONS UPDATE *(Pages 17 - 26)*

Steven Senior, Public Health Consultant and Shenna Paynter, Public Health Specialist to present the attached presentation.

9 THE PSR WORK PILOT ON IMPROVING ADULT LIVES *(Pages 27 - 34)*

Chris Woodhouse, Strategic Partnerships Manager to present the attached presentation.

10 THE SERIOUS VIOLENCE DUTY *(Pages 35 - 46)*

Chris Woodhouse, Strategic Partnerships Manager to present the attached presentation.

11 GM POPULATION HEALTH BOARD FEEDBACK

Jon Hobday, Director of Public Health to provide a verbal update.

12 URGENT BUSINESS

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

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Agenda Item 3

Minutes of: Health and Wellbeing Board

Date of Meeting: 26 January 2023

Present: Councillor T Tariq (in the Chair)
Councillors E O'Brien, N Boroda, T Pilkington and L Smith
H Tomlinson, W Blandamer, A Crook, K Wynne-Jones, S McCambridge, J Hobday

Also in attendance: S McVaigh – Director of People and Inclusion, S Star - , L Cook – Director of Housing, J Eastham – Community Collaborator, T Parvin – Community Collaborator

Public Attendance: 2 members of the public were present at the meeting.

Apologies for Absence: G Little, Passman, D C Fines, J Richards and Fawcus, R Passman, C Haigh – Community Collaborator, M Kidd – Community Collaborator

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HWB.47 WELCOME

Councillor Tariq welcomed everyone to the meeting and advised Board Members that as Chair of the Health and Wellbeing Board, he has co-opted Community Collaborators to the Board with speaking rights to engage with Health and Wellbeing Board Meetings. Board members agreed with this arrangement.

HWB.48 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.49 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest in the Health and Wellbeing Board and Healthwatch, as he sits on the Health and Wellbeing Board in Oldham and is employed by Healthwatch, Oldham.

HWB.50 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 8 December 2022 were agreed as an accurate record and signed by the Chair.

HWB.51 MATTERS ARISING

There were no matters arising.

HWB.52 PUBLIC QUESTION TIME

There were no public questions.

HWB.53 ANTI-POVERTY STRATEGY UPDATE

Jon Hobday, Director of Public Health provided an update around the anti-poverty strategy.

The update included data around disposable incomes, Bury's Citizen Advice key issues and statistics from the Bury helpline numbers. Information was provided from a GM residents survey and highlighted that around 70,000 more households were reporting low or very low food security than in the spring, when a previous survey had been completed. Jon Hobday provided an update of the progress made since the last meeting and the plans for the next 3 months which includes distributing community fund money and promoting grass roots activities, targeted work with wards with the lowest levels of disposable income, CAB sessions targeting support towards specific communities and information sharing, training and awareness raising of illegal money lending.

In a response to a member's question around how food vouchers are distributed, Jon Hobday advised that people are referred by a network of trusted supporters. People are allowed up to 3 fuel voucher payments, there is discretion against who can claim the payment as it has been set up for people who need the support.

A member raised concerns around food and fuel vouchers being given out and questioned why cash is not given to people. In response, Jon Hobday reported that he had worked with Bury Community Support Network with the majority of who are frontline workers, the consensus was that food and fuel vouchers were more cost effective. Frontline workers have listened to people in the community and the feedback is that the vouchers work well, and people are clear which shops take the vouchers. Jon Hobday advised that the fuel and food voucher scheme can be reviewed.

A member raised a concern around the lack of baby banks and questioned the support that food banks are given when SEND children, who may not eat certain foods need to access them. Jon Hobday advised that further work can be completed to look at the offer around the food panty and informed members that there are networks of informal baby banks.

A member questioned whether universal services such as midwives and health visitors can have conversations with people whilst working in the community around the cost of living and sign post them to baby banks and to inform new parents of what items the baby needs and the costs involved.

In a response to a member's question around the food pantry model, Jon Hobday explained that the food pantry model is more sustainable than a food bank due to income being received, and if donations are made it will make the model even more sustainable.

A member suggested that food banks and the food pantry model is not the right answer to tackle the cost of living crisis and advised that solutions have to focus on people working together to improve things such as high rent costs and people turning to loan sharks. In response, J Eastham, Community Collaborator reported that she had directed people to the food pantry, but they felt that it was not for them and suggested that the food pantry needed to be promoted more and be more inclusive. J Eastham explained how illegal money lending could become an issue.

A member advised that food banks do much more than give food and that the Cost of Living Summit demonstrated the extent of support the food banks give to people. The VFCA are working with Bury Community Support Network, Next Steps to look at the future and potentially look at other models to develop the pantry model further.

It was agreed:

1. To thank Jon Hobday and his team for the work around the anti-poverty strategy.

2. To review the food and fuel voucher scheme.
3. To review the baby bank offer.

HWB.54 THE EVIDENCE UPDATE OF THE GM PROSPERITY REVIEW

The evidence update of the GM prosperity review was included within the agenda pack for information. Will Blandamer advised members that it was important for the Board to receive and note the evidence which focuses on health inequalities. The report highlights themes around skills, trade and transport and the importance of access to work.

It was agreed:

1. To note the report.

HWB.55 WIDER DETERMINANTS OF POPULATION HEALTH - REAL LIVING WAGE

Sam McVaigh, Director of People and Inclusion provided an update around the Real Living Wage.

The report within the agenda pack is an update following on from the Council's commitment to pay the Real Living Wage in September 2021. It provides an update on the implementation of the Real Living Wage and highlights broader evidence in relation to the link between good work and good health.

Sam McVaigh reported that it has cost the Local Authority nearly £9m to secure the Real Living Wage over a 5-year period due to the unprecedented growth in the Real Living Wage this year. At the time of accreditation, the Real Living Wage increased income for approximately 4000 people working in Bury; as of December 2022, it has now impacted approximately 5000 people working in Bury and evidence shows that the increase in employee income will directly contribute to the health and wellbeing of the Bury workforce. Sam McVaigh reported that the Council is a member of the Greater Manchester Good Employment Charter.

In response to a member's question around the evidence of the Real Living Wage, Sam McVaigh reported that it was too early to say what the economic impact will be and is too early to demonstrate correlation and advised of the current unique economic times.

A member reported that between the Council and the Social Care sector in Bury, there have been 7000 individuals who have benefited from being paid the Real Living Wage and stated that paying the Real Living Wage was a positive move.

A member reported that this was a great piece of work which will attract employees and new talent and encourage employees to stay. Sam McVaigh reported that several staff have informed him that being paid the Real Living Wage has personally helped them.

It was agreed:

1. To thank Sam McVaigh for the report and the update.
2. To note the report and the ongoing work to champion payment of the Living Wage across the wider Bury economy.

HWB.56 WIDER DETERMINANTS OF POPULATION HEALTH - EMPLOYMENT AND HEALTH

Due to time constraints, it was agreed that S Star, Employment and Health Officer would produce a written report to be circulated to members.

It was agreed:

1. S Star, Employment and Health Officer to provide a written report which will be circulated to members.

HWB.57 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - HOUSING AND HEALTH

Liz Cook, Director of Housing provided an update around housing and health. The update included information on the Housing Strategy which has had a number of outcomes including focusing on delivering more good quality homes and a significant investment in existing homes. The Housing Strategy sets out how the Council aims to address health issues that are caused or exacerbated by poor quality, unsuitable housing.

Liz Cook reported that there is a national housing crisis and that there is a focus on neighbourhood plans, the quality of existing homes and new housing in Bury. There are approximately 800 homes being developed in Bury, with approximately 400 of these being affordable, care specialised and focused homes.

Liz Cook advised of the Social Housing Regulations Bill, which sets clear standards of how housing will be regulated going forward, all registered providers will have to adhere to the regulatory standards. The Bill seeks to improve the quality of social housing by introducing a range of measure to protect and empower tenants and reduce health inequalities. In Bury, the vast majority of housing is private and therefore a focus around the private rented sector is important.

A new homelessness strategy has been developed and housing for rough sleepers has been enhanced with a focus on prevention. It was reported that currently, there are approximately 300 new cases of homelessness per month and the number of rough sleepers has increased. The reasons for the increase is due to the cost of living crisis, migration pressures and private rented evictions.

Included in the agenda pack was partnership information around tackling damp and mould, the document sets out how Bury Council and partners are taking steps to respond and react to mitigate against risks and the challenges and support required from partners to ensure early intervention and prevention. Liz Cook provided an update which included information on the damp and mould action plan, reporting provision and housing regulators.

In response to a member's question around the housing on Willow Street and working in collaboration, Liz Cook explained that the service is trying to work with partners who are invested in Bury.

In response to a member question around green spaces or gardens in new homes for children to play, Liz Cook agreed that green spaces are important and explained that green spaces are dependant on the land volume and that green spaces can be taken into consideration.

J Eastham highlighted the cost of private rented accommodation and the volume of empty properties and questioned if Bury is looking into community living programmes, in response Liz Cook explained that there is an empty homes strategy and that they have some resources to deliver different schemes but there is more work to be done around this and advised of a workshop taking place next month. Liz Cook reported that Bury is one of the most expensive

places in Greater Manchester for housing along with a weak private rented sector and advised of new schemes working with private landlords.

A member highlighted the importance of universal services such as health visitors as they could report and signpost around damp through the Community Hub Model.

A member raised concerns with the affordability of heating which can lead to damp and mould and the challenges around this.

In response to a member's question around communication to GPs around damp and mould, Will Blandamer explained that this can be done through the Integrated Neighbourhood Teams to ensure GP's know how to signpost and listen to housing issues such and mould and damp.

It was agreed:

1. To thank Liz Cook for the update and note the content of the reports.
2. That the Integrated Neighbourhood Teams send communications to GPs around signposting someone who has damp, mould or housing issues.
3. To invite Liz Cook back to the Board in the future to provide a further update.

HWB.58 APPROVAL OF BETTER CARE FUND ADDITIONAL DISCHARGE FUNDING

Adrian Crook, Director of Adult Social Care presented the paper to Board members highlighting the additional discharge funding spend.

Councillor Tariq reported that it was positive to see that there are additional resources in hospitals to support the flow and discharge, making the system more efficient.

It was agreed:

1. That the Health and Wellbeing Board note the contents of the report.
2. The Health and Wellbeing Board gives retrospective approval to the Additional Discharge Funding plan submitted 16th December 2022.
3. The Health and Wellbeing Board notes the information contained in the first activity report submitted on 6th January 2023.

HWB.59 VIRTUAL MEETING UPDATE

Councillor Tariq presented the briefing note around virtual meetings and asked members how they would like to continue to meet for Board meetings in the future.

It was agreed:

1. The Board meets annually in person and agrees to delegate signing off reports, following consideration by the Board, to the Chair and the vice Chair in consultation with the Council's Monitoring Officer. Decisions taken will be published on the Council's website.

HWB.60 URGENT BUSINESS

Councillor Tariq thanked Sharon McCambridge, Six Town Housing and Geoff Little, Chief Executive on behalf of the Board, for their hard work and the contributions that they have made whilst being a member of the Health and Wellbeing Board and wished them both well with their retirements.

COUNCILLOR T TARIQ
Chair

(Note: The meeting started at 5.00 pm and ended at 6.30 pm)

Ageing Well in Bury

Stephanie Boyd

Integrated Commissioning Officer for Older People and Ageing Well

Bury COUNCIL

NHS Greater Manchester Integrated Care

Population Data

The population of people aged 50 and over in Bury is approximately 73,600 (around 38%) and this number is expected to increase as people are living far longer than ever before. For example, by 2035 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

Understanding and Tackling Inequalities

We know that COVID 19 had massive impact on some of our most vulnerable residents and older people in Bury, it affected our already stretched health and social care system, and it 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.

Ongoing Work

A vast amount of work is 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

The Bury Older People's Network

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.

A quote from the group:

"To provide a voice for older people within the local community, empowering them to share what matters and enabling them to enjoy life"

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.

Thank you for listening

Questions?

Screening programmes update

Steven Senior – Consultant in Public Health

Shenna Paynter – Public Health Specialist

March 2023

What is screening?

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.”**

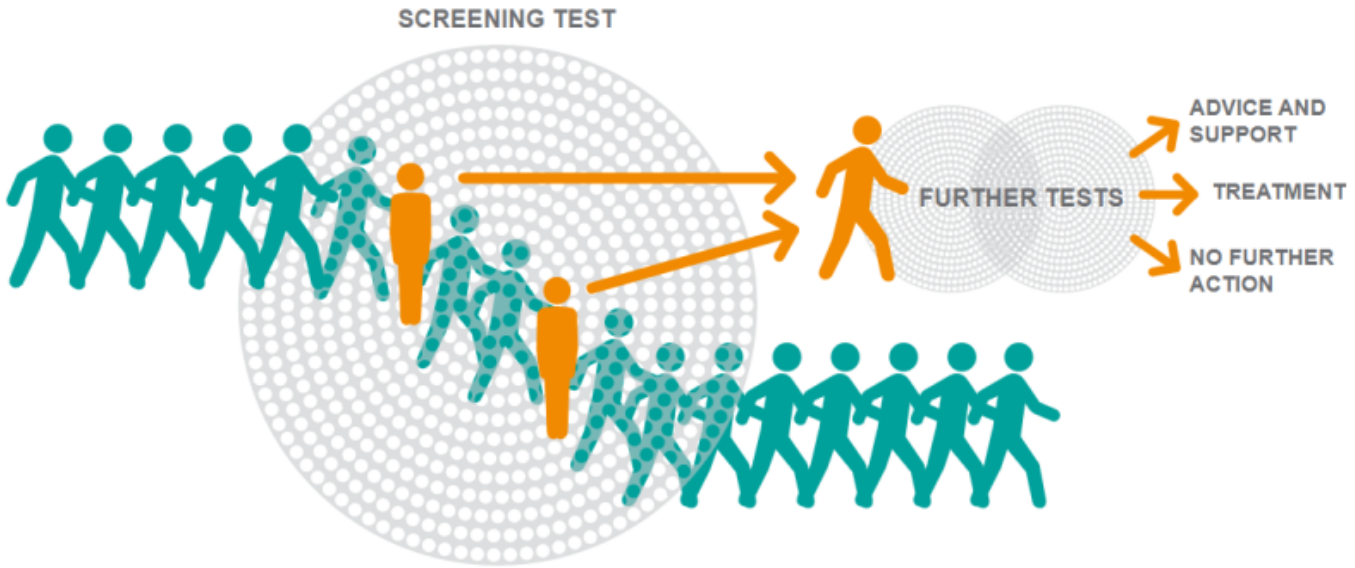
Screening should always be a personal choice. Informed consent is essential.

See ‘screening explained’ from the NSC for more details.

It can be helpful to think of screening like a sieve. In this diagram, a large group of people accept the offer of a screening test. The sieve represents the screening test and most people pass through it. This means they have a low chance of having the condition screened for.

The people left in the sieve have a higher chance of having the condition. A further investigation is then offered to them.

Identification through this process can show that they have the condition screened for. The person may need further confirmatory diagnostic tests.



When to screen? When not to screen?

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.

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 the 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?

UK screening programmes

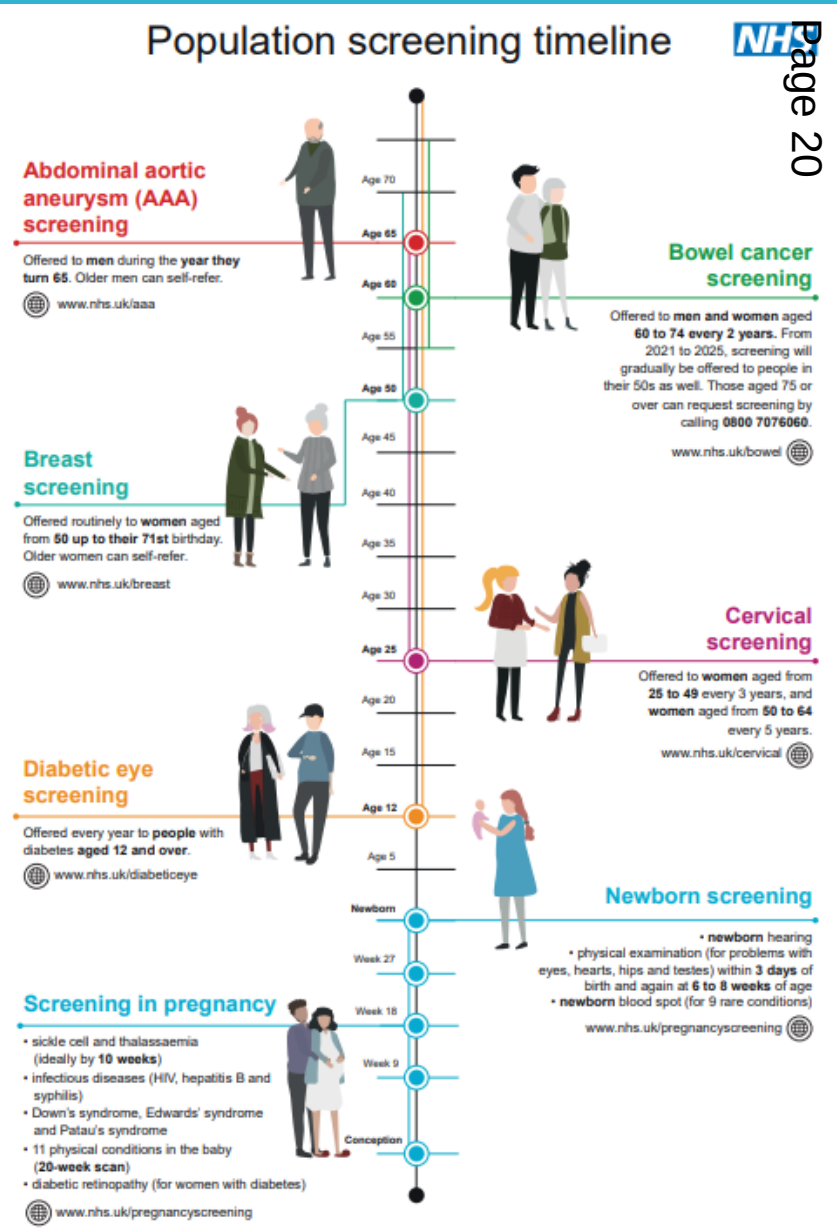
The list opposite shows UK screening programmes and when they are offered, from pre-natal and newborn screening through to bowel and abdominal aortic aneurysm screening in older age.

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.)



Current local performance

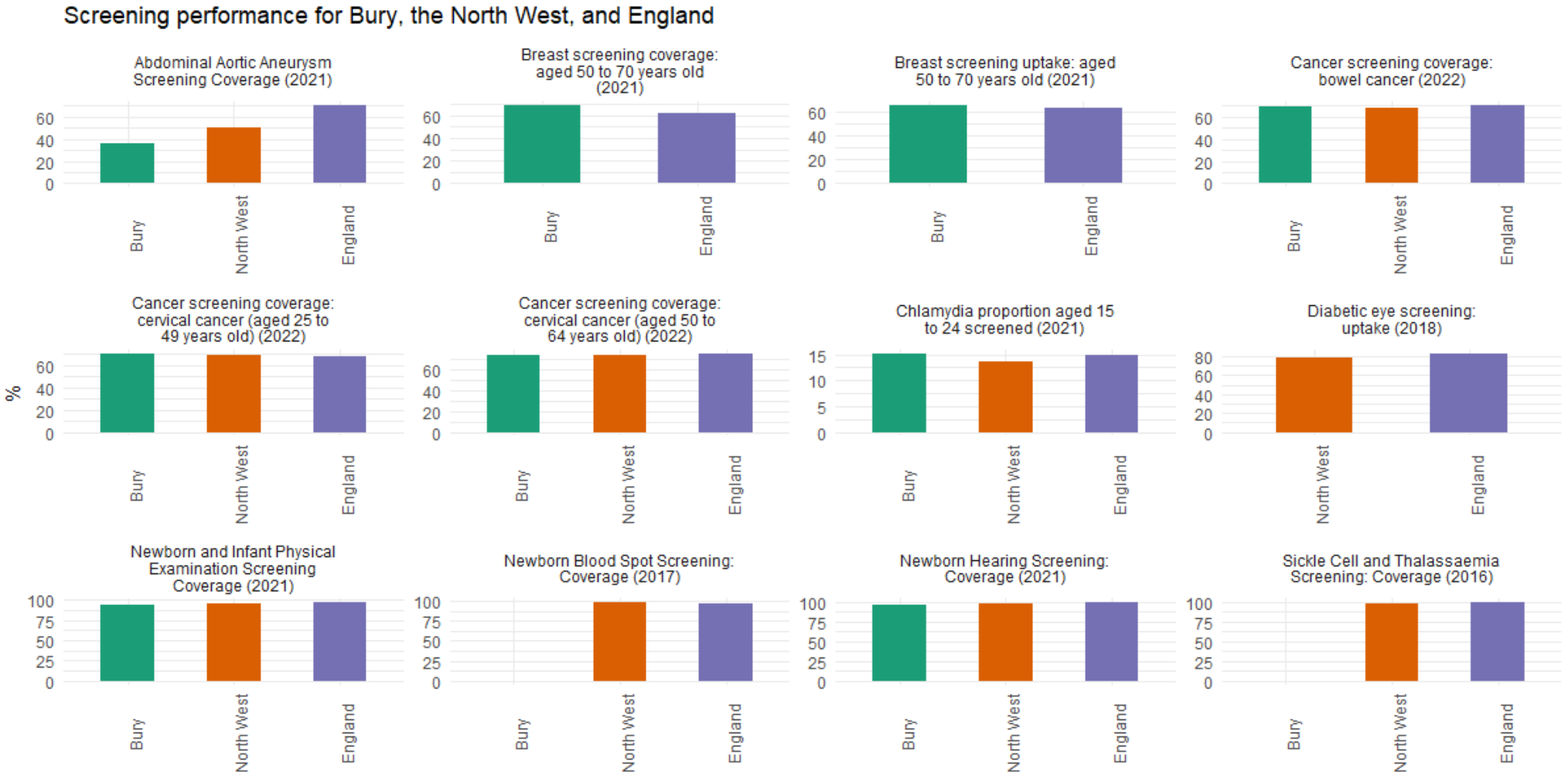
Areas where Bury's screening uptake appears good include:

- 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).

Current local performance



Note: for some indicators data are not available at some geographic scales

Team Bury
Working Together For A Better Bury

Current local priorities

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).

Focus on… 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

Focus on… 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** Jewish BRCA Screening Info
  - 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.

Focus on … targeted lung health checks

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.

28th March 2023

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PSR – Improving Adult Lives Pilot

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Bury's Neighbourhood Model

Let's do it .... In our neighbourhoods

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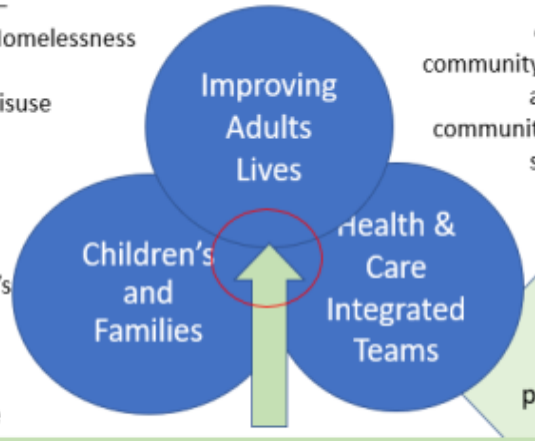
The way we organise ourselves for case management
Neighbourhood-focussed practitioner networks

e.g Housing –
STH; PRS & Homelessness
GMP; DV;
Substance misuse

e.g primary care,
community health services,
adult social care ,
community mental health,
social prescribing

e.g Children's
Early Help,
Schools,
Social Care
Youth Justice



The way we engage people & communities in a place
Resources to embed the "LETS" principles

Evolution of Community Hubs as
place-based co-ordinators & connectors

Neighbourhood place-based public leadership teams:

- Targeting cohorts by place
- Ensuring integrated case management around priority cohorts
- Tracking volumes & outcomes

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Developing a Pilot approach

- Opportunity to pilot as part of Radcliffe People & Communities Plan

- Learning from existing neighbourhood systems
  - Place based practitioners coming together as a multi-disciplinary team to actively case manage scenarios
  - Understanding of 'as is' position through adaption of *The Story So Far*
  - Lead professional (key worker) – and language of these roles

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Initial learning – Positives

- Issues associated with neglect rather than say disrepair. Positive example of engagement with Older People Staying Well Team and support from Emergency Response Team to arrange bed for an individual.
- Reach across to INT team where issues originated from social concern but identified underlying health issues – ie co-ordinate support through known contact through Public Service Leadership Team colleague rather than 'cold' referral or duplication
- Strengths based conversations in such circumstances to jointly consider options, rather than different agencies seek to point to others as being blockages without getting together to discuss such cases from the resident's perspective.
- Sharing awareness of community assets and networks, eg bereavement support

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Initial learning – Approach vs infrastructure

- IDVAs are providing a lead professional role (where there isn't already one in place due to any previous intervention) to ensure co-ordinated support for the individual beyond just any domestic abuse element of support, including linking into place based colleagues from across the neighbourhood model as required.

- Work is progress with Achieve in relation to ensure where substance misuse is a predominant factor but there are broader social demands the response is a co-ordinated one. Achieve Bury (the name for Greater Manchester Mental Health NHS Foundation Trust as lead provider of substance misuse treatment and recovery) in Bury take a whole-person approach and help to address issues such as employment, education, housing, finances and relationships which can prevent or slow down recovery. This includes working the The Big Life Group for adult households (and there is work with Early Break in relation to supporting families).

- Joint activity between Travelsafe on linked incidents where substance misuse and ASB are taking place to identify individuals for collective action, in addition to exploring opportunities to link into Achieve's community outreach provision and to determine suitable place-based approaches going forward.

- In relation to worklessness and access to employment, Ingeus have presented on their offer to all 5 Public Service Leadership Teams and they, along with DWP are developing proposals to provide integrated support through a physical central base

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Opportunities for development

- A number of the cases put forward were single agency or single issue cases, rather than multiple complex need – engagement on how these could be address through the principles of IAL without needing the formal infrastructure

- Recognition this is changing the way existing practitioners work together – there is not new resource, rather co-ordination and integration of place based offer. As part of this to consider impact in terms of caseloads of practitioners to consider speediness of response.

- Opportunity to build on strengths based/ solution focused training for practitioners at place, including extension of trauma informed practice as part of Radcliffe specific priority

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Opportunities for development

- Importance of ownership – not just in terms of lead professionals providing leadership through a case management process, but of colleagues owning the day-to-day delivery of services, access to support, enablement of local residents as part of what existing practice – essentially driving practice that by default is LETS (both the 'doing it' bit and the principles by which this is done)
- Further consideration is taking place in relation to transition from Children's services into wider provision and triaging in relation to any 'adults' case where there might be care leaving duties.

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Next steps

- Continuation of pilot within Radcliffe with call for cases from across ASB, DA (eg via Safenet) substance misuse and worklessness colleagues in addition to Six Town Housing
- Expand pilot to cover adult-only households in Bury East
- Ongoing input into Bury Public Service Reform Steering Group

28th March 2023

Health and Wellbeing Board

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Serious Violence Duty

Serious Violence Duty

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The Duty

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

Serious Violence Duty

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The Duty

Specified Authorities	Relevant Authorities	Wider consideration
• Police • Fire & Rescue • **Integrated Care Boards and local health boards** • Local Authority • Youth Offending Team • Probation	• Education *A strategic education representative(s) or representative education group for the local area should be chosen by the partnership to provide a link between the specified responsible authorities and individual institutions.* • Prison • Youth Custody	• VCFSE - Bury VCFA - Street Pastors - VRU Community Led Pilot - Place based orgs - Thematic orgs • Local businesses and business groups, eg BID

Consideration of Geographies and links to GM, eg:
- *ICB networks and links, eg Warren Heppolette*
- *GM CSP Leads through Jeanette Staley*
- *10GM?*

Serious Violence Duty

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The Duty – Defining Serious Violence

- Specified authorities should include a focus on public space youth violence including; homicide, violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing.

- Flexibility, based on strategic needs assessment for local areas to focus on other related types of serious violence, including (but not limited to) alcohol related violence, criminal exploitation, modern slavery and violence against women and girls, including domestic abuse and sexual offences, and male and LGBTQ+ victims

- Action on domestic abuse and sexual offences is particularly encouraged where preventative activity is directed at risk factors which are shared between these crimes and public space youth violence. Such risk factors might include, but are not limited to, growing up in a violent home, substance abuse, social isolation and adverse childhood experiences

Serious Violence Duty

The Duty – a Public Health Approach

Local areas are encouraged to adopt the World Health Organisation's definition of a public health approach:

- Focus on a defined population
- With and for communities, embedding the voices of lived experience
- Focused on generating long as well as short term solutions to addressing drivers of serious violence, including coercion.
- Based on data and insight to identify the burden on the population, including any inequalities – guidance recommends specified authorities pool the data held individually to create new/more complete insights.
- Root in evidence of effectiveness in tackling problems; learning from experiences of others. Resources cited include Youth Endowment Fund Toolkit, Early Intervention Foundation Guidebook and the College of Policing
- VRU follows **5C** approach – Collaboration; co-production; co-operation on data and information sharing; counter-narrative; Community Consensus

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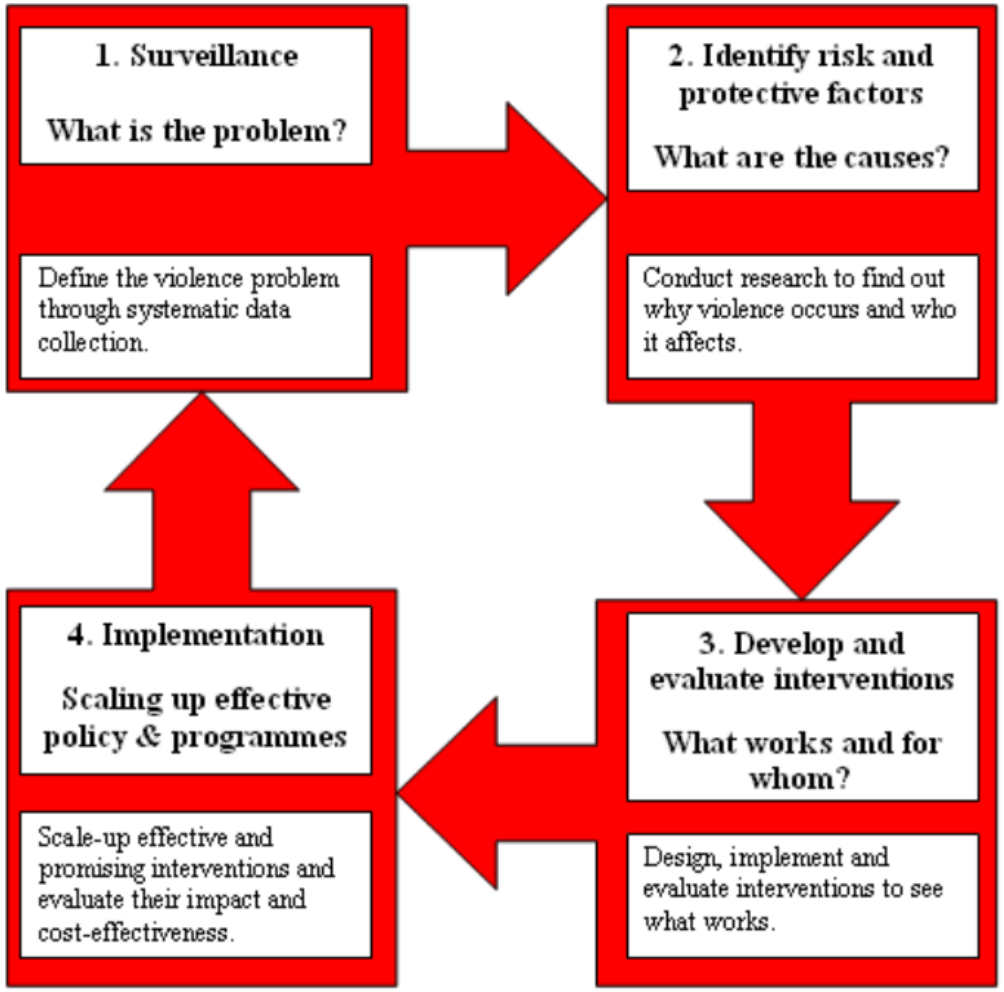
The Duty – a Public Health Approach



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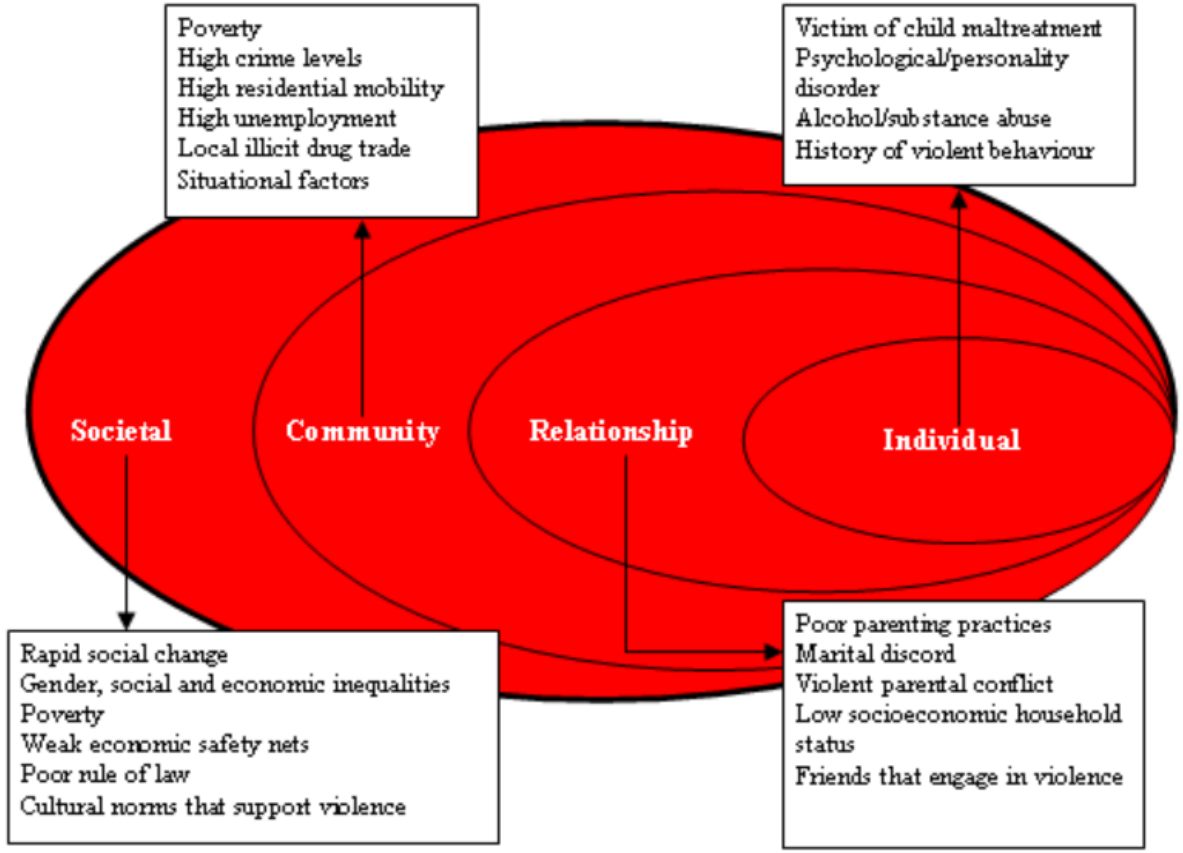
The Duty – a Public Health Approach



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The Duty – SV Strategic Needs Assessment

- The SNA should be formulated following an evidence-based analysis of information relating to the violent crime types, the drivers of crime within the partnership area and the cohorts most vulnerable.
- Partnership should be aiming to produce high quality evidence based documents utilising a diverse range of quantitative and qualitative sources – allowing the partnership to understand, and bring together, on an ongoing basis a comprehensive picture of SV and its drivers.
- Work taking place on a GM SNA and utilisation of government funding into GM to support consistent delivery of a local SNA for each GM locality.
- Opportunity to align and strengthen local SNAs, including of Domestic Abuse

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The Duty – SV Strategic Needs Assessment

- This will require the gathering and analysis of data from all partners, so far as is possible, including (but not restricted to):
  - Local and national crime data, (including Crime Survey of England and Wales (eg, police recorded crime by crime type, crime outcomes and profiles of victims and offenders)
  - Anonymised hospital and primary care data on serious violence injuries,
  - Education data (e.g. attendance, suspension and exclusion),
  - Anonymised prison data (e.g. types of offences),
  - Local data (e.g. census information),
  - Domestic Violence Disclosure Scheme data,
  - MARAC data
  - Children's social care data,
  - Outcomes of homicide reviews including in areas such as domestic homicide, child and adult safeguarding, mental health and offensive weapons homicide reviews,
  - Input of organisational information and experience and where appropriate knowledge and useful
  - information from specialist voluntary sector organisations and young people (e.g. data on violence against women and girls). The National Statement of Expectations and VAWG Commissioning Toolkit set out data sources which could be considered when assessing the specific needs of victims of domestic abuse and sexual violence,
  - NPCC VAWG Performance Framework will also outline data Police should collate
  - The Office for Health Improvement and Disparities have also published a useful resource for local areas on the development of local SNA

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The Duty – SV Strategy

- The PCSC Act requires that the strategy is published, kept under review and revised from time to time. The strategy should be reviewed at a minimum on an annual basis and specified authorities should collectively decide if any new action is required or if a revised strategy is needed.
- Each strategy must be published as soon as reasonably practicable after it has been prepared, with the first strategy for each local government area being published by the 31 January 2024. Each strategy must be placed on the website of a specified authority or a local policing body for the local government area to which it relates and published in such other form as the specified authorities consider appropriate (which may include hard copies)
- The serious violence strategies must be submitted to the Secretary of State for the Home Department within 7 days of publication.
- Need to consider linkages into wider (community safety) consultations and engagement activity, and to coincide with budgetary/spending decisions (to enable evidence based assessment of where funds are best made available/diverted to).
- Should consider work and linkages with neighbouring authorities consistency of approach if there is a need to work across boundaries on common issues.
- Important to ensure an Equality Analysis accompanies SNA and Strategy development to ensure compliance with Equalities Act and Bury's Inclusion Strategy.

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Governance

Duty	Local consideration
The Duty does not specify a 'lead' authority to be responsible for coordinating activity or prescribe a structure within which specified authorities are expected to work. Some may choose to use the VRU, the local CSP, safeguarding partnerships or Health & Wellbeing Boards.	• Given the duty requires Community Safety Partnership's (CSP) to develop a Strategy in relation to serious violence, proposal agreed at Bury CSP provides oversight and sign off with reporting for information to HWB, Children's Strategic Partnership Board and Team Bury Delivery Co-ordination Group. • CSP has an existing subgroup on Tackling Crime & ASB chaired by Supt Nawaz. Bury CSP on 8th March agreed to repurpose this group to become Serious Violence Steering Group in order to lead the development and delivery of the SNA and Strategy, strengthening ongoing work to bring together work of VRU • Consideration of task & finish group(s) to develop the SNA including data and insight colleagues from across the specified authorities and wider system

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