

**AGENDA FOR
HEALTH SCRUTINY COMMITTEE**



Contact: Chloe Ashworth
Direct Line: 0161 253 5030
E-mail: C.Ashworth@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, R Brown, E FitzGerald,
M Walsh, M Hayes, I Rizvi, C Boles, D Duncalfe, S Haroon,
J Lancaster and L Ryder

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Tuesday, 18 July 2023
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
Time:	7.00 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 Health Scrutiny Committee 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 THE LAST MEETING *(Pages 3 - 8)*

The minutes from the meeting held on 14th March 2023 are attached for approval.

4 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

5 MEMBER QUESTION TIME

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee.

6 OVERVIEW OF HEALTH AND CARE LANDSCAPE *(Pages 9 - 44)*

Will Blandamer, Executive Director (Health and Adult Care) to provide an overview.

7 TASK AND FINISH GROUPS

Councillor FitzGerald to provide an update.

8 HEALTH INEQUALITIES STRATEGY UPDATE *(Pages 45 - 60)*

Jon Hobday, Director of Public Health to provide an update.

9 FORWARD PLAN *(Pages 61 - 62)*

Attached for discussion.

10 URGENT BUSINESS

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

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 14 March 2023

Present: Councillor E FitzGerald (in the Chair)
Councillors J Grimshaw, K Hussain, R Brown, J Harris, E Moss,
M Walsh, M Hayes, I Rizvi and D Quinn

Also in attendance: Councillor T Tariq, Cabinet Member for Health and Wellbeing
Councillor C Boles,
Will Blandamer, Executive Director of Strategic Commissioning
Anne Marie, Healthwatch
Dr Cathy Finds, Senior Bury GP
David Latham, Programme Manager
Kath Wynne-Jones, Chief Officer
Michael Cunliffe, Democratic Services

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

Apologies for Absence: Councillor N Bayley and Councillor C Birchmore

HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.
Councillor D Quinn acted as a substitute representative for Councillor Bayley.

HSC.2 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest due to being the Manager at Healthwatch in Oldham.

HSC.3 MINUTES OF THE LAST MEETING

It was agreed:

That the minutes of the meeting held on the 25th January 2023 were agreed as an accurate record.

HSC.4 PUBLIC QUESTION TIME

No members of the public were in attendance and no questions had been submitted in advance of the meeting.

HSC.5 MEMBER QUESTION TIME

No Member questions had been received in advance of the meeting.

HSC.6 HEALTHWATCH UPDATE REPORT

Anne Marie from Healthwatch reported on the project looking at access to GP services for people with sensory loss and physical disabilities. A small-scale mystery shop,

interviews and focus groups had taken place so far, and visits to services will follow shortly. They would invite any interest in participation to get in touch, as well as sharing any experiences Members may have received concerning this subject.

Brought to their attention were issues surrounding access to GPs at weekends for families of people that have passed away. Problems with accessing services can delay burial, and in Muslim and Jewish faiths it is essential to bury someone as fast as is possible, with delays causing further suffering. They are looking to gather information and experiences to inform actions and would again welcome any input members of the committee may have on this.

The enter and view programme was now underway with initial focus on care homes. They had undertaken a first visit and the report was due out shortly. The programme of future visits was being prepared, along with a plan to start looking at day care and extra care facilities in the borough.

There are two Healthwatch Bury reports included with the papers attached to the agenda packs and one recently published, is on Dementia diagnosis with the other on Pharmacy services. Any feedback from the committee was welcome.

The Chair invited any questions on the Bury pharmacy survey report and Councillor Rizvi welcomed the extra hours and how can the message be spread across GP surgeries.

Anne Marie reported that work was being done with health partners to get that message across to local people that pharmacies offer different services and had different opening times.

Councillor Harris commented on extended hours and the problem of locating a pharmacy that was open and a window poster promoting other night time services in the borough would let the public know.

Dr Cathy Finds added people with minor ailments should be signposted to a community pharmacy.

Councillor Tariq commented on 24-hour online pharmacy services and that data usage of these services could be gauged and inputted into the GM pharmaceutical body.

Councillor Walsh requested that under the demographics section of the report, could Radcliffe be added as a township area instead of being classed as 'other' in the data fields.

Will Blandamer referred to the Bury Pharmaceutical Needs Assessment 2022-25 which was endorsed by the health and wellbeing board and the link to access this was included on page 45 of the agenda pack.

The Chair summed up discussions and better communications would provide where to obtain pharmacy information and moving forward this should be conducted in the same manner across the GM network area.

The Dementia Survey Report was also attached to the agenda packs and the Chair reminded Members of the committee that Healthwatch Bury had produced the report only and were a watchdog body and did not provide the specialised services.

Some Members enquired about the memory test being used as a diagnostic tool and how effective it was.

Will Blandamer commented that the resident and patient feedback would be listened to and included in the GM steering group. The Chair added this item may come back at some point in the next year.

HSC.7 URGENT CARE

Kath Wynne-Jones and David Latham introduced the report which was intended to provide an update to the Committee of progress within the Urgent Care programme, with particular emphasis on NHS Planning Guidance for 2023-24.

A great deal of work had already commenced to ensure that Bury as a system was prepared for winter 2022/23. The report provided an overview of improvement work and assurance as to the local infrastructure in place.

The Bury locality operates a single Urgent and Emergency Care System. The system works collectively from late summer to prepare for winter. Improvement and resilience work was continuous throughout the year which supports winter preparations.

The report was intended to provide an update of progress within the urgent care programme with particular emphasis on winter planning arrangements.

National NHS objectives for 2023-24 were provided in relation to urgent and emergency care. The 5 key themes were as follows:-

- Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk across the system in line with the November 2022 letter.
- Maintain clinically led System Control Centres (SCCs) to effectively manage risk

Other items covered at the meeting included:-

- A&E Attendance levels
- A&E 4 Hour Performance
- Length of Stay & NCTR
- 12 Hour Performance
- Ambulance Performance

An update on schemes and funding streams for 2022-23 was provided with initial feedback from the Winter season and during the Christmas holiday period.

Councillor Grimshaw commented that in her experience, Fairfield General Hospital was a great experience.

Councillor Harris addressed the need to speed up discharges and it was reported this was a challenge across the GM boundaries with patient flows.

Will Blandamer added that Bury had social care staff based at North Manchester Hospital.

Councillor Brown discussed the turnaround of ambulance times and an overview was provided on the processes involved.

It was agreed:

That the Committee noted and supported the approach.

HSC.8 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

The Chair reported that Jane Case, Programme Manager (Bury), NHS Greater Manchester Integrated Care was unable to attend the meeting this evening.

Will Blandamer reported that the item had gone to the Children's Scrutiny Committee and referred to the presentation included in the agenda packs. Attention was drawn to the pressures of the service and 1 in 6 children aged 5-16 may develop some form of probable mental health problem. Referrals to GM's CAMHS services rose by 124% over the first two years of the pandemic, and the total population of young people in contact with mental health services overall grew by 13%. In some cases, this had been considerably more extreme.

Details were provided that over the last year we have continued to support CYP MH system by bolstering the offer across all areas of the iThrive Model. Examples of new service models and reformed pathways across all elements of iThrive model were included in the report.

The presentation also covered:-

- GM Crisis work Community Based Crisis Support
- Transforming Crisis Services
- Trust Comparison
- PCFT response
- Bury CAMHS waiting list initiative and outcomes

Will Blandamer thought that the video played to the Children's Scrutiny Committee could be shared with this committee.

Councillor Rizvi commented on the Trust comparison figures with Bury higher than other areas. Will Blandamer informed the committee that the report covered how this would be tackled.

Councillor Hayes asked a question about communications on behalf of Councillor Boles who had needed to leave the meeting. Will Blandamer reported that engagement was conducted with the youth council and he was not sure of communication campaigns involving Instagram which had been suggested and would look into any clinical risk with the use of such channels.

A Member mentioned eating disorders and Will Blandamer said there was funding available for this and would bring back an update on this agenda item in the Autumn period.

HSC.9 ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT

This item would be included on the agenda for the next meeting in the new municipal year as Adrian Crook was unable to attend this evening and provide an update report.

HSC.10 HEALTH SCRUTINY TASK AND FINISH GROUPS

The Chair thanked all Members and Andrea Tomlinson from Democratic Services who had supported the task and finish groups.

Loneliness and Social isolation had been discussed in the sub-group and who was impacted and if the pandemic had made things worse. Faith based groups were looked at to see if they could teach the wider population of Bury. Updates had also been included by Adult Services, Andy's Man Club and the Youth Cabinet had been attended by the Chair.

A Carers review undertaken by the sub-group looked at what was on offer and were people aware. Presentations were received from the Adult carers hub and Children's Services. The Chair drew attention to the actions around awareness training for Councillors, a focus on communications to those who were digitally excluded and looking at befriending services and the role of governing in challenging schools.

It was agreed:

That Members noted the report and agreed with the actions and recommendations as per the report.

HSC.11 URGENT BUSINESS

No urgent business was reported at the meeting.

The Chair thanked the committee for all their work during the municipal year and how the work programme had been flexible to reflect different issues becoming important when required. The two topics looked at by the task and finish groups would help raise those issues for the residents of Bury.

Thanks was made to the Overview and Scrutiny Officer, Democratic Services and Officers in health care positions along with representatives from the wider health system across Greater Manchester.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00pm and ended at 9.10pm)

Bury Integrated Care Partnership Operating Model and Priorities

Bury Health Scrutiny Committee 18th July 2023



BURY
INTEGRATED CARE
PARTNERSHIP

Will Blandamer
Deputy Place Based Lead - NHS GM (Bury)
and Exec Director, Health and Adult Care - Bury Council

Part of Greater Manchester
Integrated Care Partnership





Partnership Overview

The Bury Integrated Care Partnership



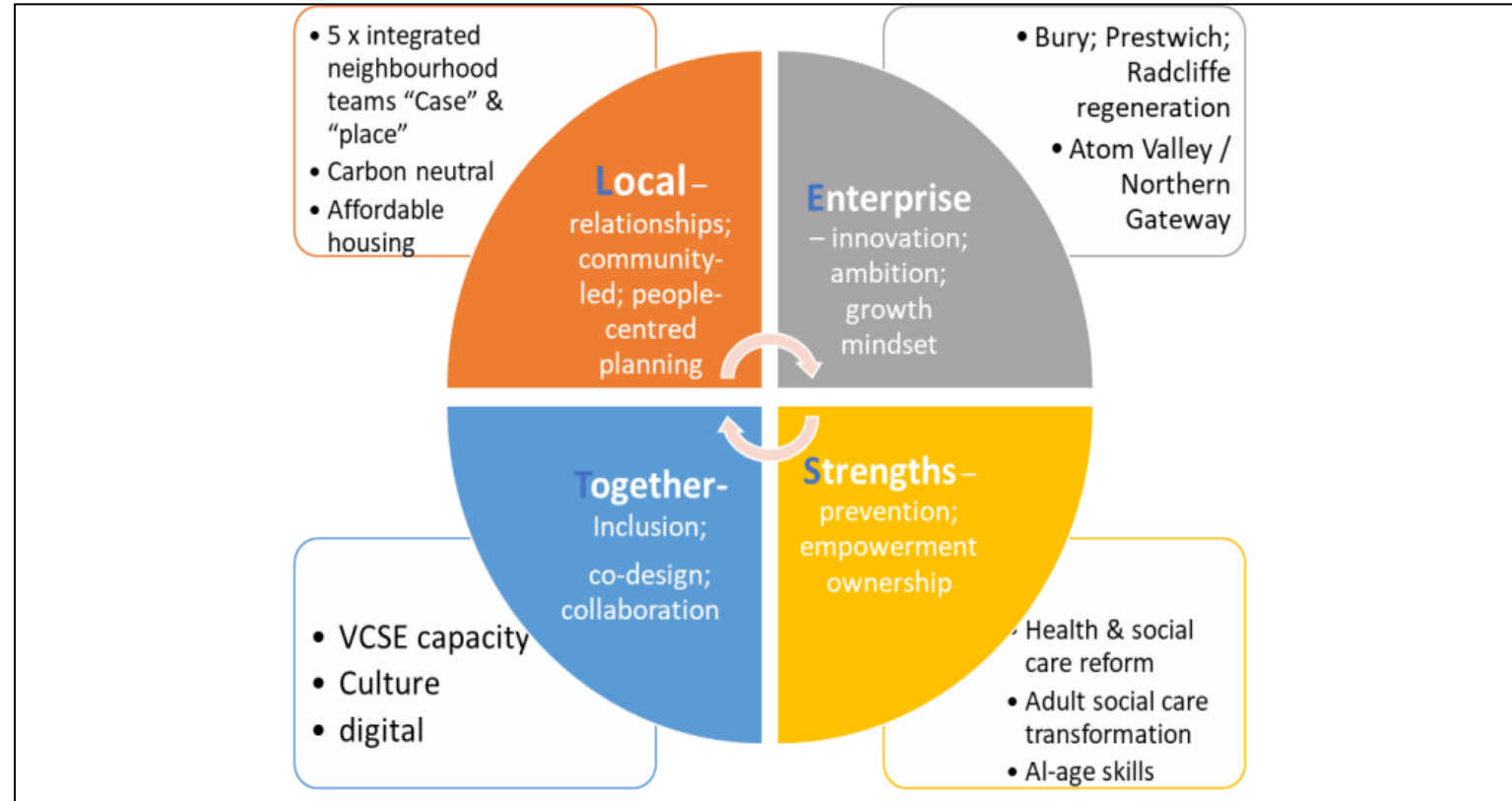
BURY
INTEGRATED CARE
PARTNERSHIP

- The Bury Integrated Care Partnership describes the joint work of key partners in Bury to manage and transform the health and care system in Bury and to provide better outcomes for residents.
- It is a partnership of sovereign organisations bound together by a commitment to improve health and well being and the health and care system for Bury people.
- We are also bound together by a way of working that is positive, committed, honest, open, transparent, challenging and committed.
- The Health and Care System in Bury costs about £450 million per year
- <https://buryintegratedcare.org.uk/>

- Bury Council
- Northern Care Alliance (inc. Fairfield General, and Community Health Services)
- Pennine Care Mental Health Trust
- Manchester Foundation Trust
- NHS Greater Manchester
- Primary Care Providers
- Voluntary Sector
- Bury Healthwatch
- Persona
- and other partners

Our Ambition for Bury

- We seek to improve the health and care system and outcomes for residents in the context of the Strategy for the Borough – Lets Do It.
- The overarching ambition of Lets Do It is **“Driving faster economic growth than the national average, with lower than national average levels of deprivation”**
- Lets Do it signals an ambition for public services to work differently – working together with patients and communities, co-designing, working in partnership, and focused on prevention of poor health.
- Partners to the Bury Integrated Partnership are committed to the vision.



Locality Plan

- In the context of the Lets Do It Strategy we have together written a Locality plan – our strategy for the health and care system in Bury.
- It has 10 broad objectives that together describe our ambition to reform our system
- In summary...



To enable health and care organisations and the voluntary sector in the borough to achieve more together than each individual organisation could do alone, to provide more effective integrated services, to achieve better outcomes and experience for people, to improve cost control in health and care services and to have a greater impact on improving population health, reducing health inequalities and increasing inclusivity.

Locality Board

- We have a meeting of senior leaders from all partners to the Bury Integrated Care Partnership - The Locality Board.
- The meeting sets strategy and seeks assurance on the operation of the system.
- The meeting also sets the tone of the way in which we work together as partners.
- It draws on senior political, clinical, and managerial leadership in the borough
- It also seeks to listen to and act on the lived experience of Bury people
- The Locality Board also has some specific duties delegated to it from the Greater Manchester Integrated Care Board

Programmes of Work

- We have a duty to understand all parts of the operation of the health and care system in Bury on behalf of our residents. This is because:
 - Bury people access lots of different services sometimes at the same time
 - It is a system with a complex set of interdependencies
 - We want the whole system to contribute to the locality plan objectives,
- So we have established **11 programmes of work** where partners come together to understand 'Business as Usual' and to identify opportunities to improve outcomes and support more efficient and effective services.
- Each programme has an SRO and a clinical lead, and a programme meeting/steering group, and each programme connects to relevant GM wide arrangements.
- We ask each programme to think about transformation in the context of 4 themes – quality, finance, workforce, and health inequality

1. Urgent Care
2. Elective Care and Cancer
3. Learning Disabilities and Autism
4. Complex Care
5. Mental Health
6. Primary Care
7. Adult Social Care Transformation
8. Ageing Well inc. frailty and dementia
9. Community services
10. End of Life and Palliative Care
11. Long Term Conditions

Integrated Delivery Collaborative Board



BURY
INTEGRATED CARE
PARTNERSHIP

- We manage these programmes as a portfolio because they are so interdependent – how one service works really affects how effective other services can be.
- So we have an Integrated Delivery Collaborative Board manage the portfolio of programmes and to provide assurance to the locality board.
- Each programme reports on its work at the monthly Integrated Delivery Board
- As a system we have a very small amount of dedicated system capacity to support the integrated delivery board – a chief officer and some programme capacity
- The small amount of dedicated capacity is technically hosted by NCA but works on behalf of the whole system.
- The small team exists to co-ordinate the joint work and is very dependent on all partners committing time and resource and effort across all relevant programmes, and to do so in the right spirit.

Supporting the Locality Board and IDC



- To support the Integrated Delivery Board and the Locality Board in its work we have a number of committees and boards that bring together relevant reps from organisations in the Bury Integrated Care Partnership
- The locality board routinely receives a progress report from the primary care commissioning committee (in accordance with the delegated authority to the locality board)
- It also routinely receives a report from the groups in bold reflecting the importance of clinical and professional leadership, and the 'quadruple aims' of workforce, quality, finance and health inequality

- Clinical and Professional Leadership
 - **Clinical and Professional Senate**
 - GP Leadership Collaborative
 - **Primary Care Commissioning Committee**
- Enabling Groups
 - Strategic Estates Group
 - **Strategic Workforce Group**
 - Communications Leads Group
 - Business Intelligence Group
 - **Strategic Finance Group**
 - **System Quality Assurance Group**
 - **Population Health Programme Board**

Neighbourhood Working

- We believe in creating opportunities for front line staff to know each other across different organisations, to work together more effectively, and to have a shared understanding of the assets of our communities.
- We have therefore built an integrated neighbourhood team in each of the towns in the borough – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom (with Tottington)
- This currently includes adult care, community health services, and GPs, but we want to extend that to include other parts of the health and care system.
- A model of family hubs is being rolled out on this footprint to support children, young people and families
- We are also seeing the alignment of other public services on the same footprint and have established ‘public service leadership teams’ in each neighbourhood
- We have a detailed understanding of health needs of each neighbourhood in the neighbourhood profiles - <https://theburydirectory.co.uk/neighbourhood-profiles>



Spine of the BICP



- Locality Board – strategic alignment
- Integrated Delivery Board – joined up programme delivery
- Neighbourhood Working

Supported by clinical and professional leadership and a range of enabling functions.

In addition.....

Children and Young People

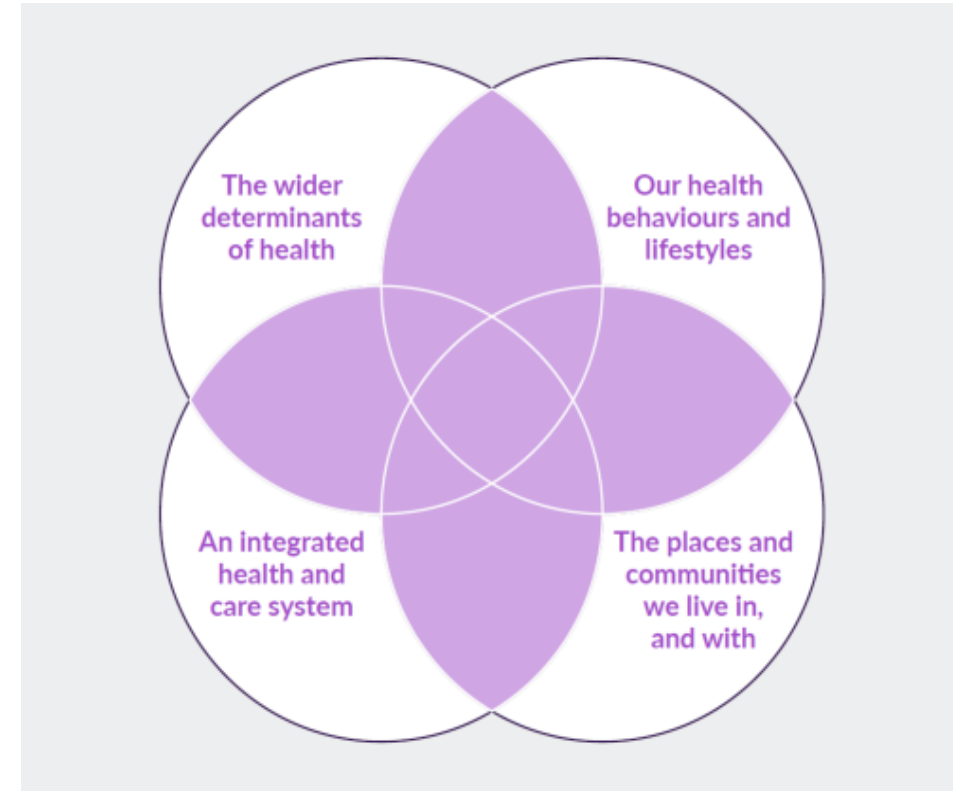


- The borough also has a Childrens Strategic Partnership Board – where those partners particularly focused on the circumstances of the youngest residents of the borough come together – childrens services in the council, NHS childrens services, schools and others.
- We use this as the delivery board for the health and care system for childrens services – so it is a ‘sister’ to the integrated delivery board.
- We are conscious that children appear in many other of our programmes (e.g urgent care, in primary care) and we work hard to connect it all together.

Population Health and Health Inequalities



- Tackling health inequalities is a core priority of the Lets Do It Strategy for the Borough, and the Borough Locality Plan.
- We ask all of our programmes to ensure they understand and address inequality in access, treatment and outcome.
- But we also know that the health and care system is actually only one contributor to population health and health inequalities.
- So we have **charged the Health and Well Being Board** (a statutory committee of the council) to be a “standing commission” on health inequalities – to influence all the factors affecting population health that are within our control locally.
- The Health and Well Being uses the Kings Fund framework to define its work and to challenge partners in Bury to play their part.
- The public health team of the Council manage the business of the Health and Well Being Board under the leadership of the Director of Public Health
- We have a comprehensive Joint Strategic Needs Assessment available to all. <https://theburydirectory.co.uk/jsna>



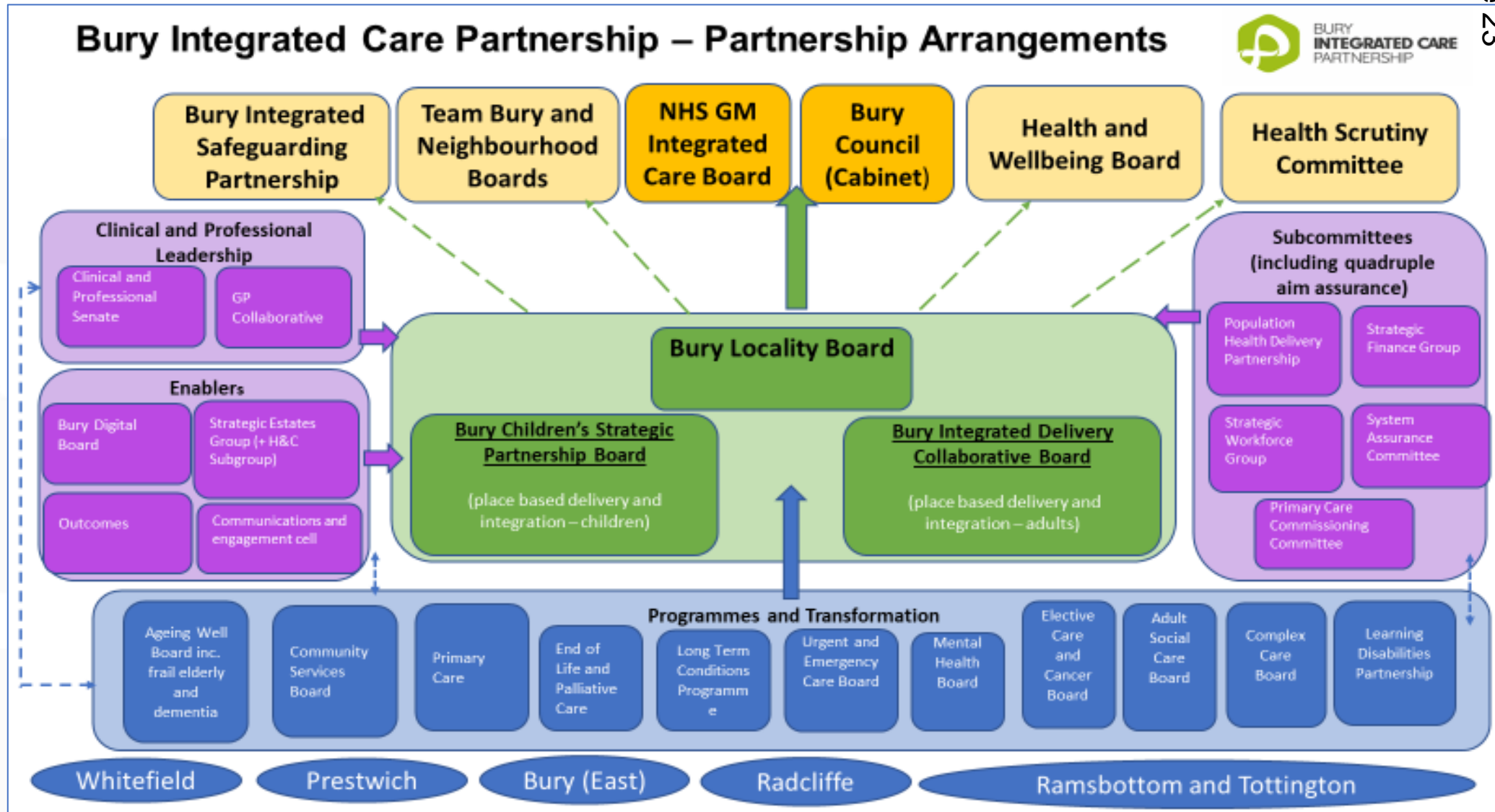
Supra local Footprints

- For some services we need to develop working relationships above the level of Bury but not necessarily at GM level.

- We have developed a partnership with the NCA and the 4 localities they serve – Bury Oldham, Rochdale, Salford. A key priority is the national front runner programme on hospital discharge
- We have developed a partnership meeting with MFT and the localities mainly served by North Manchester General
- We have developed a partnership meeting with the 5 boroughs that Pennine Care Foundation Trust work on

Bury Integrated Care Partnership Partnership Arrangements

The partnership architecture described in the preceding slides is reflected in this diagram.



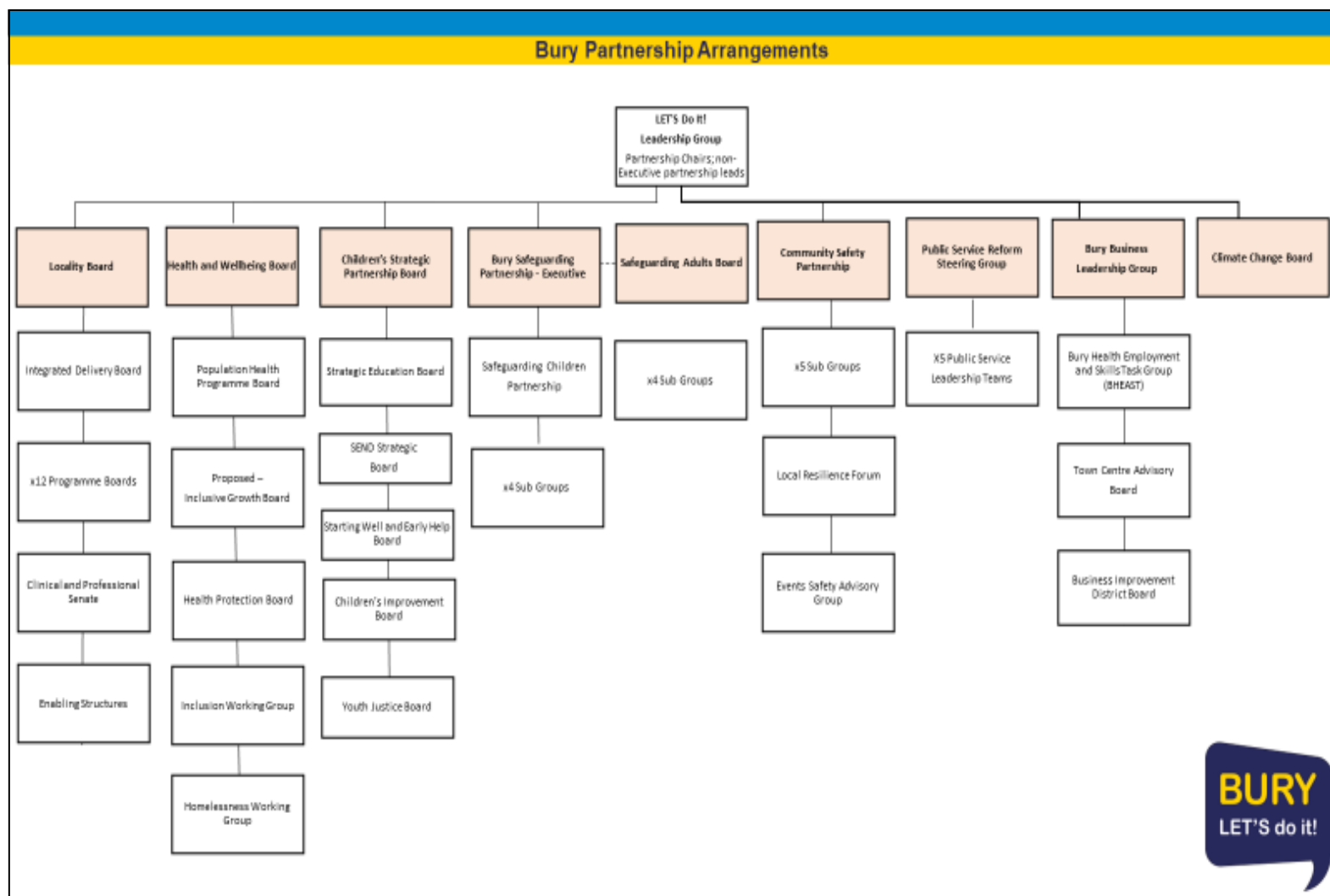
Team Bury



- The Locality Board, and the Health and Well Being Board are two important parts of the wider 'Team Bury' partnership. The wider partnership includes:

- The Community Safety Partnership
- The Business Leadership Group
- The Childrens Strategic Partnership Board
- Bury Integrated Safeguarding Board
- Public Service Reform Steering Group
- Climate Change Board

- Partners to the Bury Integrated Care Partnership have an important role to play in all these groups.





The GM Context

The GM Strategy for Health Care and Wellbeing

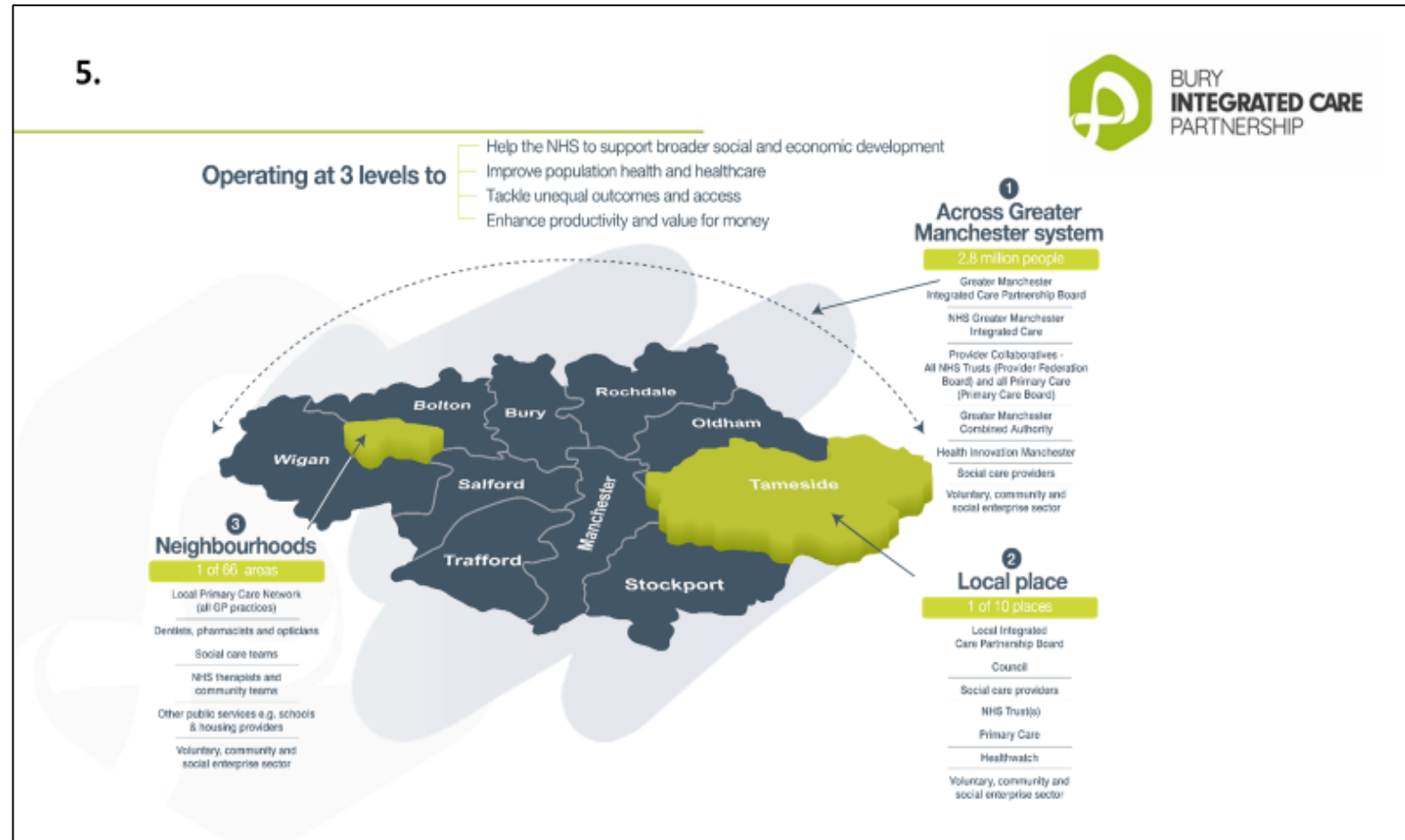


- We also do this work in the context of the Greater Manchester Strategy for Health, Care and Well Being – the GM Integrated Care System Strategy.
- We contribute to, and benefit from, working on a GM wide footprint.
- The priorities of the GM Strategy align closely to our ambitions in Bury expressed through the Lets Do It Strategy and the Locality Plan.



GM Operating Model

- The GM Health and Care Partnership (called the GM Integrated Care System – ICS) has an operating model that specifically recognises that work needs to be undertaken at three spatial levels:
 - GM wide
 - In each of 10 localities (Bury is one)
 - In neighbourhood.
- At a GM level there are a range of programme boards/system boards. Each of our 11 programmes in Bury is connected to the relevant GM board. This allows shared learning, consistency of practice. It also recognises Bury residents access services in many other parts of GM.



The GM Joint Forward Plan

- The ICB is developing a joint forward plan for the GM health and care system. We will work to ensure that the Bury system is in a position to play its fully part, particularly on those issues that are within our local gift to address.
- The Forward plan broadly aligns to our local priorities.
- We will review every line of the forward plan and be clear where in our partnership arrangements we can locate responsibilities.
- An initial assessment of the priorities is listed in the slides in the Appendix .





Our Priorities

Integrated Delivery Board Programme Priorities

- The Integrated Delivery Board has recognised that each of the programmes is large in its own right.
- We have a limited amount of ‘transformation’ capacity and bandwidth
- So we expect each programme to know the whole position (BAU), but the IDC board have asked the programmes to identify their **top three priorities** for reform and transformation for the next 6 months.
- In developing these priorities we have specifically asked each programme to identify areas of work that make a **contribution to reduced cost and or cash releasing efficiency savings.**
- We have also asked the top 2 and 3 health service priorities of the Childrens Strategic Partnership Board and the Population Health Board to be confirmed
- Crucially we have instructed each programme board to look to **simplify their system.** We have built services upon initiatives and our system is too complicated to navigate, and potentially inefficient. So transformation is not about new or additional services – it is significantly about **decluttering and delayering and reducing duplication**
- This work is on going to be considered by the Integrated Delivery Board and by the Locality Savings Group

Integrated Neighbourhood Team Priorities



- In addition, we have asked each Integrated Neighbourhood team to focus on a few priorities –
- All neighbourhoods are being asked to implement a comprehensive CVD prevention plan – this has the potential to secure the greatest gain in health and prevention of ill health.
- The individual neighbourhood priorities have potential for improved outcomes at lower cost.

Neighbourhood plans – priority areas



- **Borough wide priority:** Coronary Heart Disease Prevention with focus on
 - primary and secondary prevention, identification of those at risk, treatment optimisation, reducing inequalities in access, outcome and experience.
- **Neighbourhood Priorities:**

North	Improving dementia care especially at end of life
East	Increase uptake of bowel cancer screening
Whitefield	Improving services and care for people with a dual diagnosis
Prestwich	Falls prevention in older people / implementation of Frailty hub
West	Raising awareness of Adverse childhood experience [ACE] and trauma informed practice

Focus of Locality Board

- The Locality Board tasks the Integrated Delivery Board with holding to account the work of each of the 11 programmes.
- Each programme will provide an annual ‘deep dive’ report to the locality board
- However the Locality Board should do only what it can uniquely do, in the knowledge that the IDCB is doing its work, assured by not only the IDCB Chief Officer report but also the performance, quality assurance, and finance reports to the Locality Board
- The locality board wishes to concentrate on a small number of key areas of focus and against which progress will be measured and around which the partnership will gather at a senior and strategic level.
- The proposed areas of focus are presented on the next slide
- This does not mean these topics are prioritised over others – it is expected that all programmes are delivering on their priorities. It does however provide focus on the work of the board

5 Areas of Focus for Locality Board



Focus	Contribution to financial position – examples only	Board
<p>The first thousand days of a child's life, including the alignment of multi-agency working on a neighbourhood footprint working with family hubs, and addressing capacity requirements in early years services in council and NHS provision.</p>	<ul style="list-style-type: none"> • Reducing number of children on EHCPs • Reducing number of children with complex circumstances in mainstream services • Reductions in demand for reactive NHS spend – CAMHS, eating disorders etc. • Reduced number of out of area placements 	<p>Childrens Strategic Partnership Board</p>
<p>Right sizing and scoping Intermediate Care Capacity and wider community capacity across the health and care system, connected to the implementation of national front runner programme on complex discharge and maximisation of independence.</p>	<ul style="list-style-type: none"> • Reduced number of patients in institutional care home provision and lower levels of complexity/demand • Reduced numbers of DFAFH patients in hospital • reducing the need for escalation beds 	<p>Urgent Care Board</p>
<p>Sustainability of primary care provision, particularly GP services but also understanding and working with others to mitigate the risks to dental, community pharmacy and optometric provision</p>	<ul style="list-style-type: none"> • Ensuring the capacity and capability of primary care provision as a building block for the prevention of unnecessary, unplanned and reactive use of secondary care. 	<p>GP Leadership Collaborative and Primary Care Commissioning Committee.</p>
<p>Ensuring Services are delivered as efficiently as possible, including reducing duplication. Streamlining processes, adopting technology</p>	<ul style="list-style-type: none"> • Advice and Guidance implementation • The role of the RBMS as single point of contact • Improved communication pathways • Reducing 'bounce back referrals' • Full utilization of the NHS app capability • The primary/secondary interface discussion 	<p>Programme of work to be established.</p>
<p>Exploring opportunities to recruit and retain workforce capacity in Bury organisations by demonstrating the opportunity for development and progression within the Bury Integrated Care Partnership – utilising the strengths of all organisations and in the context of NHS Work</p>	<ul style="list-style-type: none"> • Reducing Agency Spend • Reducing sickness levels • Promoting and retaining expertise 	<p>Strategic Workforce Group</p>



Prioritisation Summary

Summary of Priorities

Locality Board Focus Areas

Starting Well – First 1001 days
Right sizing community capacity
Primary Care
Efficient Service Delivery
Workforce

INT priorities

All	CVD
Prestwich	Falls Prevention
Whitefield	Dual Diagnosis
Bury (East)	Bowel Cancer Screening
Radcliffe	ACES and Trauma informed care
Ramsbottom and Tottington	Improving Dementia Care at end of life

BICP Programmes

Urgent Care
Elective Care
Mental Health
Adult Care
Learning Dis.
End of Life
Complex Care/CHC
LTCs
Community Services
Ageing Well
Primary Care

Childrens Strategic Partnership Board

Population Health Board

Qaudruple Aim

Better Outcomes	Lower Cost
Improved Experience	Improved Staff Experience



Sub set of GM Joint Forward Plan Priorities for Locality Boards

Strengthening our communities	Scale up and accelerate delivery of person-centred neighbourhood model
Helping people stay well and detecting illness earlier	Tackling inequalities
	Supporting people to live healthier lives
	Upscaling secondary prevention
	Living well with long-term conditions
Helping people get into, and stay in, good work	
Recovering Core NHS and Care Services	Improving urgent and emergency care and flow
	Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard
	Improving service provision and access
	Improving quality through reducing unwarranted variation in service provision
	Using digital and innovation to drive transformation
Supporting our workforce and our carers at home	
Achieving financial Sustainability	

Alignment of Priorities

GM ICP Mission	Strengthen communities	Stay Well	Financial sustainability	Recovering services	Get/Stay in work and supporting our workforce
Bury Locality Plan 10 objectives	<ul style="list-style-type: none"> Population Health & health inequalities Residents in control of their lives Residents in control of how services are organised around them Home first Neighbourhood team Working 	<ul style="list-style-type: none"> Planned & preventative services 	<ul style="list-style-type: none"> Early intervention/cost control Integrated leadership 	<ul style="list-style-type: none"> Provider collaboration Timely pathways 	<ul style="list-style-type: none"> <i>(The Locality plan as an inherent part of Lets Do it – economic ambition and reduced inequality)</i>
Bury Integrated Delivery 11 programmes	<ul style="list-style-type: none"> Adult Social Care Transformation Ageing Well inc. frailty and dementia Community services End of Life and Palliative Care Long Term Conditions 	<ul style="list-style-type: none"> Learning Disabilities and Autism Primary Care 	<ul style="list-style-type: none"> <i>(All programmes identifying 2-3 programmes with demand reduction/cash saving identified)</i> 	<ul style="list-style-type: none"> Urgent Care Elective Care and Cancer Complex Care Mental Health 	
Quadruple Aim 4 aims	<ul style="list-style-type: none"> Better outcomes - population health board 	<ul style="list-style-type: none"> Improved Experience - Quality Assurance Board 	<ul style="list-style-type: none"> Lower Costs - Strategic Finance Group 		<ul style="list-style-type: none"> Improved Staff Experience - Strategic Workforce Group
Bury Locality Board 5 areas of focus	<ul style="list-style-type: none"> First 1001 days 	<ul style="list-style-type: none"> Intermediate Care 	<ul style="list-style-type: none"> Efficient service delivery 	<ul style="list-style-type: none"> Primary care sustainability 	<ul style="list-style-type: none"> Workforce
Population Health System 4 domains	<ul style="list-style-type: none"> Person and Community Centred Care 	<ul style="list-style-type: none"> Health Related Behaviours 	<ul style="list-style-type: none"> <i>(demonstrating effect in terms of reduced demand)</i> 	<ul style="list-style-type: none"> The operation of the health and care system 	<ul style="list-style-type: none"> Wider Determinants of health including work and skills
Neighbourhood Priorities 5 priorities	<ul style="list-style-type: none"> North – improving experience of those with dementia at end of life East - increased uptake of bowel cancer screening Prestwich - Falls Prevention and Frailty 	<ul style="list-style-type: none"> Radcliffe - Ace – trauma informed care 		<ul style="list-style-type: none"> Whitefield – Improving Services for those with Dual Diagnosis 	

Examples of progress

- FGH was the best performing A&E department in 22/23 in GM in terms of its 4 hour wait performance
- We have secured additional investment in a number of mental health priorities including:
 - Eating disorder services, Community mental health teams, Crisis support services based around A&E, Specialist Community Epilepsy Services and CAMHS investment
- Under 'transforming care' we have one of the lowest numbers of Bury residents with severe and complex learning disabilities in institutional care
- The public health team we were shortlisted as finalists in the national Municipal Journal Awards
- Our work as a cancer network has been commended by GM Cancer Alliance
- We have been innovative in a new pathway for Dermatology that has transformed waiting times and is class leading in GM, and new pathways in development for orthopaedics, Gynae and Urology
- We meet or exceed national benchmarking for access to GPs (e.g face to face)
- We have a class leading intervention on mental health teams in schools
- Adult Social Care has made £10m savings in the last 2 years - focus on strengths based work, use of technology, new models of housing coming on stream.
- Installation of new ADAM IT system supporting the transformation of our CHC performance
- One of the more developed models of neighbourhood team working in GM



Appendix 1 -

Alignment of GM Forward View Priorities to the Bury Integrated Care Partnership

Our missions to meet the challenges

Strengthening our communities

Delivery Leadership: Locality Boards

System Leadership: Population Health Board

Areas of focus	Actions
Scale up and accelerate delivery of person-centred neighbourhood model	Continue to develop Live Well and Social Prescribing
	Coordinate our response to poverty
	Expand community-based mental health provision
	Living Well at Home
	Take an inclusive approach to digital transformation
Develop collaborative and integrated working	Embed the VCSE Accord
	Deliver a GM-wide consolidated programme for those experiencing multiple disadvantage
	Embed the GM Tripartite Housing Agreement
	Giving every child the best start in life
	Ageing Well
	Increase identification and support for victims of violence
Develop a sustainable environment for all	Delivering our Green Plan

Our missions to meet the challenges

Helping people stay well and detecting illness earlier
 Delivery Leadership: Locality Boards

System Leadership: Clinical Effectiveness and Governance Committee (CEG); Population Health Board

Areas of Focus	Actions
Tackling inequalities	Reducing health inequalities through CORE20PLUS5 (adults)
	Equity in access to care and improved experience and outcomes for all children and young people (CORE20PLUS5 clinical priorities)
	Implementing a GM Fairer Health for All Framework
Supporting people to live healthier lives	A renewed Making Smoking History Framework
	Alcohol
	Enabling an Active Population
	Promoting Mental Wellbeing
	Food and Healthy Weight
	Eliminating New Cases of HIV and Hepatitis C
	Increasing the uptake of vaccination and immunisation
Upscaling secondary prevention	Early Cancer Diagnosis
	Early detection and prevention of Cardiovascular Disease
	Earlier diagnosis of Respiratory Conditions through Quality Assured Spirometry
	Early detection of unmet health needs for those living with Learning Disability and those with Severe Mental Illness
	Managing Multimorbidity and Complexity
Living well with long-term conditions	Optimising Treatment of long-term conditions
	Expansion of the Manchester Amputation Reduction Strategy (MARS) across NHS GM
	The GM Dementia and Brain Health Delivery Plan
	Taking an evidenced based approach to responding to frailty and preventing falls
	Anticipatory Care and Management for people with life limiting illness



Our missions to meet the challenges

Helping people get into, and stay in, good work

Delivery Leadership: Locality Boards

System Leadership: Population Health Board; GM Good Employment Charter Board, GM Employment and Skills Advisory Board

Areas of Focus	Actions
Enhance Scale of Work and Health Programmes	Expansion of our Working Well System
Develop Good Work	Working with employers on employee wellbeing through the GM Good Employment Charter
Increase the contribution of the NHS to the economy	Developing the NHS as an anchor system
	Implementing the Greater Manchester Social Value Framework

Our missions to meet the challenges

Recovering Core NHS and Care Services

Delivery Leadership: Locality Boards and PFB

System Leadership: System Boards; Finance and Performance Recovery Board



Areas of Focus	Actions
Improving urgent and emergency care and flow	Access to urgent care in the community
	Admission/Attendance Avoidance
	Improving discharge
	Increasing ambulance capacity
	Improving emergency department processes
Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard	Integrated Elective Care
	Improving productivity and efficiency
	Improving utilisation of the Independent Sector
	Improving how we manage our wait list
	Recovering children and young people's elective services
	Reducing waiting times in cancer
Improving service provision and access	Diagnostics
	Making it easier for people to access primary care services, particularly general practice
	Digital transformation of primary care
	Ensuring universal and equitable coverage of core mental health services
Improving quality through reducing unwarranted variation in service provision	Digital transformation of mental health care
	Improving quality
Using digital and innovation to drive transformation	NHS at Home – including Virtual Wards
	Implementation of Health and Social Care Digital Strategy
	Driving transformation through research and innovation

Our missions to meet the challenges

Supporting our workforce and our carers at home



Delivery Leadership: NHS GM People & Culture Function, NHS GM, NHS Trusts, Primary Care providers, Local Authorities, Social Care Providers, VCSE Organisations

System Leadership: GM People Board

Areas of Focus	Actions
Workforce Integration	Enable leaders and staff to work across traditional boundaries to support service integration
	Share best practice and develop tools to support a dynamic system culture
Good Employment	Increase in Good Employment Charter Membership and payment of Real Living Wage
	Improve access to staff benefits and flexible working
	Share best practice and resources to support managers
Workforce Wellbeing	Take action on the cause of staff sickness and improve wellbeing support
Addressing Inequalities	Building a leadership culture committed to addressing health inequalities
	Adapt the recruitment process to provide alternative entry routes for diverse talent
Growing and Developing	Develop our Greater Manchester careers approach to attract and support career development
	Develop and deliver the Greater Manchester retention plan
	Embrace digital innovation to improve the way we work – starting with HR digitisation
Supporting Carers	Provide more consistent and reliable identification and support for Greater Manchester’s unwaged carers



Our missions to meet the challenges

Achieving financial sustainability

Delivery Leadership: Locality Boards; PFB

System Leadership: Finance and Performance Recovery Board

Areas of focus	Actions
Finance and Performance Recovery Programme	System recovery programme based on drivers of operational and financial performance
Developing Medium Term Financial Sustainability Plan	Development of three-year financial plan

SCRUTINY REPORT

MEETING: Health Scrutiny

DATE: 18th July 2023

SUBJECT: Bury's Approach To Addressing Health Inequalities.

REPORT FROM: Jon Hobday, Director of Public Health.

CONTACT OFFICER: Jon Hobday, Director of Public Health.

1.0 BACKGROUND

- 1.1 Health inequalities are differences in health between groups of people that are avoidable and unfair. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy.
- 1.2 Health inequalities are caused by lack of access to the basic building blocks of health, such as money, housing, education, and food. Because of this tackling health inequalities needs the whole system to act.
- 1.3 This paper outlines ongoing and future work in Bury to reduce health inequalities.
- 1.4 This is overseen by Bury's Health and Wellbeing Board using the Greater Manchester Population Health System Framework. This framework aligns well with the LET'S principles.
- 1.5 A wide range of work has already been done to address health inequalities. This includes a comprehensive refresh of Bury's Joint Strategic Needs Assessment; a position paper to frame the problem; and a range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework.
- 1.6 Immediate priorities include work to tackle the main contributors to the gap in life expectancy in Bury (cardiovascular disease, cancer, liver disease), and to promote health early in life. Next steps will be to review corporate plans to identify which areas have the greatest potential to improve health and reduce inequalities in health, and to support those areas to maximise their benefits to health and health equity.

2.0 ISSUES

- 2.1 Health inequalities are differences in health between groups of people that are avoidable and unfair. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy.
- 2.2 Health inequalities are caused by lack of access to the basic building blocks of health, such as money, housing, education, and food. Because of this tackling health inequalities needs the whole system to act.

- 2.3 This paper outlines ongoing and future work in Bury to reduce health inequalities. This is overseen by Bury's Health and Wellbeing Board using the Greater Manchester Population Health System Framework. This framework aligns well with the LET'S principles.
- 2.4 A wide range of work has already been done to address health inequalities. This includes a comprehensive refresh of Bury's Joint Strategic Needs Assessment; a position paper to frame the problem; and a range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework.
- 2.5 Immediate priorities include work to tackle the main contributors to the gap in life expectancy in Bury (cardiovascular disease, cancer, liver disease), and to promote health early in life.
- 2.6 Next steps will be to review corporate plans to identify which areas have the greatest potential to improve health and reduce inequalities in health, and to support those areas to maximise their benefits to health and health equity.

Context: health inequalities in Bury

- 2.7 Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people are dying years early and spending more of their lives ill.
- 2.8 Health inequalities are caused by differences in access to the basic building blocks of health. These include good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and access to high-quality healthcare.
- 2.9 The gap between the ward with the highest life expectancy and the ward with the lowest life expectancy was 7.1 years for males and 7.3 years for females for 2016-2020. The gap in life expectancy is caused by higher rates of death from several major killers in more deprived areas including heart disease, stroke cancers, liver disease, and (in 2020 and 21) COVID-19.
- 2.10 There are also stark inequalities in illness and disability across Bury. Inequalities in work-limiting illness and disability are especially pernicious because they limit employment, and through that access to building blocks of health like money, housing, and quality food. The major causes of illness and disability in Bury are low back pain and musculoskeletal conditions, migraines, mental illness particularly anxiety and depression, and diabetes.
- 2.11 This hurts individuals, households, and communities. It is also a barrier to economic growth: around a third of the gap in economic productivity between the North and South of England has been attributed to higher levels of poor health in the North.

- 2.12 Although health inequalities are most often described in terms of deprivation and ethnicity, there are systematic differences in health between groups of people defined in other ways. It is important to note that some smaller populations experience the starkest health inequalities. These include people with learning disability or severe mental illness, sex workers, people in contact with the criminal justice system, homeless people, refugees and asylum seekers.
- 2.13 The Bury LET'S Do It strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims address the most important building blocks of health. A wide range of action across the whole council and its partners on health inequalities flows from this.

Our approach to addressing health inequalities

- 2.14 Our approach begins with data. We have completely re-worked Bury's [Joint Strategic Needs Assessment \(JSNA\)](#). The JSNA provides a thorough overview of population health in Bury, including inequalities in health.
- 2.15 We have also produced a health inequalities position paper that summarises the evidence and our plans in an accessible format. This paper uses an evidence-based framing of the problem of health inequalities in a way that promotes a systems-thinking approach. Our aim is to make it clear that health inequalities exist because of a complex web of interconnected causes, and therefore the only solutions are those that engage the full range of system partners in our response.
- 2.16 Recognising this, we need a strategic framework that can accommodate the wide range of responses to health inequalities, from improving access to quality healthcare to addressing poverty and inequality. We are using the [Greater Manchester Population Health System Framework](#), which was adapted from the King's Fund's '[vision for population health](#)'. This model uses four 'pillars' to describe areas of work that are necessary for improving population health and reducing health inequalities, as well as emphasising the importance of areas of overlap between them. In the Greater Manchester framework these are described as:
- a. Wider determinants of health;
 - b. Behaviours and lifestyles;
 - c. Public service reform; and
 - d. Place-based and person-centred approaches.
- 2.17 This model will inform a refresh of Bury's public health outcomes framework (in progress), which will reflect the four pillars above.
- 2.18 This model is used by Bury's Health and Wellbeing Board to set its agenda. The Health and Wellbeing Board is constituted as Bury's standing commission on health

inequalities. The Health and Wellbeing Board is supported by a Population Health Delivery Partnership. This board is a working-level meeting which is intended to be the place where practical problem-solving and systematic thinking about solutions is done.

2.19 These structures exist to bring the widest possible range of partners into the work of tackling health inequalities. This includes partners in planning; environmental health; housing; business, growth, and investment; transport; education; law enforcement and emergency services; healthcare commissioners and providers; voluntary, charity, community, and faith organisations.

2.20 Although not all of the work to reduce health inequalities is directly overseen by the Health and Wellbeing Board, it does have a responsibility where necessary to challenge partners and to hold them to account for doing what they can to reduce health inequalities.

2.21 As well as supporting key outcomes in the LET'S Do It! Strategy, the approach above connects directly to the principles that underpin that strategy:

2.22 **Local:** the emphasis on place-based and person-centred approaches puts the 'local' principle at the heart of all our work on health inequalities, much of which is delivered through or with the neighbourhoods. Public health team members are supporting each of the neighbourhood public service leadership teams with data and advice around health and health inequalities in each neighbourhood, drawing on the JSNA and refreshed neighbourhood profiles.

2.23 **Enterprising:** effective use of evidence and evaluation is central to all our work. The public health team provides advice on evidence, evaluation, and research to ensure that our actions are evidence-based, make best use of available resources, and are focused where we can have the biggest impact.

2.24 **Together:** The approach described above is based on partnership working across the whole system. We have put particular emphasis on engaging and working with voices that tend to be marginalised, for example by working with Collaborate Out Loud. Healthwatch and the Bury Voluntary, Community, and Faith Alliance are represented on the Health and Wellbeing Board and Population Health Delivery Partnership and provide important insights into public and service users' experiences and views.

2.25 **Strengths:** as with the 'local' principle, the work is based on building of the strengths and assets of our communities. Again, much of this is achieved by working through the neighbourhoods, and through voluntary, community, and faith sector partners.

Work to date

2.26 The Bury [LET'S Do It](#) strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims

such as improving early years development, educational outcomes, and adult skills; inclusive economic growth; and carbon neutrality address many of the most important building blocks of health.

2.27 Given the breadth of the challenge, there is a wide range of work already ongoing to reduce health inequalities in Bury. The table below summarises some of this work under the four pillars from the Greater Manchester Population Health System Framework.

<p>The Wider Determinants of Health</p> <ul style="list-style-type: none"> • Bury council becoming a real living wage employer. • Promoting healthy workforce charter. • Input of health into the development of the economic strategy which is essential in reducing inequalities. • Commission a strong infrastructure organisation which helps to facilitate, support and coordinate voluntary sector organisations to work together effectively across Bury. • Facilitated cost of living summits. • Work to target advice to communities at higher risk of excess winter deaths on support with heating bills, and potential support with housing energy efficiency (linking to local energy advice partnership). 	<p>Health and Lifestyles</p> <ul style="list-style-type: none"> • Having a physical activity strategy that focuses on increasing activity among the least active and in all our communities. • Having a robust active travel plan which includes significant infrastructure investment, the development of a walking and cycling forum and the role out of bike libraries • Having a food and health strategy that takes account of food affordability and availability. • Developing a new wellness service focussed on improving equity. • Developed drug and alcohol plan which supports ensuring those who experience greatest inequalities get proportionate support. • Having a robust stop smoking support offer and tobacco control strategy targeting those with highest smoking rates e.g. SMI and routine and manual workers.
<p>The Places and Communities we Live</p> <ul style="list-style-type: none"> • Developing a licensing matrix to identify where new alcohol outlets are proposed in areas of already high supply, consumption, and harm. • Work on developing policies on where new fast-food venues can be opened. • Worked with grass roots organisations who specialise in hearing community voices through creative methods to engage individuals and groups who may have not previously had their voices/stories heard. • Promoted PSR and work with and through communities in the form of integrated neighbourhood teams and more latterly the development of the children and family hubs. 	<p>An Integrated Health and Care System</p> <ul style="list-style-type: none"> • Targeted and tailored vaccination programmes based on data of low uptake rates e.g. work with Jewish community around covid vaccination, working with schools to increase HPV uptake • Tailoring services to provide place-based services for those who have difficulties accessing services e.g. providing substance misuse clinics in Radcliffe • Developed the Health and Wellbeing Board as a standing commission for health inequalities where all items need to demonstrate how they are reducing health inequalities and promoting inclusion. • Developed a cancer inequalities multi-agency working group to identify and address issues contributing to cancer inequalities. • Supporting work to improve cancer screening programmes and reducing inequalities in bowel cancer screening in East Neighbourhood.

2.28 One specific area of focus is coronary heart disease. Coronary heart disease is the leading cause of death in Bury and one of the biggest causes of the gap in life expectancy between the most and least deprived. The public health team has worked with NHS commissioners and primary care on a programme of work designed to reduce coronary heart disease and reduce inequalities by improving diagnosis rates across deprived and ethnic minority communities and be ensuring that effective interventions reach everyone who can benefit. This has been included as a priority in each of the neighbourhoods, and the public health team is in the process of commissioning extra programme support to the neighbourhoods from the Bury GP Federation. This is on top of the public health team's work on primary prevention of cardiovascular disease through smoking cessation, promoting physical activity and healthy diets, and its work with system partners to minimise risks to people with cardiovascular diseases and other long-term illnesses from hot and cold weather.

Future plans

2.29 The public health team has set priorities on reducing inequalities and overall levels of cardiovascular disease, cancer, and liver disease. These are three of the biggest contributors to the gap in life expectancy, a major outcome for the LET'S Do It! Strategy.

2.30 We are also prioritising early years, as the evidence shows that health inequalities accumulate from the point of conception and compound through life, and that the greatest gains to health are to be had from improving the health of children. This also supports the aim in LET'S Do It! to improve early years development and educational outcomes, both important building blocks of health.

2.31 Beyond these initial priorities, we plan to have a clear outcomes framework for our Health and Wellbeing Board, which measures the impact of the work taking place which we know contribute to reducing inequalities. In addition, we intend to review the wider corporate plans to understand which areas of current work have the greatest potential to reduce health inequalities. Tools like Health Impact Assessment and Health Equity Assessment exist to help organisations maximise the health and health equity benefits of projects and policies and to minimise harms. We have identified and are investing in training in these methods with the aim of using them to support partners across the system to maximise their benefits to health and health equity.

2.32 We will continue to use the governance structures above to engage partners across the system.

3.0 CONCLUSION

That the Committee:

- Notes the contents of the paper;
- and Endorses the continued work to address health inequalities.

List of Background Papers:-

The Bury [LET'S Do It](#) strategy

Bury's [Joint Strategic Needs Assessment \(JSNA\)](#).

The [Greater Manchester Population Health System Framework](#),

The King's Fund's '[vision for population health](#)'.

Contact Details:-

Jon Hobday, Director of Public Health, j.hobday@bury.gov.uk

Executive Director sign off Date:_____

JET Meeting Date:_____

This page is intentionally left blank



BURY
LET'S do it!

Approach to addressing health inequalities

Jon Hobday

Director of Public Health

Bury Council

BURY
LET'S do it!

Health Inequalities

- Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people are dying years early and spending more of their lives ill.
- Health inequalities are caused by differences in access to the basic building blocks of health. These include good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and access to high-quality healthcare

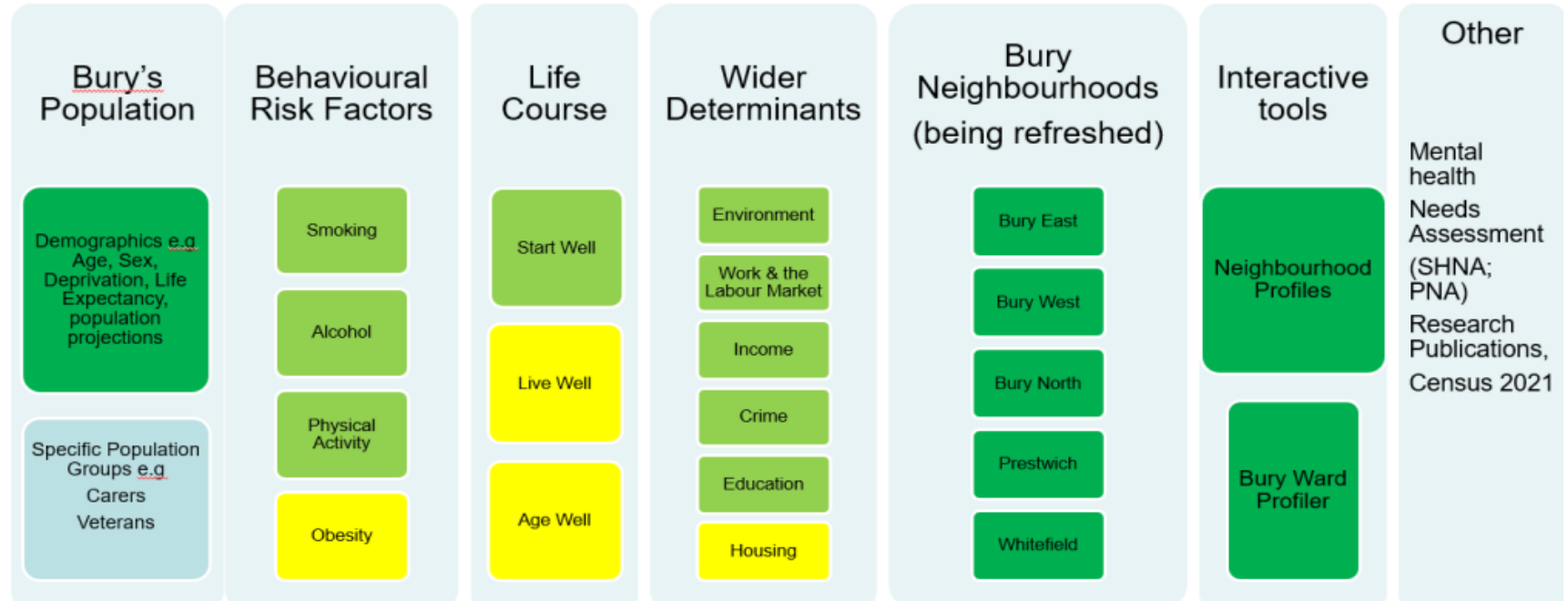
BURY
LET'S do it!

Systematic approach

- 1. JSNA**
- 2. Position paper**
- 3. Utilise a framework**
- 4. Clear governance and structure**
- 5. Identified metrics to review progress**

JSNA

- <https://theburydirectory.co.uk/jsna>



Position Paper

BURY
LET'S do it!



Framework

BURY
LET'S do it!

The Wider Determinants of Health

- Bury council becoming a real living wage employer.
- Promoting healthy workforce charter.
- Input of health into the development of the economic strategy which is essential in reducing inequalities.
- Commission a strong infrastructure organisation which helps to facilitate, support and coordinate voluntary sector organisations to work together effectively across Bury.
- Facilitated cost of living summits.
- Work to target advice to communities at higher risk of excess winter deaths on support with heating bills, and potential support with housing energy efficiency (linking to local energy advice partnership).

Health and Lifestyles

- Having a physical activity strategy that focuses on increasing activity among the least active and in all our communities.
- Having a robust active travel plan which includes significant infrastructure investment, the development of a walking and cycling forum and the role out of bike libraries
- Having a food and health strategy that takes account of food affordability and availability.
- Developing a new wellness service focussed on improving equity.
- Developed drug and alcohol plan which supports ensuring those who experience greatest inequalities get proportionate support.
- Having a robust stop smoking support offer and tobacco control strategy targeting those with highest smoking rates e.g. SMI and routine and manual workers.

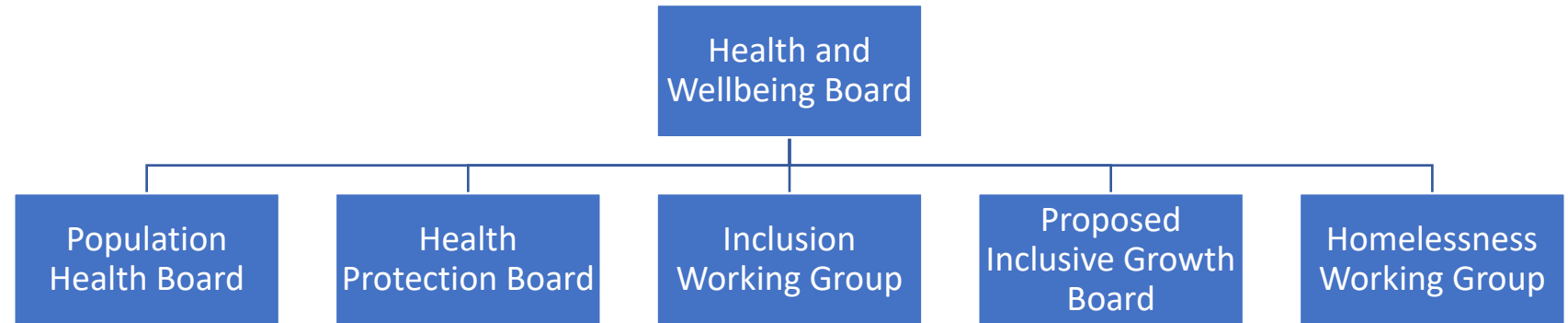
The Places and Communities we Live

- Developing a licensing matrix to identify where new alcohol outlets are proposed in areas of already high supply, consumption, and harm.
- Work on developing policies on where new fast-food venues can be opened.
- Worked with grass roots organisations who specialise in hearing community voices through creative methods to engage individuals and groups who may have not previously had their voices/stories heard.
- Promoted PSR and work with and through communities in the form of integrated neighbourhood teams and more latterly the development of the children and family hubs.

An Integrated Health and Care System

- Targeted and tailored vaccination programmes based on data of low uptake rates e.g. work with Jewish community around covid vaccination, working with schools to increase HPV uptake
- Tailoring services to provide place-based services for those who have difficulties accessing services e.g. providing substance misuse clinics in Radcliffe
- Developed the Health and Wellbeing Board as a standing commission for health inequalities where all items need to demonstrate how they are reducing health inequalities and promoting inclusion.
- Developed a cancer inequalities multi-agency working group to identify and address issues contributing to cancer inequalities.
- Supporting work to improve cancer screening programmes and reducing inequalities in bowel cancer screening in East Neighbourhood.

Governance



BURY
LET'S do it!

Identified Metrics

Wider determinants	Behaviour and Lifestyle	PSR/Services	Person Centred/place based
Employment	Smoking	LTC identification	Pt satisfaction measures
Housing	Alcohol	LTC management	Service measures
Environment	Drugs	Screening	
Poverty	Obesity		
	Physical activity		
	Immunisation		

Items	Deadline for draft reports	Scrutiny Agenda Setting meeting date	Deadline for final reports	Deadline for Publishing Reports	Health Scrutiny Meeting date
<p>Overview of health and care landscape - recognising there are some new members – Will Blandamer</p> <p>Task & Finish update following meeting with Cabinet members to agree recommendations – Councillor FitzGerald</p> <p>Health Inequalities Strategy update – Jon Hobday</p> <p>Review of forward plan</p>	20 th June 2023 12:30	20 th June 2023 12:30	06 th July 2023 (12 noon)	10 th July 2023 (12 noon)	18 th July 2023 (7:00pm)
<p>NCA-MFT Complex Disaggregation Phase 3 – Moneeza</p> <p>Adult Care Annual Complaints Report 2022/23 – Adrian Crook</p>	07 th August 2023 12:30	08 th August 2023 16:30	28 th August 2023 (12 noon)	30 th August 2023 (12 noon)	07 th September 2023 (7:00pm)
	16 th October 2023	16 th October 2023 16:30	30 th October 2023 (12 noon)	01 st November 2023 (12 noon)	09 th November 2023 (7:00pm)
	12 th December 2023	12 th December 2023 16:30	11 th January 2024 (12 noon)	16 th January 2024 (12 noon)	24 th January 2024 (7:00pm)
	01 st February 2024	01 st February 2024 12:30	22 nd February 2024	26 th February 2024 (12 noon)	05 th March 2024 (7:00pm)

Adult Care Annual Complaints Report 23/24 – Adrian Crook			(12 noon)		
---	--	--	-----------	--	--

- 1) Elective Care and Cancer Waiting times update – Karen Richardson and Cath Tickle via Will Blandamer
- 2) Cost of Living Crisis update – Jon Hobday will provide overview of HSF submission
- 3) Adult Social Care update – including preparations for CQC inspection – Adrian Crook
- 4) GM ICS/ICB – how is it going. This should include an update on the joint forward plan. Warren Heppolette/Paul Lynch at ICB, via Will Blandamer
- 5) Primary Care Network – overview and new services including ARRS – Adrian Crook
- 6) Womens Health – note there is a launch of a GM womens health programme in September so perhaps an update in October and November – Cathy Fines via Will Blandamer
- 7) Updates from Healthwatch – particularly any further work they have done on inequality of access.
- 8) service reconfiguration (the NCA/MFT disaggregation)