

# AGENDA FOR

## HEALTH AND WELLBEING BOARD



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**To: All Members of Health and Wellbeing Board**

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

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:-

<b>Date:</b>	Tuesday, 19 September 2023
<b>Place:</b>	Microsoft Teams meeting
<b>Time:</b>	4.30 pm
<b>Briefing Facilities:</b>	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.
<b>Notes:</b>	

## **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 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.

### **4 MINUTES OF PREVIOUS MEETING *(Pages 5 - 8)***

The minutes of the meeting held on 14 June 2023 are attached.

### **5 MATTERS ARISING**

### **6 WIDER DETERMINANTS OF POPULATION HEALTH**

#### **a CULTURAL STRATEGY *(Pages 9 - 24)***

Nikki Parker, Director of Transformation, to present the attached strategy.

#### **b ANTI-POVERTY STRATEGY UPDATE**

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

### **7 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

#### **a BURY FOOD STRATEGY PROGRESS REPORT (APRIL 2022 - SEPT 2023) *(Pages 25 - 70)***

Francesca Vale, Public Health Practitioner – Food & Health, to present the attached reports.

### **8 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

#### **a UK NETWORK OF AGE-FRIENDLY COMMUNITIES *(Pages 71 - 80)***

Deborah Yates, Strategic Lead Integrated Commissioning, to present the attached reports.

#### **b BURY WEST PRIMARY PREVENTION *(Pages 81 - 84)***

Lee Buggy, Public Health Specialist, Live Well & Healthy Place, to present the attached slides.

**9 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**a BETTER CARE FUND (BCF) IMPROVED BETTER CARE FUND (IBCF) 23/25 AND ADULT SOCIAL CARE DISCHARGE FUNDING** *(Pages 85 - 152)*

Will Blandamer, Executive Director for Health and Adult Care, to present the attached reports.

**10 OUTCOME PERFORMANCE FRAMEWORK**

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

**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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<b>Minutes of:</b>	Health and Wellbeing Board
<b>Date of Meeting:</b>	14 June 2023
<b>Present:</b>	Councillor T Tariq (in the Chair) Councillors E O'Brien, N Boroda, L Smith and J Lancaster, Will Blandamer, Adrian Crook, Cath Farrell, Cathy Fines, Joanna Fawcus, Jon Hobday, and Kath Wynne-Jones
<b>Also in attendance:</b>	Lee Buggie, Maxine Lomax, Heather Moore, Steven Senior, Sarah Turton, and Marie Wilson
<b>Public Attendance:</b>	No members of the public were present at the meeting.
<b>Apologies for Absence:</b>	L Ridsdale, R Passman, A Nawaz, H Tomlinson, J Willmott, J Richards and Councillor A Arif

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#### **HWB.1 APOLOGIES FOR ABSENCE**

Apologies were received from Helen Tomlinson and Marie Wilson was attending in her place.

#### **HWB.2 DECLARATIONS OF INTEREST**

Councillor Tamoor Tariq advised that he was a member of Oldham's Health and Wellbeing Board and Locality Board, and was employed as the manager of Healthwatch Oldham.

#### **HWB.3 MINUTES OF PREVIOUS MEETING**

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

That, subject to an amendment to the attendance, the minutes of the meeting held on 28 March 2023 be approved as a correct record.

#### **HWB.4 MATTERS ARISING**

There were no matters arising.

#### **HWB.5 TERMS OF REFERENCE - HEALTH AND WELLBEING BOARD**

The Board received its Terms of Reference, noting the statutory requirements and the Board's elective focus on health inequalities. Members discussed measures by which to monitor performance and Jon Hobday advised that these were being worked up and could come to the next meeting.

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

1. That the Terms of Reference be noted; and
2. Performance measures be considered at the next meeting.

#### **HWB.6 PUBLIC QUESTION TIME**

There were no public questions asked at the meeting.

**HWB.7 WIDER DETERMINANTS OF POPULATION HEALTH**

**a ANTI-POVERTY STRATEGY**

Jon Hobday, Director of Public Health, gave a verbal update on the on the Anti-Poverty Strategy and the work that had been done to date. This included three anti-poverty summits which had facilitated cross-partnership working to agree the way forward to get the biggest impact and support the most vulnerable people.

Cath Farrell queried how information was publicised and offered to feed back information to education colleagues. Jon advised that education links attended the fortnightly steering group meetings and fed back accordingly but undertook to share details to see if she could help publicise more widely.

Jon was commended on his work in this area and his leadership on the anti-poverty summits, and Cath was thanked for her offer to help with dissemination of information.

**It was agreed:**

1. That Jon Hobday liaise with Cath Farrell regarding the sharing of information with education colleagues; and
2. That the information be noted.

**HWB.8 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**a BURY INTEGRATED SAFEGUARDING BOARD (BISP) ANNUAL REPORT 2021-2022**

Maxine Lomax, Chair of Bury Integrated Safeguarding Board, presented the Adult's section of the Combined Annual Review published by the Bury Integrated Safeguarding Partnership (BISP), which focused on the work undertaken by the BISP and its partners in relation to Adults in the period April 2021 to March 2022. Members received the report, noting that this report predated considerable work to the structure and support and the 2022-23 should be available in September.

**It was agreed:**

That the report be received.

**b CDOP ANNUAL REPORT 2020-2021 & 2021-22**

Steven Senior, Chair of the Child Death Overview Panel (CDOP) for Oldham, Bury and Rochdale (ORB), presented the annual report for April 2020 – March 2021 and draft annual report for 2021-2022.

He advised that the CDOP reviewed all deaths of those under 18 who were resident in Bury, Oldham or Rochdale at the time of their death to identify common and modifiable factors and make recommendations to help prevent deaths from the same causes. It was noted the Panel did not check whether recommendations were implemented, and reviews were carried out at the end of a long process with the deaths not necessarily from that year.

Board Members noted that pandemic measures had reduced child mortality rates e.g. from traffic accidents, but that key risk factors for deaths in children in ORB remained, including :

- Parental smoking including maternal smoking in pregnancy;
- Unsafe sleeping;
- Genetic conditions;
- Other risk factors for sudden, unexpected, and unexplained deaths including drug and alcohol use, poor housing and low rates of breastfeeding;
- Barriers to healthcare access including translation services.

He advised that the implementation of the e-CDOP system would provide more granular and standardised information, which will be beneficial moving forwards. Data was analysed on a socio-economic basis and highlighted inequalities and areas of deprivation. It was noted that data suggested BME child deaths were over-represented and therefore there was a health inequality associated with ethnicity. To mitigate for limitations in analysis due to small datasets, the report recommended looking at data over a three-year period. This would increase the ability to identify any patterns and themes.

Members thanked Steven for his presentation and discussed the report, noting the significance of the role of family hubs and querying public health messaging. Family hubs were a crucial intervention, bringing together multiagency expertise informed by neighbourhoods and place. It was noted that data from longer time periods would help inform more meaningful conclusions regarding child deaths, and identifying factors could then be assessed as to which were more prevalent for BME communities.

The Board discussed public health messaging, noting that these were consistent at all levels of staffing and were being shared, but that messages weren't always heard or taken forward in certain families or communities and more work was needed to engage with them. Members discussed the role Six Town Housing could play, and noted their neighbourhood access and intelligence could be fed through Housing Partnership meetings.

**It was agreed:**

That the reports be received.

## **HWB.9 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

### **a REDUCE SMOKING LEVELS IN BURY**

Sarah Turton, Public Health Practitioner, and Lee Buggie, Public Health Specialist, gave a presentation on initiatives to reduce smoking levels in Bury. They advised that smoking rates had fallen locally in recent years, but outlined further work to tackle cohorts where smoking prevalence is highest (such as those with long term mental health issues). They detailed the Live Well Service and Swap to Stop pilot, and advised on the GM-led initiatives such as the Smokefree Pregnancy Programme and the CURE programme.

The Board discussed the presentation, noting the influence of wider determinants, environment and community. Smoking was entrenched for many people and widened existing health inequalities. Sarah advised that targeted interventions were a priority for the coming year, in particular those with long term mental health issues.

Sarah and Lee were thanked for their presentation, and it was noted that an update would be brought back in due course.

**It was agreed:**

That the report be noted.

**HWB.10 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

Jon Hobday and his team were thanked for his ongoing work in relation to reducing health inequalities, an update on which had been circulated via email.

**HWB.11 TEAM BURY**

Will Blandamer, Executive Director of Strategic Commissioning, positioned the Health and Wellbeing Board in the wider partnership arrangements in the borough, and advised that the Board had a role in challenging other parts of the infrastructure.

The Board noted that a Team Bury event on health inequalities was taking place in Autumn and discussed the Board's role in ensuring development of systems, services and regeneration had a focus on health and wellbeing. It was agreed that an update on regeneration and growth plans be presented at a future meeting.

**It was agreed:**

1. That an update on regeneration and growth plans be presented at a future meeting; and
2. That the report be noted.

**HWB.12 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health, provided an update from the Greater Manchester Population Health Board. It had last met on 10 May 2023 and had considered the Fairer Health for All framework, proposed areas of focus and strategic priority areas, and deep dives for 2023/24. The Board noted that papers could be shared on request.

**It was agreed:**

That the update be noted.

**HWB.13 URGENT BUSINESS**

There was no urgent business.

**COUNCILLOR T TARIQ**  
**Chair**

**(Note: The meeting started at 4.30 pm and ended at 6.06 pm)**

# CULTURAL STRATEGY DIFFERENT CULTURES SAME HORIZONS

A STRATEGY FOR TRANSFORMING BURY'S  
CULTURAL AND CREATIVE SECTOR

**Bury**  
Council

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CULTURE SECTOR

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DRIVING CHANGE

11

## LET'S DO IT

HOW WE ARE GOING TO MAKE  
THINGS HAPPEN TOGETHER

Bury  
Council



# INTRODUCTION

Cllr. Charlotte Morris  
Cabinet Member for Culture and The Economy

**Bury**  
Council



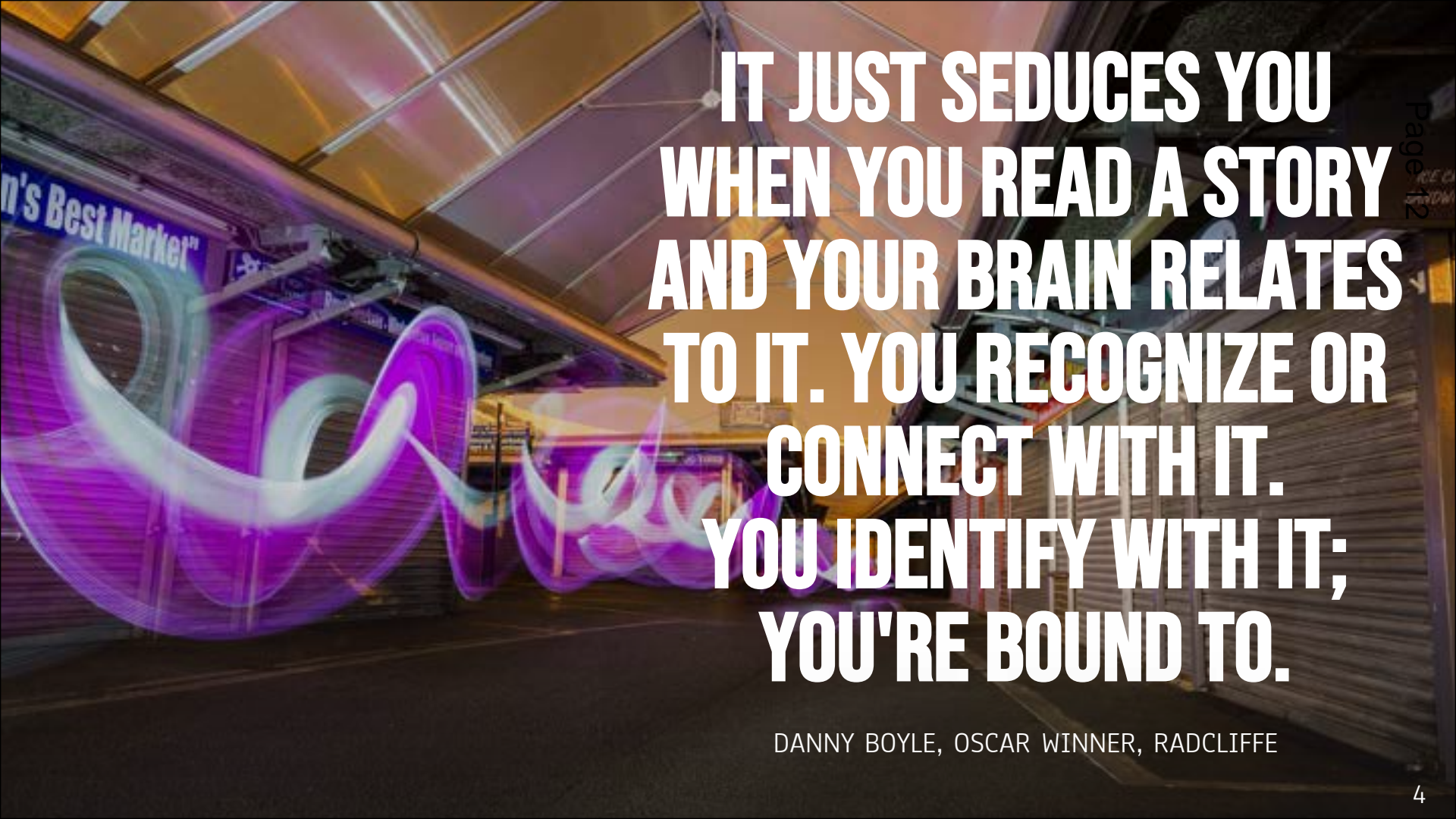
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Bury is a borough rich with culture. We are home to world class artists, producers, writers, musicians, archivists, performers and educators. Ours is a borough that blessed with a wealth of community, history and heritage, and natural and creative assets. As such, we were celebrated as the Greater Manchester Town of Culture between 2019-21.

The Cultural and creative sectors contribute directly to the Bury 2030 vision to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation. The title of the Borough Strategy – LET'S do it! – is drawn directly from the work of Victoria Wood, who was born in Prestwich and raised in Bury. It reminds us of the direct link between the borough's cultural identity and the health, wellbeing and economic success of our communities, as well as the potential of every single resident to achieve their dreams.

This strategy provides a framework to secure and maximise the outcomes of investment in culture. It is a sister document to the forthcoming Economic Development Strategy and complements our Inclusion Strategy, which describes how we will celebrate all our diverse communities of place and identity.

In Bury, we are proud of our shared history as six towns but celebrate our diverse heritage. Each place in our borough has its own story to tell, both of its past but also of its future. I hope you share this vision for our success and will join me in telling our stories through culture and creativity in the future.



**IT JUST SEDUCES YOU  
WHEN YOU READ A STORY  
AND YOUR BRAIN RELATES  
TO IT. YOU RECOGNIZE OR  
CONNECT WITH IT.  
YOU IDENTIFY WITH IT;  
YOU'RE BOUND TO.**

DANNY BOYLE, OSCAR WINNER, RADCLIFFE

# BACKGROUND

**Bury is rich with culture, heritage and cemented by stories. It is the birthplace of BAFTA, Booker and Oscar winners. It is a borough that remains home to world-class artists, producers, writers, musicians, and performers. A place full of diverse, rich tales.**

Our communities are organised and active in delivering grassroots creative programmes, whilst our professional artists are excelling in pushing the boundaries of quality, accessibility and form.

Our artistic organisations are creating and delivering exhibitions, festivals and events internationally, and our performers filling stadiums. However, much of this work is taking place outside of Bury.

This strategy aims to directly address the root causes by supporting everyone making culture to cement their work in the borough, whilst attracting new talent to join us driving best practice and bringing all the benefits of the creative economy to every community in Bury. There is a gap in skills, leadership and investment.






**Throughout the research for this strategy the communities we spoke to repeatedly highlighted a set of common barriers to success:**

- Grassroots organisations don't have the right skills to secure funding nor the financial experience to sustain steady cashflow,
- Professional creatives do not know where to go to drive creative ideas in the borough,
- Culture lacks a seat at the table defining the new place-based vision,
- There is a lack of alignment in fundraising and no shared measures of success preventing financial investment at scale,
- There is a lack of affordable, adaptable space for creative work,
- There is a lack of shared audience data,
- Local authority culture employees need agency to make big ambitions reality.

To maximise the opportunities around the creative economy, creative wellbeing, skills development and social cohesion it is clear Bury urgently needs to renew its cultural leadership, the capacity to fundraise and win investment for a coordinated strategic vision. Community organisations need skills support both winning and managing project funds whilst established organisations need a coherent approach to partner with the council effectively.

With local government funding under ever growing pressures the solution needs to shift from Bury's cultural leadership being one at the top of a hierarchy to one driving our communal currency of culture. Moving to the centre of a community-driven network, this new approach needs to enable others to develop their own skills and networks to multiply council investments. By supporting communities to develop skills, space and strength Bury can embed culture at the heart of our towns by activating community agency in telling their own narratives, all the while embracing Bury's longstanding shared identity as a borough of storytellers .

A night street scene with a building on the left and large illuminated letters spelling 'HAPPY' on the right. The text is overlaid on the left side of the image.

**MUSIC ENRICHES PEOPLE'S  
LIVES IN THE SAME  
WAY PAINTINGS  
AND LITERATURE DO.  
EVERYBODY DESERVES THAT.**

VICTORIA WOOD, BAFTA WINNER, BURY



# STRATEGIC VISION

**OUR VISION IS TO ENABLE EVERY COMMUNITY IN BURY TO TELL THEIR STORY AND FOR THESE STORIES TO BE SHARED ACROSS OUR BOROUGH AND BEYOND**

Building on the catalyst of Town of Culture and the success of securing Levelling Up funds we want to transform Bury into a leader in lifelong creative practice setting the standard for creative entrepreneurship and an exemplar of co-designed community programmes.

A strategic meeting of Stories, Skills, Strength, Space and Support, this strategy aims to give everyone the opportunity to experience and define our unique borough, a borough synonymous with some of the best-loved storytellers of the late 20<sup>th</sup> Century. Now we want to ensure it is home to the creative voices of the future - driven by our residents but connected to the world.

By providing a set of 5 adaptable, agile Strategic Pillars it aligns investment opportunities, defines critical tasks and maximises the benefits of culture across our communities. It does this by moving the business of culture in Bury from a hierarchy to a dynamic network that empowers everyone in the borough to plan, resource and tell their stories. By enabling self-actualisation of community voices Bury's communities will be supported to engage with culture not just as audience or participant but as author and creator - owning the tools for self-determination and the networks for sustainable support.

These priorities have been shaped specifically to align with Arts Council's strategy "Let's Create", Heritage Lottery's "Strategic Funding Framework 2021-2024", and Bury's 2030 Strategy "Let's Do it" alongside national policy. It is expressed in plain language and actionable concepts embedding equality in access to creative opportunities and cultural expression across a borough that has nurtured some of the UK's finest storytellers and creative professionals.

# — STRATEGIC PILLARS —

 <b>STORIES</b> 	 <b>SKILLS</b> 	 <b>STRENGTH</b> 	 <b>SPACE</b> 	 <b>SUPPORT</b> 
<p>BURY IS A COMMUNITY BUILT ON A UNIQUE HERITAGE THAT VALUES DIVERSE STORIES</p> <p>EVERYONE IN BURY HAS THE RIGHT TO OWN THEIR NARRATIVE AND CELEBRATE THEIR HERITAGE</p> <p>THE COUNCIL WILL CREATE PATHWAYS TO GIVE EVERY COMMUNITY A CREATIVE VOICE</p>	<p>RENEWED CULTURAL LEADERSHIP WILL EMPOWER NEW VOICES AND DEVELOP DIVERSE NEW PROGRAMMES</p> <p>COUNCIL INVESTMENT WILL DEVELOP SKILLS IN SUSTAINABLE CULTURAL COMMUNITIES</p> <p>COMMUNITIES WILL BE TRAINED TO MULTIPLY THE COUNCIL'S CULTURAL INVESTMENTS</p>	<p>CULTURE THAT SUPPORTS THE PHYSICAL, MENTAL, EMOTIONAL AND SOCIAL HEALTH OF THE BOROUGH WILL BE PRIORITISED</p> <p>FAIR WORKING PRACTICES IN CULTURE &amp; HERITAGE WILL UNDERPIN EVERY OPPORTUNITY, PROGRAMME AND EVENT</p> <p>ALIGNING WITH THE GREATER MANCHESTER STRATEGY, BURY WILL DRIVE CREATIVE HEALTH BY EMPOWERING STORIES</p>	<p>ALIGNING CURATED PROGRAMMES WITH GRASSROOTS ACTIVITY BURY'S VENUES WILL CREATE SPACE FOR EVERY COMMUNITY</p> <p>THROUGH AN AUDIT OF BUILT ASSETS, WE WILL NURTURE CREATIVE SPACES ACROSS THE BOROUGH FOR UPSKILLED COMMUNITIES TO OWN</p> <p>LIBRARIES HERITAGE, &amp; CULTURE VENUES WILL OPEN THEIR DOORS TO COMMUNITIES TO MAKE BURY A CENTRE OF SHARED STORIES</p>	<p>A RENEWED EVENTS CALENDAR WILL SUPPORT COMMUNITIES TO DEVELOP THEIR AUDIENCES AND SKILLS</p> <p>THE COUNCIL WILL FACILITATE NETWORKING BEYOND THE SECTOR AND INCLUDE CULTURAL &amp; HERITAGE EXPERTISE IN DECISION MAKING</p> <p>ALL CULTURAL WORKERS, BOTH WITHIN THE COUNCIL AND INDEPENDENT, WILL BE SUPPORTED TO BRING BEST PRACTICE TO BURY</p>

# LET'S DO IT

THE FIRST THREE YEARS

## ROADMAP

# 2023-26

A SUGGESTED PLAN OF ACTION TO LAUNCH THE STRATEGY AND PRIME COMMUNITIES FOR ACTIVATING NEW SPACES ACROSS BURY

# TIMELINE 2023-24

## RECRUIT

RECRUIT  
LEADERSHIP  
& FUNDING TEAM

## DEVISE

CREATIVE &  
COMMUNITY  
MULTIPLIER  
FUND

## PROGRAMME

PROGRAMME  
STRUCTURE  
FOR COMMUNITY  
TO FILL

## LAUNCH

CO-CREATED  
PROGRAMME  
PUBLIC LAUNCH

## AUDIT

BUILT ASSETS  
AUDIT STARTED  
TO INFORM  
GROWTH PLAN

## DATA

DATA  
CAPTURED  
FROM ALL  
EVENTS

## LAUNCH

LAUNCH NEW  
STRATEGY

## ENROL

CREATIVE  
SKILLS  
DEVELOPMENT  
COHORT

## TRAIN

COHORT PROJECT  
DEVELOPMENT  
FUNDRAISING  
PROJECT MANAGEMENT  
EVENT MANAGEMENT  
LEADERSHIP  
SUSTAINABILITY

## FUNDRAISE

SELECTED  
COHORT  
SUPPORTED TO  
MULTIPLY  
INVESTMENT

## PRODUCTION

SUCCESSFUL  
PROJECTS  
FUNDED TO  
PRODUCTION  
PHASE

## DELIVERY

FUNDED  
PROJECTS  
DELIVER  
THROUGHOUT YEAR

# TIMELINE 2025

## EVALUATE

EVALUATION  
OF IMPACTS  
& INVESTMENT

## REVISE

CREATIVE &  
COMMUNITY  
MULTIPLIER  
FUND

## PROGRAMME

YEAR 2  
SIGN-OFF  
BUILDS ON  
SUCCESSSES

## PROMOTE

PROGRAMME  
BUILDING ON  
DATA FROM  
YEAR 1

## ALIGN

PROGRAMMING  
SUCCESSSES  
WITH LEVELLING  
UP AND  
C.A.T POTENTIAL

## DATA

DATA  
CAPTURED  
FROM ALL  
EVENTS

## REVIEW

PROGRAMME  
DEBRIEFS &  
REPORTING

## ENROL

CREATIVE  
SKILLS  
DEVELOPMENT  
COHORT  
YEAR 2

## TRAIN

PROJECT DEVELOPMENT  
FUNDRAISING  
PROJECT MANAGEMENT  
EVENT MANAGEMENT  
LEADERSHIP  
SUSTAINABILITY

## FUNDRAISE

ALUMNI &  
SELECTED  
COHORT  
SUPPORTED TO  
MULTIPLY  
INVESTMENT  
FOR LEVELLING  
UP SPACES

## PRODUCTION

SUCCESSFUL  
PROJECTS  
FUNDED TO  
PRODUCTION  
PHASE

## DELIVERY

FUNDED  
PROJECTS  
DELIVER  
THROUGHOUT YEAR

# TIMELINE 2026

## EVALUATE

EVALUATION  
OF IMPACTS  
& INVESTMENT

## FEASIBILITY

IN NEW SPACES  
WITH HIGH  
POTENTIAL  
PROJECTS/  
COMMUNITIES

## PROGRAMME

YEAR 3  
SIGN-OFF  
SPECIFIC TO  
NEW SPACES

## PROMOTE

PROGRAMME  
BUILDING ON  
DATA FROM  
YEAR 1&2

## ALIGN

PROGRAMMING  
SUCCESSES  
WITH LEVELLING  
UP AND  
C.A.T POTENTIAL

## DATA

DATA  
CAPTURED  
FROM ALL  
EVENTS

## REVIEW

PROGRAMME  
DEBRIEFS &  
REPORTING

## ENROL

CREATIVE  
SKILLS  
DEVELOPMENT  
COHORT  
YEAR 3

## TRAIN

PROJECT DEVELOPMENT  
FUNDRAISING  
PROJECT MANAGEMENT  
EVENT MANAGEMENT  
LEADERSHIP  
SUSTAINABILITY

## FUNDRAISE

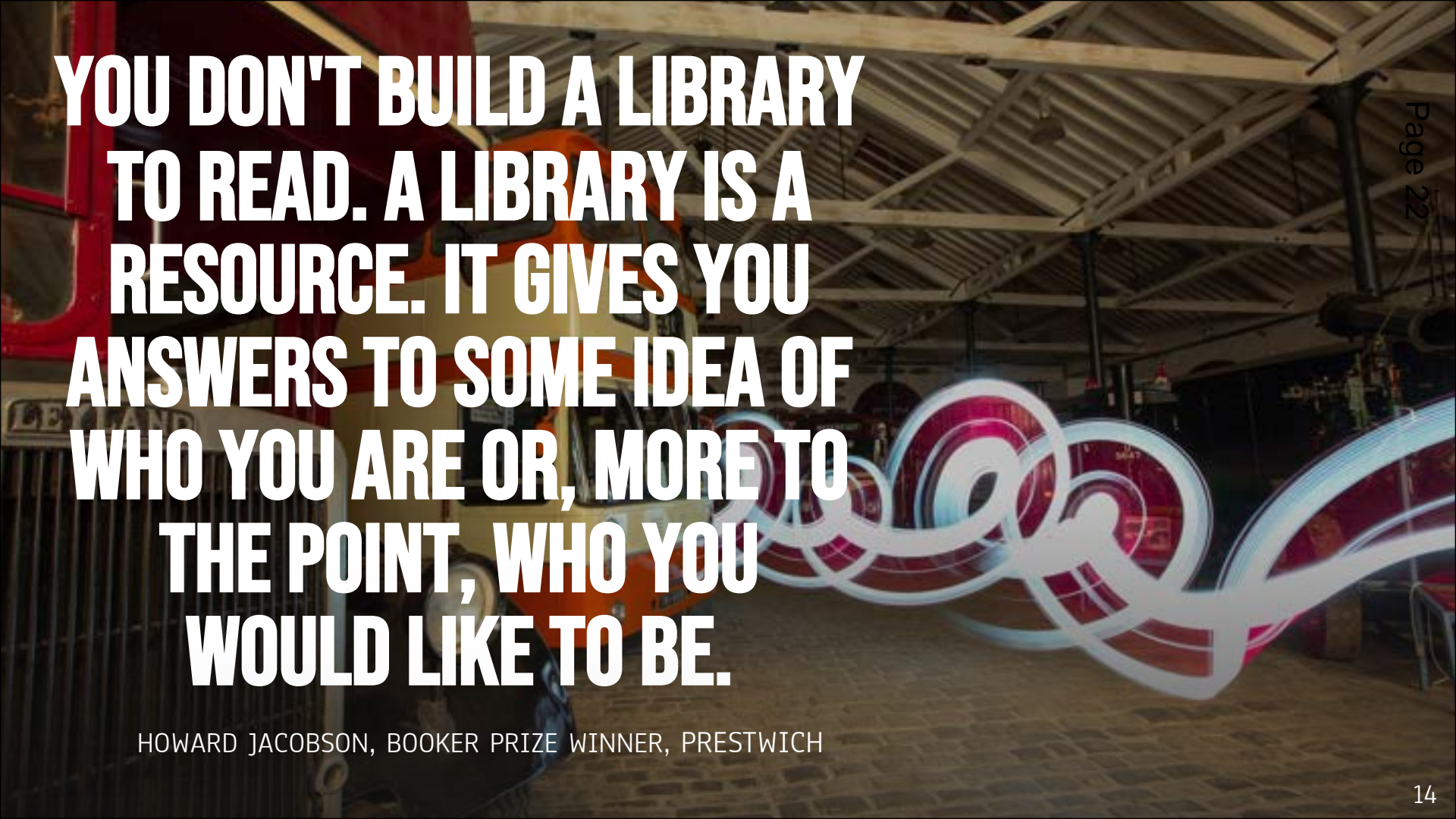
ALUMNI &  
SELECTED  
COHORT  
SUPPORTED TO  
MULTIPLY  
INVESTMENT  
FOR LEVELLING  
UP & C.A.T.

## PRODUCTION

SUCCESSFUL  
PROJECTS  
FUNDED TO  
PRODUCTION  
PHASE

## DELIVERY

FUNDED  
PROJECTS  
DELIVER IN NEW  
LEVELLING UP  
SPACES



**YOU DON'T BUILD A LIBRARY  
TO READ. A LIBRARY IS A  
RESOURCE. IT GIVES YOU  
ANSWERS TO SOME IDEA OF  
WHO YOU ARE OR, MORE TO  
THE POINT, WHO YOU  
WOULD LIKE TO BE.**

HOWARD JACOBSON, BOOKER PRIZE WINNER, PRESTWICH

# DIFFERENT CULTURES SAME HORIZONS

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"It's something I am and something I want others to be. It's a reminder that it's possible to be happy."

Victoria Wood.



CURATED  
PLACE

CULTURAL STRATEGY RESEARCHED AND AUTHORED BY CURATED PLACE FOR BURY MBC ©2023  
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EXCEPT RADCLIFFE HUB & VICTORIA WOOD IMAGE PROVIDED BY BURY MBC

Bury  
Council

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<b>Classification</b>	<b>Item No.</b>
<b>Open</b>	

<b>Meeting:</b>	Bury Health & Wellbeing Board
<b>Meeting date:</b>	19.09.2023
<b>Title of report:</b>	Bury Food Strategy Progress Report (April 2022 – Sept 2023)
<b>Report by:</b>	Francesca Vale, Public Health Practitioner – Food & Health
<b>Decision Type:</b>	<b>Non Key Decision</b>  The purpose of this report is to make the Board aware of the progress made on the Bury Food Strategy during the timeframe of April 2022 – Sept 2023.
<b>Ward(s) to which report relates</b>	<b>All</b>

### Executive Summary:

This report outlines progress made from April 2022 onwards within the Bury Food Strategy. The Bury Food Strategy is divided into 6 key objectives - progress and development is spread across these areas.

The priorities of the Bury Food Strategy are that food in Bury is:

- Promoted and Celebrated
- Accessible to All
- Built on Education
- Vibrant and Resilient
- Resourced and Sustainable
- Connected and Collective

These priorities are based on the Sustainable Food Places Framework identifying 6 key areas across the whole food system and were developed in consultation with a wide range of stakeholders.

### Recommendation(s)

#### That:

The committee comment on the Bury Food Strategy activity outlined in the Progress Report (April 2022 – Sept 2023).

## **Key considerations**

### **Background**

We successfully launched Bury's first Bury Food Strategy – Eat, Live, Love Food in January 2021, and formed the Bury Food Partnership in March 2021 with members from across the food system. The success of a food partnership depends on the active involvement of its stakeholders. The Bury Food Partnership convenes people to come together, drives forward the strategy processes, and communicates the partnership's work.

The Bury Food Strategy Vision is:

For Bury to be at the forefront of promoting and celebrating good food for all, through a knowledgeable, connected, supported and vibrant food culture.

Please see the attached Bury Good Food Charter.

The first year of activity was summarised in the Bury Food Strategy Annual Progress Report (2021-2022) and noted by the Committee. This report outlines progress made from April 2022 onwards within the Bury Food Strategy.

### **The proposal**

Within the report you will see some of our key milestones and the breath of activity during this timeframe.

- Fast track applied for the bronze Sustainable Food Places award for Bury (Nov 2021 - April 2022)
- Achieved the bronze Sustainable Food Places award for Bury (June 2022)
- Bury Catering Schools Meals Service achieved the bronze Food For Life Served Here Award (Dec 2022)
- Bury procurement frameworks implemented promoting locally sourced food
- A Path to Pantry film and resource launched (Dec 2022)
- Exploration of models to support moving from food aid to food trade
- Active participation in networks tackling food poverty
- Nurturing access to affordable, local, quality produce via promoting Healthy Start at Bury Market for the first time (2023)
- National Recognition for our work underway

A complete summary of activity is contained in the attached Bury Food Strategy Progress Report.

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## Community impact/links with Community Strategy

### Equality Impact and considerations:

<b>Equality Analysis</b>	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
This activity relates to any person who engages with or is supported by any of the Bury Food Partnership members, and the wider Bury Food Strategy activity. It is in line with our commitment to good food for all. The Bury Food Strategy adheres to council equality and diversity standards, and seeks to reduce inequality and inequity through a targeted approach aimed at supporting those most in need.	

### Assessment of Risk:

The following risks apply to the decision:

<b>Risk / opportunity</b>	<b>Mitigation</b>
No decisions required	.

### Report Author and Contact Details:

Francesca Vale, Public Health Practitioner – Food & Health

f.vale@bury.gov.uk

### Background papers:

Bury's Bronze Sustainable Food Places application  
Bury Good Food Charter

### Bury Food Partnership pages:

<https://theburydirectory.co.uk/bury-food-partnership>

<https://theburydirectory.co.uk/bury-food-partnership-media-articles>

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

Term	Meaning
SFP	Sustainable Food Places

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## Bury Food Strategy 2020-2025: Progress Report (April 2022 – Sept 2023)

This report outlines progress made from April 2022 onwards within the Bury Food Strategy. The Bury Food Strategy is divided into 6 key objectives - progress and development is spread across these areas. For further information on the Bury Food Strategy, Food Partnership, Bury Good Food Charter and media articles showcasing some of the work undertaken by the Bury Food Partnership please see: <https://theburydirectory.co.uk/bury-food-partnership>.



### **Fast track applied for the bronze Sustainable Food Places award for Bury (Nov 2021 - April 2022)**

- A key output of the Bury Food Strategy was to establish the Bury Food Partnership to drive the food agenda forward, delivering on the action plan. Partners interested in healthier and sustainable food have been actively engaged since 2020, with quarterly meetings held since March 2021. *"It is a space to connect with professionals and community organisations/ individuals across Bury and Greater Manchester to challenge and help shape the way Bury sources and provides food for all."* (Lucy Fitzsimon, Sports Development Officer).
- The Sustainable Food Places (SFP) Award is designed to recognise and celebrate the success of those places taking a joined up, holistic approach to food and that are achieving significant positive change on a range of key food issues. Themes include Food Governance & Strategy, Healthy Food for All, Catering & Procurement, Good Food Movement, Sustainable Food Economy, and Food for the Planet. The Bury Food Partnership applied for SFP Bronze award status, using this set of themes and framework, collating partner activity across our food system. This process in and of itself acts as a constructive means to track and drive further activity.
- Completing this application was a challenging but a very worthwhile process. Please view our [bronze SFP application](#) (this is shared on the Sustainable Food Places website for prospective applicants as an example of best practice).



### **Achieved the bronze Sustainable Food Places award for Bury (June 2022)**

- The Bury Food Partnership were delighted to achieve this national accreditation for Bury. The award helped raise the profile of work underway, maintained group momentum and opened opportunities to grants.
- *"Bury Food Partnership has shown just what can be achieved when creative and committed people work together to make healthy and sustainable food a defining characteristic of where they live. While there is still much to do and many challenges to overcome, Bury Food Partnership has helped to set a benchmark for the other 80+ members of the UK Sustainable Food Places Network to follow. We look forward to working with them over the months and years ahead to transform Burys food culture and food system for the better."* (Leon Ballin, Sustainable Food Places Programme Manager)

- “We are immensely proud of how much has been achieved by the Bury Food Partnership, in a short amount of time and amid a global pandemic, to drive forward our Food Strategy in its mission to Eat, Live, Love Food.” (Councillor Tamoor Tariq, Bury’s cabinet member for health and wellbeing)
- Bury were one out of only 9 Food Partnerships to be accredited in 2022 and we were also one of the fastest partnerships to achieve this accreditation (only joining the SFP Network in Nov 2021).
- We were presented with our award at the Sustainable Food Places conference (Oxford University, March 2023), where we were also invited to showcase our innovative work on making Bury Market a Healthy Start Destination for the first time.
- The Sustainable Food Places team have now encouraged us to go for Silver in 2024 due to our continued progression.

The following content highlights some of the ongoing work of our partnership in chronological order.



### **Bury Catering Schools Meals Service achieved the bronze Food For Life Served Here Award (Dec 2022)**

- The Soil Association's [Food for Life Served Here](#) is an external sustainable catering certification. This award recognises caterers who are serving meals that go beyond meeting the School Food Standards, and ensures that children are being served meals that are not only delicious but also good for health, nature and the climate.
- The award demonstrates a commitment to serve meals cooked from scratch, using sustainable fish, free range eggs and British meat that can be traced back to the farm. The award assures that menus have been certified by the UK’s leading sustainable food charity, and that the caterer uses locally sourced and ethical ingredients.
- Bury Catering provides 16,000 healthy and sustainable meals every school day as part of the Bury Climate Action Plan, and employs 270 local staff across 58 primary, secondary and special schools. The award helps evidence value for money and quality on the plate. It is a huge achievement during challenging times; recovery post covid, staffing pressures and the rising costs of food. The award reinforces the service’s strengths and supports the council’s climate action plan and Lets Strategy.
- Ruth Galpine, associate director for healthy and sustainable diets at the Soil Association, said: *“Food for Life Served Here caterers are leading the way in improving food culture in schools. Achieving a Food for Life Served Here Award is a fantastic accomplishment and a true reflection of a caterer’s commitment to serving school meals that are nutritious as well as tasty. We know that good food is a crucial part of the school day and, with fresh, healthy meals being served, students are equipped with the fuel they need for their learning and development.”*
- Bury Catering Service are now actively working toward Silver.



### **Bury procurement frameworks implemented promoting locally sourced food**

- Bury scored highly in Sustains [Every mouthful Counts](#) report. David Catterall, Head of Commercial Services was subsequently invited to showcase Bury’s procurement framework at a national webinar hosted by Sustain (July 2023).
- Sustain are also in the process of writing a Bury procurement case study (due Sept 2023).

## Background

- Bury Council announced a climate emergency in 2019 with an ambitious target to be carbon neutral by 2038. This prompted the development of a decarbonisation strategy, where food is identified as means to reduce carbon.
- Bury Catering supported skills development as the service prioritised cooking from scratch which led to reducing carbon as food was not over processed or wasted.
- Changing suppliers to local producers and local suppliers supports the local economy and reduces the amount of carbon produced.
- Bury Council is a founding member of [YPO](#), which has a dynamic schools catering framework, enabling identification of local suppliers and ensure they were included on the framework.
- The local economy has been impacted positively as we have been able to drive business to local suppliers. The distance of delivery for all our schools has been reduced from over 50 miles away to less than 10.



## A Path to Pantry film and resource launched

- Following a successful application by Bury Food Partnership, support from the My Food Community Programme has allowed for the creation of an innovative film and resource, looking at the transition from food bank to food pantry called [A Path to Pantry](#) (Dec 2022).
- In this film Trust House Bury and three other food pantry leads; Radcliffe Food Club at Bridge Methodist Community Church, Ramsbottom Pantry, and Bolton Road Methodist Church explain what a pantry is, and the benefits of this model in supporting the community. As part of this project there is a new information page sharing useful resources and links to supporting information for anyone considering transitioning from food bank to food pantry. A Path to Pantry was launched at the Bury Food Partnership meeting (Dec 2022), and via the Bury VCFA e newsletter and social media coms. This film has been viewed 216 times (so far up to 04.09.2024).
- At the time of writing there are 7 food pantries in our locality: Trust House Bury, Bury Food Club at Manna House, Ramsbottom Pantry, Bolton Road Methodist Church Community Pantry and St Andrews' Church Community Hub (Whitefield). Heaton Park Food Pantry (opened Oct 2022), and Radcliffe Food Club Bridge Methodist Community Church (opened Nov 2022). RGRS Community Hub are in the process of becoming a food pantry.



## Exploration of models to support moving from food aid to food trade

- Bury Food Partnership in collaboration with Bury VCFA secured a **Good Food Enterprise grant** (£5.5k) from Sustain (May 2023).
- Trust House Bury, Radcliffe Food Club, FGRS Community Hub, Bury Food Club at Manna House and St Andrews Pantry are participating in the new Connecting Community Food Enterprises project. These groups are also part of the Bury Community Support Network.
- Baseline data is being collected from these groups and one case study will be shared with Sustain (Sept 2023). Each group operates in a slightly different way. It is hoped that by coming together to discuss similarities and differences, and the main challenges their projects are facing individually and collectively (such as where food is sourced and exploring surplus to purpose avenues) that this insight may help strengthen the sector locally and support the groups to attract social investment.
- Bury along with 3 other partner locations across England are involved in this project. In September via this collaboration, we have been invited to a site visit and workshop held at St Andrew's Hub in Liverpool which supplies 12 pantries and 11 food banks.



### Active participation in networks tackling food poverty

- Bury Community Support Network (B.C.S.N) formed during the pandemic (2020). The network is chaired by the VCFA and comprises 18 independent charities, voluntary food banks/pantries and agencies who directly support people experiencing poverty. The B.C.S.N meet bi-monthly: sharing good practice, learning and peer support, funding support, governance support, gathering of insights to influence decision making and promote the work of members. It also provides links to other support structures, such as the Anti-poverty Strategy Group.
- Bury joined the newly formed [GM Food Security Action Network](#) (2022). Every 3 months there are network events aimed at co-designing Greater Manchester's food security response and showcasing good practice and connecting people to maximise innovation. Additionally, three focussed task force groups work on the priorities raised by the wider network; Increasing the uptake of Healthy Start, Ending Holiday Hunger and Doing More For Those Who Miss Out On Support.
- This year Bury Food Partnership has focused on improving Healthy Start Uptake.

## 2023



### Nurturing access to affordable, local, quality produce via promoting Healthy Start (HS) at Bury Market for the first time

- Bury Food Partnership were successfully awarded a Good Food Economy grant (£7,500) from Sustain (Dec 2022).
- In January 2023 there were 1209 HS beneficiaries/1937 total eligible = **62% uptake in Bury**, which reflected the 62.7% national uptake.
- Promoting HS at the market supports our local families and the local economy.
- We held our first planning meeting with David Catterall and Alwyn Thomas (Bury Market Business Development Officer) and embedded HS promotion into Alwyn's work plan (making a range of HS at Bury Market promotion materials, press release and started liaising with the stall holders).
- 3 fruit & veg stalls at Bury Market came on board with HS, thanks to their good relationship with the Bury Market team.
- We held a soft launch, testing that the HS cards worked on the market, with families from Trust House as part of a Bury Market tour.

Bury Food Partnership are very proud to have successfully **launched Healthy Start at Bury Market** (May 2023) with a celebration cooking demonstration using fresh and low-cost ingredients on the market. Among those taking part were:

- Mayor of Bury, Cllr Sandra Walmsley
- Cllr Tamoor Tariq, Cllr Liz Fitzgerald, Cllr Nikki Frith
- David Catterall and Al Thomas from Bury Market
- Sharon Jarvis and Barbara Richardson from Bury Schools Catering
- Francesca Vale, Tracey Coatman and Jon Hobday from Public Health
- Sue Scott and Giovanna Kerwin from Bury Adult Learning
- Gemma Goss and Sheridan Mathews from FGRS Community Hub
- Katie Jenkinson and families from Trust House Bury

There is no on easy solution to increase the uptake of Healthy Start but as a partnership we have continued to use multiple touch points:

- HS flyers, posters, pull up banners
- HS banners in our local parks
- HS adverts on digital screens on Bury high street, and on the big screens on the dual carriage way
- HS on GP digital screens in 15 practices.
- Bury Market HS Facebook posts
- Bury Market tours with local community groups
- GMCA HS training video

### Further HS Developments

- Anne Gent at the **Department for Work and Pensions** agreed to embed Healthy Start into their electronic questions which are asked when carrying out **universal credit initial claimant meetings**, this is a potentially groundbreaking step forward. Anne is implementing this across all the job centres in Bury to ensure consistency.
- The **Bury Registry Office** agreed to promote HS to families when they register births (with printed HS promotional materials in their office to give out, and as an electronic attachment to their forms).
- The **School Meals Service** also agreed to add HS info onto their next menu.

At the time of writing the August Healthy Start figures show that Bury's Healthy Start uptake is now at **66% uptake**, this figure has been gradually increasing all year and is slightly higher than the national average. Bringing together this valuable nutritional scheme with our fantastic local market is we hope beneficial to everyone involved, as part of our work in promoting good food for all in Bury.

### National Recognition

Please see the following article showcasing our partnership: [Bury Market now a Healthy Start destination | Sustain \(sustainweb.org\)](#) (published May 2023). It is encouraging that we are getting national recognition for the work we are doing here in Bury on this programme of work. When David and Francesca presented HS at Bury Market at the **Sustainable Food Places conference** we received an amazing reception. Following on from this event we were then approached by the **Soil Association trustees** requesting a tour of Healthy Start at Bury Market. David showcased our **Bury Food Partnership achievements at Westminster** (14<sup>th</sup> of June 2023), out of 80+ possible food partnerships, there were only 4 slots for panel speakers – Bury being chosen demonstrates the regard in which our work is held. It is an example of connecting, supporting, and celebrating communities and businesses through food.

We shared how Bury Market has become a HS destination at the GM Healthy Start Task Force, which lead to Manchester, Tameside, Bolton councils requesting to join the next market tour. This tour was also attended by the Bradford Market team, Leeds Public Health, Leeds University and Centre for Food Policy from London University,. We received extremely positive feedback from some of the attendees, validating the hard work and commitment the Bury Food Partnership and Bury Market have given to this great cause.

# BURY GOOD FOOD CHARTER

***We want Bury to be at the forefront of promoting and celebrating good food for all, through knowledgeable partners working together in a vibrant food culture.***



**Promote healthy and sustainable food choices for all.**

Celebrate fresh, good value, balanced food through Bury's great produce, markets, events, and initiatives.

**Tackle food poverty and diet-related ill health across all ages.**

Work together towards a fair and responsible food system, that benefits the wellbeing of people, communities and the planet.

**Build community food knowledge, skills, and resources.**

Work with educators, caterers, and businesses on cooking, shopping, and growing skills, learning together about the benefits of healthy sustainable choices.

**Promote a resilient and diverse local food economy.**

Support and promote local businesses and markets that champion affordable, healthy, fresh and local food, creating a strong, vibrant food sector.

**Transform catering, food procurement, and community resources.**

Source, produce, process, distribute and dispose of food in ways that promote climate-friendly choices and reduce waste.

**Collaborate and build partnerships between sectors.**

Connect as a community to improve our food system, taking responsibility for our food culture and championing best practice.

**What can you do? Follow the Charter through examples like these.**

Think where your food comes from, how far has it travelled, and how it is packaged.

**Learn** what food is available locally and seasonally.

**Explore** the great, local food producers and growers at work here in Bury.

**Experience** the magic of growing your own food at home or in a local space.

**Protect** the environment by eating more sustainable food to help reduce impacts upon the planet.

**Support** local, independent, food businesses.

**Cook** fresh meals from simple ingredients.

**Pledge** to drink more water.

**Celebrate** tasty and delicious produce by sharing a meal with friends, family, and community.

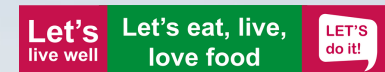
**Join In**

**Share your food story with us:**

[buryfoodpartnership@bury.gov.uk](mailto:buryfoodpartnership@bury.gov.uk)

**Make a pledge to support one of the 6 areas**

**Print and display a copy of this food charter**



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# THE SUSTAINABLE FOOD PLACES AWARD

## Guidance & Application Form



### Section 1: Guidance

The Sustainable Food Places Award is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and that have achieved significant positive change across six key food issues. The Award is open to any place that has an established cross-sector food partnership in place, is a member of the Sustainable Food Places Network and is implementing an action plan on healthy and sustainable food. This document covers our standard award. We run slightly different awards for counties and greater cities. We therefore encourage all applicants to get in touch before starting to complete an award application. It is also worth checking out the awards section of the Sustainable Food Places website. If you are interested in applying please email [tandrews@soilassociation.org](mailto:tandrews@soilassociation.org)

There are three tiers to the award - bronze, silver and gold - each requiring an increasing level of achievement in terms of action and outcomes. Details on how to apply for the bronze and silver awards are presented below and are the focus of this document. The gold award involves a different benchmark and application process to bronze and silver, details of which can be provided on request. You must achieve a bronze award before applying for silver and a silver award before applying for gold.

Award decisions are made annually by a national panel of experts. To help places navigate the award process, applications are facilitated by Sustainable Food Places staff. This normally involves an initial discussion, reviewing and providing feedback on draft applications and attending a meeting of the local food partnership. The award panel's decision is final, but feedback is given on both successful and unsuccessful applications.

Places achieving an award can use an award badge that recognises their achievement in their communications and marketing materials. Each award is given for a three-year period. If the award holder has not made an application for a higher award or successfully renewed their existing level award by the end of that period, they will be expected to stop referring to themselves as awards winners in all communications and promotional activity.

One condition of receiving the award is that all successful applicants agree to their application being made available to other members of the Sustainable Food Places Network on our web site. We also expect applicants to provide short case studies on selected areas of their work that other members of the Network can learn from. We will help you to identify the most suitable case studies during the final stages of the application process.

The awards aim to recognise both the totality of food-related activity and continuous improvement year on year. So, while a bronze award may be given based primarily on evidence of overall food-related activity and achievements to date, silver and gold awards will only be given where there is clear evidence that such activity and achievements are building progressively year on year. While an award is attributed to a place and recognises any and all food-related activity in that place, there must be clear evidence that the local food partnership and its members have helped to instigate, drive and/or connect a good proportion of that activity, particularly for the silver and gold awards.

## Scoring system

Details on the scoring system for the awards are provided below. The award aims to recognise what has been achieved (i.e. the impact) rather than how it has been achieved, though we obviously want to recognise and celebrate pioneering and particularly effective and large-scale action. Therefore, rather than being completely prescriptive and requiring specific action to be undertaken for a specified number of points, the awards are structured to be flexible and to cater to a wide range of potential actions under each of the six key issues.

Under each of the six key issues detailed in this document you will find a brief explanation of why we believe that issue is important and what overall level of achievement is needed to achieve bronze and silver. Each key issue is then divided into two action areas (A and B), with a series of bullet points detailing a range of actions that could be undertaken to help to drive effective change in that area. A small number of bulleted actions are mandatory for achieving an award, but the remainder are simply a collation of actions we know have commonly been undertaken - and to positive effect - across the Network.

For each key issue there are a total of 16 points available, 8 for each of the two action areas (A and B). The awards panel will allocate points based on their overall sense of action and achievement under each action area, not on the individual bullet points (except where these are mandatory).

***For bronze you must score at least 36 points, and at silver at least 72 points, out of the 96 total points available across the six key issues.***

As circumstances, challenges and opportunities differ between places, we have introduced a degree of flexibility into the scoring system through which applicants' strengths in some areas can offset weaknesses in others. We do, however, require a minimum amount of action under each key issue and each action area (A and B) to ensure awards winners are taking a whole food system approach:

- ***For bronze you must score a minimum of 4 points under each key issue and a minimum of 2 points under each action area (A and B).***
- ***For silver you must score a minimum of 8 points under each key issue and a minimum of 4 points under each action area (A and B).***

***The remainder of the points needed to reach the total bronze or silver point requirements must be made up from additional activity and achievement under other key issues. This flexible scoring approach is illustrated in the tables on the next page.***

Due to the huge breadth and depth of potentially relevant action as well as the need to consider the scale and circumstances of the place applying before being able to decide how many points are merited, we cannot provide precise guidance on how many points you will score for a particular action. For all levels of the award, however, there is a facilitated and iterative application process through which we give feedback to applicants on how many points the action and outcomes they intend to cite are likely to score. This iterative process ensures applicants do not waste lots of time on producing a very detailed final application when it may be evident early on that they are unlikely to achieve the number of points required.

*It is also worth noting that while the format of the awards has recently changed, the overall benchmark of achievement needed for each level of the award has not and we therefore **highly recommend** that prospective applicants review the applications of successful previous award applicants on our website to get a clear sense of both the level of achievement required and the type of content to include.*

**Bronze illustration:**

	Key Issue 1	Key Issue 2	Key Issue 3	Key Issue 4	Key Issue 5	Key Issue 6	Total
<b>Section A</b> (2 points minimum, 8 points possible)	Actual score 5	Actual score 4	Actual score 3	Actual score 2	Actual score 4	Actual score 2	This combined score would achieve the bronze award as it reaches the 36 points required
<b>Section B</b> (2 points minimum, 8 points possible)	Actual score 4	Actual score 2	Actual score 3	Actual score 2	Actual score 2	Actual score 3	
<b>Total for key issue</b> (4 points minimum, 16 points possible)	Combined Score 9	Combined Score 6	Combined Score 6	Combined Score 4	Combined Score 6	Combined Score 5	
							<b>36</b>

**Silver illustration:**

	Key Issue 1	Key Issue 2	Key Issue 3	Key Issue 4	Key Issue 5	Key Issue 6	Total
<b>Section A</b> (4 points minimum, 8 points possible)	Actual score 7	Actual score 6	Actual score 5	Actual score 4	Actual score 6	Actual score 5	This combined score would achieve the silver award as it reaches the 72 points required
<b>Section B</b> (4 points minimum, 8 points possible)	Actual score 7	Actual score 6	Actual score 8	Actual score 4	Actual score 7	Actual score 7	
<b>Total for key issue</b> (8 points minimum, 16 points possible)	Combined Score 14	Combined Score 12	Combined Score 13	Combined Score 8	Combined Score 13	Combined Score 12	
							<b>72</b>

*The word count for each key issue and each action area in the application form is limited. In allocating points, the panel will be making an assessment of how significant the activity and achievement is for each based on a strong narrative and a range of clear evidence that illustrates the breadth and depth of activity and the scale and reach of impact. Ideally, the evidence cited will include numerical data relating to different types of activity and intervention, participants and beneficiaries as well as specific examples. You may want to use hyperlinks to further information on these specific examples in order to remain within word*

*count limits. The panel will also be looking at the extent to which the activity in any particular action area or key issue is strategically connected so that it delivers more than the sum of its parts and contributes to long-lasting food system change.*

## Section 2: Application Form

**Name of food partnership applying: BURY FOOD PARTNERSHIP**

**Name of person leading application: FRANCESCA VALE**

**Contact email: f.vale@bury.gov.uk**

**Award being applied for: BRONZE**

## Key Issue 1

### Taking a strategic and collaborative approach to good food governance and action

We believe that to transform a place's food culture and food system requires a joined-up strategic approach and committed long-term collaboration between individuals and organisations across every sector and at every level, from community grassroots and third sector organisations to businesses and council leaders. Key to achieving this are: a strong cross-sector food partnership and an inspiring and ambitious food vision backed by a clear strategy and action plan. At bronze we would expect to see a cross-sector partnership in place; a 12-month action plan covering all key food issues; and some recognition of healthy and sustainable food in local policies, strategies and plans. At silver, we would expect your partnership to be robust, embedded and sustainable; a 3-year strategy and action plan that is endorsed and supported by the local authority; and for local policies, strategies and plans to be actively and effectively promoting healthy and sustainable food.

#### What success might look like:

##### 1A) Establish a broad, representative and dynamic local food partnership - this could include but is not limited to the following:

- Establish a local cross-sector food partnership involving public and third sector, business and community representatives that meets regularly and is committed to working together across all key food issues (mandatory at bronze).
- The partnership has clear terms of reference and operates in an open, transparent and democratic way. Members represent a wide range of sectors and communities including those with lived experience of food issues as well as organisations and institutions (mandatory at bronze).
- Key institutions, including the local authority and other strategic bodies recognise and endorse the local food partnership and actively support its efforts through policy, strategy and planning and by providing funding and/or other support (mandatory at silver).
- Establish working groups linked to the core food partnership to enable those with specific interests, skills and remits to lead on and work together to more effectively tackle key food issues, supporting them and others to be effective ambassadors for the partnership's work.

##### 1B) Develop, deliver and monitor a food strategy/action plan - this could include but is not limited to the following:

- Your food partnership develops, publishes and regularly reviews a food strategy and/or action plan (mandatory 12 months at bronze and minimum 3 years at silver) that covers all key food issues and is based on an open consultation with a wide range of stakeholders.
- The food strategy/action plan is being delivered, with the food partnership helping to coalesce and coordinate action as well as measuring progress in terms of both activity and outcomes (mandatory at bronze and silver).
- Develop and promote a food charter, manifesto or equivalent that encapsulates the food vision, principles and ambitions for your place and get individuals and organisations to commit to action that will help to achieve those ambitions.
- Develop and promote an identity (brand/logo/strapline) for your initiative and use this as an umbrella to connect and promote all the inspiring work on healthy and sustainable food happening in your place.

<b>Key Issue 1: Taking a strategic and collaborative approach to good food governance and action</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Establish a broad, representative and dynamic local food partnership</b>	<b>Points</b>
<p><i>Cross-sector food partnership</i></p> <p>The Bury Food Partnership is a collaboration of proactive partners interested in healthier and sustainable food. A key output of the Bury Food Strategy was to establish our Partnership to drive the food agenda forward, delivering on the action plan. Partners have been actively engaged since 2020, with quarterly meetings held since March 2021. The meetings are purposely informal, encouraging participation and sharing best practice. In each session time is allocated to highlight new partners/programmes/developments underway in Bury. <i>"It is a space to connect with professionals and community organisations / individuals across Bury and Greater Manchester to challenge and help shape the way Bury sources and provides food for all."</i> Lucy Fitzsimon (Sports Development Officer).</p> <p><i>Representation and terms of reference</i></p> <p>Active representation includes: School Nursing/Health Visiting, Bury Adult Learning Centre, Bury School Meals Service, Bury Market, Oral Health Promotion, Director of Public Health, CCG leads, Fairfield General Hospital, Dietetics, The Live Well Service, Age UK, GM Health &amp; Social Care Partnership, Bury Art Gallery, Business Support Team, Planning Team, Climate Action Team, 6 Town Housing, Morrisons, Tesco's, VCFA Community Support Network, VCFA Social Prescribing Network, Incredible Edible.</p> <p>The partnership collectively wrote and agreed Terms of Reference (see submitted supporting documents) articulating shared ownership and expectations around connecting, collaborating, sharing ideas, and operating democratically. Meetings are chaired by an elected Health and Wellbeing Board member with minutes publicly available.</p> <p><i>Institutional recognition and commitment</i></p> <p>Bury Council have fully endorsed the launch of the Bury Food Strategy and the work of the Bury Food Partnership, both of which are cited in the Let's Do It Strategy.</p>	Do not fill

<p><i>Working groups</i></p> <p>In-between meetings there is a range of activity underway. Key food-related updates are shared, and members are encouraged to take part in good food activity (e.g. My Food Community network). Subgroups for particular strategy areas (e.g. Good Food Charter sub-group), are held to connect members' priorities, and activity bidding opportunities are supported. Regular contributions are fed into aligning strategies such as Bury's <a href="#">climate action</a>. New Climate Change meetings gather partners from procurement, planning, housing, business support and waste teams, laying foundations for progressing climate action agendas.</p> <p>The Bury Community Support Network (B.C.S.N) regularly meet to focus on food insecurity, funding, resource-sharing and importantly supporting each other and their communities. Representation from this group is a key element of the Partnership, and indicative our aim of inclusivity.</p> <p>Notable working group examples include the Nutrition &amp; Hydration Programme steering group (further information <a href="#">here</a>). This multidisciplinary group meets quarterly (since 2018) to address malnutrition prevention in older people. Recognition of achievements in Bury have been published within the <a href="#">Home from Hospital Guide</a> (Sustain, March 2022).</p> <p>We are immensely proud of how much has been achieved by the Bury Food Partnership in a short amount of time and amidst a global pandemic. Meetings evolve as new partners come on board, and for the first time in Bury we have an active core partnership of members focussing on the food agenda, collectively working on our action plan.</p>	
<p><b>B) Develop, deliver and monitor a food strategy/action plan</b></p>	
<p><i>Food strategy/action plan</i></p> <p>The Bury Food Strategy is the result of widely researching the food system to understand what works across the UK, and how this transfers to Bury specifically. The Partnership's agendas, minutes and actions (see submitted supporting documents) demonstrate progress, establishing a shared understanding of one another's roles, and developing new areas of work.</p> <p>Engagement events during 2020 with partners have been key, with representation from health, education, local businesses and the VCFA sectors. This engagement identified the themes and priorities in the strategy, and this careful consultation and collaboration will continue into future activity, fine tuning the strategy as it is implemented. We successfully launched the Bury Food Strategy (January 2021) via an online event showcasing best practice with 70 stakeholders attending.</p>	<p>Do not fill</p>

The Bury Food Strategy is published on the council website [here](#) and is frequently referenced by different departments and community groups. Partners use it to identify common priorities and to push forward agendas. This includes regeneration bid applications, community fund applications and most recently the Climate Action Plan, which now has a specific food section.

#### *Monitoring and review*

The Food Strategy is reviewed annually. It has short, medium and long term actions, with six key sections reflecting the Sustainable Food Places framework, created collaboratively with partners in a thorough consultation. The first action was to form a Bury Food Partnership, a remarkable achievement during a pandemic. Other actions include identifying strong local food leadership, new connections from partnership meetings, and developing our Good Food Charter. The Nutrition & Hydration Programme has been a key focus, as has engaging the community through updating [the Bury Directory](#), using this platform to strengthen sustained communication. Collaborations are monitored and encouraged, such as events held between Fit and Fed, Bury Markets, and the School Catering Service. These partners have now collaborated further since the partnership was established, complimenting their own and one another's food agendas. Progress against the action plan is measured at meetings, and more formally in the annual review (see submitted supporting documents).

The Bury Food Partnership recognises the need to work across all aspects of the food system, with the Food Strategy outlining future activity across all areas. In response to the pandemic the initial focus in year 1 has been on food and health, poverty, and climate action.

#### *Food vision and charter*

[The Bury Good Food Charter](#) encapsulates our food vision, principles, and ambitions. The charter asks individuals, businesses, and communities to commit to actions that will help to achieve good food for all across the food system. Early adopters of the charter include Bury Adult Learning Centre, Bury Market, B.C.S.N members and promotion to local food businesses via the Healthier & Sustainable Catering Award.

#### *Brand and promotion*

We use the strapline Eat-Live-Love-Food and #goodfoodbury when promoting the work of the partnership, and further logo/branding development is an action for the next 6 months. We have achieved commitment from the School Catering Service to work towards the Food for Life Served Here award.

<b>Total</b>	
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## Key Issue 2

### Building public awareness, active food citizenship and a local good food movement

We believe that to drive a shift towards healthier and more sustainable food requires high public awareness of food issues and widespread participation in food-related activity, by both individuals and institutions, as part of a growing movement of active food citizenship. Key to achieving this are: communications and events that can inspire people about the role, importance and joy of good food; practical engagement opportunities such as growing, cooking and sharing food in every community; and a facilitated network through which food actors of every kind can connect and collaborate on-line and in person as part of a local good food movement. At bronze, we would expect to see a range of public events and engagement opportunities and the beginnings of a local food network. At silver, we would expect to see widespread public participation in food-related activity and a dynamic and connected local good food movement involving people from all walks of life.

#### What success could look like:

#### 2A) Inspire and engage the public about good food - this could include but is not limited to the following:

- Raise public awareness of food, health and sustainability issues through a variety of communication channels, ideally including a regular newsletter, websites, social media, magazines, film shows and radio and press pieces.
- Provide a wide range of free opportunities for people to learn about, share and enjoy healthy and sustainable food - e.g. through talks, challenges and competitions, demonstrations, intercultural and intergenerational events, food festivals and town meals.
- Ensure opportunities to actively participate in community food initiatives are promoted to people from all social and cultural backgrounds through print, broadcast and on-line media and/or via open days, food trails and volunteering programmes.
- Develop a public facing umbrella-campaign to encourage individuals and organisations to take (and register) direct action in support of healthy and sustainable food, for example through the development of an on-line platform such as Bristol's Going for Gold or FoodWise Leeds.

#### 2B) Foster food citizenship and a local good food movement - this could include but is not limited to the following:

- Establish a network for community food activists that provides on-line and face to face opportunities to share inspiration, ideas and resources and to work together on a range of food initiatives (mandatory at silver).
- Ensure communities can access and take control of green, brownfield and unused building spaces that can be used for food social enterprises and community food projects, for example by mapping available assets or offering special lease options.
- Support local community food initiatives through a small grants programme and access to tools and resources, as well as through advice and training on project planning, raising money and working with volunteers.
- Increase participation in food growing and related activities through increased allotment provision, the incorporation of growing sites into new and existing developments, the development of edible landscapes and through initiatives such as Incredible Edible and The Big Dig.

<b>Key Issue 2: Building public awareness, active food citizenship and a local good food movement</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Inspire and engage the public about good food</b>	<b>Points</b>
<p><i>Awareness and communications</i></p> <p>The Bury Food Strategy launch was reported locally via a <a href="#">press release</a>.</p> <p>The Bury Directory is Bury's one-stop information point for advice, support, activities, and services. It is a key point of information on local resources and services as well as partner organisations, communities, and business. Wider public health campaigns are also promoted. Bury Food Partnership members are encouraged to populate pages to raise awareness of food, health, and sustainability. <a href="https://theburydirectory.co.uk/the-bury-directory-guest-blog">https://theburydirectory.co.uk/the-bury-directory-guest-blog</a> (ref Oral Health Improvement Practitioner Sept 2021).  <a href="https://theburydirectory.co.uk/services/oral-health-promotion-team">https://theburydirectory.co.uk/services/oral-health-promotion-team</a>  <a href="https://theburydirectory.co.uk/national-child-measurement-programme">https://theburydirectory.co.uk/national-child-measurement-programme</a>  <a href="https://theburydirectory.co.uk/services/bury-nutrition-hydration-programme">https://theburydirectory.co.uk/services/bury-nutrition-hydration-programme</a></p> <p>The Bury Directory is active on twitter (2500), Facebook (1200), Instagram (97), and monthly e-newsletters are widely distributed, with 12,149 views over the year.</p> <p><i>Opportunities for people</i></p> <p>Volunteer-led Climate Action forums are developing across our five neighbourhoods, providing space to bring people together to discuss issues and solutions, such as food production/waste/plastic free. Climate Community Champions are being identified. Climate Action funding has been released to local action groups involved in local growing and sustainable cooking.</p> <p><a href="#">Bury VCFA BECAN Social prescribing directory</a> connects individuals to supportive groups and activities via five new local link workers. This new service has received 1689 referrals since October 2019. These include social eating, growing, nature and environmental activities. Social Prescribing has increased wellbeing levels by 87%, reducing demand on primary &amp; secondary care services by 16%. This has led to increasing self-care, improving connections in localities, and addressing social isolation.</p>	Do not fill

<p>Incredible Edible Prestwich &amp; District run an annual Apple Day, promoted via the Partnership to increase awareness. Hundreds of people take part in fun and informative food and growing themed activities, <a href="#">this event</a> is growing each year, including 12,911 social media interactions.</p> <p>Fit and Fed (summer 2021) involved directly inviting 3,346 families eligible for Free School Meals to fun sporting, creative and cooking activities, alongside providing nutritious lunches. A booklet was sent directly to families and added to the council page <a href="https://www.bury.gov.uk/holiday-activities">https://www.bury.gov.uk/holiday-activities</a>. Thanks to multiple communications via the food banks/pantries/community centres/hubs activities were fully booked.</p> <p>Bury Art Museum developed the Homegrown Bury Project, aiming to connect people, reduce social isolation and promote healthy living. Alongside a food-focussed art exhibition (7449 visitors), a range of events and activities were accessible. These included online cookery classes, windowsill gardening, a book of recipes from participants, and free eating events (69 individuals) celebrating diverse communities, held at the gallery <a href="https://buryartmuseum.co.uk/HomeGrown-Bury">https://buryartmuseum.co.uk/HomeGrown-Bury</a>.</p> <p><i>Promotion of the opportunities to all</i></p> <p>All of these activities were developed locally, responding to and engaging with grass root community need. Sharing these opportunities across the Food Partnership, Council Community Hubs, and Bury Community Support Network (including Bury Asian Women's Centre, African and Caribbean Women's Centre, Manna House homeless support), has promoted these activities to a wider cohort. Local press regularly cover key activities and events, such as <a href="#">cooking demonstrations</a>.</p> <p><i>Direct action/pledge support</i></p> <p>The <a href="#">Bury Good Food Charter</a> has been cascaded via the whole partnership as a communication tool to raise awareness, via local food businesses taking part in the Healthier and Sustainable Catering Award, and referenced within the service spec of the LA schools meals catering service.</p>	
<p><b>B) Foster food citizenship and a local good food movement</b></p>	
<p><i>Networks</i></p> <p>The Bury Food Partnership provides direct opportunities to share inspiration, ideas and resources, working together on food initiatives. All partners have contributed to the Bury Good Food Charter and use this tool for further promotion.</p>	<p>Do not fill</p>

Participation with the My Food Community Network is highly beneficial, promoting resources that build community awareness. Several representatives from our Food Partnership are members. At the Get Together networking event (March 2022) we shared our experiences with the new members.

The Bury Community Support Network (B.C.S.N) focus on food insecurity, collectively bid for funds, share resources to support their communities. The B.C.S.N feeds into the Bury Food Partnership (see Key Issue 3).

#### *Access and control of spaces and sites*

Bury Council have been successful in a £20 million bid to the Levelling Up Fund (October 2021) to support the development of a new flexible use market hall, significant refurbishment of Bury Market, and enhanced public realm town centre space.

As part of building the business case, research for the council was undertaken by Leeds University around the sustainability of local traditional markets. A broad range of traders and residents were consulted on the development plans. Bury Council's Business Growth and Investment team also consulted with residents, external visitors, and market traders to assess the needs and requirements of the local community. They investigated what levelling up might mean, and what investment into the town centre could achieve. These reports formed the successful funding bid application.

#### *Grants and resources*

The B.C.S.N meet monthly and come together to write bids as a group and solve problems related to food poverty. The B.C.S.N secured £40,000 funds (2021) for food, packaging, and training to be shared via this network.

Health Improvement Funds (Dec 2021) were provided to assist with covid recovery, improve health behaviours and reduce inequalities. Grants enabled communities to deliver health and wellbeing projects to local people. £35,839 has been allocated to grass roots groups, including cultural cookery classes, community cookbooks, bee education, social prescribing of nature and food growing activities. All successful bids adopted specially developed branding.

Bury Council launched a Community Climate Action Fund in December 2021. Bury is fortunate to have various green spaces that are utilised by local voluntary action groups. These groups engage the public through food growing, production and cooking. A quarter of the fund bids received were related to food action. We hope that several of these will further drive engagement everyday climate action.

#### *Community Growing*

<p>Incredible Edible have developed a network of brownfield sites across the borough into spaces for growing produce and caring for plants. It consists of 43 members, 165 email subscribers, 2680 social media followers and 98,621 impressions.</p> <p>Growing projects include: Philips Park, Belmont Rd, Whitefield Fire Station, Prestwich Clough Forest Garden, Prestwich Village, St Mary's Park, Albert Avenue Allotments, Brooklands Road Herb Beds, Stand Unitarian Planters.</p> <p>Events include Pop-up plant and chutney stalls at Village Greens, Prestwich Clough Day, Open Day at Philips Park new garden Apple Day, and <a href="#">Good to Grow Day</a>.</p>	
<b>Total</b>	

## Key Issue 3

### Tackling food poverty and diet related ill-health and increasing access to affordable healthy food

We believe good food is a right not a privilege and that everyone should be able to eat healthily every day, no matter who they are, what they do or where they live. Key to achieving this are: ensuring all those in danger of going hungry or suffering malnutrition are able to access nutritious food while working to address the underlying causes of food poverty; raising awareness of what constitutes a healthy diet and giving people the skills, resources and support needed to feed themselves well; and changing people's food environment - from institutional settings to high streets - to ensure affordable healthy food is available and accessible to all. At bronze we would expect to see a wide range of initiatives that are working to make this a reality and are having a measurable impact on people's lives. At silver, we would expect to see evidence that this is becoming a reality across most social groups, settings and neighbourhoods in your city, particularly amongst those groups most at risk.

#### What success could look like:

#### 3A) Tackle food poverty - this could include but is not limited to the following:

- Establish a multi-agency partnership involving key organisations as well as people with lived experience, to identify and tackle the full range of issues that contribute to food poverty in a joined-up strategic way, ideally as part of the Food Power, End Hunger UK or Feeding Britain initiatives.
- Ensure high quality social food provision for people who might otherwise go hungry or suffer malnutrition, for example through the Healthy Start voucher scheme; Rose Vouchers; free school meals; breakfast, after school and holiday meal provision; lunch clubs and meals on wheels.
- Promote fair wages through local authority adoption of the real Living Wage for its own staff and for contractors and via campaigns to raise other employers' awareness and adoption of the Living Wage and the benefits this brings.
- Train health professionals, welfare advisers, housing and voluntary organisations in food poverty issues so they can effectively direct those experiencing food poverty to welfare support and local hardship funds, as well as to emergency food aid at times of crisis.

#### 3B) Promote healthy eating - this could include but is not limited to the following:

- Run healthy eating and drinking campaigns including Sugar Smart, Veg Cities, Change4Life, Baby Friendly and the 50 Fountains Challenge; and give preferential treatment to healthy food ads, for example by offering them free advertising space, while restricting junk food ads.
- Provide and promote a wide range of healthy eating and healthy weight support services and initiatives, including diet and nutrition advice and support, cooking skills training, exercise and social prescribing programmes.
- Promote the adoption of holistic healthy food culture transformation programmes - such as those developed by Food for Life - in a range of settings such as nurseries, schools, colleges, hospitals, care homes and workplaces.
- Map access to healthy food against transportation routes, income, health data, proximity to schools etc. and work to prevent the proliferation of unhealthy food outlets as well as to ensure people can access affordable healthy food/drink near to where they live, work and play\*.

*\* This could include working with caterers (cafes, takeaways and restaurants) and retailers (supermarkets, local convenience stores, markets, food coops) to increase the availability, affordability, variety, quality and display of fruit and vegetables, particularly in deprived areas; introducing or reinstating public drinking fountains; and/or including access to affordable healthy food in your Local Plan, Supplementary Planning Documents or other planning policy.*

<b>Key Issue 3: Tackling food poverty and diet related ill-health and increasing access to affordable healthy food</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Tackle food poverty</b>	<b>Points</b>
<p><i>Multi-agency partnership working</i></p> <p>The Bury Community Support Network comprises <a href="#">18 food banks/pantries</a> directly supporting people experiencing poverty. It works collaboratively, influences strategy, supporting peers and statutory partners in achieving the best outcomes for Bury communities.</p> <p>Bury joined the <a href="#">Greater Manchester Food Security Action Network</a> (January 2022) which has a combined approach to alleviating poverty.</p> <p><i>Social Food Provision</i></p> <p>Bury's action on social food provision is epitomised by Rochelle Gardner BEM, Community Champion, Morrisons – an active member in the Bury Food Partnership, she was recognised on the 2022 Queen's New Year's Honours list.</p> <p>In Bury there is 60% uptake of Healthy Start Vouchers, worth £442 per year to the average family. The national scheme digitised in spring 2022, increasing the range of retailers where this entitlement can be used (local markets etc). In addition there is <a href="#">help with financial hardship</a> (vouchers for food/fuel, emergency repairs, essential goods).</p> <p>Fit and Fed and Holiday Camps (summer 2021) were a huge collaboration involving 14 external providers, 4 internal providers (libraries, museums etc) 11 schools, and 3 companies. The school catering team provided 15,401 nutritionally balanced packed lunches.</p> <p>Free School Meal vouchers (October 2021 to Easter 2022) benefited 6,470 young people from 3,346 families. The School Catering Service worked hard building confidence and interest, encouraging families to take up this offer. The service has developed a digital portal to improve perceptions of school meals, reduce waste and support communication.</p> <p>Emergency Food Cards preloaded with £5 were cascaded via supporting agencies to young people, as a pilot scheme from the Mayor of Manchester No Child Hungry Campaign. 2974 x £5 cards were issued, useable across 7 supermarket chains.</p>	Do not fill

### *Promotion of Fair Wages*

The Real Living Wage Foundation accredited Bury Council as a Real Living Wage employer (November 2021). The council signed a legal agreement [committing to the Living Wage](#) as a key aim of the council's plans to tackle deprivation at the heart of the borough's Let's Do It strategy.

Bury Council became a member of the [Greater Manchester Good Employment Charter](#) (Dec 2021), giving direct increases in earnings and raising standards for over 4,000 local people involved in Council services, whilst encouraging other employers to join.

### *Training*

Bury has embedded the [Greater Manchester Nutrition & Hydration Programme](#) (2018 - 2022). 51 organisations and 200 Nutrition & Hydration Champions have been trained to recognise and combat the signs of malnutrition, with access to a wide range of supporting materials. Importantly these organisations have embedded prevention pathways within service level agreements, job descriptions and training requirements.

The B.C.S.N has worked with local supporting agencies on the importance of effective signposting, linking welfare support to those accessing food banks, as part of a trajectory towards food security. The network invests funds into training members of the network for transitioning to food pantry model, food hygiene training and other training needs. To help promote a system shift to food pantries, Trust House delivered an inspiring training session (summer 2020) to the B.C.S.N, resulting in others moving to this model.

## **B) Promote healthy eating**

### *Campaigns*

Bury utilises Change4Life branding and campaigns. Vending machine guidance aimed at reducing sugar has been adopted across the council. The Sugar Smart campaign has been promoted across all early years settings.

### *Healthy eating and healthy weight support*

Eligible families from the National Child Measurement Programme are signposted to the Live Well Service (holistic family support for weight management with health trainers and exercise referral officers). They are also guided to local [weight support initiatives](#) and national PHE campaigns on the Bury Directory.

Do not  
fill

Bury Adult Learning deliver varied food education, health and wellbeing courses. 16 courses were delivered over the year. The 86 enrolled learners have developed/improved their cooking skills and knowledge of healthy food. Additionally, 9 Food Safety in Catering L2 courses have been delivered, enabling 63 people to achieve this qualification.

Bury Adult Learning undertake live cookery demonstrations (Bury Market), and partner with Bury Art Gallery on food themed exhibitions. They delivered 3 online workshops during lockdown using food boxes (ingredients included) to develop knowledge of how to cook and to improve cooking skills.

Bury Adult Learning delivers education courses for parents within schools. Despite Covid challenges, these courses are now back in schools, with courses complimenting school healthy eating policies. The new Family Learning officer successfully runs What's Cooking - Healthy Eating on a Budget courses, accessed by 40 families. Many are low income and half are from BAME communities. Family budgeting courses are being initiated in community food banks leading to additional cookery courses.

Partners of the B.C.S.N have delivered cookery skills with their community centre visitors via holiday activity schemes.

Helping Yourself to Wellbeing helps individuals to self-care and health improvement. Healthy eating is one element of this course, being delivered across the community on a train-the-trainer model.

### *Healthy Food Culture*

[The Golden Apple Award](#) recognises early years settings who improve nutrition, hygiene, and oral health. Run between council and NHS for 15 years, settings complete annual assessments, evidencing healthy snack-time policies, and promotion of principles to parents/carers. There is 75% uptake amongst our early years settings - [supporting resources](#) are held centrally on the Bury Directory.

63 primary schools are, via the School Catering Service, accredited under the [Bury Healthier Catering Award](#). They are committed to achieving the Food for Life Served Here Award within their service plan. New menus are being developed, with sustainable procurement prioritised.

### *Food outlets*

Significant work with the Planning and Development team on implementing a supplementary planning document to reduce unhealthy food outlets around schools is ongoing, with health and wellbeing embedded as a key objective of our regional Places for Everyone Plan, prior to a new master plan due within the year. The Bury Food Strategy will be referenced in this.

<p>The Healthier Catering Award is promoted and awarded to existing food providers. Criteria has been refreshed to include sustainability and references our <a href="#">Charter</a>. Climate Action Officers work with Business Support Teams to promote uptake. Food outlets have been mapped by Environmental Health to support this work.</p>	
<p style="text-align: right;"><b>Total</b></p>	

## Key Issue 4

### Creating a vibrant, prosperous and diverse sustainable food economy

We believe that to make good food a defining characteristic of where you live depends, ultimately, on ensuring healthy and sustainable food businesses - from producers and processors to retailers and caterers - are mainstreamed as part of a revitalised local food economy. Putting good food entrepreneurs and enterprises at the heart of local economic development and promoting them to consumers not only ensures that buying healthy and sustainable food becomes the easy choice but also creates jobs, businesses and prosperity while regenerating high streets and city centres. At bronze, we would expect to see evidence that the local authority and other key bodies recognise the role and importance of sustainable food enterprises and are actively working to support their development and success. At silver, we would expect such enterprises to have become a significant part of your local food economy and to be positively reshaping the high street and wider food environment.

#### What success could look like:

#### 4A) Put good food enterprise at the heart of local economic development - this could include but is not limited to the following:

- Retail, tourism, planning and economic development strategies, policies and services actively support the development and long-term success of healthy and sustainable food businesses and a circular food economy.
- Protect and/or re-establish vital sustainable food infrastructure to support shorter and value-based supply chains, such as local processing and wholesale businesses, city centre and other food markets, food hubs and distribution networks.
- Support sustainable food entrepreneurs and enterprises by providing vocational training, business planning advice, grants and financial advice, and access to land and premises through special loan and lease options and business rates reductions and holidays.
- Work to improve the diversity of the retail offer by supporting more independent retail and market stalls and more value-based retail, such as Better Food Traders and the Pantry model.

#### 4B) Promote healthy, sustainable and independent food businesses to consumers - this could include but is not limited to the following:

- Enable consumers to find local producers, shops, markets, cafes and restaurants selling healthy and sustainable food via a well-promoted, easy to use on-line directory of local good food businesses.
- Promote local good food businesses to the public using a range of communication tools, including media features and promotions, 'restaurant weeks', food awards and other marketing, branding and business recognition schemes.
- Promote greater consumer spending in local independent and sustainable food businesses through the introduction of local currency and loyalty schemes and via promotional campaigns.
- Provide local producers with increased opportunities to promote and sell their produce direct to consumers through on-line platforms and the creation of new regular or permanent markets, box schemes, meet-the-producer events and other initiatives.

<b>Key Issue 4: Creating a vibrant, prosperous and diverse sustainable food economy</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Put good food enterprise at the heart of local economic development</b>	<b>Points</b>
<p><i>Planning and economic development AND protect/re-establish food infrastructure</i></p> <p>Bury Market is a successful example of how a market can place food at the heart of a town's identity. It has won a succession of national awards, with most retail sectors represented around a core food offer. It is comparable to supermarkets but with a wider range and at affordable prices, across 200 independent stalls.</p> <p>The Market is a popular tourist destination, but plays an important community role, being particularly well-used by low-income families and older demographics. This success is driven by close collaboration between council and retailers, where local independent food suppliers work together to benefit from a large customer footfall.</p> <p>It was <a href="#">voted Britain's Favourite Market</a> by visitors and nationally acclaimed for its innovation and quality at the National Association of British Market Authorities Awards (February 2022).</p> <p>Significant development is now underway to make the market a true exemplar. £20m of Levelling Up funding (Oct 2021), combined with £4.6m of council funding will grow the market through supporting infrastructure, diversity of product, and community identity. A brand-new Market Flexi Hall will host social and cultural events, directly linked to food producers and combined offers.</p> <p>The Bury Town Centre Masterplan is built around this market development and will have an important role to play in promoting the town, attracting development and inward investment. It will support bids for external funding, to further support Bury's food offer.</p> <p>Radcliffe Market has become a highly regarded venue for fresh, local, ethical food, unique in the area. The success of this community run space is the driving force behind attracting £20m Levelling up funding, supported by £30m council funding, and the development of a new multi-use civic hub. The adjoining market chambers building will be refurbished to house flexible commercial space, additional retail, food and beverage offers, with access to a newly refurbished space for community and cultural events.</p> <p><i>Support sustainable Food enterprises</i></p> <p>Both market proposals additionally incorporate brand-new wellness, leisure, library and learning centres, flexible spaces for local businesses and community groups, integrated shops, further food and drink outlets, and space for local events.</p>	Do not fill

[The Bury Means Business Team](#) have joined our partnership, offering specialist advice and support to local food businesses via planning advice/access to grants, crucial during and post-Covid.

[Bury Economic Development Strategy](#) is in development (consultation to April 2022), this will guide the Councils approach to driving forward local economic growth over the next 10 years.

*Improve the diversity of the retail offer*

The above developments will dramatically improve retail diversity in our area, built around local successes. Additionally Bury has an established B.C.S.N which in recent months have focused on the promotion of supporting more food banks towards operating as pantries. Trust House has proactively led peer support training, with Manna House becoming a food pantry, and Corrie Gardener's and Brandlestone Food Banks moving towards this model. A successful grant from My Food Community is supporting an action project to develop this model further (March – December 2022).

**B) Promote healthy, sustainable and independent food businesses to consumers**

*On-line directories and platforms to promote local good food businesses to consumers*

The Bury Market Operations team received funding (2022) and are rolling out [Virtual High Street](#) a new online platform to support and promote all market traders and retail outlets (including food retailers) in Bury. Virtual High Street allows for direct communication to customers, allows for promotion of healthy food and supports increased promotion and marketing of retailers that we feel compliment and support Bury Council's strategies, including healthy, sustainable, and independent food businesses. This platform promotes greater consumer spending in local independent and sustainable food businesses through an event and loyalty scheme section on the website.

[Visit Bury tourism page](#) promote a wide range of restaurants, cafes and artisan markets, with over 40 local food providers highlighted with their own pages. These range from farm shops to restaurants, tea rooms in galleries to coffee shops. Collectively it demonstrates the breadth of local sustainable produce that can be found. [Bury Market](#) is widely known, promoted as 'World Famous', and has a comprehensive and inviting online presence.

*Food Awards and branding*

Do not  
fill

The [Bury Healthier Catering Award](#) acts a promotional tool, marketing businesses as leading healthier caterers in the borough, demonstrating to customers a dedication to food hygiene, customer health and sustainability. It identifies businesses as key contributors to the health and well-being of the local community by offering health food choices.

Bury's food retailers continue to innovate in their marketing and unique food offer. [Wax and Beans](#) is an example of this, combining homemade local produce with vinyl records, as a location for good food and good music. It is located in the cultural quarter, linking to theatre and art gallery, alongside other similar high quality food outlets.

*Increased opportunities to promote and sell produce*

Bury Market promotes additional pitches for food traders within the market to allow them to promote their local and sustainable produce. Extra pitches are made available at key times of year e.g., Christmas food market allowing for existing traders to have additional pitches to support trade of sustainable and local produce.

Promotional campaigns to link local market stalls and food producers to lower income residents continue to be developed. A pilot scheme providing £5 vouchers at children's centres for Bury Market fruit and veg stands (combined with cookery classes) saw new connections developed between residents and healthy food offers. Bury is now promoting the more flexible Healthy Start cards for use at the markets, solidifying and promoting the value and quality on offer in the borough.

The borough has developed a reputation for food and drink events across the year, specific to our local heritage and produce. These are many and varied, but include the World Famous Black Pudding Throwing Competition, Ramsbottom Chocolate Festival, Dining with Distinction on the East Lancashire Railway, Bury Beer Festival (with a focus on local homegrown food), and Head for the Hills Festival, which incorporates local food vendors.

**Total**

## Key Issue 5

### Transforming catering and procurement and revitalizing local and sustainable food supply chains

We believe that catering and procurement provide a uniquely powerful lever for promoting good food. By transforming catering across a wide range of settings - including nurseries, schools, colleges, hospitals, care homes, workplace canteens and smaller scale catering outlets - it is possible not only to improve the eating habits of many thousands of people but also to create the large scale demand for healthy, sustainable and local food needed to underpin a fundamental shift in the food production and supply system. At bronze we would expect to see examples of sustainable food procurement policy and accredited practice in a range of institutions. At silver we would expect to see healthy and sustainable food catering becoming the norm across a full range of institutions, supported by strong local authority leadership as well as significant changes to how the procurement supply chain operates, so that it is more accessible to local, sustainable, independent and smaller scale producers and other food businesses.

#### What success could look like:

##### 5A) Change policy and practice to put good food on people's plates - this could include but is not limited to the following:

- The Council develops and formally adopts a Sustainable Food Procurement policy and strategy that promotes healthy and planet friendly diets and incorporates specific commitments to source sustainable, local and ethical products.
- Individual public sector bodies adopt healthy and sustainable food policies, including nutrition standards; healthy catering and vending; 'tap water only'; local, organic and other climate/nature friendly produce; responsibly caught/farmed fish; less but better meat and ethical standards such as Fairtrade.
- Public sector organisations and large private caterers achieve recognised healthy, sustainable and ethical food accreditation, such as Food for Life Served Here, Marine Stewardship Council and Compassion in World Farming awards.
- Restaurants and other small-scale catering outlets improve their food offering as part of national accreditation schemes such as Food for Life Served Here and the Sustainable Restaurants Association or through local schemes such as the Healthy Catering Commitment and Bristol Eating Better.

##### 5B) Improving connections and collaboration across the local supply chain - this could include but is not limited to the following:

- Establish a local cross-sector sustainable food procurement group or equivalent forum to bring together procurement officers, caterers, suppliers and other decision-makers to drive, track and promote better catering and procurement policy and practice.
- Enable procurement officers and catering businesses to source more of their ingredients from local and sustainable producers and processors, for example via local supplier directories and through meet the supplier events.
- Enable small scale local producers and other sustainable food businesses to better access large scale procurement markets, for example through the introduction of dynamic food procurement and facilitated cooperative supply initiatives.
- Work with procurement and supply stakeholders over a larger geographic region to develop a more strategic approach, including taking advantage of opportunities for greater aggregation and integration of local producers.

<b>Key Issue 5: Transforming catering and procurement and revitalizing local and sustainable food supply chains</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Change policy and practice to put good food on people's plates</b>	<b>Points</b>
<p><i>Council procurement</i></p> <p>Implementing a sustainable procurement catering plan across the Council is a key part of the Bury Climate Action Plan. New quarterly climate change meetings bring together procurement, planning, housing, business support and waste teams, laying foundations to progress the climate action agenda. The Council procurement policy is now under review (2022) giving an opportunity to embed healthy and planet friendly diets, and commitments to source sustainable, local and ethical products.</p> <p>The Schools Catering Service work with their suppliers to ensure that food purchased is sustainable. School catering procurement standards support Bury Council's strategy around sustainable food and carbon reduction, which includes using local suppliers for all menu items. 16,000 children in Bury benefit from meals that use potatoes, fresh vegetables from Lancashire, and sustainably sourced fish. Menus are seasonal and 80 different dishes are offered through the year. Bury continue to adhere to the <a href="#">Independent School Food Plan</a>.</p> <p>Bury Market stall allocation strategy actively encourages traders to use local suppliers. Most traders source local produce from their suppliers as a means of retaining food quality and ensuring competitive prices, which supports access to locally sourced affordable produce at a high standard. Examples include butchers <a href="#">Albert Matthews</a> who source high quality meat produce from selected North West farms, such as native Dalesbred lamb reared at Deep Clough Farm. Long standing relationships with local farmers, giving farmers a route to market, are key to ensuring a sustainable source.</p> <p><i>Healthy catering and vending policies</i></p> <p>Vending machine guidance aimed at reducing sugar especially at leisure facilities (three sites) has been adopted across the Council. Staff council vending machines have been removed. Tap water and tooth kind policies only policies are adopted by settings such as Bury Adult Learning and early years providers (43 providers, 75% of venues).</p> <p><i>Public Sector organisations</i></p>	Do not fill

<p>The Northern Care Alliance NHS Foundation Trust (NCA) has recently published its newly approved <a href="#">Green Plan</a>, linked to COP26, and aligned with the launch of the national 'Healthier Planet, Healthier People' NHS campaign. It outlines the progress made to date around key environmental priorities as well as how the Trust is gearing up to deliver its sustainability strategy to communities in Bury. In 2020 the NCA carried out an extensive review of current catering service delivery, with the view to developing industry-leading solutions for the future of patient and retail catering across the Trust within the Green Plan. A new concept and business model is being developed, with sustainability requirements embedded into procurement awards criteria. It will also include guidance around supply chains, seasonality, nutrition, SME's, and local engagement.</p> <p><i>Restaurants and other small-scale catering outlets improve their food offering</i></p> <p><a href="#">The Bury Healthier Catering Award</a> is designed to showcase businesses in Bury with regards to food hygiene, customer health and sustainability. Criteria has been refreshed to include sustainability and references the Bury Good Food Charter and Government Buying Standards.</p>	
<p><b>B) Improving connections and collaboration across the local supply chain</b></p>	
<p><i>Local cross-sector sustainable food procurement</i></p> <p>The new climate change quarterly meetings provide for the first time a platform to raise the importance of local and sustainable procurement in Bury. Climate Action Officers are also aware of new developments in procurement processes, which would allow for use of weighting geared towards healthy choices, local produce, and sustainable options, offering a more level playing field for smaller local businesses. Whilst these are currently future options, work around their suitability and viability will form part of the group's activity.</p> <p><i>Enabling procurement officers and networking</i></p> <p>The council's Head of Procurement is working with the Public Health Practitioner, looking at Sustainable Food Places toolkits, and their relevance to Bury.</p> <p><a href="#">The Bury Means Business Team</a> run regular networking events for businesses from all sectors, and has included networking events around green agendas and opportunities for local supply chains as part of climate agendas.</p>	<p>Do not fill</p>

*Procurement over geographic region*

To ensure local companies are aware of opportunities to bid for Council business Bury use online business portal, [The Chest](#), to advertise contracts from £5,000 in value. The Chest provides a one-stop shop got Council opportunities across the North West, has free registration and issues email alerts when contracts are advertised. Councils across the region use this facility, and this single point approach encourages greater aggregation, meaning that local producers can access regional opportunities.

*Enabling small scale local producers*

In a further effort to make local companies aware of lower value contracts Bury has also developed a new Request to Quotation process (within The Chest Portal) for lower value procurement opportunities, which requires purchasers to consult a Bury Supplier Database and invite at least one Bury-based company to submit a quote (if relevant suppliers exist locally).

Bury Means Business also run 'Meet the Buyer' sessions to demystify public procurement procedures and provide an insight into best practice tendering.

Inclusion of sustainability criteria within procurement awards in the NHS NCA along with an emphasis on SME's forms part of a desire to open up larger scale procurement markets to smaller providers. Bury Council are also updating their policies with similar aims.

As a means to reduce carbon footprint the School Catering Service menus have a range of sustainable plant-based items, developed with input and support from suppliers via their agreed supplier procurement framework.

**Total**

## Key Issue 6

### Tackling the climate and nature emergency through sustainable food & farming and an end to food waste

We believe that tackling the climate and nature emergency is the single greatest challenge of our time and will require a radical shift in our food and farming system towards agroecological production, sustainable diets and an end to food waste. By changing what we, as individuals and institutions, choose to eat, we can transform what, how and where food is produced and thus help to minimise any negative impacts on climate and biodiversity. At the same time, by tackling the tragedy of food waste, we can balance the need to feed a growing global population while remaining within planetary boundaries. At bronze, we would expect to see significant action on promoting and supporting sustainable food production and consumption, improving resource efficiency throughout the food chain and tackling food and food-related waste. At silver, we would expect to see an effective strategic and systemic response to the negative climate and nature impacts of the local food system.

#### What success could look like:

##### **6A) Promote sustainable food production and consumption and resource efficiency** - this could include but is not limited to the following:

- Declare a climate and nature emergency and work with public sector institutions, businesses and citizens to deliver a joint strategy to drastically reduce the climate and nature impact of your local food system, as outlined in the 'Every Mouthful Counts' Declaration and Guide.
- Develop and deliver a land use and management strategy that protects, enhances and makes available all Grade 1 and 2 urban and peri-urban land for both community growing and commercial sustainable agriculture.
- Provide farmers, growers and land managers with training, advice and support on how to adopt agroecological production and management techniques and food businesses with support to improve resource efficiency and sustainability across all aspects of their business.
- Deliver city-wide campaigns to promote a mainstream shift to sustainable food - including fresh, unprocessed, seasonal, local, organic, less and better meat and dairy, high animal welfare, Fairtrade, Sustainable Fish Cities and the Real Bread Campaign.

##### **6B) Reduce, redirect and recycle food, packaging and related waste** - this could include but is not limited to the following:

- Ensure the Food Waste Hierarchy is incorporated into and shapes an integrated city-wide food waste policy and strategy that minimises food and packaging waste, eliminates food waste from landfill and ensures surplus food and food waste are diverted to the most appropriate purposes.
- Establish a food waste collection scheme for homes and businesses that redirects food and food-related waste for composting, energy recovery (AD) or animal feed (where permitted); and promote community composting through the provision of resources and sites for communities to use.
- Raise public, business and institutional awareness of food waste and encourage them to measure and reduce it via campaigns and events such as Love Food Hate Waste, Feeding the 5000, The Pig Idea, Disco Soup, No Loaf Lost, Your Business is Food and Guardians of Grub.
- Ensure the effective collection of consumable surplus food from all stages in the supply chain, from farms to retail, and redistribute it to organisations feeding people in need while working to raise the nutritional standards of the food aid being offered.

<b>Key Issue 6: Tackling the climate and nature emergency through sustainable food and farming and an end to food waste</b>	
Please present your evidence of action and achievement for the two action areas under this key issue below. Please note that there is a strict 500 words limit for each action area. If you exceed this limit your application will not be forwarded to the panel.	
<b>A) Promote sustainable food production and consumption and resource efficiency</b>	<b>Points</b>
<p><i>Climate emergency</i></p> <p>Bury declared a climate emergency (2019) and set a target to be carbon neutral by 2038, and in response created a <a href="#">Climate Action Strategy and a Bury Climate Action Plan</a> (2021) to reduce emissions, promote sustainability, improve air quality as well as the health and wellbeing of communities. Food is included in both documents as a specific section, recognising the important role our food systems play as we transition towards carbon-neutrality.</p> <p>Actions include:</p> <ul style="list-style-type: none"> <li>• Promoting plant rich lower-energy intensity diets</li> <li>• Working with communities and businesses to reduce food waste</li> <li>• Developing our community's knowledge of healthy food</li> <li>• Encouraging people to drink tap water and avoid bottled water</li> <li>• Encouraging diets that include fish from sustainable sources</li> <li>• Enabling new local "Grow your own" projects</li> <li>• Providing more allotments to grow local food</li> <li>• Supporting local independent food outlets</li> <li>• Implementing a sustainable procurement catering plan across the Council</li> <li>• Working with schools to increase awareness of food sources and sustainability</li> <li>• Liaising with established food bank/pantry networks to ensure food waste is used appropriately</li> <li>• Working with our local agricultural sector to help reduce impacts upon the planet</li> </ul> <p>Bury established a £100,000 Community Climate Action Fund (November 2021) encouraging bids focused upon the importance of sustainable food within the realm of climate action. A quarter of the bids received were related to food including food waste reduction, growing and/or cooking.</p>	Do not fill

<p>Successful bids included:</p> <ul style="list-style-type: none"> <li>• Creative Living Centre: to revitalise and replant gardens/ allotments; train and deploy volunteers to cook plant-based meals using surplus food from FairShare.</li> <li>• Asian Development Association of Bury: supporting 200 Bury East residents and BAME communities to reduce carbon, run an interactive online course on climate change awareness, and promote water protection and ecosystems with Bury Wildlife Trust.</li> <li>• Friends of Clarence Park: create a community organic food growing project and offer plant-based cookery classes in the Green café. Shopping without plastic, using natural cleaning products; developing local walk maps; setting up a bike library.</li> </ul> <p><i>Land use</i></p> <p>Bury has a mixture of green belt and urban land, and there is a strong sense of community around these spaces with most parks being maintained by local voluntary groups. There are several sites within the borough which grow food and engage with local communities to reconnect with nature. Incredible Edible have sites across the borough with the largest in Philips Park. Organic, sustainable gardening to support biodiversity is at the core of their delivery.</p> <p>To ensure that our rural communities can participate in our climate action agenda, emerging guidance from National Government with regards to farmers, agroecology and agricultural practices will be utilised in the action strategy.</p> <p>The GMCA also has a £2.6M Green Spaces Fund (November 2021) encouraging local communities to improve or create new local green spaces including community gardening/food growing.</p> <p><i>City-wide campaigns</i></p> <p>Bury is a designated Fairtrade Town recognised by the Fairtrade Foundation.</p> <p>We are currently laying down the groundwork for better community engagement and climate action is now a standing agenda item on the Bury Food Partnership agenda. Adoption of larger scale campaigns will follow.</p>	
<p><b>B) Reduce, redirect and recycle food, packaging and related waste</b></p>	
<p><i>Food waste policy and food waste collection</i></p>	

Recycling is a key priority and we have made significant strides over the past 10 years, less than 2% of our waste goes to landfill, and the waste that is not recycled goes to an energy from waste plant. Bury is part of the Greater Manchester Waste Disposal Authority and therefore 100% of the food that is recycled in Bury is composed into soil improver, which is then used on agricultural land. All of Bury's residents are provided with a food waste bin, and this is collected on a fortnightly basis. At present, in Bury 62% of food waste is avoidable and 43% of food waste was correctly captured in the recycling bins. We continue to work with our partnering Local Authorities, as well as our local communities to raise these figures, and as minimal food waste.

### *Raising public awareness*

There are several organisations/campaigns within Bury supporting to reduce food waste: Love Food Hate Waste, [The Pig Idea](#) (using legally permissible food waste as animal feed), Disco Soup, No Loaf Lost, Your Business is Food, and [Guardians of Grub](#) (reducing food waste across the hospitality and food sector). Prestwich Environmental Forum are working towards their Township becoming plastic free, which will require them to liaise with businesses in the area and explain the impact of food and waste upon the planet. We currently have three zero-waste/local food stores ([Plentiful](#), [Village Greens](#) and [Flora No Fauna](#)) in Bury.

Bury Adult Learning Service have embedded climate awareness within their community cookery courses and hosted a cookery demo within Bury Market (summer 2021) which highlighted food waste, sustainability and associated air miles. Apps such as 'Olio' and '[Too Good To Go](#)' are helping Bury residents and businesses target food waste and save food from going in the bin. In Bury food waste is being reduced at both larger (Greggs, Spar, Starbucks and Morrisons) and smaller companies (State Fayre, Acapulco Cantina, Blackbird Pantry, Cinnabon and Bake & Take). Sustainability criteria has also recently been added to the Bury Healthier Catering Award for food businesses. Supermarkets have recently started to improve their recycling capabilities and residents are now able to recycle plastic at Co-op and Tesco. The supermarkets also promote the uptake of wonky veg to the public.

### *Redistribution of surplus food*

Members of the B.C.S.N collaborate with FairShare and a wide range of local supermarkets to distribute surplus food within the local foodbanks and food pantries. The network has a successful Whatsapp group, to assist in sharing larger donations out across the network efficiently. Increasing the fresh food offer is a priority, Marks & Spencer and the Co-op supply are examples of organisations which donate a good range of fresh produce, which would otherwise go to waste (M&S have provided around [5.6 million meals](#) nationally to date). Food is also donated from schools especially around the holidays. Pantries that are set up alongside a community café share recipes and cooking skills with their visitors from the range of food provided.

Do not  
fill

**Total**





<b>BRIEFING TO THE HEALTH AND WELLBEING BOARD</b>	
<b>Title:</b>	UK Network of Age-friendly Communities
<b>Date:</b>	Date of H&W Board – 19 September 2023
<b>Author:</b>	Joanne Smith (Public Health Specialist)  Stephanie Boyd (Integrated Commissioning Officer for Older People and Ageing Well)

An Age-friendly Community is a place that enables people to age well and live a good later life. Somewhere that people can stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible.

The UK Network of Age-friendly Communities is a growing movement, with over 60 places across the country committed to making their community a better place to age in and we are working at Bury to become one of these places.

The Age-friendly Communities approach was developed by the World Health Organisation in 2007, in consultation with older people around the world. It is built on the evidence of what supports healthy and active ageing in a place and supports older residents to shape the place that they live.

The Age friendly communities commit to following the World Health Organisation framework. The eight domains are:

1. Transportation
2. Housing
3. Social participation
4. Respect and social inclusion
5. Civic participation and employment
6. Communication and information
7. Community support and health services
8. Outdoor spaces and buildings

The application for Bury to become part of the age friendly communities is attached to this briefing note and we would welcome your commitment for the work by endorsing the application.

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## UK Network of Age-friendly Communities

### Full Membership Registration Form

Thank you for your interest in joining the UK Network of Age-friendly Communities. Full membership requires a local authority representing a city, region, town, borough, or similar place within the United Kingdom. Please see the UK Network Membership Criteria for more information.

Return this form to the Age-friendly Communities Network Manager: [Charlotte.lewis@ageing-better.org.uk](mailto:Charlotte.lewis@ageing-better.org.uk)

#### About your Age-friendly Community:

Age-friendly Community name	Bury		
Type of Place (Tick all that apply)	Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Coastal <input type="checkbox"/> City <input type="checkbox"/> Town <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Borough <input checked="" type="checkbox"/> Combined Authority <input type="checkbox"/>		
Total area population	193,855	Population aged 50 and over (%)	38%
		Population aged 50 and over (number)	73,643
Website (URL)	www.bury.gov.uk		
Twitter (If applicable)	Twitter.com/burycouncil		

To be eligible to join the UK Network of Age-friendly Communities you need to be a member or working towards membership of the WHO's Global Network of Age-friendly Cities and Communities.

#### Please select 'yes' to the statement which best describes you:

We are a member of the Global Network of Age-friendly Cities and Communities	Yes <input type="checkbox"/>
We are working towards becoming members of the Global Network (see box below)	Yes <input checked="" type="checkbox"/>
<p><i>Please complete the following questions outlining your progress towards becoming an Age-friendly Community using the WHO framework. Attach any relevant supporting documents with your application, for example: action plans, steering group minutes, other strategic documents.</i></p> <p>If you are unsure about how to answer any of the questions please don't hesitate to contact the team at Ageing Better using the email above.</p>	

**Please briefly describe the level of political and strategic commitment there is to this work locally (150 words or less).** (Prompts: Has the work been integrated into workplans and strategies? What



*Councillors/departments have been involved? (You may choose to attach minutes of council meetings indicating commitment))*

The Bury Integrated Care Partnership has a strong strategic commitment to becoming an Age-friendly Community; the bullet points below demonstrate five pillars within the Older People and Ageing Well plan and brief examples of some of the work happening at present:

- Ageing Well Steering Group - with Councillor representative (gathering data to develop an Older People and Ageing Well Strategy).
- Bury Older People's Network (developing an action plan covering work and money, places, ageing well, and working together. This will sit along-side the Older People and Ageing Well Strategy).
- Frailty Steering Group (a community workforce delivering strength and balance programmes across the borough).
- Dementia Steering Group (gathering data to develop a Dementia Strategy).
- Commissioning and Transformation (developed an Older People and Ageing Well Market Position Statement and Commissioning Intentions).

The Ageing Well Steering Group will lead on the Age-friendly Communities work with support from the other four pillars.

The Deputy Leader/ Cabinet Member for Health and Wellbeing chairs the Health and Wellbeing Board and is being requested to endorse this application for Bury to join the UK Network of Age-friendly Communities.

***Please briefly describe what resource (if any) is available or planned for this work locally (150 words or less). (Prompts: Include time, people/ funding/ organisations/ contributions in kind)***

The following pillars all have a Senior Responsible Officer and Lead from Bury Council, Public Health, and/or the NHS, with the majority of staff being dedicated to older people and ageing well work full-time:

- Ageing Well Steering Group (Public Health Specialist and a Public Health Practitioner leading the steering group with input from a range of partners including Bury VCFA, Healthwatch, Six Town Housing, Age UK Bury and other local service providers. The group also has a Bury Older People's Network representative and a Councillor representative).
- Bury Older People's Network (Bury Voluntary Community and Faith Alliance commissioned by Bury Council to facilitate and develop the network).
- Frailty Steering Group (NHS leading the steering group with input from a range of partners).



- Dementia Steering Group (Bury Council leading the steering group with input from a range of partners).
- Commissioning and Transformation (The Older People, Ageing Well and Dementia Pillar within the Community Commissioning Team includes 1 Strategic Lead, 2 Integrated Commissioning Officers, 1 Integrated Commissioning Support Officer and 1 Assistant Contract Officer).

**Please briefly describe the governance structures in place to oversee the work (150 words or less).** (Prompts: Is there a steering/ working group in place? Who sits on this group? To what group, board or other structure will your work be accountable)

Each pillar will have its own terms of reference and report to the Ageing Well Board (currently being developed):

- Ageing Well Steering Group
- Bury Older People's Network
- Frailty Steering Group
- Dementia Steering Group
- Commissioning and Transformation

In order to achieve and maintain becoming an age-friendly borough, the work will sit within the Ageing Well Steering Group, as each of the eight WHO themes will be represented within this pillar. Age-friendly Communities will be a standing item on the Ageing Well Steering Group agenda each quarter.

The wider purpose of the Ageing Well Steering Group is to contribute to the development of the Older People and Ageing Well Strategy and Action Plan and to provide ongoing monitoring for these. The group will also ensure the work is aligned to the Let's Do It! Strategy giving particular focus to neighbourhood working and reducing inequalities:

<https://www.bury.gov.uk/my-neighbourhood/lets-do-it-strategy>

**Please briefly describe how your work will be informed by and involve older people? (150 words or less).** (Prompts: How have older voices been included and helped to shape the work so far? What is the ongoing mechanism for doing this – e.g. on steering group, through forums? How have you accessed disadvantaged groups?)

Bury Council commissions Bury VCFA to facilitate and develop the Bury Older People's Network which was established in September 2021.

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 aim is to create better outcomes for the ageing population.



To monitor progress and change, the Network is working on an action plan; this will be a working document and have input from relevant lead persons. Most network meetings have a guest speaker and theme that ties into the action plan.

The Network currently has approximately 12 core members. Diversity has been discussed at length and there are plans to develop a sub-group dedicated to inclusivity as we want to ensure people of all ages and backgrounds feel included and welcome to attend (age 50 and over). Accessibility will also be considered as we want to ensure the group is accessible for everyone, including those with disabilities and care needs.

Lastly, the Network has already started to link in with different community groups, for example the GM Ageing in Place Project and the LGBTQ+ Forum, who were both invited to an event hosted by the Network recently.

One member of the Network is part of the Ageing Well Steering Group and going forward we aim to increase this number.

***Please briefly describe what (if any) work you have done to understand where your community is starting from in its age-friendly journey, and what is needed or wanted (150 words or less).***

*(Prompts: Have you pulled together any baseline data, conducted surveys or focus groups with different stakeholders and older people?)*

Greater Manchester has a strategic priority around Age-friendly Communities and the key themes include:

- Work and Money
- Places
- Ageing Well
- Working Together

Bury has decided to mirror these themes and at a recent Bury Older People's Network Event, roundtable discussions took place on GP Access, Transport and Community Life.

Commissioners have close links with the Bury Older People's Network and supported the event above in order to increase membership. An increase in membership is important as it will help us to better understand the needs, priorities, and aspirations of older people from across the borough (commissioners are also providing extra resources and support to the Network in order for them to develop a sub-group dedicated to inclusivity so that membership is more accessible and appealing to a wider range of people).

In addition, Public Health has updated the Joint Strategic Needs Assessment and Neighbourhood Profiles.

Lastly, Bury has the One Community website which is about sharing knowledge and opinions, exchanging ideas, and offering feedback, on various consultations that can lead to improvements in the community.



**Please briefly describe any planning or action planning that has happened to date (150 words or less).** (Prompts: Have you developed a strategy around healthy or active ageing, separately or as part of other local plans? Do you have an action plan in place?)

We have commenced gathering data to develop a Bury Older People and Ageing Well Strategy that will mirror the new Greater Manchester Older People's Strategy (due to be launched in the near future and includes the themes of work and money, places, ageing well, and working together). We have started gathering data from the JSNA and Neighbourhood Profiles and also from the Bury Older People's Network which aims to represent the voice of older people in Bury.

The Bury Older People's Network is developing an action plan, highlighting their priorities, under the same themes, and this will sit along-side the Bury Older People and Ageing Well Strategy.

We will ensure that the Bury Older People and Ageing Well Strategy is co-produced and localised with a focus on neighbourhood working, reducing inequalities, and prevention. Our goal is to enable people to live well for longer, remain independent, and stay connected within their communities.

We are planning to review the membership of the Ageing Well Steering Group to ensure that the eight WHO themes will be represented within this pillar. This will ensure a joined-up approach and accountability for all partners. One member of the Network is part of the Ageing Well Steering Group at present, and we aim to increase this number going forwards.

**Please briefly outline any other information about your community that would support this application:** For example, are there any other local initiatives/programmes that complement this work? Funding or partnerships that support your place to become more Age-friendly?

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/Advice/Guidance Service, 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.

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

- Ageing in Place which is a GM Project that Bury has been successful with a bid for funding. The proposal is to utilise a community café in Bury East as a hub for older people in the local community. The idea is to improve connectivity, improve health and wellbeing and reduce loneliness/social isolation.
- Ongoing digital inclusion work linking to Greater Manchester.



- Ongoing financial inclusion work also linking to Greater Manchester (cost of living/financial hardship).
- Yearly Winter Well Campaigns.
- Domestic abuse and older people project.
- Mental health and older people project.

## Contact Details

Please submit at least two contact details for your Age-friendly Community. **One of which must be from the representative local authority.**

The primary organisation and contact person will be listed on the map of the UK Network of Age-friendly Communities, Centre for Ageing Better website (<https://www.ageing-better.org.uk/afc>) and will facilitate participation in the UK Network on behalf of the Age-friendly Community.

They will receive the bulk of communications from the Centre for Ageing Better about network opportunities, resources and information (see the UK Network Membership Criteria for more details of this role) and must be willing to respond and be contactable in relation to this work.

### Primary local lead for UK Network contact details (if not the above):

<b>Name</b>	Joanne Smith
<b>Role</b>	Public Health Specialist – Ageing Well and Self Care
<b>Organisation</b>	Bury Council
<b>Type of organisation</b>	Local Authority
<b>Postal address</b>	1 <sup>st</sup> Floor, Knowsley Place, Duke Street, Bury, BL9 0EJ
<b>Phone</b>	0161 253 6878
<b>Email</b>	<a href="mailto:J.Smith@bury.gov.uk">J.Smith@bury.gov.uk</a>



**Secondary local lead contact details:**

<b>Secondary contact name</b>	Deb Yates
<b>Role</b>	Strategic Lead for Integrated Commissioning – Older People and Ageing Well
<b>Organisation</b>	Bury Council
<b>Type of organisation</b>	Local Authority
<b>Phone</b>	
<b>Email</b>	<a href="mailto:D.Yates@bury.gov.uk">D.Yates@bury.gov.uk</a>

**Third contact (optional):**

<b>Secondary contact name</b>	Stephanie Boyd
<b>Role</b>	Integrated Commissioning Officer – Older People and Ageing Well
<b>Organisation</b>	Bury Council
<b>Type of organisation</b>	Local Authority
<b>Phone</b>	
<b>Email</b>	<a href="mailto:S.Boyd@bury.gov.uk">S.Boyd@bury.gov.uk</a>

**Network e-newsletter:**

The nominated lead contact will be automatically signed up to receive the monthly UK Network e-newsletter. Please check this box if you would like to opt out ☐

**Centre for Ageing Better records**

Date application received:

Date of UK Network Steering Group confirmation:

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# **Bury West Primary Prevention**

*Public Service Leadership (PSLT)*

**Lee Buggie**

**Public Health Specialist , Healthy Place and Live Well**

**Bury**  
Council

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## **Background**

- **Primary Prevention Action Plan born from Radcliffe People & Communities' Plans: framework for PSLT**
- **The action plan includes existing and aspirational work strands with a variety of stakeholders**
- **Life course design and co-created with PSLT members along with community groups ( Growing Together Members )**
- **Synergy with children's hubs , third sector , employers and public service partners (Achieve service users)**
- **Wider Public Health , Workforce development (RSPH, MECC)**
- **Some quick wins and controllables via Healthy Place Team along with wider public health colleagues**

**Bury**  
Council

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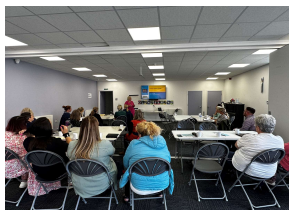
## West Action Plan

- Routine and Manual Reach – ASDA champion
- Active Practice Charter
- Radcliffe Bike Library
- Swap to stop (SMI) , ASDA and Six Town
- TFGM / Schools
- Hyper local prevention , breastfeeding , substance , lifestyle
- Healthy start , policy change
- Co-designed MH workshop ( East and West focus )

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## August 2023 in Colour



**Bury**  
COUNCIL

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**Thank You & Any Questions**



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## Bury Health and Wellbeing Board

Title of the Report	Better Care Fund (BCF) Improved Better Care Fund (IBCF) 23/25 and Adult Social Care Discharge Funding.
Date	19 <sup>th</sup> September 2023
Contact Officer	Shirley Allen
HWB Lead(s) in this area	Will Blandamer Executive Director Health and Adult Care and Place Based lead  Adrian Crook – Director Adult Social Care  Lynne Ridsdale, Chief Executive

Executive Summary			
Is this report for?	Information	Discussion	Decision Y
Why is this report being brought to the Board?	To seek Health and Wellbeing Board retrospective sign off for the Bury submission to the Better Care Fund 2023/2025		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	<p>The Better Care Fund primarily focuses upon:</p> <ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital Discharges</li> <li>• Prevention &amp; Early Intervention</li> </ul>		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	<ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital Discharges</li> <li>• Prevention &amp; Early Intervention</li> <li>• Falls</li> </ul>		

Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	<p>(1) Note the content of the report.</p> <p>(2) Agree the retrospective submission to BCF 2023/2025 as per the attached Planning Template and the Narrative Plan</p>
What requirement is there for internal or external communication around this area?	None
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	<p>The planning template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.</p> <p>The final planning template has been signed off for progression by the Executive Director for Health and Adult Care, Director of Adult Social Care, s.151 officer at Bury Council, and the joint Chief Finance Officer.</p>

## Introduction / Background

### 1. Introduction and background

- 1.1. The final Better Care Fund (BCF) 2023/2025 Policy Framework and Planning Guidance can be found at: BCF <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025> This policy framework confirms the conditions and funding for the Better Care Fund (BCF) for 2023 to 2025.
- 1.2. Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:
  - enable people to stay well, safe, and independent at home for longer
  - provide people with the right care, at the right place, at the right time
- 1.3. The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan of how the funding will be spent to meet the core objectives. Indeed, 94% of local areas agreed that joint working had improved because of the BCF following a survey in 2022.

- 1.4. The plan is owned by the Health and Wellbeing Board (HWB) and governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.
- 1.5. The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#), as well as supporting the delivery of [Next steps to put People at the Heart of Care](#). The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.
- 1.6. The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:
  - improving overall quality of life for people, and reducing pressure on urgent and emergency care, the acute sector, and social care services through investing in preventative services
  - tackling delayed discharges from hospital and bringing about sustained improvements in discharge outcomes and wider system flow - these are set out in the 'BCF objectives and priorities for 2023 to 2025' section below
- 1.7. At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF [planning requirements](#).
- 1.8. The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2023/2025.
- 1.9. The requirement in 2023/2025 was for a fully completed Better Care Fund planning template to be submitted accompanied by a narrative plan detailing how activities will achieve the BCF national objectives and priorities. This planning template was, for the first time since 2015, to be for a period of 2 years to allow for better financial planning and to offer more certainty for services delivering the objectives. All previous plans had to be submitted annually. The only exception to this was that local areas were also asked to submit a detailed plan, for one year only, identifying all of the available bed capacity to support discharges from the hospitals. This was to be accompanied by an estimate of how many beds will be actually needed to support discharge.
- 1.10. Adult Social Care Discharge Funding was allocated for the first time in 2022/2023 and has now been incorporated into the main BCF allocation and has to be used to support the main BCF objectives and priorities and must be used to support safe and timely discharge from hospital to home or an appropriate community setting. The Additional Discharge Funding is to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds. Local

areas should use the funding in ways that support the principles of 'Discharge to Assess': to enable timely discharge from hospital with appropriate short-term support, where needed, pending assessment of long-term care needs.

1.11. The BCF allocation for Bury also includes the Disabled Facilities Grant (DFG). Housing adaptations, including those delivered through the DFG, support the BCF objectives by helping towards the costs of making changes to people's homes to enable them to stay well, safe and independent at home for longer. The DFG capital grant must be spent in accordance with the approved joint BCF plan, developed in keeping with this policy framework and the planning requirements. In line with national condition 2 (implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer).

1.12 The Improved Better Care Fund (IBCF) has also been incorporated into the main BCF planning requirements and is to be used to fund

- meeting adult social care needs
- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the social care provider market is supported.

## **2. BCF 2023/2025 Vision and Objectives**

2.1. The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:

2.2 The objectives, priorities and performance targets and what data we have to collect to report on are defined very clearly in the guidance:  
<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>.

The objectives of the BCF are what we, as a system in Bury have to focus all of our activities to achieve, they are the vision for BCF as a national programme

### **2.3 Objective 1: to enable people to stay well, safe and independent at home for longer**

The priorities for health and social care are to improve quality of life and reduce pressure on urgent emergency hospital care, other acute care in the hospitals and adult social care services. This has to be achieved by everybody in the health and care system working together. including: collaborative working with the voluntary, housing and independent provider sectors and by investment in a range of preventative, community health and housing services and by supporting unpaid carers

**2.4 Objective 2: to provide people with the right care, at the right place, at the right time.**

The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about sustained improvements in outcomes for people discharged from hospital, and wider system flow. This will be achieved by embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors

**2.5 As well as the above, we must also:**

- Complete and submit a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board
- maintain the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services

**2.6 BCF metrics for 2023 to 2025**

2.7 There are a number of performance targets that we have to achieve in year. They are reported annually in the end of year evaluation and if we do not achieve them, we have to provide a reason why.

2.8 While there is a new metric this year: **Falls**, there are a number of new metrics planned that we have marked new in the information below, however, no further details have been provided about the type of data we will need to capture. The information below shows which metrics we will have to report on in which financial year.

**Provide people with the right care, at the right place, at the right time In 2023 to 2024:**

- discharge to usual places of residence
- new: discharge metric ahead of winter 2023

In 2024 to 2025:

- discharge to usual places of residence
- new: discharge metric ahead of winter 2023
- proportion of people discharged who are still at home after 91 days

**Enabling people to stay well, safe and independent for longer**

In 2023 to 2024:

- admissions to residential and care homes
- unplanned admissions for ambulatory sensitive chronic conditions
- the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services
- new: emergency hospital admissions due to falls in people over 65

In 2024 to 2025:

- admissions to residential and care homes

- unplanned admissions for ambulatory sensitive chronic conditions
- emergency hospital admissions due to falls in people over 65
- new: outcomes following short-term support to maximise independence

2.9 The metric and the target we will be expected to achieve, or over achieve against are shown in the table below.

Metric	Description	23/24 Qtr. 1 target	23/24 Qtr. 2 target	23/24 Qtr. 3 target	23/24 Qtr. 4 target
<b>Avoidable Admissions</b>	Required to reduce the number of unplanned hospitalisations to be at or below the figures shown in each quarter	291.2	237.9	276.9	267.4
<b>Falls</b>	Required to reduce the number of emergency hospital admissions due to falls in people aged 65 or older over the year to at , or below the figure in quarter 4.				626
<b>Discharge to normal place of residence</b>	To measure the % of people, who are discharged to their normal place of residence, wherever 'home' is for them. Aiming to be at or above the figures shown in each quarter	91.5%	91.5%	91.5%	91.5%
<b>Residential Admissions</b>	Aim is to reduce the number of people aged 65 and older having to move into 24 hour care to meet their long term support needs, aiming to be at or below the figure shown in quarter 4 by the end of the year.				605
<b>Reablement</b>	Requirement to measure the % of people aged 65 and over who remain in their own home 91 days after discharge from hospital into reablement or rehabilitation services and at the end of the year this should be not less than 87.5%				87.5%

## 2.10 Intermediate care capacity and demand plans

2.11 Intermediate care (rehabilitation and reablement) services are provided to individuals, usually older people, after leaving hospital or when they are at risk of being sent to hospital. Intermediate care helps people to avoid going into hospital or residential care unnecessarily, helps them to be as independent as possible after a stay in hospital, and can be provided in different places (for example community hospital, residential home or in people's own homes). The types of services are:

- Short-term domiciliary care to support someone to remain at home following a deterioration, fall, or following a spell in hospital.
- Reablement and rehabilitation provided to people in their own homes either to recover function and avoid admission to hospital/residential care (step-up), or to enable a return to home, following a spell in hospital (step-down)
- Reablement and rehabilitation provided in a bedded setting, either to recover function and avoid admission to hospital/residential care (step-up), or to facilitate an eventual return home following a spell in hospital (step down).

- Urgent Community Response (crisis response) to prevent hospital admissions.
- Low level support provided to a person to help them return home following a stay in hospital, or to help someone stay at home in a crisis. This could include voluntary organisations that provide social and practical support to people or other neighbourhood support that is less intensive than reablement or intermediate care

2.12 There is a continued focus on intermediate care as being a key service in achieving the BCF objectives and priorities.

2.13 As in 2022 to 2023, local areas are required to agree and submit a plan showing expected demand for intermediate care services showing:

- services to support this recovery (including rehabilitation and reablement)
- expected capacity in the HWB area to meet this demand

The intermediate care capacity and demand plans should cover all intermediate care services (and other short-term care) across the local system

#### 2.14 Reporting and checkpoints

2.15 It is expected that performance on spend and the outputs aligned to the main BCF programme will be reported on a quarterly basis.

2.16 During the 2-year cycle, there will be a quarterly reporting process where areas will be required to set out progress on delivering their plans. This process has not yet been clearly defined so we cannot include the detail relating to this at this moment in time.

2.17 There is already a set of reporting requirements in place, Adult Social Care Discharge fund has to be reported on every 2 weeks, The hospital demand and the capacity to cover this demand has to be reported on a monthly basis and the ICB Discharge Funding also has to be reported on a monthly basis. We are expecting the main BCF quarterly report to be an addition to this monitoring requirement and this will put considerable pressure on a very small reporting team.

### 3. **BCF 2023/2025 Planning Template**

3.1. The national Planning Template sets out in detail the Bury Better Care Fund proposals for 2023/2025. The submitted planning template is included in the appendix for further information.

3.2 The table below details what the total allocation for BCF for 2023/2025 is made up of, how much has been given to Bury as income, and how much has been allocated to services.

Funding Source	Income 23/24 £m	Income 24/25 £m	Expenditure 23/24 £m	Expenditure 24/25 £m
Disabled Facilities Grant	2,076,611	2,076,611	2,076,611	2,076,611

<b>Minimum NHS Contribution</b>	16,583,256	17,521,869	16,583,256	17,521,438
<b>IBCF</b>	7,628, 448	7,628, 448	7,628, 448	7,628, 448
<b>Additional ICB Contribution</b>	2,828,222	2,988,299	2,828,222	2,988,300
<b>LA Discharge Funding</b>	1,069,497	1,782,000	1,069,497	1,782,000
<b>ICB Discharge Funding</b>	971,000	1,025,959	968,494	1,489,983
<b>Totals</b>	<b>31,157,034</b>	<b>33,023,186</b>	<b>31,154,528</b>	<b>33,486,680</b>

#### 4. Impact of BCF funding

- 4.1. The impact of the BCF funding is sizeable and contributes to the continued support of the most vulnerable people in Bury.
- 4.2. The table below shows the services that are being funded by BCF. The full detailed plan showing the source of funding and the outcomes expected to be achieved can be found in the planning template in the appendix.
- 4.3. BCF funds the following crucial services:

<b>Scheme Name</b>	<b>Description of scheme</b>	<b>Cost 23/24 £</b>	<b>Cost 24/25 £</b>
Crisis Response	Multi-Disciplinary Team of health and social care staff to prevent avoidable admissions	2,080,729	2,198,500
Integrated Intermediate Care	Short term adult rehabilitation and reablement support bed based service	1,945,951	2,056,092
Reablement Service	Short term adult rehabilitation and reablement support home based service	3,588,650	3,791,368
Staying Well Service	Support service for older people to prevent admissions to hospital and to enable people to live well, at home for longer.	418,704	442,402
Meeting Care Act Requirements	Care Act Implementation related duties including providing advice and support	702,699	742,472
Programme Management	Care Act Implementation related duties including support to co-ordinate BCF and wider transformation programmes	141,061	149,045
Intermediate Tier	A single Bury wide integrated health and social care team focused on outcomes of individuals and their carer. Promotes independence, provides care, therapies and rehabilitation (MDT staff)	1,668,397	1,762,829
Rapid Response Service	A rapid community response team providing short term, intensive, holistic support for people at risk of hospitalisation	576,192	608,805

Integrated Neighbourhood Teams	MDT case management supporting adults particularly at risk of admissions or readmission into hospital or permanent admission into nursing or residential care as well as high intensity users of various services	2,848,782	2,886,460
Home Care or Domiciliary Care	Protection of Adult Social Care Services to enable continued whole system flow- home care packages to enable people to remain in their own homes for longer	6,865,415	6,926,781
24 hour care placements	Protection of Adult Social Care Services to enable continued whole system flow- residential placements	1,084,040	1,145,396
24 hour care placements	Protection of Adult Social Care Services to enable continued whole system flow- nursing placements	1,084,040	1,145,396
24 hour care placements	Protection of Adult Social Care Services to enable continued whole system flow- supported living services to enable people to remain in the community	1,084,040	1,145,396
Assistive Technologies and Equipment	Carelink 24 hr telephone link and technology to provide a home safety and personal safety security system that enables people to remain at home for longer	66,276	70,027
Disabled Facilities Grant	Meeting the costs of adapting homes to enable people to stay independent in their own homes	2,076,611	2,076,611
Nursing Discharge to Assess Beds	To provide 8 D2A beds at Heathlands for up to 4 weeks to enable planning and assessment of long term care needs and to support hospital discharges	407,497	678,973
Step Down Dementia Nursing Beds	To provide 8 beds at Heathlands for up to 6 weeks to support those people in hospital with the most complex dementia needs, to have their long term needs assessed in a non-hospital setting	662,000	1,103,027
Primary Care Support	To provide additional Primary Care appointments in the locality	497,494	528,300
Primary Care Support	GP in reach to the Intermediate Tier to provide additional GP support for reablement and rehabilitation services	48,000	50,717
Home from Hospital	To fund a service led by the voluntary sector which supports people after they are discharged home from hospital to prevent readmissions to hospital	100,000	104,603
Bury Hospice	To fund additional support to the hospice to support discharges from hospital	99,000	104,603
Additional IMC beds	To purchase 13 additional Bed-based intermediate care beds in the community with rehabilitation (to support	102,000	571,698

	discharge)		
Care of vulnerable adults at Fairfield General Hospital (RAID)	Provide monitoring, treatment and support. Monitoring effects of medication, risk assessments and mental health risk assessments	708,868	746,847
Discharge Liaison Team	Plan discharge of patients with complex needs	740,202	782,097
Falls Prevention	Person based preventative support to adults at risk of falls	216,994	229,276
Palliative Care	Palliative Care Service Expansion	156,637	165,503
Bury Local Care Organisation	Infrastructure to enable integration. Joint commissioning.	1,204,239	1,272,399

## 5. Links to the Bury Locality Plan

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

## 6. Deadlines for Submission

- 6.1 The guidance for the Better Care fund planning requirements was issued to lead officers in May 2023 with a submission deadline of **30 June 2023**. As a result of this short timescale for development and submission, the deadline fell between Health and Wellbeing Board planned meetings. The planning template has been collaboratively populated by relevant colleagues from within Bury Council and GM Bury ICB
- 6.2 The final planning template has been signed off for progression by the Executive Director for Health and Adult Care, Director of Adult Social Care, s.151 officer at Bury Council, and the joint Chief Finance Officer.
- 6.3 This report seeks retrospective ratification of the attached planning template and narrative plan from Health and Wellbeing Board.
- 6.4 Please note that initial feedback from the national Better Care fund team is that the submission from Bury was a strong submission and the narrative plan was of a high standard.

### Recommendations for action

- That the Health and Wellbeing Board note the content of the report.
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2023/2025 Planning Template and ratify the decision to submit to the national Better Care Fund team for assessment.
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund Narrative plan for 23/25 and ratify the decision to submit to the national Better Care Fund team for assessment.

### Financial and legal implications (if any)

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

### Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

- None

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### CONTACT DETAILS:

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**Date:** 19 September 2023

### Appendices



Bury BCF narrative  
template 2023-25.doc



Bury-BCF 2023-25  
Planning Template.xls



Bury  
2023-25\_ICB\_Discharge

**END**



HM Government



## BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans. Although the template is optional, we ask that BCF planning leads ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 25 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as their excel planning template.



## **Cover**

Health and Wellbeing Board(s).

### **Health and Well Being Board**

A Health and Well Being Board providing the visible leadership on supporting the population health system development, in the context of (and challenging as required) the vision for Bury 2030 is an important component of our partnership arrangements.

The Health and Well Being board focuses upon the population health system and the implementation of the Kings Fund 4 quadrant model as below;

- The Wider Determinants of Health
- Health Related Behaviours
- An Integrated Health and Care System
- The Places and Communities we live in and with

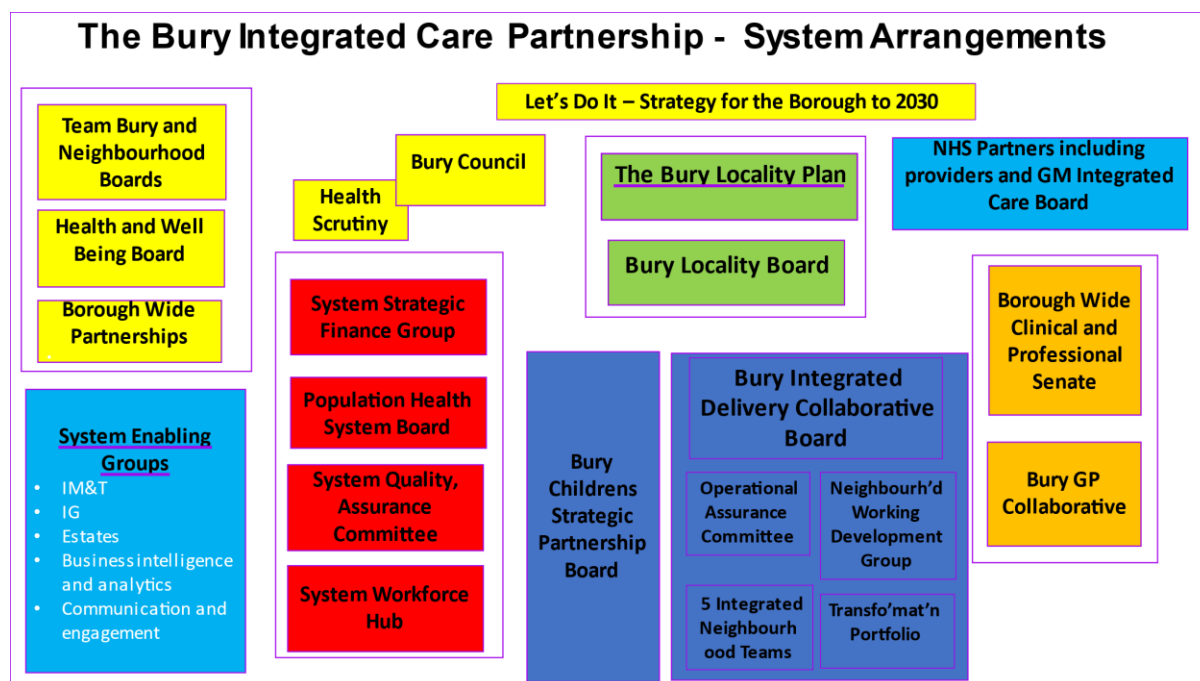
Membership of the Health and Wellbeing Board will be made up of leaders across the NHS, Social Care, Public Health, Wide Public Services, and other services directly related to Bury operating as a Population Health System

#### **Core voting members:**

- Cabinet Member, Health and Wellbeing (Chair)
- A nominated representative from the voluntary sector
- Cabinet Member, Children and Young People
- Additional Labour Cabinet Member
- Shadow Cabinet Member, Health and Wellbeing
- Executive Director, Children, Young People and Culture
- Executive Director, Health and Adult Care
- Director of Public Health
- Two nominated representatives from NHS GM Bury
- A nominated representative from Bury Health watch
- A nominated representative from the Community Safety Partnership.
- A nominated representative from Greater Manchester Fire and Rescue.
- A nominated representative from Northern Care Alliance
- A nominated representative from Pennine Care NHS Foundation Trust.
- A nominated representative from SixTown Housing

The Board may also decide to co-opt/invite by invitation additional members to advise in respect of issues.

Bodies involved strategically and operationally in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils).



How have you gone about involving these stakeholders?

### Locality Board

The partnership leadership of the Bury Integrated Care Partnership is through the Locality Board, made up of senior representatives from all relevant statutory organisations and other key partners. It will bring together political, clinical, managerial and professional leaders to help shape the strategy, prioritise and focus on integrated health and care for the Place. The Locality Board will include the Council, Primary Care Leadership, Northern Care Alliance, Pennine Care NHS FT, Manchester Foundation Trust, GP Federation on behalf of PCNs, the Greater Manchester ICB, the Bury VCFA, and Healthwatch. The Locality Board sets the shared strategy for the partnership and ensures triple aim outcome are improving, including overseeing the implementation of the planned budget for health and care in the borough (some of which may be formally pooled), ensuring services are high quality efficient and effective, and ensuring population health outcomes for our Borough are improving. The Board will set the direction for the way services are delivered as described in the Locality Plan.

### Integrated Delivery Collaborative, and Board

The 'engine room' of the Bury Health, Care and Well Being system is the 'Bury Integrated Delivery Collaborative'. This is the vehicle through which we are building relationships, structures and solutions between all the partners to drive improvement in the way we are working to improve triple aim outcomes for our Borough, and to deliver services and interventions in innovative ways. The IDC includes all partners to the Locality Board and several other key providers – e.g Persona (the Council owned social care delivery organisation), the Voluntary and Community Faith Sector Alliance and Bardoc. The Integrated Delivery Collaborative supports collaborative working at borough, neighbourhood and individual community level.

We have undertaken significant organisational development work to determine the purpose, principles and values of the IDC. We have defined the purpose of Bury integrated delivery

collaborative to be enabling 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. Our scope includes all health and social care services for people of all ages. We recognise that for some services their optimum footprint may be greater than the borough of Bury. However, it is still essential these services are considered part of, and integrate with, the Bury system for the benefit of our local population.

Key tasks for the Integrated Delivery Collaborative include:

- To create the conditions for the delivery of high-quality integrated health and care services in each of 5 neighbourhood teams,
- To co-ordinate the delivery of the system wide thematic programmes in the context of wider system working, including for example
  - The Bury urgent care board
  - The Bury mental Health programme board
  - The Bury Elective Care and Cancer Programme Board
  - All other key thematic programmes of work.
  - To create the frameworks and partnership arrangements to deliver the expectations of the Locality Board as described.
  - To assure the delivery of directly managed services

### **Neighbourhood Working**

The default setting for integrated community health and care services in Bury is though joined up delivery across 5 integrated neighbourhood teams. These are:

- Ramsbottom and Tottington
- Bury
- Radcliffe
- Whitefield
- Prestwich

We have an operating model and development plan for integrated neighbourhood working in health and care which continues to develop and mature.

The model of integrated neighbourhood team working in health and care operates at the same spatial levels as our community hubs - a focal point for community leadership and co-ordination in each of 4 places.

Increasingly wider public services are also working on the same spatial level - this includes GMP, Housing Providers, GMFRS, wide Council Services - with the understanding that prevention and early intervention across a range of public service can sustainably improve outcomes. From a health and care perspective this work explicitly recognises that the organisation of service delivery of health and care is actually a minority contributor to the health and well being of residents. More important is, for example, the quality of housing, the availability of quality work, the extent to which residents are connected to their communities, and whether a life is led free from harm and fear.

### **Clinical and Professional Leadership**

Bury has established a clinical and professional senate with the intention of ensuring clinical and wider professional (e.g social worker) leadership is significantly influencing, leading,

guiding, and challenging the work of the wider partnership arrangements. It is also intended to create opportunities for strengthened clinical and professional leadership across different sectors and interfaces e.g primary care/secondary care, mental/physical health, health/care. A clinical senate board operates through mandated leadership and will coordinate the work of the wider clinical and professional senate.

In addition to the work of the GP Federation Bury has also established a GP Collaborative. This is a joint initiative between GP practices in Bury, the 4 Primary Care Networks, the GP Federation, and the Local Medical Committee

## Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The Health and Wellbeing Board has been established to act as a 'Standing Committee' within the Bury locality system architecture to focus on driving and coordinating action across all stakeholders to improve population health and reduce health inequalities.

The Board has adopted the Greater Manchester adapted Kings Fund Model of a Population Health System as a framework of delivery and the agenda is structured around the 4 quadrants within the model:

- Wider Determinants of Population Health
- Behavioural and Lifestyle determinants of health
- The effect of place and community on health and well being
- The operation of the health and care system, and wider public service reform, in pursuit of population health gain

A Population Health Delivery Partnership chaired by the Director of Public Health has been established to support the work of the Health & Wellbeing Board, facilitate the development of Bury as a 'Population Health System' and to support system assurance around delivery against the 'Better Health' element of 'Triple Aim'.

Bury Locality Board was formally constituted as a decision making board from 1st April 2023.

The Bury Locality Board would be a hybrid arrangement as outlined in the submitted documents and summarised as below:-

In respect of the Integrated Health and Care Fund (£75, Pooled Budget), the Locality Board will sit as a joint committee (of the ICB and Local Authority), established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 ("the 2000 Regulations"). In respect of the NHS GM Aligned Budget (non-pooled) element of the Integrated Health and Care Fund (Aligned Budgets), the Locality Board will sit as a Committee of the Integrated Care Board (ICB) of NHS GM on which there is Council and wider partner representation.

The Locality Board will fulfil the requirements as outlined in the NHS GM Scheme of Reservation and Delegation. The Locality Board would hold one meeting with all members present in which both elements would be discussed and received in a collaborative way and the agenda/report coversheet would clearly define which remit a decision was to be made under. All voting arrangements are outlined in the Terms of Reference accordingly.

Recognising that prior to 1st July 2022, the Locality was working in shadow form the approach to the formalisation of each document has been to use the shadow documentation as the base point with additional amendments included to reflect key changes post 1st July 2022. This approach ensures that the integrity of shadow locality working arrangements remains with amendments included as appropriate to further strengthen governance arrangements and the related detail.

In particular, finance schedules and the related documentation has needed to be amended to reflect the reduced level of budgets now delegated to localities. Whilst the Locality Board terms of reference are based on the shadow governance arrangements, a number of additional elements have been included to reflect key inclusions that all Greater Manchester localities are required to incorporate.

In Bury, the Locality Board is to work under a hybrid arrangement meaning that it is a Joint Committee of the Local Authority for the s75 and pooled budget decisions and then a committee of the ICB to enable it to receive and act on ICB delegations along with making decisions collectively on aligned and non-pooled budgets.

Operationally, the hybrid working arrangement will allow the Locality Board to operate as a single meeting which will have the section 75 Committee in Common embedded within it. This approach will ensure that all Locality Board members will be able to contribute to the discussions in an open and transparent manner.

The membership and voting rights have been amended to reflect current working arrangements. It is noted that these inclusions may need further consideration as ICB and locality working arrangements develop further.

The updated terms of reference clearly outlined which members have voting rights for section 75 decisions and which can vote for decisions linked to aligned (non-pooled) decisions. The agenda for Locality Board meetings will clearly detail under what section of the meeting a specific decision is to be made in to ensure voting rights for each item are explicit at the outset.

The revised terms of reference also include additional detail to fully reflect Local Government requirements for decision making– a number of elements of standardised text have been included to fully reflect processes and guidance to ensure compliance with the constitution.

The Locality Board terms of reference continues to be under pinned by the updated Locality Plan documentation along with the ongoing commitment to strong neighbourhood and partnership working within Bury.

The Bury Integrated Care Partnership Agreement remains an integral document that underpins our local commitment to strong neighbourhood and partnership working. In particular, this partnership agreement articulates in specific terms how the integral partnership working across the locality is governed by the Locality Board and related governance structures.

The formalisation of the Locality Board does not in any way change this partnership agreement rather, the two governing documents together help to strengthen and embed the strong working arrangements across the Borough.

A key component of the required GM ICB assurance is the rebasing of existing section 75 agreements recognising that revised budgetary delegations under ICB arrangements limit budgets that can be pooled under this agreement. It should be noted that this is an agreement between the Local Authority and NHS Greater Manchester.

Whilst not a formal requirement of GM ICB approvals, it is important to recognize that the Locality Plan remains the underlying commitment that partners work to around which all the formalised governance arrangements sit.

## Executive summary

This should include:

- Priorities for 2023-25
- Key changes since previous BCF plan.

A focus upon links to the Health and Well Being Strategy and the Let's Do It! 2030 Strategy. Alongside ensuring alignment with the Bury Health and Care locality Plan, ICB Operating Plan, the NHS long Term Plan and future ICS development plans. One of the main aims is for people to be healthier and have a higher quality of life for longer. People will not be defined by their needs or disabilities, but by their abilities, their potential and what they can do for themselves with or without support.

The intention is to ensure that individuals and families are at the centre of their care and support, and we are meeting their needs in a holistic way by providing the right care and support, at the right time.

Our approach is to make the optimum use of health and social resources in the community, to intervene earlier, and build resilience to secure better outcomes by providing more coordinated and reactive services and to focus upon prevention and early intervention to support people to retain and regain their independence.

Four priorities of the Health and Well Being Strategy are;

- Start Well
- Live Well
- Age Well
- Die Well

The Covid -19 pandemic presented the greatest challenge that our communities, business and public services have ever faced, and we will be dealing with the consequences for some time. The pandemic also highlighted and exacerbated pre-existing health inequalities. Covid 19-continues to be a problem in relation to staffing in services in Adult Social Care and is still causing care home closure because of outbreaks which impacts upon system flow.

The Let's Do It! Strategy is a 10-year transformation programme to 2030 but the first 2 years is where we attempt to repair the damage caused by the pandemic. Where we will respond to issues such as poverty and the health impacts of covid on our communities and our health and care system.

We aim to maintain the good relationships between public services and public services and communities that were forged during the pandemic.

We aim to deliver health and care services that are increasingly integrated with staff from different organisations working more effectively together. Increasingly, our services are jointly delivered through 5 integrated neighbourhood teams across the Borough and focused upon the prevention of poor health and early intervention to avoid unplanned care in hospital and other settings.

Health and Care teams in Neighbourhoods are working alongside community hubs-connecting and supporting vulnerable residents to be more independent and connected. Health and care teams are also working closely across the neighbourhood footprint with staff from other services e.g., GMP and schools. Delivering against the following key principles;

### **Local Neighbourhoods**

- Integrated public service teams
- Housing for Homes
- Community Safety
- Carbon Neutral

### **Delivering Together**

- Community Voice
- Cultural Legacy
- Joined up Health and Social Care

### **Strengths Based Approach**

- Community Wealth Building
- Community Capacity
- Population Health

The main priorities of the 2030 strategy are:

- A Housing Strategy for every township, more affordable homes, developing a more dynamic housing market, with additional support that enables people to live healthily and well in their community for long into later life. Eliminating rough sleeping by 2025, by helping homeless people achieve financial independence.
- Further development of integrated teams. Creating a 600 strong team of nurses, social workers, health workers, clinicians and volunteers working with primary care services supporting people to live healthy lives as part of Living Well at Home Strategy.
- Transforming services to maximise quality and sustainability including a focus on;
  - Mental Health
  - Urgent Care
  - Planned Care
  - Community based services
  - Intermediate Care
  - Learning Disabilities.
- Delivering this transformation through a strengths-based approach. Listening to what is important to people, supporting neighbourhoods to determine their own priorities, recognising and valuing the Voluntary, Community and Faith Alliance and their role in enabling people to improve their health and Wellbeing.
- Empowering public services to support people in ways that work for them. Staff will not be constrained by organisational boundaries.
- All partners have signed up to a common inclusion strategy which reflects all nine of the protected characteristics in law. The Inclusion strategy also recognizes additional groups defined as vulnerable who will be supported with the same level of priority as follows;
  - Carers
  - LAC and Care Leavers
  - Military Veterans

- Socio-economically vulnerable.

Bury is using the King's Fund Population Health model to implement a whole system population health management approach to the main causes of death and illness. This incorporates an intervention decay framework to ensure focus across the whole clinical pathway, from awareness of symptoms, through diagnosis and care, to adherence and tackling barriers to care. Close working between public health and healthcare commissioners and providers has enabled payment incentives to be aligned with this model, to make sure providers are rewarded and incentivised for maximising diagnosis and uptake of preventive care. This is being implemented in Bury's five neighbourhoods – the structures that connect primary care to other community healthcare providers, social care, social prescribers, and public health living well services. Improving diagnosis, care (including social prescribing and social care), and removing barriers to treatment is intended to help people with long term conditions feel healthier, have better outcomes, and live better quality, independent lives.

### **Self-Care**

**Educational** – The Bury Directory has many information and advice pages on self-care and self-management which can improve people's knowledge around their self-care.

**Structured educational courses** - For those who would like more information on self-care and for those people with long term conditions for example HY2W which the Live Well Service deliver.

**Digital** - The updated quality for life tool 'A Better You' is now live and is a health and wellbeing focused self-assessment tool that will signpost to relevant services for further advice and information around self-care. There are also online courses delivered for HY2W and other self-management eLearning that the individual can work through at their pace.

**Social prescribing** – a team which is based in the voluntary sector and aligned to Primary Care Networks which focuses on what matters to the person through making a personalised care and support plan and then connecting the people to the community groups and agencies for practical and emotional support.

### **National Condition 1: Overall BCF plan and approach to integration**

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2023-25
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to continued integration of health and social care. Briefly describe any changes to the services you are commissioning through the BCF from 2023-25 and how they will support further improvement of outcomes for people with care and support needs.

A focus upon links to the Health and Well Being Strategy and the Let's Do It! 2030 Strategy. Alongside ensuring alignment with the Bury Health and Care locality Plan, ICB Operating Plan, the NHS long Term Plan and future ICS development plans. One of the main aims is for people to be healthier and have a higher quality of life for longer. People will not be defined by their needs or disabilities, but by their abilities, their potential and what they can do for themselves with or without support.

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**Social prescribing** – a team which is based in the voluntary sector and aligned to Primary Care Networks which focuses on what matters to the person through making a personalised care and support plan and then connecting the people to the community groups and agencies for practical and emotional support

## National Condition 2

Use this section to describe how your area will meet BCF objective 1: **Enabling people to stay well, safe and independent at home for longer.**

Please describe the approach in your area to integrating care to support people to remain independent at home, including how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to help people to remain at home. This could include:

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and proactive care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level, taking into account the vision set out in the Fuller Stocktake
- how work to support unpaid carers and deliver housing adaptations will support this objective.

Neighbourhood delivery is at the heart of the approach in Bury and will continue to be so in 2023.24. There are numerous components to this including:

### Integrated Neighbourhood Health and Social Care Teams

There are 5 teams comprising ASC and adult nursing teams operating under single line management arrangements. These provide core social work and district nursing functions for our population. Key priorities for 2023.24 include:

- Reduce waiting times for allocation of new referrals for a social work assessment.
- Improve and embed integrated assurance processes to support integration.
- Develop links and support closer working with wider public services through active representation in Public Service Leadership Teams in each Neighbourhood (see below).

### Active Case Management (ACM) and Neighbourhood MDTs

Active Case Management is a key part of the Neighbourhood model providing targeted support to people with multiple long term conditions and wider health and social care needs via Multi Disciplinary Team Meetings (MDTs) in each Neighbourhood. The MDTs have representation from general practice, pharmacy, district nursing, social work, social prescribing, and mental health. Care plans are developed and regularly reviewed with a key worker or co-ordinator allocated for each case. Other services such as housing support are invited to join the MDT where relevant to the needs of a particular individual. The approach is underpinned by the principles of proactive personalised care and strengths-based assessment and working. About 1000 people a year are referred to ACM. In 2022 Ripple Effect Mapping evaluation was undertaken which showed the benefits to residents and professionals of this approach including the delivery of more preventative and holistic interventions and less siloed working together with improved professional relationships, trust and shared learning. Priorities for 2023.24 include:

- Improved data collection, recording and reporting.
- The development of improved mechanisms for monitoring the outcome of ACM for individuals referred.
- Improving referral pathways and connectivity with childrens and family services.
- Improving referral pathways and connectivity with mental health services as the Mental Health Living Well model becomes embedded within our Neighbourhoods (see below).

## Neighbourhood Health and Care Plans

These are plans that have been informed by:

1. Local data and intelligence on need and health outcomes and inequalities
2. Identification of trends in relation to issues being picked up through ACM and local services
3. Engagement with local health and care partners including GPs and VCSE organisations

The overarching health improvement priority identified for 2023-25 is reducing the risk of coronary heart disease (CHD). In the first phase the emphasis will be on 'find and treat' through primary care with a focus on identify people at the highest risk of developing CHD and optimising treatment. There will also be an focus on improved data collection to support interventions aimed at reducing inequalities in access and outcome in relation to CHD. This programme of work is underpinned by a population health management approach.

In addition to this Borough-wide focus each neighbourhood has identified a priority and shared improvement plan setting out the contribution of primary care and other partners. These include:

- Increasing the uptake of bowel cancer screening in our Neighbourhood with the lowest current uptake.
- Increasing the completion of health checks with people with a serious mental illness [SMI] and improving support for people with a co-occurring mental health and drug / alcohol problems.
- Improving care planning and support for people with dementia (and their carers) especially at the end of life in our Neighbourhood with our oldest population profile.

## Mental Health Living Well Model

A key priority for 2023-24 will be the establishment of new models of care for people with mental health problems. This will involve the establishment of Living Well Teams in our Neighbourhoods along with the redesign of our CMHTS to align with our Neighbourhood model. These Neighbourhood Living well Teams will:

- Comprise of mental health practitioners, wellbeing practitioners and support workers.
- Able to draw on a locality-wide hub including a psychiatrist, psychologist, nursing, employment advice and substance misuse workers.
- Involve partnership delivery between primary care, Pennine Care Foundation trust and VCSE providers.

- Be closely integrated with CMHTs and with mental health crisis services with simplified referral and care pathways.
- Work closely with our Integrated Neighbourhood Teams and ACM model.
- Embed an MDT approach to assessment, care planning and delivery drawing on the principles of asset and strengths based working.

An important part of the approach has been the involvement of people with lived experience in the design of the living well model through the commissioning of a lived experience partner organisation. This approach to actively involving people with lived experience will be sustained in 2023.24.

### PCNs

In Bury we are working pragmatically with the fact that our 4 PCNs do not align with our 5 place-based Neighbourhoods.

Strategically our GP Leadership Committee provides an arena for joint leadership and planning across primary care and other parts of the health and care system and in some cases there are joint Neighbourhood and PCN planning meetings.

In some cases such as with the Mental Health Practitioners (funded by ARRS and through MH commissioning) these posts are aligned to the Neighbourhoods) and we have representation of PCN ARRS posts within our Neighbourhood MDTs e.g. the PCN pharmacists.

Over 2023.24 we will continue to work with PCNs and other health and care partners at a Neighbourhood level to develop integrated Neighbourhood 'teams of teams'. We will seek to align and integrate teams and approached where it make most sense to do so. For example we will build on work that has started to ensure effective joint working and pathways between our PCN care home teams and our two-hour crisis response team.

### Virtual Wards – hospital at home

We have an established hospital at home programme with step up and step down pathways supported by joint working between acute clinicians and our community multidisciplinary Rapid Response Team. Over 2023.24 we will expand capacity and develop the pathways in and out of the service through strengthening the links with our Neighbourhood MDTs and primary care. We will also be working on how 'hospice at home' provision can be further developed again through better pathway integration with our Hospice, palliative care consultant and community nursing teams.

### Public Service Leadership Teams

Over the past year we have established Public Service Leadership Teams in our 5 Neighbourhoods. Representation includes our Neighbourhood Health and Care Team Leads, the police, housing, fire service, public health and local authority. These provide an opportunity for building relationships, sharing intelligence and developing a shared understanding of need at a Neighbourhood level. We will continue to develop and embed these teams over 2023.24 and start to develop opportunities for more joined up planning and public service delivery at a Neighbourhood level. This will build on work which has started in

one of our Neighbourhoods with the development of a shared People and Communities Plan. This forms part of Bury's wider public service reform programme.

### Enabler – integrated workforce development

An integrated workforce strategy is being developed which aligns with the GM ICB workforce strategy. Recruitment, retention, wellbeing and development are at the heart of this. There are specific plans about the development of system leadership skills among our clinical leadership.

To support the delivery of personalised care over the last couple of years we have had a focus on rolling our Strengths-Based Training across our health and care workforce with over 900 staff trained to date and 200 trained in ethnographic approaches. In 2023.24 the focus will be on:

- Further roll out of Strengths Based Training with a focus on the health workforce
- Identifying additional funding to train more frontline staff in ethnographic approaches
- The continued roll-out of dementia awareness training across our health and care workforce and specifically training on supporting people with dementia and their cares at the end of life.

### Enabler – information and digital

While many health and care staff have access to the Greater Manchester Care Record (GMCR) we know that we could improve how it is used by practitioners to support the delivery of more joined up care. Our priorities in 2023.24 will be to:

- Promote the use of the GMCR across our workforce.
- Take part in a proof of value initiative led by Health Innovation Manchester to implement a shared electronic dementia care plan starting in one of our Neighbourhoods.
- Deliver an initiative to roll-out the Safe Steps application to care homes including the virtual sharing of information with PCN care home teams to support better triage prioritisation and primary care response to patients in care homes.

### **National Condition 2 (cont)**

Set out the rationale for your estimates of demand and capacity for intermediate care to support people in the community. This should include:

- learning from 2022-23 such as
    - where number of referrals did and did not meet expectations
    - unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
    - patterns of referrals and impact of work to reduce demand on bedded services – e.g. admissions avoidance and improved care in community settings, plus evidence of underutilisation or over-prescription of existing intermediate care services);
  - approach to estimating demand, assumptions made and gaps in provision identified
    - where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
- how have estimates of capacity and demand (including gaps in capacity) been taken on board) and reflected in the wider BCF plans.

The demand currently outweighs capacity due to the following pieces of work that the system has implemented in line with Home First Principles and Strengths based approaches to assessments. This is an ongoing piece of work and comprises of the following actions.

Bury FGH patients are supporting an increase in numbers of people via a Test of Change using Home First Principles reducing the amount of people going to bed based services.

Additionally work is in play with MRFT colleagues at NMGH to do the same with back to basics and a steady professional challenge to reduce the bed based pathway referrals to Home First.

This will see a continual increase in the demand for Home Based Services, whereby the funding for capacity for reablement would not afford the system to meet its Home First expectations.

This has been mitigated by the following workflows

- Strengths based assessments.
- Expenditure of cost of care onto ConTrocc system part of care management LAS which allows commissioning in more flexible ways reducing high cost care provision reducing 30 minute blocks to actuals care required.
- Use of commissioned care providers who are contracted to support the increase with oversight from reablement to reduce the length of stay for assessment of long term care needs and improved targets for discharge from community services.
- Reduce overprescribing increase by appropriate interventions.

However based on data from the last 3 years we know that we also have times of pressure in the system in September and again November to March as part of winter pressures. This data is based on the last 3 years aggregated average of referrals but we do expect with the work that is in place that this will reduce significantly to home based services and these predictions will reduce significantly for the bed based referrals.

We do find that under the Trusted Assessment route though that Out of Area hospitals will increase referrals to bed base during these periods due to risk management and the onus remains on us to challenge professionally and appropriately and not react.

Our care at home providers have been commissioned on an 80/20 split in zoned areas of the borough to deal with the referrals each week allowing them to plan rota's and manage capacity and demand; and we always have the ability to use our peripheral providers who hold a contract, and if there are serious blockages we will also utilise one of the peripheral providers on a block of hours if a specific area is struggling in the zones.

Inappropriate referrals are discussed with referrer for appropriate and consented pathway.

We are rewriting the pathway for reablement to reduce people who already have long term care being reviewed before re-referring to reablement where there are no improvement/reablement goals allowing them to have full care act assessments in the community and reducing the number being referred incorrectly.

360 people were referred to Care at Home but they continued to be case managed by the Intermediate team to ensure goals were achieved and care providers supported in the last 6 months.

There will be no gaps as we will continue with this process, however we will aim to improve the flow in current services.

We are doing a back to basics with NMGH who assess for care and support in far greater demand than other GM hospitals.

Additionally FGH are continuing with Tests of Change as part of referral processes from therapy leads to therapy team which reduces time for unnecessary referrals and strengths based assessment.

Admission avoidance has been supported by Bury's Rapid Response Service who support A&E within 2 hours.

Additionally we have commissioned Age UK to support Hospital to Home Scheme to prevent admissions and LOS, and HMR Circle for HMR patients.

We utilise the Home First slot daily for East Lancashire Patients and also work with HMR Stars (Reablement) as above.

Another good support is to have support for Unpaid Carers and Families for Bury Patients via The Bury Carers Hub for families who may need some support understanding strengths based services and dealing with queries as there is a significant change with their family member.

Bury's Integrated Neighbourhood Team complete active case management and are supporting to 100 discharge and return customers to look at a plan for avoiding hospital.

Rapid Response are taking people from the NWS stack to support admission avoidance

Rapid Response also support care homes pre 111/emergency calls to see if they can step in to support admission avoidance.

We have a virtual hospital in place and our equipment stores has put in a vast amount of money to ensure that equipment required for home is available on the day so as not to increase LOS.

In cases where complex needs are identified a full care act assessment can be completed at the same time as trusted assessment by streamlining the assessment and sending to community review teams to act accordingly within 4 weeks, allowing these customers to not suffer multiple moves these are low in numbers but are usually complex pathway 3.

We are also aware from our local and GM systems that the number of residential and nursing placements are at a minimum and that is a further reason for looking to the Home First pathway.

Where criteria outweighs demand for bed based services on discharge or admissions for social reasons more work is happening in the community integrated teams and with GP's to prevent hospital being a place to be admitted to source placements by robust criteria for admission at the front door of A&E along with the INT Teams working on the top 100 people admitted and rapid response. We expect that the capacity outweighs demand due to funding and also whilst the system makes changes to the Home First Model.

Where an individual cannot be supported into short term services a full care act assessment will be completed to manage need and expectations reduce LOS where they are complex need and would be disadvantaged by multiple moves.

Where they are supported to bed based services we are also looking to reduce LOS in services to be able to support demand

## National Condition 2 (cont)

Describe how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25, and how these services will impact on the following metrics:

- unplanned admissions to hospital for chronic ambulatory care sensitive conditions
- emergency hospital admissions following a fall for people over the age of 65
- the number of people aged 65 and over whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

### b) Improving in-hospital flow and discharge

What practical processes are in place to monitor in-hospital length of stay?

What work is underway to reduce long lengths of stay (patients with LOS of 14 and 21+ days)?

- Review of Long Length of stay process pending in conjunction with deep dive outcomes and EDD
- Review of bed meeting in line with system reset
- The NRTR patients are reviewed daily by our integrated discharge team
- Weekly long length of stay reviews on site
- Daily bed meetings are held 3 times a day
- Point prevalence audits are undertaken to ensure patients still require in hospital care

	<ul style="list-style-type: none"> <li>• Bury system trajectories in place to reduce LLOS patients</li> <li>• 7, 14 and 21 day LLOS review ed weekly at Care Organisation Urgent Care Board</li> <li>• Current system wide reporting in place via Bury Bronze with escalation triggers set.</li> </ul>
<p>What Discharge to Assess model is in place to ensure that people are efficiently discharged on the correct pathway when they no longer meet the Clinical Criteria to Reside?</p> <p>What did the self-assessment against the national policy identify and what actions have followed?</p>	<ul style="list-style-type: none"> <li>• Daily assessment of patients pathways 1-3 for discharge target of those with NRTR to be discharged within 48 hours unless Complex where there is a provision shortage such as nursing/nursing dementia.</li> <li>• 7 day service in place for discharge and action plan for wider system 7 day working</li> <li>• Acute site competing reset which will include pathway 0 and reduce LOS of those in acute setting</li> <li>• Annex A&amp;B leaflets to be distributed as per process</li> <li>• Discharge to Assess is in place and supported via the IDT team. Capacity regularly reviewed and increased as and when needed</li> </ul>

Bury has invested a lot of time and effort in creating a single system approach to urgent care. A range of work across the urgent care footprint has taken place, including to improve system flow and support effective discharges.

- A range of Community based Alternative To Admissions including;
  - GM CAS
  - Rapid Response
  - Virtual Ward
  - GP Extended hours
  - Referral to CPCS
  - Mental Health Community Support
  - ATT for NWAAS crews
  - Neighbourhood based MDT
  - Home first principles adopted across the system for hospital discharges
  - IDT to support discharges wherever appropriate to usual place of residence
  - Reablement and Package of Care support upon discharge

The BCF plans to reduce unplanned admissions to hospital for chronic ambulatory care sensitive conditions by Bury patients. This would see 1,073.4 admissions per 100,000 population for Bury patients. In 2022-23 performance on this metric was 1,106 meaning that 3% improvement is being targeted.

The BCF plan targets a target 91.5% of all Bury patients to be discharged to their usual place of residence

The Bury Hospital at Home (H@H) Service commenced in October 2022 and 384 patients have been managed through this service from October until end of May. Step up and Step Down models have been with the main pathway has been the step up (admission avoidance frailty pathway) in the initial stages being on the frailty pathways with respiratory and end of life patients currently developing and Step down. There has been recruitment of a team and the team will be fully in place from June 2022 so that numbers can be increased to meet the agreed trajectory.

The Rapid Response / Hospital at Home service have begun a series of education and awareness raising sessions with GPs and Care homes about their services and what can be managed in this service and will be extending this programme. Also they are planning awareness raising and joint working events with staff on the hospital sites with the first being planned for July 2023 to increase awareness and identify patients suitable for the service in a step down model from ED, SDEC and the acute medical unit at fGH

## Falls

One of the main pathways developed for the H@H service has been frailty with the H@H service linking ED, SDEC and community services.

There has been a successful pilot of a falls lifting service in the locality for patients with Carelink service that demonstrated that only 11% of the patients who used the service required ambulance conveyance to hospital. There is also further work ongoing across GM with falls lifting service. Therefore, a priority for 23/24 for Bury is to review options and to establish a suitable locality service.

A significant proportion of the referrals to Rapid Response are for falls. Data from Apr 21 - Mar 22 showed that 11% of referrals to Rapid Response were for falls. Of these referrals, only 6% were advised to attend an ED department.

One of the main priorities for 23-25 is to review all the falls services within the locality and to ensure more streamlined pathways between them to link acute or crisis management to prevention with the Rapid Response service playing a key part in linking these services together.

## Discharge to a Care Home

There is a programme of improvement underway for the IDT team. Part of this is a programme of work to increase the numbers sent on a Home Pathway.

From Sept 2022 to May 2023, 289 Bury residents who were inpatients at Fairfield General Hospital, were discharged to a nursing home as a new placement (temporary or permanent ie Pathway 2 or 3). This is equivalent to 4.5 % of the total Bury resident discharges from that hospital site.

There are also Bury residents at North Manchester General Hospital and the DKAFH list numbers for Bury patients is largely about the same on both sites. Therefore, it is likely that at least the same number of Bury patients from NMGH were discharged to a Care home (Pathway 2 or 3) but accurate data is not currently available for NMGH.

The current programme of improvement for IDT involves work across both FGH and NMGH. And will include data improvement and validation. One reason this performance meeting the Hospital Discharge and Community Support Policy, 2022 is the availability of the IMC at Home and reablement service in Bury, facilitating people to return to their own home with appropriate support and rehabilitation.

More joint working between the IMC and reablement service and colleagues at FGH and NMGH is planned to further improve the discharges to usual residence for Bury residents.



### National Condition 3

Use this section to describe how your area will meet BCF objective 2: **Provide the right care in the right place at the right time.**

Please describe the approach in your area to integrating care to support people to receive the right care in the right place at the right time, how collaborative commissioning will support this and how primary, intermediate, community and social care services are being delivered to support safe and timely discharge, including:

- ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support, in line with the Government's hospital discharge and community support guidance.
- How additional discharge funding is being used to deliver investment in social care and community capacity to support discharge and free up beds.
- Implementing the ministerial priority to tackle immediate pressures in delayed discharges and bring about sustained improvements in outcomes for people discharged from hospital and wider system flow.

Bury has invested a lot of time and effort in creating a single system approach to urgent care. A range of work across the urgent care footprint has taken place, including to improve system flow and support effective discharges.

- A range of Community based Alternative To Admissions including;
  - GM CAS
  - Rapid Response
  - Virtual Ward
  - GP Extended hours
  - Referral to CPCS
  - Mental Health Community Support
  - ATT for NWS crews
  - Neighbourhood based MDT
  - Home first principles adopted across the system for hospital discharges
  - IDT to support discharges wherever appropriate to usual place of residence
  - Reablement and Package of Care support upon discharge

### Neighbourhood Integration

Bury has 5 Neighbourhoods with integrated health and social care teams in each Neighbourhood.

Active Case Management is a key part of the Neighbourhood model providing targeted support to people with multiple long term conditions and wider needs via an MDT in each Neighbourhood. The MDTs have representation from general practice, pharmacy, district nursing, social work, social prescribing, and mental health. Care plans are developed and regularly reviewed with a key worker or co-ordinator allocated for each case. Other services

such as housing support are invited to join the MDT where relevant to the needs of a particular individual.

5b) Improving in-hospital flow and discharge	
<p>What practical processes are in place to monitor in-hospital length of stay?</p> <p>What work is underway to reduce long lengths of stay (patients with LOS of 14 and 21+ days)?</p>	<ul style="list-style-type: none"> <li>• Review of Long Length of stay process pending in conjunction with deep dive outcomes and EDD</li> <li>• Review of bed meeting in line with system reset</li> <li>• The NRTR patients are reviewed daily by our integrated discharge team</li> <li>• Weekly long length of stay reviews on site</li> <li>• Daily bed meetings are held 3 times a day</li> <li>• Point prevalence audits are undertaken to ensure patients still require in hospital care</li> <li>• Bury system trajectories in place to reduce LLOS patients</li> <li>• 7, 14 and 21 day LLOS reviewed weekly at Care Organisation Urgent Care Board</li> <li>• Current system wide reporting in place via Bury Bronze with escalation triggers set.</li> </ul>
<p>What Discharge to Assess model is in place to ensure that people are efficiently discharged on the correct pathway when they no longer meet the Clinical Criteria to Reside?</p> <p>What did the self-assessment against the national policy identify and what actions have followed?</p>	<ul style="list-style-type: none"> <li>• Daily assessment of patients pathways 1-3 for discharge target of those with NRTR to be discharged within 48 hours unless Complex where there is a provision shortage such as nursing/nursing dementia.</li> <li>• 7 day service in place for discharge and action plan for wider system 7 day working</li> <li>• Acute site competing reset which will include pathway 0 and reduce LOS of those in acute setting</li> <li>• Annex A&amp;B leaflets to be distributed as per process</li> <li>• Discharge to Assess is in place and supported via the IDT team. Capacity regularly reviewed and increased as and when needed</li> </ul>

## **Intermediate Tier Services**

We want all our services to treat each person according to their individual care, support needs and preferences. It is important that providers adapt their service to deliver flexible options and

Intermediate care services support people in the community, helping to promote independence and providing care, therapies, and rehabilitation.

### **The Intermediate Tier**

- provides short-term rehabilitation to enable service users to regain their optimal levels of independence.
- prevents people from being admitted to hospital, supports people to return home after a recent hospital admission, and enables people to live at home rather than in a care home, if they choose; and
- provides multi-disciplinary teams that support people and their carers when they are in transition between hospital and home or have entered some kind of health and/or social care crisis at home.

There are four primary categories of intermediate care:

- Rapid Community Response (crisis response);
- Home-based intermediate care.
- Bed-based intermediate care; and
- Reablement

Bury has an existing Rapid Community Response service which primarily offers rapid social care support to individuals, with the aim of preventing non-elective admissions to hospital or

unnecessary or premature admission to residential or care homes. The rapid community response team currently has a staffing model of:

- Nursing;
- Social work;
- Occupational therapy;
- Physiotherapy;
- Night-sitting

Home Based Intermediate Care Despite being a core component of intermediate care, empowering individuals to maintain their independence and helping to prevent unnecessary admissions to hospital and care homes, offered in Bury. This is being addressed by the Greater Manchester Transformation Scheme funding and is currently in operation. Intermediate Care at Home comprises of Occupational Therapy and Physiotherapy delivered in a person's own home for a short period to aid recovery.

Bury's current reablement service, supports individuals after a recent hospital admission or crisis at home with up to six weeks of intensive support in their own home. A wide range of services are now offered as part of Bury's Choices for Living Well service. Unlike intermediate care at home Reablement meets people's daily personal care needs such as washing, dressing, and making meals in addition to any therapy needs. The recent combination of the Killelea unit with the reablement team has provided a more streamlined and integrated service to support flow of users through rehabilitation and reablement, from bed-based to home-based. However, feedback from local stakeholders is that there is further requirement to supplement these services with more robust and consistent support from pharmacy, therapy, nursing, and medical cover

Killelea Intermediate Care Facility Killelea is an intermediate care facility delivering 36 single rooms all with ensuite facilities. It is located on Brandlesholme Road and is north of the centre of Bury. Built in the 1960s it recently benefitted from a complete refurbishment and now boasts a fully equipped therapy hub to help people regain confidence and skills to manage everyday tasks, as well as a bistro and hairdressers. Whilst residents are encouraged to prepare their own meals wherever possible hot food is prepared and available on site.

Discharge to Assess Beds - Bury's Discharge to Assess beds are 8 Nursing beds and 8 Dementia beds. delivered within the Heathlands Village Care Home in Prestwich. Located in the south of the Borough very close to Manchester. The Heathlands Village provides a wide range of care services for up to 214 older people from both the Jewish and Non-Jewish community. Bury's discharge to assess beds are 8 nursing discharge to assess beds in Wolfson and 8 Dementia discharge to assess beds on Rowen Tree. All are single rooms and benefit from ensuite facilities. The care home has many communal lounges and facilities on its large site.

### **Hospital Discharges**

Additionally, under the Hospital Discharge and Community Policy there is a requirement for people to be supported at home on pathway 1 to reduce the number of bed-based services accessed as Bury is also an outlier for overuse of bed-based services in England. The

Hospital Discharge and Community Policy pathway denotes that at least 45% of people are assessed for discharge on this pathway from a hospital setting.

### **Intermediate Tier (Home Based)**

The Intermediate Tier (Home Based) service is a well-established service which provide time limited, up to 6 weeks reablement services to customers to assess their needs.

The outcomes for this service are extremely positive with just over 50% of customers who have been through the Reablement services being discharged without any further care from Adult Care Services, a further 16% of customers who were referred on to Care at Home with a reduced package of care

### **Intermediate Tier (Bed Based)**

The Intermediate Tier (Home Based) service provide an assessment of customers' needs either in Killelea or through the Discharge to Assess (D2A) service.

### **Rapid Response**

Benefiting from expansion plans delivered as part of Bury's transformation plans but also the need to expand and respond to the need to reduce hospital admissions during the pandemic Bury's Rapid Response Service has gone from strength to strength and now sees **4** times more people per month than before the pandemic and its transformation where average monthly admissions were only **40** per month. The average time from referral to service start is less than ½ a day with people spending an average of **2** days on the service.

### **Equipment Services**

Bury Local Authority equipment services provides equipment and aids to people in their own home to aid and maintain their independence

### **Care Link**

Carelink provides a remote alarm monitoring system in people's own home which provides a button for people to press if they experience any difficulty along with other sensors and telecare equipment.

The service is currently under review and has been included in the recent development of a 'digital first' approach in Bury, where a dedicated Technology Enabled Care Team with explore a much wider plethora of Technology to support residents their family and carers in a person centred way.

### **Support at Home Service**

The support at home service provides outreach support to **18** sheltered housing developments across Bury which house **423** people aged 55 and over in rented flats and apartments. Of these tenants **155** receive tenancy and wellbeing support from the Support at Home service.

When the person cannot be contacted over the Carelink system and a relative is not available to call on the person, rather than calling the emergency services the support at home service now responds. This service is currently under review.

### **Falcon and Griffin Extra Care Housing**

Falcon and Griffin Extra Care Service provides care and support to a development of **69** flats for older adults.

The service provides **150** hours of care and support per week to **21** residents and wellbeing and tenancy support to a further **71**

### **Hospital Integrated Discharge Team**

The Hospital team is based over 2 hospitals, and the role of the team is to assess people who require support for discharge. The team are multi agency workers from social care and health

Staff based at Fairfield assess every customer regardless of the local authority they reside in. to support discharge, the staff at North Manchester assess some Bury customers at North Manchester and manage assessments that come in from North Manchester and other Out of Area Hospitals. The team use the Trusted Assessment model for all assessments and referrals to external partners

The team follow the Hospital Discharge and Community Support: Policy and Operating Model <https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model>

The team are also responsible for prevention of delayed discharges and reducing the Length of Stay in Hospital, the Brokerage team is firmly embedded in the service and capacity has been increased to reflect the increase in demand for hospital discharges and the brokerage of care at home and residential/nursing care because of a decreased level of acuity of patients on discharge. The Brokerage team works closely with the commissioning team to help prevent blockages to system flow throughout the wider system.

### **System Flow Group**

A system flow group consisting of senior managers in Adult Social Care has been operational for a couple of years now and meets regularly to discuss concerns or issues in the flow from hospital into adult social care services. Task and Finish groups have been set up to review and test new pathways and the group now regularly reviews all pathways every quarter to ensure they are operating safely and efficiently. This group is supported by the Commissioning Team and the most recent piece of work is linked to hospital discharge pressures whereby commissioning team members are supporting senior managers to move people on through the system from D2A beds and IMC, thus freeing up further beds for hospital discharges.

### **Care at Home**

In line with best practice, it was agreed to review the Care at Home service in advance of its initial 3-year contract end to ensure that the contract is both effective and high performing for its final year and beyond.

As part of the new contract Providers will work with customers to agree a more flexible, person-centred approach based on the individuals needs and agreed hours over a four week period.

This flexible plan is then assessed by CWB with the care plan / service order updated internally to reflect the agreed service delivery.

The new Care at Home contract allows for changes to be made to the service specification that will allow greater flexibility and choice for customers in how their needs are met. The strengths of this are:

- A well-functioning and sustainable Care at Home service will have a positive impact for other areas of health and social care, for example, reduced social isolation, reduced admissions to hospitals, reduced carer breakdown, more people being able to live at home for longer.
- Enabling providers to have a stronger role in assessment and care management will allow more capacity for social workers.
- A truly person-centred service for customers will be developed.
- Implementation of innovative ideas that the current contract does not allow.
- Alignment to the Integrated Neighbourhood Teams and Locality Plan.

### **Strength Based Approach**

- Care management conduct a strength-based assessment to identify broad outcomes and available budget.
- Provider and customer to continue strength-based approach to support planning by working up support plan details and timings.
- Providers to use the ability to subcontract to consider working with voluntary and community sector organisations in the neighbourhood which may be able to support certain specialist needs or sections of the community.
- Strengths-based approach with customers is embedded at the first interaction with our customers and at the review stage.
- Bury has embedded the '7 stage conversational tool' exploring how the person can be empowered to achieve outcomes that matter most to them, promoting independence and self-care, utilising technology enabled care, aids and adaptations, working with family, friends and carers, accessing community assets, universal services and when these elements are unable to support a person then considering person centred formal care.
- Providers able to deliver a level of reablement when there is insufficient capacity, or it is inappropriate for them to be referred to the Bury Council Reablement Team.
- Social Care and health staff along with a range of providers and partners have undertaken ethnographic training and will continue to access an online version.

### **Living Well at Home**

Bury's 'Blended Roles' project aims to identify and explore opportunities to support Care at Home staff to undertake healthcare tasks historically undertaken by District Nurses. With full training and support, these tasks could include basic tasks such as basic wound care and eye drops etc. This will create an opportunity to optimise and improve the Care at Home role in Bury which will develop career opportunities by supporting potential transfer to roles in the NHS. It will also ensure that experience of care is improved as fewer professionals will be involved in the facilitation of a person's care.

### **Assistive Technology (Technology Enabled Care TEC)**

TEC is central to the modernisation of health and social care. It offers a range of possibilities for individuals, through the application of technological advances in a social care setting. TEC enables people to live independently for longer by preventing hospital admissions and premature moves to residential care. Complimenting care by offering alternatives to formal care, maintaining quality outcomes often in a less intrusive manner and

freeing up staff capacity to focus human interaction with those who most need it. TEC can also be used to better assess customers ensuring support is truly reflective of support required.

Personalisation is based on offering choice and control to our customers, working with them to co-develop individualised support plans. TEC offers numerous possibilities depending on the customer's needs and desired outcomes. TEC ranges from simple devices to prevent sinks flooding, to GPS tracking and smart-phone applications. By ensuring technology is considered during the development of every support plan we can support customers to find the best possible solutions to meet their needs and is often the cheaper solution.

Technology can't replace human care, but it can hugely assist in reducing the need for care, particularly where the care is predominantly about monitoring and managing risks. This increases independence for the customer and frees up capacity in the home care sector. A new transformation project has been set up via the Commissioning Team to move the TEC agenda forward, consultation has been carried out and recruitment for a new TEC team will be underway shortly. Our approach will be via a framework where people can have choice and control over which services or apps are used rather than to commission one size fits all products. Having a dedicated TEC team working alongside our health and social care professionals, linking into our VCSE sector, and supporting the customer directly via self-referral will bring a new form of support not previously known in Bury.

### **Home from Hospital**

Commissioned an enhanced home from hospital service, to replace the current 'Take Home and Tuck Up' scheme and various voluntary sector activities. . The new service will bring together all providers including the voluntary sector to deliver one service instead of a host of very good, but disjointed services at the moment. The outcome of the service is to ensure people discharged from hospital on pathway 0 or 1 are supported to have a safe but speedily discharge, remain at home and to prevent hospital readmission. Ensuring people who live in the community are supported at times of life changes to prevent admissions to hospital and to reduce loneliness and isolation which should also help to prevent hospital admissions and reduce pressure on GP practices.

### **National Condition 3 (cont)**

Set out the rationale for your estimates of demand and capacity for intermediate care to support discharge from hospital. This should include:

- learning from 2022-23 such as
  - o where number of referrals did and did not meet expectations
  - o unmet demand, i.e. where a person was offered support in a less appropriate service or pathway (estimates could be used where this data is not collected)
  - o patterns of referrals and impact of work to reduce demand on bedded services – e.g. improved provision of support in a person's own home, plus evidence of underutilisation or over-prescription of existing intermediate care services);
- approach to estimating demand, assumptions made and gaps in provision identified
- planned changes to your BCF plan as a result of this work.
  - o where, if anywhere, have you estimated there will be gaps between the capacity and the expected demand?
  - o how have estimates of capacity and demand (including gaps in capacity) been taken on board ) and reflected in the wider BCF plans.

There is an increased focus across the system on transfers of care and patients currently waiting in hospital who do not have the criteria to reside, which we term in Bury locality as the Days Kept Away From Home (DKAFH). This DKAFH work forms part of the Bury wide Urgent Care Improvement Programme.

A review was carried out by the Emergency Care Improvement Support Team (ECIST) into our Integrated Discharge Team (IDT) in February 2023. The team covers all Bury residents in any acute hospital. The main team is based at Fairfield General Hospital in Bury and there is also a team on site at North Manchester General Hospital. ECIST made recommendations for improvement opportunities and potential options for further work in relation to the IDT and transfers of care. An action plan is being developed to address the recommendations to include themes focussing on; interdisciplinary working, more streamlined pathways, rebranding of team as a discharge hub, improved lines of accountability and governance. ECIST have offered their continued support and guidance as we carry out our improvement work in this area.

#### **Monitoring and Responding to Demand and Capacity**

A discharge app was developed and came into use in late 2022. This is used by the wards and IDT as a means of 2 way to ensure real time, accurate information on every patient. It

is also used as a source of data eg. numbers and days spent on the DKAFH list, discharge pathways. This has taken some time ensure the app is reliable source of data and information. Training has been carried out but there is further training planned that the IDT to carry out across ward teams and further work is planned to review and improve the app. All meetings related to the DKAFH patients including thye DKAFH meetings, long length of stay and out of area meetings will be reviewed to ensure that they are fit for purpose.

#### MDT working

One of the main recomendations made by ECIST for the discharge hub was increased therapy involvement. Two 'Home First Therapist' posts have just been advertised and when those people come into post, work will then begin to embed the therapy role into the IDT alongside with the current nursing and social work roles. A review of current, historic roles will the take place and a work plan will be developed to increase interdisciplinary working, in order to maximise efficiency and the skills of the team. A 'Home First Pathway Co-ordinator' is also currently being developed and it is planned that this role will be integrated into the discharge hub from early 2024.

The new Home from Hospital Team run by Age UK is now based in the discharge hub from October 2022. Further development and integration of this team into the hub is planned for 2023/24.

#### Home First / D2A

In addition to the work above, the Northern Care Alliance is involved with the Discharge Frontrunner programme which is made up of two parts – Complex Dementia Care and Strengths Based Approach.

For the dementia programme, system wide workshops have taken place to identify potential test of changes related to three priority areas; admission avoidance, care whilst in hospital and discharge options. Programmes of work are now being further developed in these three areas.

For the strengths based approach aspect of the Discharge Frontrunner work, the aim is that 95% of patients age 65 and over will be discharged to their usual place of residence by Janurary 2024. (The current figures is approximately 85%). There are tests of change being carried out on six of the medical wards at FGH and supported by the Quality Improvement team and intermediate tier teams such as IMC and Rapid Response. All are related to preventing deconditioning and encouraging a home first approach approach by using services to facilitate discharge home at the earliest opportunity eg. Hospital at home.

A frailty service within the Same Day Emergency Care (SDEC) has been developed at FGH. This services manages frail patients and has shown good patient outcomes, admission avoidance and reduced length of stay. This service is a MDT approach and has strong links with intermediate tier teams including Rapid Response, Hospital at Home and reablement. Further work is planned between these services to ensure a seamless pathway between intermediate tier services and Frailty SDEC with a view to developing other SDEC pathways.

### Flexible Working

With a recent increase staffing numbers within the IDT, the team began to work weekends again at the FGH site from May 2022. A further review of the weekend rota is planned to ensure appropriate cover. The intermediate tier services operate at weekends and accept patients for discharge or admission avoidance. The Rapid Response service also supports and bridges some delays in packages of care both during the week and at weekends. However the number of discharges from the DKAFH list remains low at weekends, therefore wider system work including a review of all services at weekends is planned.

### Trusted Assessment

The IDT operate a trusted assessment model carrying out and accepting assessments from several professions and services across different organisations. Representatives from the team are also involved in the GM out of area discharges workstream which is expected to generate further ideas and work about how we best support the discharge Bury patients who are inpatients at an out of area sites.

### Engagement and Communication

A review and update of information given to patients and relatives is planned. A programme of Strength Based Training took place across several teams across the Bury system last year. This training package is now being further developed and the IDT have been identified as a key team to take part in this training in the next cohort.

### Improved discharge to care homes

The rapid response team have established closer links with care homes in the Bury locality and are engaged in education, advice and awareness raising work with the care homes. They receive information about admissions to the hospital site on a daily basis and will use this information to inform work with for specific homes and to focus on to take this work forwards.

The team are also commencing a programme for awareness raising for GPs across the locality about the Hospital at Home and Rapid Response services to support in order to keep people in their familiar place and avoid admission to an acute hospital site. From the point of view of discharge there will be a series of meetings planned with care home providers to look at how to return patients back to their care home residence (for both existing and new residents) including improved communication, discharge requirements, cut off times.

### Housing and Related Services

The Home from Hospital run by Age UK service does supports minor adaptations eg fitting of key safes. However housing does remain a challenge including less minor adaptations, de-

cluttering, furniture removal to support downstairs living, mobility and function around the home. Improved links within the local housing team will be explored and established.

### **National Condition 3 (cont)**

Set out how BCF funded activity will support delivery of this objective, with particular reference to changes or new schemes for 2023-25 and how these services will impact on the following metrics:

- Discharge to usual place of residence

#### **Home First / D2A**

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### **National Condition 3 (cont)**

Set out progress in implementing the High Impact Change Model for managing transfers of care, any areas for improvement identified and planned work to address these.

There is an increased focus across the system on transfers of care and patients currently waiting in hospital who do not have the criteria to reside, which we term in Bury locality as the Days Kept Away From Home (DKAFH). This DKAFH work forms part of the Bury wide Urgent Care Improvement Programme.

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MDT working

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The new Home from Hospital Team run by Age UK is now based in the discharge hub from October 2022. Further development and integration of this team into the hub is planned for 2023/24.

### Home First / D2A

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However the number of discharges from the DKAFH list remains low at weekends, therefore wider system work including a review of all services at weekends is planned.

### Trusted Assessment

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### Engagement and Communication

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### Improved discharge to care homes

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The team are also commencing a programme for awareness raising for GPs across the locality about the Hospital at Home and Rapid Response services to support in order to keep people in their familiar place and avoid admission to an acute hospital site. From the point of view of discharge there will be a series of meetings planned with care home providers to look at how to return patients back to their care home residence (for both existing and new residents) including improved communication, discharge requirements, cut off times.

### Housing and Related Services

The Home from Hospital run by Age UK service does supports minor adaptations eg fitting of key safes. However housing does remain a challenge including less minor adaptations, de-cluttering, furniture removal to support downstairs living, mobility and funtion around the home. Improved links within the local housing team will be explored and established.

**National Condition 3 (cont)**

Please describe how you have used BCF funding, including the iBCF and ASC Discharge Fund to ensure that duties under the Care Act are being delivered?

Scheme Name	Scheme Description
Crisis Response/ Rapid Response/ Community Response	<p>MDT of Health and Social Care Staff to prevent avoidable admissions to acute hospital or residential care.</p> <p>A rapid community response team providing short term, intensive, holistic support for people at risk of hospitalisation</p> <p>Multidisciplinary teams that are supporting independence, such as anticipatory care</p> <p>Vehicle to support transfer</p>
Reablement Service	<p>Short Term adult rehabilitation and reablement support</p> <p>Home-based intermediate care services</p> <p>Rehabilitation at home (accepting step up and step down users)</p>
Intermediate Care	<p>Short Term adult rehabilitation and reablement support</p> <p>Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)</p> <p>Bed-based intermediate care with reablement accepting step up and step down users</p> <p>A single Bury wide integrated health and social care team focused on outcomes of individuals and their carer. Promotes independence, provides care, therapies and rehabilitation for prevention and early intervention</p> <p>Additional IMC beds (13) Bed-based intermediate care with rehabilitation (to support discharge)</p>

Staying Well Programme	Systematic identification and support of older people aged 65+ at risk of needing social care Multidisciplinary teams that are supporting independence, and adopting prevention and early intervention approach
Meeting Care Act Requirements	Additional investment to enable local application of care act requirements  Care Act Implementation Related Duties
Programme Management	Additional support to co-ordinate BCF and wider transformation programmes. The ask around the completion of the required templates has increased year on year. Reporting requirements have increased significantly.
Integrated Neighbourhood Teams/ IBCF Building Resilience and Enabling Systems	MDT case management supporting adults particularly at risk of admissions or readmission into hospital or permanent admission into nursing or residential care as well as high intensity users of various services  Integrated Care Planning and Navigation and Assessment teams/joint assessment teams.  Prevention and early intervention approach to case management
Protection of Social Care/ IBCF Building Resilience and Enabling Systems	Protection of Adult Social Care Services to enable continued whole system flow. The commissioning, quality assurance and contract monitoring of the following of the following:  Home Care or Domiciliary Care Residential Placements - Care home Residential Placements – Nursing Home Residential Placements - Supported Living
Assistive Technologies and Equipment	Carelink 24 hr telephone link and technology to provide a home safety and personal safety security system that enables people to remain at home for longer

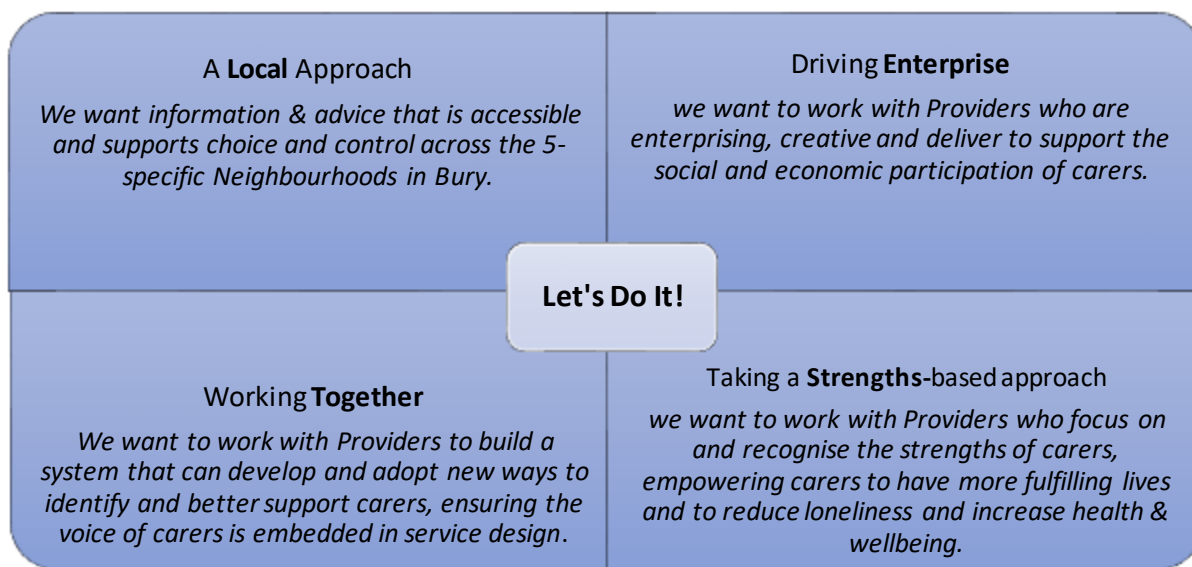
Disabled Facilities Grant	Meeting the costs of adapting homes to enable people to stay independent in their own homes  Adaptations, including statutory DFG grants
Discharge to Assess Beds	8 Nursing D2A beds  8 step down beds to support those people in hospital with the most complex dementia needs, to have their long term needs assessed in a non-hospital setting  Bed-based intermediate care with rehabilitation (to support discharge)
Primary Care Support	Primary Care Additional Support GP in reach to Intermediate Tier Additional Primary Care Appointments in the locality Additional GP support for the intermediate tier
Home From Hospital	Increasing voluntary sector capacity to support with discharges  Support for discharge from the voluntary sector
Hospice / Palliative Care	Additional capacity in hospice services Additional support for the hospice to support discharge Palliative Care service expansion
Care of Vulnerable Adults - Fairfield Raid	Provide monitoring, treatment and support. Monitoring effects of medication, risk assessments and mental health risk assessments . Core 24 hour liaison support for physical health setting
Discharge Liaison Team	Plan discharge of patients with complex needs
Falls Prevention	Person based preventative support to adults at risk of falls Strength and Balance training

## Supporting unpaid carers

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

Being a carer is one of Burys' protected characteristics to make sure that everyone is treated fairly and has equal access to our services and employment opportunities.

### Links with the Corporate Priorities:



Bury Council and NHS GM Integrated Care currently commission n-compass to provide community carer services for adult carers caring for someone 18+ through the Bury Carers' Hub, as it is branded in Bury.

The Bury Carers' Hub is the primary resource for adult carers in Bury to provide information, advice and a wide range of specialist support services designed to help adult carers caring for another adult to continue in their caring role for as long as they choose and reduce the impact the caring role can have on their own health and wellbeing.

The service is shaped on the main themes identified, following consultation and engagement with carers, the community, providers and partners.

### The eight key emerging themes:

Carers are clear on what is important to them (4 Priority Statements)	Information & Advice	Local community support; more activities & support	Respite
Available support isn't right	Befriending & peer support	Identification	Disjointed systems

## Four Key Priority Statements:

Balancing my own life with my caring role

Improving and maintaining my personal health and wellbeing

Being recognised, acknowledged and valued as a carer

To be socially active and not become isolated or lonely

Bury now has a model that delivers a service direct to carers as a 'One Stop Shop / Pop-Up' approach, in each of the 5-neighbourhoods of Bury, mirroring and aligning to the Integrated Neighbourhood Teams, so that carers receive all the support they require via a single point of contact that is recognised and local to them, making it easier for carers to connect with others, offering and receiving a range of support and activities to enable carers to take a break and coming together to influence service delivery.

- The Bury Carers' Hub offer volunteering opportunities for carers; fully supported by a Volunteer Co-ordinator.\*\*\*
- 1-2-1 support delivered by method and in location of carers choice.
- Holistic assessment, outcome tools, and support planning employing a strengths-based approach.
- Newsletter – designed by carers. Link to spring/summer edition: <https://www.n-compass.org.uk/flipbooks/28-04-2023-6th-bury-newsletter/index.html>
- Carers Community Network Platform with 1,600+ carer members from across the providers' carer services. Also, digital groups and activities delivered through the platform, including evening offer.
- Access to emotional wellbeing support through the Carers Help and Talk (CHAT) line available 24/7, 365 days, manned by volunteers.
- Outgoing calls to carers through the CHAT Line. Carers are matched to volunteers who offer regular wellbeing calls.
- Carers UK Digital Resource for Carers including Jointly App can be accessed by a code provided by the GP. The Bury Carers' Hub raise awareness and promote with GP Practices and carers.
- Digital groups and activities delivered on Zoom, including evening offer.
- Closed Facebook group for peer support.
- Pen Pal scheme.
- Carers clinics, coffee & chats and other activities delivered borough wide.
- Monthly community-based walks in partnership with the Stepping Out Project and Manchester & Salford Ramblers.
- Service briefings and overviews are offered to all organisations that could potentially work with, support, or identify carers. The briefings are now offered face to face or digitally. The sessions are bespoke to fit around busy teams and services. Carer Champion Training is also offered. The training is more in depth and looks at the impact of caring, legislation, a case study and includes the basic training.

- Delivery of training / courses for carers. Themes of the sessions are identified by carers.
- Support working carers to access / maintain employment or education.
- Informal advocacy for carers.
- The team know their clients well and have developed respectful and open professional relationships, this means they are able to intervene early to support carers needs from escalating.
- Bury Carers Hub and Northern Care Alliance (NCA) worked in partnership on a carers discharge pilot at Fairfield Hospital. The project originally focussed on three wards identified by the NCA which was extended to four, with the aim to identify carers at the point of discharge of a loved on and offered timely relevant support from the Bury Carers' Hub. For carers outside of the Bury locality, they would be directed to the relevant carer services. Delivery of carer awareness sessions were also delivered to staff at Fairfield Hospital.

### **Carers Personal Budgets**

Carers Personal Budgets are part of the statutory Carers Assessment process delivered by Bury Council.

Carers Personal Budgets are a response to meet needs identified in the Carers Assessment which cannot be met otherwise and are about giving the carer choice and control over the way that their support is provided, to enable carers to achieve recognised quality of life outcomes which they are unable to achieve due to their caring role.

The carer and the social care professional who completes the assessment will create a support plan which will show how support will be arranged, and how the personal budget will be spent.

This may be a contribution towards:

- A UK break to recharge their batteries
- Towards a hobby
- Gardening or domestic help
- Practical equipment to help in the caring role, such as a washing machine, dryer
- Leisure to relieve stress

### **The FED Volunteer Service – Time for You Project**

The Time For You project, based within The Fed's Volunteer services, supports carers in the Jewish Community. This project has been providing this culturally appropriate service to carers for over 20 years.

The service aims to provide carers with a much-needed break from their caring role. They recruit, train and support volunteers who sit with or take out the person being cared for, enabling the carer to have some time away from their caring responsibilities.

The volunteer coordinators assess each carer and give ongoing support to them, their cared for, and the volunteers who visit them. This service is tailor made to meet individual needs of each carer and helps carers to have a life of their own alongside their caring role. This personalised service ensures that carers are valued, respected and listened to.

Depending on need, carers are offered regular support weekly, fortnightly or monthly.

Services offered include a regular visit from a volunteer befriender, phone support from volunteers, assessments and home visits from coordinators, phone support sessions from coordinators, invitations to wellbeing events, including monthly Coffee Stops, Jewish festival parties eg Chanukah party.

Coordinators carefully match volunteers to caring situations as this can be very sensitive. The cared for person may not wish to be left with anyone they are not familiar with, and the carer may feel uneasy about leaving the person they are caring for. Coordinators are very experienced at giving carers the confidence to accept the help and to ask for extra support when needed.

Volunteers often befriend the cared for person in their own home, sometimes take the cared for person out into the community, alleviating the carer from their caring role.

### **The Bury Directory**

The Bury Directory is Bury's one-stop information point for advice, support, activities, services and more. Following several workshops with carers of all ages, a dedicated carers section has been developed which brings together information, advice and services for carers all in one place.

Work is currently underway to review and refresh the Bury Directory.

### **Disabled Facilities Grant (DFG) and wider services**

What is your strategic approach to using housing support, including DFG funding, that supports independence at home?

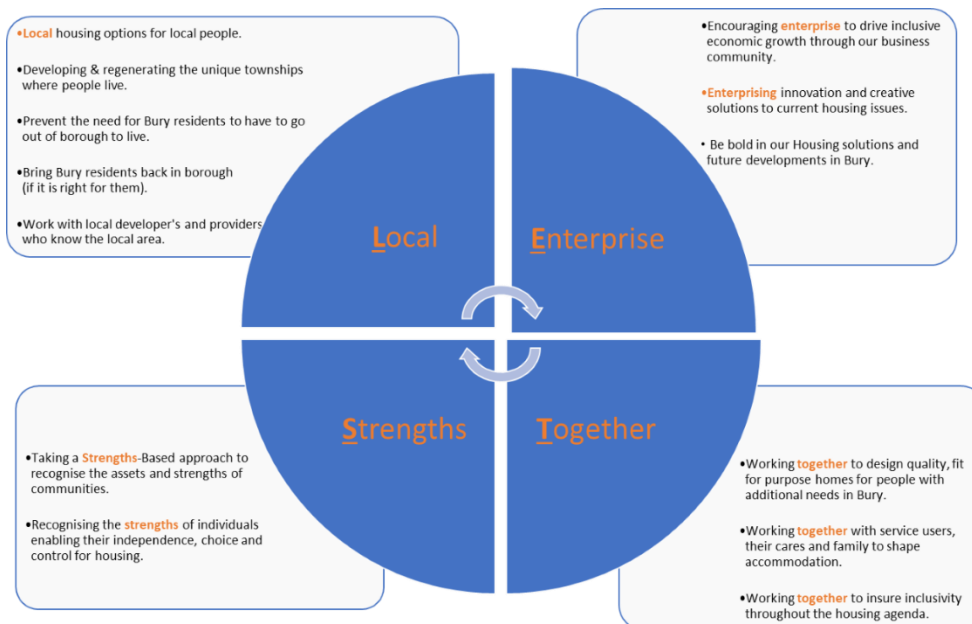
Bury has refreshed its strategic approach in using DFG funding. Revised national guidance, changes to resource in Bury Councils Community Commissioning department, corporate housing services, along with the development of the Housing for Adults with Additional Needs Vision, Strategy and Market Position Statement Adult Social Care Housing - Bury Council, and Bury 'Let's Do it' Strategy provide opportunities for an integrated approach to shape DFG usage in the best manner for residents.

As a system, these opportunities include:

- Technology Enabled Care (TEC).
- Expanding handy person scheme.
- Wider range of aids and adaptation solutions
- Utilise floating support to enable people to live independently at home for as long as possible.
- Working with providers in a different way, with a revised framework and considering how DFG can help people home from hospital in a timely manner.

Bury has an established Living Options Group (LOG) where partners collaborate to consider housing options and property allocation to individuals with care needs. There is now a Registered Provider Framework and strong relations with Housing Associations and developers in Bury to develop creative solutions to complex challenges. Along with the revised digital approach, with TEC at the forefront, all should be part of a revised pathway to support those with housing challenges in a different and innovative way. Therefore, end to end process mapping to understand the current process and design revised process is required.

The following diagram describes how the ASC housing programme for those with additional needs links with the corporate priorities:



### Additional information (not assured)

Have you made use of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) to use a portion of DFG funding for discretionary services? (Y/N)

Yes

If so, what is the amount that is allocated for these discretionary uses and how many districts use this funding?

The Council will continue delivery of minor and major adaptations for households with additional need and agree to widen use of DFG for residents with additional needs. This includes by delivering:

- Innovation Grants/ Excess Cold Grants- preventing accidents and hospital admissions

- Repairs to adaptations- enabling people to stay in their home longer and prevent or delay the need for more costly formal care or residential placement.
- Minor Adaptations- Fund equipment store to provide larger minor adaptations costing less than £1,000 such as external metal handrails, grab rails and stair rails and other adaptations
- Technology Enabled Care (TEC)- allowing people to use technology to enable people to live independently at home, potentially preventing the need for adaptation to properties.
- Housing support for older people- Handy Person to assist with minor adaptations and household DIY tasks.
- Incentivisation 'Moving Assistance'- help move tenants into a more suitable property or moving tenant out of an adapted property who no longer needs it to alternative home.

Full breakdown is below:

	<b>Allocation of Disabled Facilities Grant</b>	<b>Narrative/ Descriptor</b>	<b>Amount Allocated Per Annum</b>	<b>System benefit/ saving</b>
1	Main DFG Programme	Aids, adaptations extensions etc	£1,300,611	Income generated from means testing
2	DFG Top up Grants	Discretionary top up grant of up to £20,000 where costs of work exceed £30,000 max upper grant limit.	£80,000	Help provide parity across clients, helps supports those less well off financially.
3	Innovation Grants/ Excess Cold Grants	Fund range of innovation grants to prevent accidents and hospital admissions and to support people to live independently in their own home.	£15,000	Innovation grants enable flexibility to meet needs without adaptation or capital costs.
4	Repairs to adaptations	Capital related expenditure for repairs to existing adaptations in cases, where tenant remains in the property with the same needs	£20,000	Enables people to remain in the same property for longer – potential system savings as prevent or delay the need for more costly formal care or residential placement.
5	Minor Adaptations	Fund equipment store to provide larger minor	£225,000	Currently Equipment store budget funded via community care

		adaptations costing less than £1,000.		budget £40,000 adaptations stores budget & £185,000 personal Aids budget (Total £225,000)
6	Technology Enabled Care (TEC)	<p>Fund the cost of TEC.</p> <p>Use monies to replace analogue units to digital.</p> <p>Help remove disparity/ inequitable process for funding/ charging for Carelink and other TEC.</p> <p>Enable people to live independently at home, potentially preventing the need for adaption to property.</p>	£130,000	System saving for the Community Care Budget, but also for the wider system in preventing, reducing, or delaying the need for more formal care, or admission to hospital.
7	Housing support for older people	<p>A Handy Person post linked to Home from Hospital service.</p> <p>The role would assist with minor adaptations and household DIY tasks. This role could prevent/ reduce people falls or injury to tenants.</p>	£38,000	System savings as preventative and may be cheaper than going through procurement process for minor aids such as handrail fittings. The post could also help generate income if advertised and offered to support people who were willing and able to pay.
8	Incentivisation 'Moving Assistance'	Provide funding in cases where it is not possible/not appropriate course to adapt existing property. Monies would be utilised to help move tenants into	£100,000	Enables more speedily and efficient moves to achieve better outcomes for people. Would also be used when people are occupying an adapted property but no longer needing it.

		more suitable home or move someone out of an adapted property that no longer need it.		
9	Surveyor and technical support workforce	Providing resources to undertake surveying, technical and other workforce requirements for the adaptations to take place.	£168,000	The workforce cost has always been met by the DFG fund.
<b>Total</b>			<b>£2,076,611</b>	

## **Equality and health inequalities**

How will the plan contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include

- Changes from previous BCF plan
- How equality impacts of the local BCF plan have been considered
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Changes to local priorities related to health inequality and equality and how activities in the document will address these
- Any actions moving forward that can contribute to reducing these differences in outcomes
- How priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.

## **Inclusion strategy and objectives 2021 to 2025**

Bury Council and the ICB has, through the leadership of the Strategic Commissioning Board, made a commitment to significant improvements in our equalities and inclusion practice as both an employer and service provider/commissioner. This commitment is made as part of our leadership role in delivering the Bury 2030 vision through the [Let's Do It! strategy](#), which has inclusion at its core.

The term inclusion has been intentionally used for this strategy as it incorporates equality, diversity and human rights, and our legal requirements under the Equality Act. Previously Bury Council and Bury ICB have used a combination of these terms, so inclusion provides a common term to corral around given this is a joint strategy and encompasses the intent to promote equal access and take up of opportunities; to respect and celebrate diversity; to protect and raise human rights, of all people across the Borough.

The inclusion vision for Bury 2030 is to enable every person in the Borough to fully participate in and shape the collective, by supporting people to be themselves; to speak out about ideas and concerns and to be heard. It describes commitments to develop relationships, create new and developed to hear every voice and co-design services with the people who use them, as well as ongoing community safety activity which drives cohesion through a culture of trust, tolerance and understanding.

The Council and ICBs strategic commitment to inclusion is further articulated in [our joint inclusion strategy 2020 to 2024](#) that was agreed in early 2021 following a comprehensive external review.

This will help us to further improve our equality performance and also to ensure that we meet our obligations under the Equality Act 2010 and associated Public Sector Equality Duty.

In September 2021 Bury Council's Cabinet agreed to move towards the organisation's accreditation as a Real Living Wage employer by making arrangements to pay the Real Living Wage to all directly employed staff from April 2022 and move towards payment at this rate for staff employed by commissioned providers over a three-year period. The Council's

work here was recognised by the Living Wage Foundation with the Council awarded formal Real Living Wage accreditation in November 2021. Furthermore, this accreditation was fundamental in the Council's recognition as a Member of the Greater Manchester Good Employment Charter in February 2022. This commitment represented a significant financial investment for the Council, of a projected £5.5m over a five years period as of September 2021. The Council's October Medium Term Financial Strategy refresh added a further £3.2m to this cost owing to the unprecedented growth in the Real Living Wage this year. In making the case for payment of the Real Living Wage, Members noted that this would directly increase the pay of an estimated 4,000 of Bury's lowest paid workers, most significantly within the commissioned care setting. This approach was championed because of both its strategic importance in supporting the stability of this crucial sector, particularly in the context of Covid-19, but also in recognition of the evidenced link between 'good work' and 'good health'.

The Council's payment of the Real Living Wage is making a strong positive contribution to the Bury economy by directly increasing the income of nearly 5,000 Bury employees and influencing the decision of other local employers to follow suit. Furthermore, as the evidence above demonstrates this increase in employee income will be directly contributing to the health and wellbeing of the Bury workforce. It is, perhaps, too early to show any direct local impacts through, for example, reduced sickness absence rates or increased stability in the social care sector or lowest paid areas of the Council workforce. Demonstrating causation here would also be challenging given the current period of unprecedented change and economic uncertainty. The evidenced link here is, however, strong. Over the coming months the Council will continue to promote the Living Wage alongside the wider attributes of Good Employment through both its actions and own practices and will work to identify the positive impact of this work on the life chances of our communities.

## Additional ICB Discharge Funding 2023-24 and 2024-25: ICB to HWB allocation template

### Guidance

Additional Funding for activity to support discharge from hospital has been provided via ICBs and LAs. This funding must be pooled into local Better Care Fund plans and used in line with the conditions set out in the BCF Planning Requirements.

Half of the Discharge funding has been distributed via ICB allocations. The funding must be pooled into HWB level BCF plans. Allocations to HWB (LA) level have not been set centrally and it is for systems to agree how to distribute this funding at HWB level. The distribution to HWB level should be agreed between the ICB and local authorities.

Agreed contributions from the ICB element of the discharge funding should be included in individual BCF Planning Templates. These HWB allocations will need to be agreed in sufficient time for local BCF plans to be finalised and agreed in time for the 28 June deadline. This template is for ICBs to confirm the distribution of ICB allocated funding across all HWBs within their footprint. ICB finance leads are responsible for ensuring that a completed version of this template is returned for each ICB to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) (copied to the Better Care Manager) on 28 June, separately from HWB level plans.

You should ensure that the total sum distributed to HWBs for 2023-24 and 2024-25 from your ICB is equal to the total allocation from the ASC Discharge Fund.

As with all BCF templates, the information from this template will be shared with national partners, including finance colleagues. ICBs may be asked to report further on the use of this funding during the year.

*Yellow sections indicate required input*

ICB name

NHS Greater Manchester ICB

**2023-24**

**2024-25**

Total allocation

£17,658,583.20

£27,165,085.84

Name of person completing this form

Simon O'Hare

HWB	2023-24 Funding	2024-25 Funding
Bolton		
Bury	£968,494.00	£1,489,883.00
Manchester		
Oldham		
Rochdale		
Salford		
Stockport		
Tameside		
Trafford		
Wigan		
Total (Must equal allocation)	£968,494.00	£1,489,883.00

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