

Minutes of: Health and Wellbeing Board

Date of Meeting: 14 November 2023

Present: Councillor T Tariq (in the Chair)
Councillors N Boroda, J Lancaster, E O'Brien and L Smith

J Hobday – Director of Public Health, W Blandamer – Executive Director of Health and Adult Care, A Crook – Director of Adult Social Services, K Wynne-Jones – Representative from LCO, J Fawcus – Representative from NCA, H Tomlinson – Representative from Bury VCFA, C Fines – Representative from NHS GM Bury, C Farrell – Representative from Six Town Housing, R Passman – Representative from Healthwatch

Also in attendance: S Taylor – Public Health Specialist, J Pilkington – Director of Population Health ICS GM, L Buggie – Public Health Specialist, S Senior – Consultant in Public Health, S French – Public Health Registrar, K Barnett – Democratic Services

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

Apologies for Absence: J Richards – Executive Director of Children and Young People, M Beesley – GP Federation

HWB.1 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.2 DECLARATIONS OF INTEREST

Councillor Tariq declared that he is a member of the Health and Wellbeing Board in Oldham and a manager at Healthwatch, Oldham.

HWB.3 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.4 MINUTES OF PREVIOUS MEETING

It was agreed:

That the minutes of the meeting held on 19 September 2023 be approved as a correct record and signed by the Chair.

HWB.5 MATTERS ARISING

Will Blandamer reported that the application for the UK network of Age Friendly Communities, that was endorsed at the last meeting, had been successful.

It was agreed:

1. To thank all involved with the application for Bury to become a UK network of Age Friendly Communities.

HWB.6 BETTER CARE FUND QUARTERLY REPORT 2023

The Chair agreed to re-order the agenda.

Will Blandamer provided an overview of the Quarter 2 Better Care Fund Report contained within the agenda pack, which was submitted to the Better Care Fund Team in October 2023. The overview included an update on how the system is progressing against the agreed metrics. It was reported that good progress has been made in 'avoidable admissions' and 'reablement' but an area for improvement in terms of admissions into hospital is 'falls prevention', which will be a priority topic in the Aging Well Group.

Other areas for improvement were identified as 'discharge to normal place of residence' and 'long term residential care'. Will Blandamer gave assurances around these metrics, that colleagues at the NCA are working hard on a piece of work called the National Front Runner Discharge Programme, which is strength-based work within the hospital. Since the work began, they have seen a significant improvement in the discharge arrangements.

The Board agreed to:

1. Note the content of the quarter 2 reporting submission.
2. Retrospectively approve the attached Better Care Fund 2023/2025 quarter 2 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.
3. To thank Shirley Allen for the work that she has done on the Better Care Fund submission.

HWB.7 WIDER DETERMINANTS OF POPULATION HEALTH

a ANTI-POVERTY STRATEGY

Jon Hobday provided an update on the anti-poverty work that has been completed since the last Health and Wellbeing Board meeting. The update included work on the roll out of the Household Support Fund, the continued work on the delivery plan and the ongoing promotion of the support and provision available. Statistical information was provided on how the Household Support Fund has been used, in total £984K of the fund has been spent.

Jon Hobday highlighted other areas of work being progressed and explained that an element of the anti-poverty work is getting people back into work and promoting businesses in Bury. In relation to this, there was a Skills Event held in Radcliffe and a Business Enterprise Event held. Information was provided on the Bury Works Unit, that is opening on the 5th December, with the aim of supporting people back to work and supporting their health and wellbeing.

Councillor Tariq advised the Board of the launch of the family hub and highlighted that it is a good example of collaboration across all different teams and partners.

In response to a question from Councillor Lancaster, Jon Hobday advised that he would provide the details of the number of attendees from the Skills Event and Business Enterprise Event.

Ruth Passman suggested that a way to encourage attendance at events was to offer people an incentive for attending. Jon Hobday advised that he would suggest this to the BGI Team.

In response to a question around CAB being kept up to date with the cost-of-living causing health issues, Jon Hobday agreed he will follow this up Healthwatch colleagues after this had been discussed further at the anti-poverty steering group.

b FAIRER FOR ALL UPDATE

Jon Hobday provided an overview on 'Fairer Health for All' which is a GM system wide framework, that outlines the approach to addressing root causes of ill health and inequalities. It is a collaborative approach of how we work across the system to address inequalities and was developed in Greater Manchester on the back of the Build Back Fairer GM Report and Marmot Report. The framework has been co-produced with a range of partners and community engagement. The key reason for the framework being discussed at the Health and Wellbeing Board, is to understand the framework and how it aligns with the work that we do locally.

Jane Pilkington highlighted the important leadership role that the VCFA sector had played in developing the framework and reported that the framework is in a 3-month engagement process. The framework is an overarching framework which is designed to align and support locality equity plans and build health inequalities into everything we do, to tackle the discrimination that leads to health and care inequalities. It has been coproduced over 15 months to ensure it aligns with local strategies, such as Bury's 'Let's Do It Strategy'. The principles for the framework were explained and the importance of people power was highlighted, as it was at the heart of how the framework was designed and is essential to the delivery of Fairer Health for All. Proportionate universalism was highlighted as important, as it is around the designing and delivery of universal services according to need.

Jane Pilkington reported that the proposed high level outcome targets cover reducing gaps in life expectancy, infant mortality and around reducing the gap around multiple health behaviours on the onset of multiple morbidities. The delivery tools were explained, with the aim of the Fairer Health for All Academy facilitating shared learning, innovation and building the skills and values required to shift towards upstream models of care.

Questions and comments were invited from Board members.

Jon Hobday advised that as part of a local response to the consultation he will be submitting some recommendations around the outcome measures and asked members to submit any comments or recommendations to him to feed into the consultation.

Councillor Tariq reported that the framework aligns to the work that Bury are already doing, focusing on health inequalities and that there will be a motion around health inequalities presented at the next Council meeting.

In response to a question from Councillor Tariq around Manchester City Council setting up a board that oversees the implementation of work streams, Jane Pilkington advised that Manchester City Council had commissioned stakeholders to look at their core objectives and advised that she could help with making connections at Manchester City Council.

In response to a question from Councillor Lancaster around the inequalities data, Jon Hobday agreed to share the strategic needs assessment, which has the data required.

In response to a question from Adrian Crook around focusing on excluded groups. Jane Pilkington agreed to look at the presentation to emphasis these groups and explained that in the joint board plan, they have key actions around the elderly and that the work and commitment is there.

It was agreed to:

1. Thank Jane Pilkington and colleagues for the work that they have completed around the framework.
2. Look at the set-up of Manchester City Board, that oversees the implementation of work streams in more detail.

HWB.8 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a BURY MOVING STRATEGY UPDATE

Stefan Taylor and Lee Buggie, Public Health Specialists presented an update on the Bury Moving Strategy.

Stefan Taylor reported that this is a framework rather than a strategy and that there are 4 strategic aims to increase physical activity and reduce sedentary behaviour and 15 priorities that come from the objectives. It was explained that the strategy needed to align with the Let's Do It Strategy and have a whole system approach doing more work in schools and as a small local authority. In terms of being active, it was explained that Bury would rank the 3rd active Local Authority in Greater Manchester if there was a league table.

Lee Buggie highlighted what good looks like and reported that there was a slightly higher level of obesity in Reception and Year 6 and due to this, Public Health are re-wording the letter that is sent to parents/carers and creating a referral point to the Bury Live well Service. Lee Buggie provided details on a number of initiatives which included working with non-traditional partners to address Men's mental health, working with schools to create an 'active school', man vs fat, linking Parkrun and neighbourhood led walks and trialling green gyms. The next steps for the work included engagement with partners and communities, a re-focus around tackling inequalities and councillor mental health training.

Councillor Tariq advised of the new and first ever Parkrun in Clarence Park and that the attendance has been increasing at the event which links to the Let's Do It Strategy around building up a volunteer base.

In response to a question from Helen Tomlinson around where this strategy sits in relation to the wellness strategy, Jon Hobday advised that it is a framework rather than a separate strategy with a clear vision. There are four key areas of focus in the framework, and partners will be encouraged to support activity in each of the areas but the intention is that activity is not all centrally controlled and facilitated.

In response to a question from Helen Tomlinson around how to include the voluntary sector in this work, Lee Buggie explained that there are multiple offers to access funding and is keen around the volunteering network and bringing funding from Greater Manchester. Lee Buggie advised that he contact the VCFA around volunteering.

Adrian Crook asked to keep older adults in mind with this strategy, to keep them mobilised around their homes.

Ruth Passman advised of a Women's Health Project around pelvic health that this work should be discussed further.

Jon Hobday reported that the active lives data is really useful in giving a clear picture to advise which parts of the borough are inactive.

Councillor Smith reported the need for a good signposting system to help people overcome barriers that they may have.

It was agreed:-

1. next steps to support a re-fresh and re-profile given covid, finite resource and changing priorities locally, regionally, and nationally (Sport England/GM Moving re-focus).

These include:

- An action plan review of the current strategy, highlight some easy wins and reprofile and re-design a suitable project plans those items deemed off track and or slipped and or stalled.
 - Consider how this strategy echoes other wider policies and corporate aims such as proposed public health priorities (Life Expectancy Gap and School Readiness), cooperate aims as part of the Lets strategy with improving quality of life and along with improved early years development and educational attainment.
 - Co-design and map the refresh with key partners, stakeholders and our communities ensuring they have an influence along with neighbourhood specific characteristics.
2. To look at the next steps and bring back Bury Moving Strategy to a future Board meeting highlighting the progress.

b NATIONAL SMOKING PROPOSAL UPDATES AND IMPLICATIONS

Lee Buggie, Public Health Specialist presented an update on the national smoking proposal.

Lee Buggie advised that smoking is the UK's biggest preventable killer, causing around 1 in 4 cancer deaths and 64,000 in England Alone. The Government is proposing that a new legislation will make it an offence for anyone born on or after the 1 January 2009 to be sold tobacco products and proposing a crack down on youth vaping. The government will continue to drive forward its agenda to support current smokers quit for good.

Locally, in Bury, our smoking prevalence (18+) stands at 11.7% which is approximately 17,00 people. An estimated £41.8M is spent on tobacco in Bury (legal and illicit) based on an average spending of £2451 on tobacco per person. In terms of smoking attributable hospital admissions, Bury stands at 1460 per 100,000, as of 2019/20, which is lower than the regional value (1540 per 100,000) but higher than the national value (1398 per 100,000). Emergency hospital admissions for COPD in Bury, stand at 500 per 100,000 (for 2019/20), which has increased from previous years and is progressively getting worse.

Lee Buggie advised of a GM Campaign to take steps to quit smoking and provided statistical information of how smoking affects peoples lives in Bury, highlighting smoking related mortality and social care costs due to smoking.

Lee Buggie asked Board Members to be supportive of the proposals to try and reduce the harms caused by smoking and prevent ill-health, disability and death. To view the consultation and send any comments to be included within Bury's Public Health response to Sarah Turton prior to the 28th November 2023 and to promote the consultation on social media.

It was agreed:

1. To send an e-mail to Board members requesting them to share the consultation and feed back comments to Sarah Turton to be included in Bury's response.

HWB.9 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

There were no items to be considered under this quadrant at this meeting.

HWB.10 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a HEALTH PROTECTION UPDATE

Steven Senior provided a summary of the report within the agenda pack.

It was reported that the main focus of health protection work is around respiratory infections. There have been several waves of Covid since social distancing measures ended, although almost everyone has antibodies to Covid and therefore the consequences of these waves cause fewer hospitalisations.

It was reported that the Covid vaccine programme was slowing down and there were inequalities in the uptake of the vaccine. The flu vaccine uptake has been higher than in previous years and the importance of having the vaccine was highlighted, as it can protect older people.

Steven Senior advised of a small cluster of measles in Bury and the work completed to raise awareness of measles. There were 30 Measles, Mumps and Rubella (MMR) catchment clinics over the summer holidays, in which 420 people attended. Due to a bid with NHS GM, this work will continue, to include people that may have missed out. For most, measles will be a mild infection but there are a small proportion of people where the infection can cause harm.

Steven Senior reported on the challenges with scabies over the last 6-9 months, due to shortages of the treatment and advised that the supplier issues are now starting to ease. Work has been completed around hepatitis A, due to a small outbreak in an early years settings. It was reported that there have not been any secondary cases and that the incubation period can be quite long. Public Health will continue to monitor Hepatitis A.

Steven Senior explained the quality assurance work that had taken place to improve the record management of outbreaks and advised of a peer review process with Wigan Council, looking at health protection business.

In response to a question from Adrian Crook regarding the treatment availability for scabies, Steven Senior advised that they are not completely assured yet of the treatment availability, but access seems to be getting easier.

It was agreed:

1. That the report be noted.

HWB.11 GM POPULATION HEALTH BOARD FEEDBACK

Jon Hobday, Director of Public Health, reported that at the last GM Population Health Board meeting there was a discussion around the role of people from communities and the VCFE in improving health outcomes and tackling inequalities. The key summary was that there needed to be a whole community shift towards creating and maintaining health and wellbeing. There was acknowledgement to the VCFE sector in enabling this and examples of lived experience and the importance of safe spaces were provided. A discussion took place around the fragility of the VCFE sector due to challenges with recruitment and contracts, and the risk to medium sized organisations was highlighted. The outcome from this item was for the Board to recognise the role the VCFE sector played, produce a position paper of the value and risks of the sector and

to develop a fair funding protocol. A brief discussion took place around Fairer Health for All and there was an amendment to the terms of reference of the Board.

Helen Tomlison reported that the fair funding protocol has now gone through and has been signed off by the GMCA. From a Bury point of view medium size organisations are the ones that are the most fragile and therefore focused work will need to be ongoing as they will support with market shaping.

It was agreed:

That the update be noted.

HWB.12 URGENT BUSINESS

There was no urgent business.

COUNCILLOR T TARIQ

Chair

(Note: The meeting started at 4.30 pm and ended at 6.15 pm)