AGENDA FOR



HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Tuesday, 14 November 2023
Place:	Microsoft Teams Meeting
Time:	4.30 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

3 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 - 12)

The minutes of the meeting held on 19 September 2023 are attached.

5 MATTERS ARISING

6 WIDER DETERMINANTS OF POPULATION HEALTH

a ANTI-POVERTY STRATEGY

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

b FAIRER FOR ALL UPDATE (Pages 13 - 28)

Jon Hobday, Director of Public Health and Jane Pilkington, Director for Population Health, NHS Greater Manchester Integrated Care Board to present the item. Report and presentation attached.

7 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

a BURY MOVING STRATEGY UPDATE (Pages 29 - 40)

Lee Buggie & Stefan Taylor, Public Health Specialists to present the item. Report and presentation attached.

b NATIONAL SMOKING PROPOSAL UPDATES AND IMPLICATIONS (Pages 41 - 46)

Lee Buggie, Public Health Specialist to present the item. Presentation attached.

8 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

There are no items for consideration under this quadrant.

9 THE OPERATION OF THE HEALTH AND CARE SYSTEM

a HEALTH PROTECTION UPDATE (Pages 47 - 58)

Steven Senior, Consultant in Public Health to present the item. Report attached.

b BETTER CARE FUND QUARTERLY REPORT 2023 (Pages 59 - 66)

Will Blandamer, Director of Health and Adult Care to present the item. Report attached.

10 GM POPULATION HEALTH BOARD FEEDBACK

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

11 URGENT BUSINESS

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



Agenda Item 4

Minutes of: Health and Wellbeing Board

Date of Meeting: 19 September 2023

Present: Councillor N Boroda (in the Chair)

Councillors A Arif, N Boroda, J Lancaster, E O'Brien and

L Smith

Will Blandamer, Jon Hobday, Ruth Passman, Cathy Fines,

Helen Tomlison, Joanna Fawcus

Also in attendance: Nicky Parker – Director of Transformation, Lee Buggie – Public

Health Specialist, David Catterall – Head of Commercial

Services, Francesca Vale - Public Health Practitioner (food and

health), Deborah Yates – Strategic Lead Integrated

Commissioning, Department of Health and Adult Care, Hiljia Jeffery – Graduate Policy Officer, Kelly Barnett – Democratic

Services

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

Apologies for Absence: Councillor T Tariq, A Crook, Farrell and Jones

HWB.14 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.15 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HWB.16 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

HWB.17 MINUTES OF PREVIOUS MEETING

It was agreed:

That the minutes of the meeting held on 14th June 2023 be approved as a correct record and signed by the Chair.

HWB.18 MATTERS ARISING

There were no matters arising.

HWB.19 WIDER DETERMINANTS OF POPULATION HEALTH

HWB.20 CULTURAL STRATEGY

Nicky Parker, Director of Transformation attended the meeting to present the newly launched Culture Strategy.

Nicky Parker reported that the purpose of the strategy is to use culture to help drive the economy, meet the Let's Do It Strategy around economic growth and lower than average levels of deprivation and to ensure that culture in focused within the place-based approach in each neighbourhood. Nicky Parker advised the need to strengthen statutory duties and to develop cultural assets within the borough. The strategy provides a framework to secure and maximise our investments in culture and it sits alongside the Economic Development Strategy and the Inclusion Strategy. The 5 strategic pillars within the strategy were explained, they set out the link between the borough's cultural identity and the heath, wellbeing and economic success of our communities.

The priorities over the next 2 years were set out, these included strengthening capacity and leadership and developing and improving cultural assets. Nicky Parker highlighted assets that are being developed which included plans for new libraries, plans to refurbish the Bury Arts Museum, a new leisure centre in Radcliffe, supporting physical, mental, social and emotional heath through the events programme and developing the community arts programme. Nicky Parker gave examples of the events programme which included intergenerational events, access to the arts via sports and working with partners and businesses. The events programme will be diverse and will focus on reducing social isolation, promoting wellbeing and being inclusive. Nicky Parker reported on grants and funding that were available and explained how fundraising is key to the strategy.

Helen Tomlinson, VCFA explained how they plan to engage some smaller voluntary and community organisations and bring in partners from faith organisations who may contribute to the culture strategy. The work will enable us to look at different approaches to investment and grants, working as an alliance model and collaboratively sharing skills and maximising social values. A by-product of the Culture Strategy is thought to be increased volunteering, this was highlighted as bringing social value to the borough.

In response to a question around the strategy's focus on health inequalities and the importance of focussing efforts on voices that are less heard, Nicky Parker reported that through the grants programme and the work with the VCFA, they are meeting smaller organisations and individuals. The evaluation of data is key, to ensure that the strategy is qualitive, such as finding out what it has done for social cohesion, are we making people feel less lonely, has it improved people's mental health or have people been somewhere they has never been before.

In response to a question around the communication of the Culture Strategy, to be clear that culture is for everyone, Nicky Parker agreed that the communication should be focused around community culture.

In response to a question around mental health intervention and how to make sure the strategy is linked in with mental health plans, Nicky Parker advised she will be working with mental health providers and will be looking at ways of promoting culture, to ensure that it reaches as many people as possible. Nicky Parker reported that she will work with the new wellness teams around the cultural programmes.

In response to a question around culture reaching all parts of borough, Nicky Parker reported it is down to the grants programme to ensure it has a reach in all neighbourhoods and will commit to do this.

In response to a question around funding and grants, Nicky Parker reported that she will have to work with businesses, the voluntary sector, and other Local Authorities to explore all funding available and highlighted that David Catterall was doing some work with the bid team. David Catterall reported the work that is being done around the Food and Drinks Festival and how they are getting sponsorships to ensure that it is sustainable. They are letting the community steer what the event looks like, improving community cohesion. Helen Tomlinson highlighted that communication and strategic oversight on any grants programme are important and it is key that it is co-designed across the public and voluntary sector.

In response to a question around linking up libraries with the early year services, Nicky Parker agreed that libraries can play a part in getting children school ready and the importance of working with colleagues in Children's Services to join this work up.

It was agreed:

1. That the update be noted.

HWB.21 ANTI-POVERTY STRATEGY UPDATE

Jon Hobday, Director of Public Health provided an update on the anti-poverty strategy. Since the last meeting took place in June 2023, the Household Support Fund is being rolled out and the team are focusing on the winter plan, around warm spaces and how to support people during a difficult winter period.

Jon Hobday provided some statistical information of the anti-poverty work that has been completed, this included:

- The Household Support Fund has supported 6900 children during the summer period.
- There have been 26 applications received from community groups to the Costof-living Community Fund, with 7 new organisations putting in bids.
- There have been 542 awards given from the Household Food and Fuel Fund.
- There have been 44 awards given for council tax support.
- There have been 7 discretionary housing payments made.

Jon Hobday advised of being specifically cautious with the Housing Support Fund over the last few months, knowing that the demand will increase significantly over the winter months.

Jon Hobday reported on other progress, which included a re-fresh of the delivery plans that are linked to our key strategy and the money referral tool being refined. A reminder has been sent to schools on the national guidance for school uniforms and a school uniform bank has been created. The Household Support Fund call line is being monitored and there are peaks in December and January and at the start of the school summer holidays, on average there are 197 calls a month for support.

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Future activities to support the cost-of-living crisis were highlighted.

Jon Hobday advised of the GM household survey, 69% of people in Bury were worried about the cost of living. The key concern from the data is that cost of living is impacting people financially, as well as their mental wellbeing.

Jon Hobday highlighted the connection of the anti-poverty strategy to the recently launched economic development strategy for the borough. The anti-poverty steering group wants to feed into the economic strategy about supporting people back into work, with the right skills and business opportunities for our local community.

In response to a question around numeracy grants, Jon Hobday advised that adult education colleagues are doing work around numeracy and budgeting and that he will research this grant.

It was agreed:

That the update be noted.

HWB.22 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

HWB.23 BURY FOOD STRATEGY PROGRESS REPORT (APRIL 2022 - SEPT 2023)

Francesca Vale, Public Health Specialist and David Catterall, Head of Commercial Services attended the meeting to provide an update on Bury's Food Strategy.

Francesca Vale advised of the Bury Food Partnership, which has around 75 member and explained how they collaborate positively together. The key achievements of the Partnership for 2022 were outlined, which included the Sustainable Food Places Bronze Award, a path to pantry film, Bury catering school meals service achieved the Food For Life Served Here Bronze Award. David Catterall reported on the promotion of the healthy start vouchers and advised that there has been an uptake from 62% to 66% in people claiming the vouchers. Francesca Vale reported of the work done in collaboration with Bury Market, the national recognition for their work and the work done in collaboration with the Department of Work and Pension with promoting the healthy start vouchers.

Board Members raised points around the data and the percentage uptake of those eligible for the healthy start vouchers, the model of support between food pantries and food banks, the quality of food and wrap around support within food banks, people with dietary requirements accessing food banks and concerns for a cohort of people who are using food banks due to universal credit being closed after Brexit.

In response to a question around the education of cooking fresh and heathy food, David Catterall reported that as part of the launch around the healthy start events, there was demonstration cooking and Bury adult learning colleagues promoting free cooking classes.

It was agreed:

1. That the update be noted.

HWB.24 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

HWB.25 UK NETWORK OF AGE-FRIENDLY COMMUNITIES

Deborah Yates, Strategic Lead for Integrated Commissioning presented the briefing note around Bury joining the UK network of age-friendly communities which commits to following the World Health Organisation framework. The application form sets out the work that will be done including the co-production network, frailty work and aligning to Greater Manchester's Older People Strategy key themes, which are aging well, working together and being co-produced with those with lived experiences.

Will Blandamer, Executive Director of Health and Adult Care reported that the Cabinet Member and Chair of the Health and Wellbeing Board, Councillor Tariq and the Senior Leadership Team are fully supportive of the submission and the work will support the Let's Do It Strategy.

It was agreed:

1. The Health and Wellbeing Board supported the application for Bury to join the UK Network of Age-friendly Communities.

HWB.26 BURY WEST PRIMARY PREVENTION

Lee Buggie, Public Health Specialist presented the Bury West Primary Prevention Plan. The Prevention Plan has had sign off and has been presented to peers, community champions and the Growing Together Radcliffe Group.

The action plan was ambitious given the variety of stakeholders they were working with. The plan includes physical health, substance misuse and mental health and operates across children and aging well. The plan touches on inequality and is checked and challenged at each monthly update.

Key items from the plan were highlighted, which included focusing on work around routine and manual workers, Radcliffe bike library being operational, Some GP's have signed up to the active practice charter and there has been investment from the Transport for Greater Manchester. Community outreach work was highlighted which included, substance misuse providers working from local cafes, breastfeeding cafes, 15 hours of service for smoking and alcohol, healthy start work and a co-designed mental health workshop. Lee Buggie reported that Radcliffe and Bury West have the highest number of Early Help cases for children but also has the highest number of cases successfully turned around.

Lee Buggie shared the action plan and highlighted the work around inequalities, a significant proportion of the work is primary prevention which contributes to the Radcliffe People Plan and the Let's Do It Strategy.

Will Blandamer reported that the framing of this plan was important, there are 5 neighbourhood teams working together with the ethos of connecting and engaging communities in a different way, it is important with this piece of work to receive an

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update of the steps being taken to improve health inequalities and addressing population health and wellbeing, there will be similar plans in other areas of the borough.

It was agreed:

- 1. That the update be noted.
- 2. That the action plan be shared with the Board.

HWB.27 THE OPERATION OF THE HEALTH AND CARE SYSTEM

HWB.28 BETTER CARE FUND (BCF) IMPROVED BETTER CARE FUND (IBCF) 23/25 AND ADULT SOCIAL CARE DISCHARGE FUNDING

Will Blandamer, Executive Director of Health and Adult Care presented the Better Care Fund, Improved Better Care Fund 2023/25 and Adult Social Care Discharge Fund Report to the Board for retrospective sign off for the Bury submission to the Better Care Fund 2023/25. The report is detailed and includes a comprehensive programme of work around our health and urgent care systems. It is reflective in line with the Locality Board, the Let's Do it Strategy and with the urgent care system priorities.

It was agreed:

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

HWB.29 OUTCOME PERFORMANCE FRAMEWORK

Jon Hobday, Director of Public Health presented the Outcome Performance Framework for the Board to understand the work that we are doing collectively for the wellbeing of our residents. The framework is aligned with the population health model and sets out how success will be measured, how progress will be monitored, the key areas of scrutiny, and how targets are set to ensure they are challenging.

Jon Hobday explained how the number of outcomes will be kept manageable. The outcomes will be captured under the four key areas of the GM Population Health Model: the wider determinants of health, behaviour and lifestyles, placed based person-centred approach and the public sector reform. Some of the high level outcomes are affected by things out of our control and are difficult to improve without investment and the Board may not be the leading partner of these outcomes.

Jon Hobday advised that Bury will be using statistical neighbours, with Calderdale being the main comparator, the targets will be at whatever their value is or an improvement of 5%.

Jon Hobday talked through the framework with Board Members. Every 6 months the outcomes framework will be shared with Board Members with the opportunity to complete specific work to look at key areas in more detail.

It was agreed:

- 1. Jon Hobday to share the framework with the Board for Members to look at in more detail.
- 2. That the Outcome performance Framework be brought to the Health and Wellbeing Board every 6 months for review.

HWB.30 GM POPULATION HEALTH BOARD FEEDBACK

Will Blandamer, Executive Director of Health and Adult Services, provided an update from the Greater Manchester Population Health Board and highlighted a positive piece of work around the population health framework called 'Fairer for All'. It is intended to sit around the Greater Manchester strategic landscape and be connected to the ICB Strategy and joint delivery plans, focusing on addressing population health and health inequalities. Will Blandamer suggested that it would be useful for the Health and Wellbeing Board to look at the 'Fairer for All' document together, at the next meeting, to think about how best to frame the paper.

It was agreed:

1. That the 'Fairer For All' document be brough to the Health and Wellbeing Board for discussion.

HWB.31 URGENT BUSINESS

There was no urgent business.

COUNCILLOR BORODA Chair

(Note: The meeting started at 4.30 pm and ended at 6.20 pm)





Classification	Item No.
Open	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 th November 2023
Title of report:	Fairer Health for All
Report by:	Jon Hobday – Director for Public Health, Bury Council Jane Pilkington – Director for Population Health, NHS Greater Manchester Integrated Care Board
Decision Type:	Information/ Discussion
Ward(s) to which report relates	All

Executive Summary:

This paper outlines opportunities for partners to input and shape priorities for co-ordinated action on health inequalities across Greater Manchester, responding to the proposed principles, priorities, targets and metrics in the Greater Manchester Fairer Health for All Framework.

It also outlines plans to co-design intelligence and leadership tools and resources that will enable neighbourhood and locality partners to create Fairer Health for All and support delivery of Bury's Health Inequality plans.

Recommendation(s)

That:

The Health and Wellbeing Board is asked to:

 Review and comment on the Fairer Health for All framework engagement draft and the engagement questions outlined in section 2.2 of this report. • Champion Fairer Health for All and opportunities for partners engagement

Key considerations:

1.0 BACKGROUND

What is Fairer Health for All?

- 1.1. Fairer Health for All (FHFA) is a system-wide commitment and framework for reducing health inequality and tackling inequalities across the wider, social, and commercial determinants of health, leading to a greener, fairer, more prosperous city-region.
- 1.2. The Fairer Health for All framework is a blueprint that sets out a collaborative approach priority action across the system, aimed at advancing equity, inclusion, and sustainability whilst delivering health and care services that better meet the needs of the communities we serve.
- 1.3. FHFA has been co-produced through extensive locality and community participation and engagement over the past fifteen months, which has taken place alongside the development of NHS Greater Manchester's Integrated Care Partnership strategy and our Five Year Joint Forward Plan. It prioritises coordinated action to deliver against the six strategy missions and a roadmap for how we will:
 - Work together to fulfil statutory NHS responsibilities such as unlocking social and economic potential and delivering against Core20Plus5 inequalities targets.
 - Enhance and embed prevention, equality, and sustainability into everything we do as a health and care system.
 - Tackle the discrimination, injustice and prejudice that lead to health and care inequalities.
 - Create more opportunities for people to lead healthy lives wherever they live, work and play in our city-region.
- 1.4. The full engagement draft of the <u>Fairer Health for All framework</u> outlines core principles and priorities, aligned to two new tools central to workforce development, leadership and strategic intelligence that can be adapted to local contexts.

2.0 ENGAGEMENT

2.1. The Engagement Draft of the Fairer Health for All framework sets out the process of engagement to date as well as initial outputs of work. Its purpose is to provide as much opportunity as possible for the final version to be informed and shaped by our colleagues from the VCFSE sector and our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.

- 2.2. We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on the following 4 key lines of enquiry:
 - a) What are your thoughts on the key goals, targets, and metrics we have identified in chapter 9? Are there any headline ambitions or key metrics that are missing or that require different emphasis?
 - b) Have we correctly identified the priorities are there any that are missing or require a different emphasis
 - c) If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?
 - d) Do you have any other views on the framework?
- 2.3. The intention is to socialise the framework locally through asking partners to share the engagement documents within their teams and relevant forums and by raising awareness across the system in the Team Bury Event in December 2023.
- 2.4. To provide direct feedback, please get in touch with gmhscp.adminpopulationhealth@nhs.net with any comments, suggestions or queries.

3.0 FAIRER HEALTH FOR ALL IN ACTION

- 3.1. The framework has focused initially on supporting the development and scaling of a range of work programmes already underway to:
 - Reduce variation in care across major system programmes with a particular focus on CORE20PLUS5 priority areas
 - · Focus on targeted prevention through delivery of upstream models of care
 - Maximise the role of the NHS and social care as anchor institutions to create a greener, fairer, healthier and more prosperous GM
 - Comprehensives approaches to prevention and the leading modifiable causes of inequalities in health
- 3.2. Local examples of work within Bury include the proactive work Primary Care is doing around CVD prevention, targeted bowel screening in low uptake areas and the focused immunisation catch up programmes with targeted communities.

4.0 FAIRER HEALTH FOR ALL TOOLS

- 4.1. The Fairer Health for All 'tools' are being iteratively developed over the coming 6 months to enable co-ordinated action across neighbourhoods, localities and at system level and to capture stories of change and examples of Fairer Health for All in action. The 'tools' under development are:
 - a) Fairer Health for All Academy
 - b) Health and Care Intelligence Hub

Culture Change and Leadership

- 4.2. We recognise that achieving Fairer Health for All requires a step change in the ambition, measurement, resourcing and workforce proficiency to tackle inequalities. Creating the conditions for diverse leadership, workforce and talent to flourish across our public and VCSE sectors will ensure we have the insight and ability to deliver to our diverse communities' tackling those unwarranted health disparities resulting from institutional discrimination.
- 4.3. The <u>Fairer Health for All Academy</u> facilitates shared learning, innovation and collaborative approaches to prevention and upstream models of care. Hosting a range of leadership and workforce development tools and resources, the Academy also provides a dedicated space to share lived experience from across the system. The academy will build capacity and capability for distributed leadership to enable health equity, equality, inclusion and sustainability into health and care commissioning, governance, and leadership at every level.
- 4.4. Existing and emerging leadership and workforce development opportunities will be accessible through the Academy, alongside new collaborations later in 23/24. An intentional co-creation process will create spaces for lived experience to be heard across systems and communities and acknowledge and value the diverse leadership and behaviours required to create Fairer Health for All.

Population Health Management

- 4.5. The Health and Care Intelligence Hub is part of our Fairer Health for All approach to enable adaptive capability for population health management in relation to our people, systems and analysis. Access to the hub can be requested via https://www.gmtableau.nhs.uk/gmportal/new_Request and is open to all VCSE and public sector partners.
- 4.6. Hosting a range of web-based intelligence tools, the hub has been co-designed to consolidate data and insights from public and VCFSE sector partners across the city-region into a single portal, enabling people and partners the opportunity to:
 - Bring data to life, understanding how health inequalities and variations in care change throughout a person's life
 - Focus on 'names not numbers' by capturing the insight and stories of change from different communities
 - Share wisdom and learning about which interventions work and why
 - Understand which communities have fewer opportunities to live healthily and are more likely to develop poor health by exploring the interactions between individual, family, and community factors
 - Ensure resources are targeted where needed, so policies and programmes can superserve prioritised communities
 - Proactively work with communities to offer more opportunities to stay well and find and treat illnesses early

- Measure progress, evaluate outcome indicators for different communities across various clinical pathways, and combine service data with community insights to understand reasons for poor access, unmet needs, and hidden harm
- Model the anticipated impact of policies/interventions on different communities, protected characteristics, and environmental sustainability as well as costs vs benefits
- 4.7. NHS Greater Manchester is working with key stakeholders, including VCSE partners, to develop a comprehensive data and intelligence function capable of delivering actionable intelligence to support population health, planning and service design and front-line clinical decision making.
- 4.8. Building a shared understanding of inequalities through insight, as well as data is essential, and can drive and sustain improvements in tackling inequalities in health outcomes. Interactive Impact Assessment Tools which combine health equity, equality and sustainability are under development which can help inform commissioning, policy and partnership approaches.

Community impact/links with Community Strategy

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Jane Pilkington, Director of Population Health NHS GM ICB, - jane.pilkington1@nhs.net

Background papers:

Full 'Fairer Health for All' engagement document found here https://gmintegratedcare.org.uk/wp-content/uploads/2023/09/109690001-gm-icp-fhfa-final-v3-accessible.pdf





What is Fairer Health for All?

- Framework that outlines our approach to addressing root causes of ill health and inequalities across the city-region
- Consensus of priority action across the system and roadmap for how we will work together to:
 - fulfil statutory NHS responsibilities to create a greener, fairer, more prosperous cityregion and deliver health and care services that better meet the needs of the communities we serve
 - enhance and embed prevention, equality, and sustainability into everything we do
 - tackle the discrimination, injustices and prejudice that lead to health and care inequalities
 - create more opportunities for people to lead healthy lives wherever they live, work and play in our city region



Fairer Health for All: in summary

The Greater Manchester Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability through the following model of delivery:

- GM Health and Care Intelligence Hub
- Fairer Health for All Academy

- Population Health Management & Strategic Intelligence
- Culture Change & Leadership
- Governance & Resourcing

Tools & resources

What is going to help this change

Enablers

How the system will make this happen

Principles

How we want the NHS GM to work

Focus on targeted prevention

Invest in the potential of people and communities to live well through the continued expansion of a social model for health and upstream models of care

Enhance the role of the Integrated Care Partnership as an **anchor system**

Strengthen our strategic approach to **sustainability** through delivery of our **Green Plan**

- People Power
- Proportionate Universalism
- Fairer Health with and for all
- Representation
- Health Creating Places



Fairer Health for All principles



The Fairer Health for All principles were co-designed by Greater Manchester partners and speak to how we will share risk and resources in a way that considers a strengths-led approach, building on the needs of individuals, communities and partnerships and to collaborative decision making, so that resource can be targeted and tailored to achieve good health across diverse places and people.



People power

We will work with people and communities, and listen to all voices including people who often get left out.

We will ask 'what matters to you' as well as 'what is the matter with you'.

We will build trust and collaboration and recognise that not all people have had equal life opportunities.



Proportionate universalism

We will co-design universal services (care for all) but with a scale and intensity that is proportionate to levels of need (focused and tailored to individual and community needs and strengths).

We will change how we spend resources

- so more resource is available to keep people healthy and for those with greatest need.



Fairer Health is everyone's business

We will think about inclusion and equality of outcome in everything we do and how we do it.

We will make sure how we work makes things better, and makes our environment better, for the future.

We will tackle structural racism and systemic prejudice and discrimination.



Representation

The mix of people who work in our organisations will be similar to the people we provide services for. For example, the different races, religions, ages and sexuality and including disabled people.

We will create the space for people to share their unique voice and be involved in decision making.



Health creating places

As anchor institutions we will build on the strengths of our communities and leverage collective power – to support communities and local economies.

We will focus on place and work collaboratively to tackle social. commercial and economic determinants of health.

What we will do:

- Improve health and wellbeing to narrow the gap in life expectancy and healthy life expectancy
 Between men and women living in Greater Manchester, between all ten localities, as well as the England average, by at least 15% by 2030.
- Reduce unwarranted variation in health outcomes and experiences
 Eliminate the fivefold difference between the highest and lowest social groups in the experience of having 3 or 4 multiple health harming behaviours such as smoking and excess alcohol consumption, through whole system approaches.

Increased social and economic activity because of reduced ill health
Narrowing the 15-year gap in the onset of multiple

Narrowing the 15-year gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population to 5 years by 2030.

- Reductions in preventable or unmet health and care needs leading to reductions in demand Evidenced in part by closing the health inequalities gap in of smoking prevalence with England by 2030.*
- Reduce the difference in life expectancy for those with serious mental illness and the incidence of physical health conditions, narrowing the gap with England by 15% by 2030
- Reducing infant mortality through measures including narrowing the gap with England by 15% by 2030 and closing the school readiness gap within the same period

^{*}Smoking is our single greatest cause of preventable inequalities. 1 in 4 hospital patients' smoke and smokers need social care on average 10 years earlier.

Integrated Care

Partnership

What are the delivery tools?

The Health and Care **Intelligence Hub**

- Co-designed to consolidate data and insights from public and VCFSE sector partners across the city region into a single portal.
- Range of web-based intelligence tools to enable adaptive capability for Population Health Management

Access to the hub can be requested via https://www.gmtableau.nhs.uk/gmportal/new R equest and is open to all VCSE and public sector partners.

Fairer Health for All Academy

The aim of the Fairer Health for All Academy is to:

- Facilitate shared learning and innovation on equity, inclusion and sustainability
- Build skills and values required to shift towards upstream models of care and social model for health







Appendices

Integrated Care

Partnership

Who are we going to engage and how?

This Engagement Draft of the Fairer Health for All framework sets out the process of engagement to date as well as initial outputs of work and will be used to support a programme of detailed engagement across our health and care system from now until the end of November.

Its purpose is to provide as much opportunity as possible for the final version to be informed and shaped by our colleagues from the VCFSE sector and our service users, partner agencies, practitioners, staff and leaders from across all ten localities, in the way it has been co-produced over the fifteen months to date.

We welcome all comments and will be engaging directly with all stakeholders to provide a space for feedback on parameters 1-4.

- What are your thoughts on the key goals, targets and metrics we have identified in chapter 9? Are there any ambitions or key metrics that are missing or that require different emphasis?
- Have we correctly identified the priorities are there any that are missing or require a different emphasis
- If we collectively implement the proposals set out in the framework, how will this make a positive difference to your experience of achieving Fairer Health for All either as a provider, service user or delivery partner? What could be added to framework to improve on this?

Do you have any other views on the framework?

Greater

Manchester

Integrated Care

Partnership

Why is it needed? Deep rooted health inequalities

Inequalities at a glance in GM





Female healthy life expectancy in GM is 60.9 years

Vs England average of 63.9

A female born in Salford could expect to live 9.5 years less in good health than a female born in Trafford.

There are differences within localities too:



A woman living in Salford in the most deprived neighbourhoods can expect to live

than a woman living in the wealthier neighbourhoods



Male healthy life expectancy in GM is 61.4 years

Vs England average of 63.1

A male born in Oldham could expect to live 10.3 years less in good health than a male born in Trafford.

There are differences within localities too:



A man living in Salford in the most deprived neighbourhoods can expect to live

than a man living in the wealthier neighbourhoods



68,200 people In GM are unemployed

5% compared to 3.5% UK average

117,400 residents

are economically inactive due

Iona term sickness, 30% of our

productivity gap is due to ill health



1/3 of the GM population are children and young people (CYP)

around 1 in 4 live in poverty



40% of children

living in poverty in GM live in a smoking household. Children living in a smoking household are 4 times more likely to start smoking.



Asthma-related hospital admissions for CYP is consistently high in GM. And 50% higher for CYP from disadvantaged GM communities. Twice the rate of the national average.









comments and questions to:

a.crossfield@icloud.com debs.thompson@nhs.net



Classification	Item No.
Open	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 th November 2023
Title of report:	Bury Moving: A Physical Activity Strategy for Bury
Report by:	Lee Buggie – Public Health Specialist Stefan Taylor – Public Health Practitioner
Decision Type:	Information
Ward(s) to which report relates	All (Pan-Bury)

Executive Summary:

Please find a brief slide summary of Bury Moving: A Physical Activity Strategy for Bury, origin, the strategies ongoing successes along with proposed next steps in progressing the 4 key themes against the original action plan. Attached is the full Strategy document which underpins the rationale for the action plan and how it influences many of locality systems.

Physical activity provides a great opportunity to help make Bury a better place to live and work, offering a powerful and effective way of helping to address some of the complex social, health, environmental, and economic challenges that we face as a borough. Physical activity is a positive catalyst and contributor for community cohesion, economic growth, and raising aspirations, as well as giving opportunities for all to develop important skills that will help them to succeed in life.

In contrast, physical inactivity is the fourth leading cause of premature deaths in the UK, causing one in six deaths and contributing to poor rates of healthy life expectancy. Growing numbers of people are living longer with multiple long-term conditions, mental health

problems, and musculoskeletal conditions. There is a clear evidence base that illustrates the health benefits of being more physically active.

Recommendation(s)

That: The H&W Board agree 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 a influence along with neighbourhood specific characteristics.

Key considerations:

Introduction/ Background: As above

Key Issues for the Board to consider: Links to Culture and Wellness Strategy

Community impact/links with Community Strategy

N/A

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.	
Bury Moving: A Physical Activity Strategy for Bury confirms that equality issues have been considered and identify any relevant to the topic		
It will also ensure that the quality standards outputs do not discriminate against any of the equality groups		
It will highlight planned action relevant to equality		
It will highlight areas where quality standards may advance equality of		
opportunity.		

Report Author and Contact Details: Lee Buggie, Public Health Specialist (l.buggie@bury.gov.uk) and Stefan Taylor, Public Health Practitioner (s.taylor@bury.gov.uk)

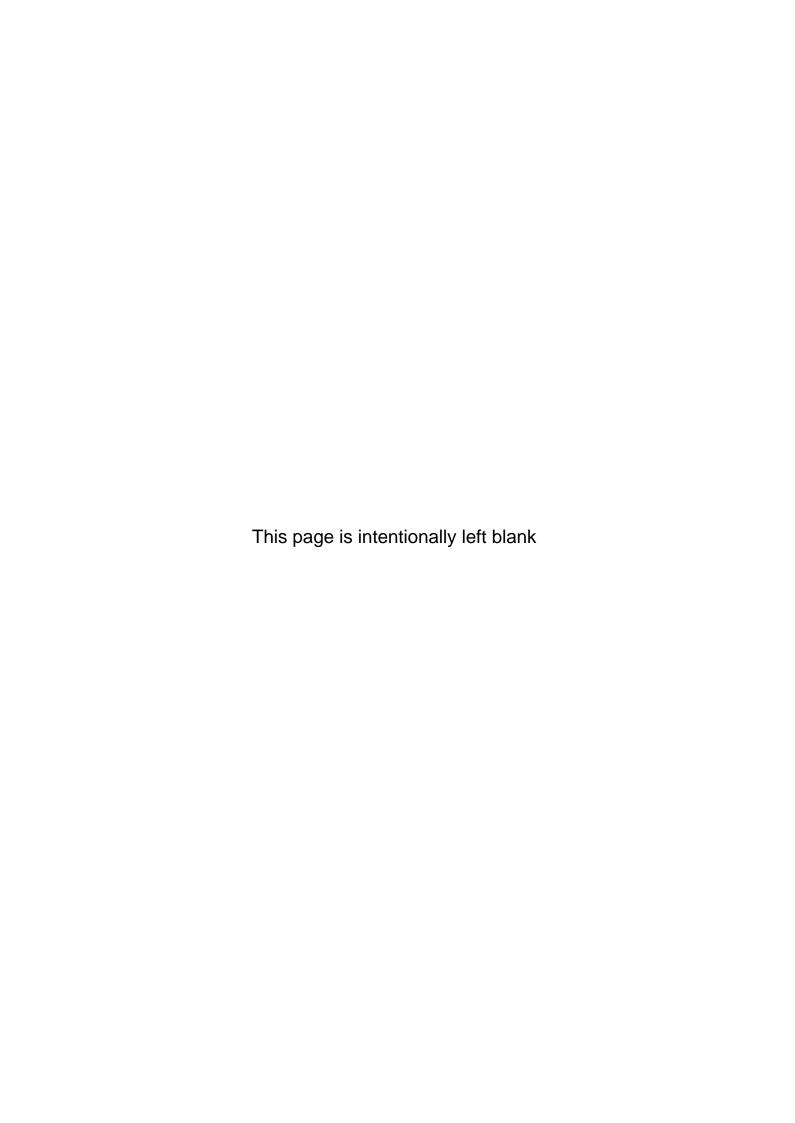
Background papers:

Bury Moving: A Physical Activity Strategy for Bury

https://theburydirectory.co.uk/storage/5546/Bury-physical-activity-strategy.pdf

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

Term	Meaning
N/A	N/A





Bury Moving: A Physical Activity Strategy for Bury

Presented by: Lee Buggie Public Health Specialist Stefan Taylor Public Health Practitioner

Bury Moving: Physical Activity Strategy for Bury (2020-25)

VISION...

More Active People for a Healthier Bury

Where physical activity is at the heart of...

AN INCLUSIVE ECONOMY

A QUALITY & SUSTAINABLE ENVIRONMENT

THRIVINGCOMMUNITIES

OBJECTIVES ...

CREATE AN ACTIVE SOCIETY

CREATE ACTIVE ENVIRONMENTS

ENABLE ACTIVE PEOPLE

CREATE ACTIVE SYSTEMS

Strengthen the systems necessary to

implement effective & coordinated

action to increase physical activity &

reduce sedentary behaviour

Creating positive social norms & attitudes towards physical activity

Equitable access to safe places & spaces in which to engage in regular physical activity

Strengthen transport & planning

Maximise the potential of quality

recreational spaces, & sports

Improve Walking and Oveling

networks & infrastructure

policies to enable physical activity

green open spaces, green networks,

Create and promote access to opportunities across multiple settings to help people across the lifecourse to engage in regular physical activity

- Prioritise support for the least active Champion provision across multiple

settings

- Incorporate physical activity at the heart of integrated health & public service provision
- Embed physical activity at the heart of young people's lives
- Enhance opportunities for older adults

Strengthen policy, leadership & governance

- Build advocacy
- I Embrace Open Data & digital technology
- Drive innovation in creating financial & human resource capacity

Enabled through PRIORITIES...

- Marketing & Communication Campaigns
- Promote the social, economic, and environmental co-benefits of physical activity
- Build Workforce Capacity

PLACE-BASED

FOCUS

EQUITY ACROSS THE LIFECOURSE

PROPORTIONATE UNIVERSALITY

EVIDENCE-BASED RACTICE

ENGAGEMENT & EMPOWERMENT OF POLICY MAKERS PEOPLE. FAMILIES AND COMMUNITIES

Supported by

GUIDING PRINCIPLES...

> All people of Bury live healthy & resilient

INCLUS

Bury residents have a dean & sustainable environment |

facilities

Residents of all ages have high level & appropriate skills

All Bury residents achieve a decent standard of living

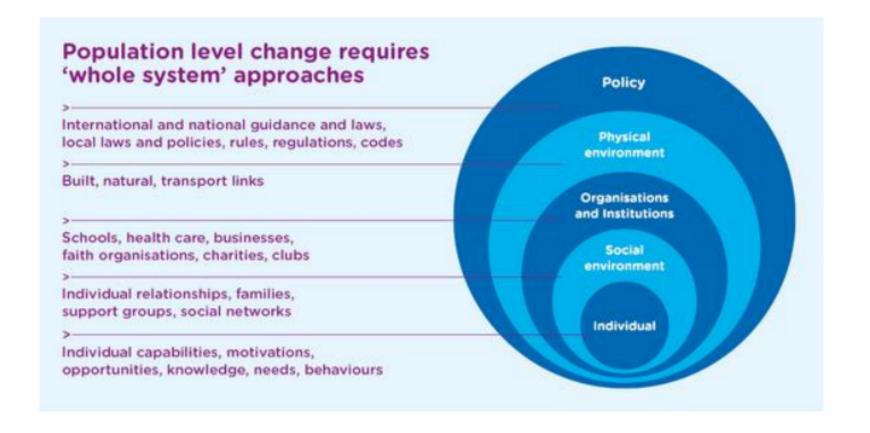
Bury is a safe place to live with everyone safe. (& feeling safe) from harm



To achieve

BENEFITS of...

A whole system approach – aligning all the influences on physical activity levels







So, what does look like on the ground?

Bury Moving: A Physical Activity Strategy for Bury





- · eating well and maintaining a healthy weight
- · getting more active, more often
- · family health and wellbeing

To self-refer your family for one-to-one consultation with a Health Trainer and Exercise Referral Officer please click here.





Reception (Aged 4-5)

Older Children (Aged 10-11)







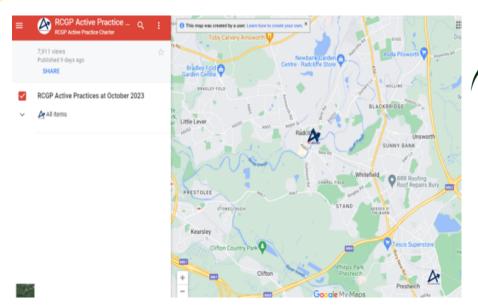
















MAN V FAT FOOTBALL











Next Steps

- Prioritise the Bury Moving Action Plan and refresh
- Engage with partners, stakeholders and communities
- Re-focus with greater effort on tackling inequalities
- Link to emerging cultural and wellness strategies
- Cllrs consider Centre for Mental Health
- Build on what we do well!





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Health related behaviour – Smoking: stopping the start





Smoking: stopping the start

Prime Minister to create 'smokefree generation' by ending to cigarette sales to those born on or after 1 January 2009, as well as plans to tackle youth vaping.

Professor Chris Whitty, Chief Medical Officer, said:

Smoking damages many lives. It causes stillbirths, asthma in children, heart disease, stroke and dementia in addition to causing most lung cancer and increasing risk of many other cancers.

Becoming addicted to cigarettes in early life is one of the worst things that can happen for future health. Preventing people becoming addicted to smoking and helping those who smoke to quit are two of the most important measures we can take to improve health.





- Proposed new legislation will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.
- The government has also announced a further major crackdown on youth vaping, by announcing an intention to consult on plans to reduce the appeal and availability of vapes to children.
- The government will also continue to drive forward its agenda to support current smokers to quit for good, by:
- More than doubling the current funding for stop smoking services.
- Providing an additional £5 million this year and then £15 million a year thereafter to fund national tobacco marketing campaigns to explain the changes, the benefits of quitting and support available.
- Rolling out a new national 'swap to stop' scheme.





What this means locally

- 'What Will You Miss' GM campaign
- Plan for the further investment into our community services for smoking.
- Ensure all relevant teams such as public health, public protection, trading standards, education etc. are linked into any key changes that take place around smoking and youth vaping.
- National Swap to Stop: application submitted for Bury look to provide vapes to our general smoking population as well as target certain cohorts where smoking prevalence is higher such as; LGBTQI+, routine and manual workers, substance misuse and social housing.
- We will show support for the proposed legislation change and complete the Consultation that links to this.





- We recommend member's and partners to be supportive of the proposals to try and reduce the harms caused by smoking and prevent ill-health, disability and death. This is a significant announcement and one which we can be united in our support for, to help turn this legislation into a reality.
- Consultation currently active Public Health are collating a response on behalf of Bury as a system. Please send any comments to <u>s.turton@bury.gov.uk</u> by the <u>28th November</u> and we can incorporate comments. Also welcome to complete your own through the link in this slide.
- Promote on social media.





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Classification	Item No.
Open	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 November 2023
Title of report:	Health Protection Update
Report by:	Steven Senior, Consultant in Public Health
Decision Type:	For information
Ward(s) to which report relates	All

Executive Summary:

- Health protection is the part of public health that involves protecting the public from hazards like infectious diseases or environmental pollutants. For reasons of time and space, this report focuses on infectious diseases.
- Local work on health protection can be divided into reactive work (responding to outbreaks and emerging issues) and proactive (preventative work such as infection control audits or vaccination programmes). This report provides a brief overview of current work under these headings.
- Current and recent health protection issues include:
 - o Increasing circulation of COVID-19;
 - o A small cluster of hepatitis A cases; and
 - o A shortage of treatment for scabies.
- Proactive work includes

Recommendation(s)

That: Health and Wellbeing Board notes the contents of the update.

Key considerations:

Background:

- 1. Health protection is the part of public health that involves protecting the public from hazards like infectious diseases or environmental pollutants. For reasons of time and space, this report focuses on infectious diseases.
- Local work on health protection can be divided into reactive work (responding to outbreaks and emerging issues) and proactive (preventative work such as infection control audits or vaccination programmes). This report provides a brief overview of current work under these headings.

Reactive work

- 3. Current and recent health protection issues include:
 - Ongoing circulation of COVID-19;
 - A small cluster of hepatitis A cases; and
 - A shortage of treatment for scabies.

COVID-19

- 4. Almost everyone in England has some immunity to COVID-19, most through a combination of vaccination and infection. As a result, the proportion of people who become seriously ill when infected is now much lower than in 2020.
- 5. However, across the whole population of England it has still contributed to over 11,000 deaths in the first nine months of 2023 (32 of which were Bury residents). Nationally the number of deaths is less than half the number for the equivalent period in 2022 and one fifth of the equivalent period in 2021.¹
- 6. Since the end of national lockdown restrictions there have been six waves of COVID-19 infections, peaking every three to four months. The last five of these were driven by the emergence of new variants of the SARS-COV2 virus that can partly evade existing immunity. The trend has been for each wave to peak at fewer people in hospital positive for COVID-19.
- 7. We are now in a seventh wave. The number of people in hospital who have tested positive for COVID-19 has increased but is still significantly lower than any previous wave (see figure 1).

¹ This is based on deaths where COVID-19 is mentioned on the death certificate, and include both those where it was the main cause of death, and those where it is listed as a secondary cause. An increase in the proportion of these deaths where COVID-19 was a secondary cause means that these figures are likely to over-state the number of deaths caused by COVID-19 in 2023 compared with earlier in the pandemic. Source: National COVID-19 dashboard (accessed 17/10/2023).

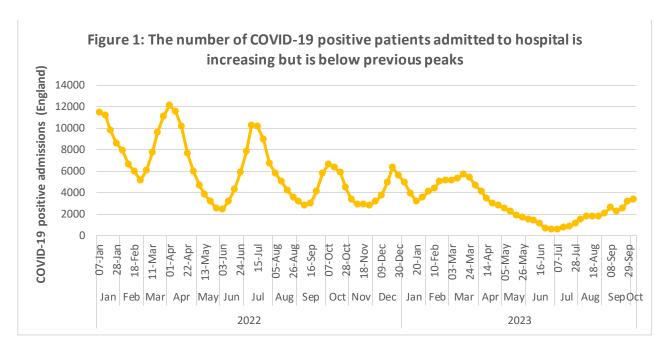


Figure 1: Weekly number of COVID-19 positive hospital admissions, January 2022 - October 2023.

8. There has been some concern about a recent variant (BA.2.86, 'Pirola'). This concern was based on the genetic profile of the Pirola variant. However, these concerns appear not to have been realised: the Pirola variant continues to circulate but there is little evidence it is more infectious or more virulent, and the COVID-19 vaccines should offer protection from the most severe illness among those most vulnerable.

Hepatitis A

- 9. Hepatitis A is a viral infection of the liver. In children and younger people, symptoms are mild and hard to distinguish from other gastrointestinal infections but in older adults or those with existing liver disease it can cause liver failure which can be fatal. The virus is excreted in poo and can be passed on through poor hand-hygiene (especially among food handlers), sharing toilet facilities, contaminated water and shellfish, and some sexual contacts.
- 10. Hepatitis A is relatively uncommon in England, with 21 laboratory-confirmed cases so up to the week ending 15 October nationally².
- 11. There has been a small cluster of hepatitis A detected in Bury. This has been linked to overseas travel. UK Health Security Agency (UKHSA) has completed contact tracing and has offered testing and vaccination to relevant close contacts.
- 12. One of the cases attended a primary school in Bury. Following risk assessment by UKHSA and council public health staff, the child's class and teachers were offered hepatitis A vaccination. Of 25 children offered vaccination, 20 were vaccinated on 11

² Source: UKHSA (2023) NOIDs causative agents week 41 (week ending 15 October 2023)

October. Three parents did not consent, and two children were unable to be vaccinated on the day and have been advised to visit their GP for vaccination.

Scabies

- 13. Scabies is a skin condition caused by mites that burrow into the skin. It is infectious and transmits by skin-to-skin contact. Although not serious, it is unpleasant and if untreated can lead to secondary bacterial skin infections.
- 14. So far in 2023 there have been 5 scabies outbreaks in care homes in Bury, three of which are under active surveillance.
- 15. There is a current national shortage of scabies treatment. Bury Council's Infection Prevention and Control (IPC) Team is working closely with NHS GM Bury's Medicines Optimisation Team and local NHS Trusts to source treatment for cases of scabies. However, supplies have been insufficient to ensure timely treatment of close contacts in line with national guidance, increasing the risk of outbreaks and the number of people affected.

Other issues

16. Figure 2 and 3 below give a summary of outbreaks reported to Bury Councils IPC Team by month in the year to date. COVID-19 continues to account for the most outbreaks in care homes.

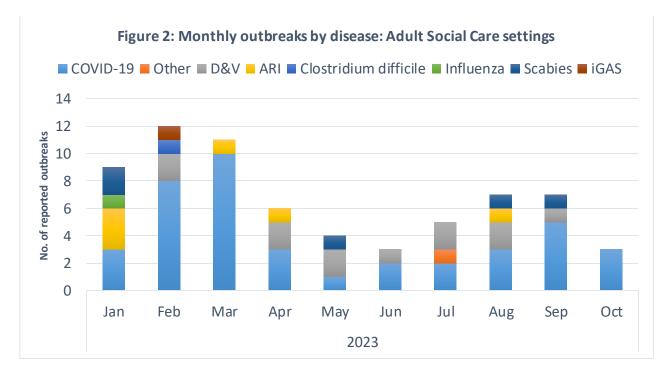


Figure 2: Monthly outbreaks in adult social care settings reported to Bury's IPC Team, year to date. D&V - diarrhoea and vomiting. ARI - acute respiratory infection. iGAS - invasive group A streptococcus. Note: data for October are partial.

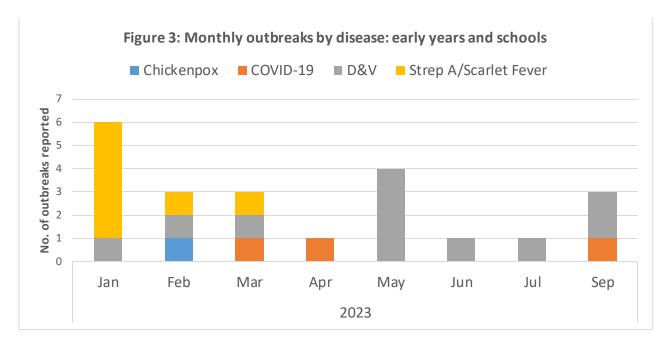


Figure 3: Monthly outbreaks reported to Bury's IPC Team year to date. D&V - diarrhoea and vomiting. Strep A - group A streptococcus.

- 17. As well as the incidents described above, avian influenza remains a threat. With any No cases have been notified by APHA (Animal and Plant Health Agency) who act along the lines of outbreak management akin to the UKHSA for avian influenza outbreaks. In the event of a confirmed outbreak, the council would need to step up an immediate response to deal with identification of premises within the declared 3km protection zone and 10km control zone.
- 18. Bury Council's Environmental Health Team has also investigated one case of legionnaires' disease (linked to recent travel to Portugal). There are no reports of food-borne outbreaks.

Proactive work

19. Proactive health protection work includes vaccination and immunisation programmes, infection prevention and control audits in care homes, and sector-led improvement work.

Vaccination and immunisation

- 20. Routine vaccination programmes commissioned by NHS England under section 7a of the NHS Act (2006). The local Public Health Team supports NHS England by monitoring uptake and coordinating local actions to address inequalities.
- 21. Current priorities include supporting the COVID-19 and flu seasonal vaccination programmes and offering catch up vaccination on measles, mumps, and rubella (MMR) vaccination.

COVID-19 and flu vaccines

- 22. From spring 2023 COVID-19 vaccines have been delivered by Bury's four primary care networks (PCNs) using general practice venues and by community pharmacies. The number of community pharmacies offering vaccination in Bury this winter has increased to 19 from 8 in the spring programme. The larger vaccination sites at the Elizabethan Suite, Ramsbottom Civic Centre, and Prestwich Walk-In Centre stopped operating in January 2023.
- 23. Both PCN and community pharmacies offering COVID-19 vaccines can also offer flu vaccines at the same time. This is likely to be both more convenient for patients and more efficient for vaccine providers.
- 24. The overall effect of these changes is to significantly increase the number of places offering COVID-19 and flu vaccines, particularly in areas of higher deprivation and lower vaccination uptake.
- 25. Data are available showing progress by locality, primary care network, and GP practice. This shows roll out in Bury roughly in line with the Greater Manchester average (see table 1 below).

COVID-19 vaccine uptake	Locality									
Cohort	Bolton	Bury	Manc.	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan
1: Care Home Residents	78.0%	83.1%	76.9%	76.5%	77.6%	41.7%	84.1%	68.6%	81.7%	81.6%
2: Healthcare Workers	16.1%	20.5%	14.7%	18.6%	17.9%	13.3%	25.6%	20.4%	22.5%	15.2%
3: Social Care Workers	21.5%	24.0%	15.3%	19.8%	22.8%	13.7%	23.8%	20.3%	17.6%	16.8%
4: 80+	58.8%	59.9%	44.5%	58.0%	61.9%	33.8%	68.5%	58.7%	58.0%	49.8%
5: 75-79	59.9%	60.3%	46.0%	60.7%	62.7%	37.7%	69.2%	60.1%	60.7%	50.1%
6: 70-74	52.4%	55.3%	41.5%	53.0%	56.1%	32.7%	65.4%	57.8%	55.4%	45.8%
7: 65-69	41.7%	46.3%	31.6%	41.7%	44.6%	27.0%	55.8%	46.3%	47.2%	36.6%
8: At Risk	15.2%	17.7%	12.2%	13.1%	16.1%	9.7%	24.3%	17.7%	18.5%	13.4%
9: 12-15 At Risk	5.6%	6.0%	4.5%	1.9%	3.8%	1.6%	3.4%	4.3%	6.9%	3.6%
11: 5-11 At Risk	0.8%	7.0%	3.6%	2.7%	1.5%	1.3%	5.5%	1.0%	4.5%	1.4%
10: 12-17 Household contacts of immunosuppressed	0.9%	0.8%	0.2%	0.2%	0.2%	0.2%	0.7%	0.0%	1.3%	0.6%

Table 1: Uptake of COVID-19 vaccines by locality (based on where the person is registered with a GP). Source - NHS Greater Manchester. Data as of 26 October 2023.

- 26. Data are not yet available on inequalities in uptake by geography, ethnicity, gender, or deprivation. Data on flu uptake are also not yet available but are likely to be similar to COVID-19 vaccine uptake.
- 27. We are in the process of preparing a bid for 'access and inequalities' funding from NHS Greater Manchester. This is intended to support activity to reduce inequalities in vaccine uptake. We plan to involve the five neighbourhood public sector leadership teams, as well as supporting extra calls, texts, and letters to residents promoting vaccination.

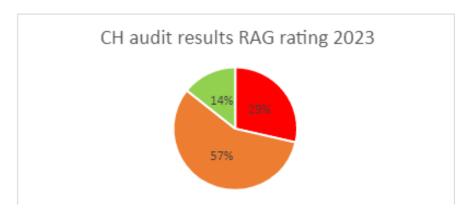
Measles, mumps, and rubella (MMR)

- 28. Uptake of the MMR vaccine has been falling, both in Bury and nationally since around 2015/16. Measles is highly infectious so the fall in vaccination rates means that large outbreaks are increasingly likely. Bury experienced a 'near-miss' this year, with a small outbreak of five cases of measles in April-May. This was traced back to a child who was too young to have been vaccinated who had travelled abroad on holiday. Fortunately, no further cases have been reported since.
- 29. The public health team in Bury and its partners across the council, wider health system and partners took a range of actions to reduce this risk. These have included:
 - Sharing communications with GPs and schools and early years settings
 highlighting the risk of measles, its potential consequences for those infected, and
 asking parents to check their children's vaccination status and contact their GP
 practice to catch up, and to phone ahead if attending a healthcare setting with
 someone who may have measles;
 - Briefing local GPs on the situation, the typical clinical presentation of measles, the importance of diagnostic swabs and prompt notification of possible cases to UKHSA, the importance of isolation of possible cases, and on practices' MMR uptake statistics;
 - Working with the Bury GP Federation to provide practices with lists of patients whose records suggest they have missed one or both MMR doses;
 - A wide range of work led by the school-aged immunisations team to offer catch-up MMR vaccination to secondary school children, including outreach work with local faith communities and gypsy and traveller communities; and
 - 28 MMR catch-up clinics offered through primary care networks at four sites across Bury with the Bury GP Federation supporting three of the four sites. This resulted in 429 people being vaccinated, many from deprived and under-served communities.

30. We are planning to submit a bid for funding from NHS Greater Manchester to continue this work. If successful, we plan to start focusing on those aged 19-30 along with younger cohorts. This is because the children who missed out on vaccination due to the MMR scares in the early 2000s are likely to be in their mid-20s now and may not know they are not protected from measles.

Care home infection prevention and control audits

- 31. The IPC Team also conducts infection prevention and control audits in care homes and other settings. Due to limited capacity, the team has been focusing on care homes, and those care homes in particular that have had the most outbreaks or other IPC issues identified, or where there were wider issues such as adverse CQC inspections.
- 32. Seven settings have been audited with a couple requiring multiple visits due to ongoing concerns. The chart below shows results from care audits which are RAG rated (Green = 92-100%, Amber = 71-91%, Red = 0-70%)



GP Practice infection prevention and control audits

- 33. One GP Practice has been audited on site due to them choosing to suspend minor surgery due to poor compliance with the last IPC audit in 2017. The minor surgery facilities were refurbished in spring 2023 and the team was requested to reaudit in April 23 with the practice receiving a green rating and minor surgery recommencing.
- 34. Other practices were asked to self-audit using a GM GP Practice IPC audit tool sent to practices so that the team can concentrate on Care Home audits. Only five audits returned to date with no major issues identified and other practices have been reminded to return the audits.

Quality improvement activities

35. The Greater Manchester Health Protection Strategic Confederation brings together health protection leads from across the city region. Part of its function has been to facilitate continuous improvement across the Greater Manchester health protection system.

- 36. Throughout 2020-22 the IPC Team developed improved systems for tracking and managing outbreaks, including risk assessment and identifying lessons from outbreaks.
- 37. In 2022, we did a stock take of our health protection arrangements, drawing on the Association of Directors of Public Health 'What Good Looks Like' document for health protection. This identified some areas for improvement around coordination with local TB services. These were common to other areas and are being addressed at GM level.
- 38. We are about to start a peer review of our health protection arrangements, partnering with Wigan Council. This will give us the opportunity to have our arrangements reviewed by a critical friend and identify further areas of improvement. Our aim is to complete this work by the end of 2023.

Key Issues for the Board to consider: For information only

Community impact/links with Community Strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	Please provide a written explanation of the outcome(s) of either
	conducting an initial or full EA.

Work in health protection helps to reduce inequalities. This includes both reactive work, which prevents the spread of infectious diseases, and proactive preventative work.

The focus on adult social care settings reflects the significant vulnerability of this group to infectious diseases, and helps to support healthy ageing and reduce the increased burden of ill health experienced by older people.

Reducing inequalities in vaccine uptake is central to the work described here. If successful this will reduce inequalities in vaccine preventable disease.

*Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.

Legal Implications:

To be completed by the Council's Monitoring Officer

Financial Implications:

To be completed by the Council's Section 151 Officer

Report Author and Contact Details:

Steven Senior s.senior@bury.gov.uk 0161 253 6772

Background papers:

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

Term	Meaning
ARI	Acute respiratory infection
D&V	Diarrhoea and vomiting
iGAS	Invasive Group A Streptococcus, a serious bacterial infection
IPC	Infection Prevention and Control
MMR	Measles, Mumps, and Rubella
PCN	Primary Care Network
ТВ	Tuberculosis
UKHSA	UK Health Security Agency



Classification	Item No.
Open	

Meeting:	Bury Health and Wellbeing Board
Meeting date:	14 th November 2023
Title of report:	Better Care Fund (BCF) Improved Better Care Fund (IBCF) 23/25 Quarter 2 Reporting Template
Report by:	Shirley Allen
Decision Type:	Decision
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:

Why is this report being brought to the Board?	To seek Health and Wellbeing Board retrospective sign off for the Bury quarter 2 reporting template for the Better Care Fund 2023/2025. The deadline for submission to the NHSE Better Care fund team was 30 th October 2023.
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	The Better Care Fund primarily focuses upon:

www.theburydirectory.co.uk/healthandwellbeingboard	 Living Well with a Long-Term Condition Reducing Length of Stay in hospitals Improving and supporting Hospital Discharges Prevention & Early Intervention
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	 Living Well with a Long-Term Condition Reducing Length of Stay in hospitals Improving and supporting Hospital Discharges Prevention & Early Intervention Falls
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.	(1) Note the content of the report.
	(2) Agree the retrospective submission of the Quarter 2 reporting template to BCF 2023/2025 as per the attached full reporting submission
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 stakeholdersplease provide details.	The Quarter 2 reporting template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.

Recommendation(s)

That:

• That the Health and Wellbeing Board note the content of the quarter 2 reporting submission

 That the Bury Health and Wellbeing Board 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.

Key considerations:

Introduction/ Background:

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/bettercarefund-policy-framework-2023-to-2025

This policy framework confirms the conditions and funding for the Better Care Fun (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 <u>plan for recovering urgent and emergency care (UEC) services</u>, as well as supporting the delivery of <u>Next steps to put People at the Heart of Care</u>. 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.

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.

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 BCF metrics for 2023 to 2025

- 2.6 There are a number of performance targets that we have to achieve in year. They are reported quarterly and annually in the end of year evaluation and if we do not achieve them, we have to provide a reason why.
- 2.7 The metrics and the targets we will be expected to achieve, or over achieve against are shown in the table below. The current performance against the metrics is indicated in the table and a rationale for the achievement or non-achievement of the metric is provided in the last column.

Metric	Description	23/24 Qtr.	Actual	Rationale for non-
		2 target	Q2 achieved	achievement
Avoidable Admissions	Required to reduce the number of unplanned hospitalisations to be at or below the figures shown in each quarter	237.9	229.5 on track to meet target	8 BCF funded winter schemes operational
Falls	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.	91.5%	90.24% Not on track to meet target	Part of the BCF funding is to increase the number of D2A and complex step-down beds. This is resulting in more patients being stepped down from hospital into temporary arrangements. This improves hospital flow but potentially causes a negative impact on this measure. Whilst this measure was not on target for Q1 the number of discharges causing the failure was circa 47 over the 3 month period
Discharge to normal place of residence	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	1851	512.3 Not on track to meet target	Whilst the target has not been met for this quarter a number of schemes have been reviewed and further developed to work towards this target. The Carelink scheme and the falls pick up service has been linked into the Rapid Response service and also into the IMT and currently developing a new referral pathway. Ongoing development of SDEC frailty services who are now able to refer into Rapid Response to support and prevent further falls at home.
Residential Admissions	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	122 Not on track to meet target	This is increasing as customers are in the main being discharged with multiple issues and complexities. Increase in complex dementia and the shortage of placements across GM. Requires further work to increase mobility and reduce behavioural issues on the hospital side before being admitted into IMC and D2A beds.
Reablement	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%	88.1% On track to meet target	Reablement are able to take more people if the hospitals discharge at planned time for case opening time and date. When they don't this backs up to next day and reduces what we can open, impacts on our figures and increased LOS between referral to start date. They are given 24 hours + notice. Main issues TTO Transport which could be managed more effectively and people

becoming NMFFD which in the main
cannot be planned for. Full review of
reablement function in progress
increasing step up from community.
Use of Strengths based and Tech to
reduce dependency levels once at
home and improve quality of life.
Reduce cost to customer and LA.
LOS has reduced from Average of
28 days to 22 since July with 46% of
people completing reablement by
week 3 - 10.6 in week 1 - 14.9%
week 2 - 21.8% week 3 October
100% of people discharged and
remained in community setting.

2.8 Intermediate care capacity and demand plans

- 2.9 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).
- 2.10 There is a continued focus on intermediate care as being a key service in achieving the BCF objectives and priorities.
- 2.11 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
- 2.12 As part of quarter 2 reporting we have been requested to review all data relating to Intermediate Tier capacity and demand and to submit refreshed data for the rest of the financial year. The refreshed data is embedded in the full quarter 2 reporting submission in the appendices. There are few changes to the data submitted on the planning template.

3.0 Reporting and checkpoints

- 3.1 It is expected that performance on spend and the outputs aligned to the main BCF programme will be reported on a quarterly basis. The reporting requirements have now been finalised for quarter 2 and have been submitted to NHSE Better Care fund Team.
- 3.2 There is already a set of reporting requirements in place, Adult Social Care Discharge fund has been reported on every two weeks but this will now move to monthly reporting from November 2023. The hospital demand and the capacity to cover this demand is being reported on a monthly basis and the ICB Discharge Funding is also being reported on a monthly basis. The main BCF quarterly report is in addition to the above reporting requirements and this is putting considerable pressure on a very small reporting team.

4. Links to the Bury Locality Plan

4.1 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.

Financial Implications:

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.

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Date: 14 November 2023

Background papers:





Bury-BCF 2023-25 Copy of BCF 2023-25 Planning Template.xls Quarterly Reporting T

