# 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:-

| | |
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| **Date:** | Thursday, 12 September 2024 |
| **Place:** | Council Chamber, Town Hall, Bury, BL9 0SW |
| **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 - 10)*

The minutes of the meeting held on 14 March 2024 are attached.

## 5 MATTERS ARISING

## 6 APPOINTMENT OF CORPORATE PARENTING CHAMPION

Each Committee is required to have a nominated Corporate Parenting Champion; they will receive training from Children's Services and will be responsible for advocating for Corporate Parenting matters in each committee. Champions will be appointed by each Committee at their first meeting of the municipal year. If the representative wishes to also attend Corporate Parenting Boards scheduled for the municipal year 2024-2025 these are:

10th September 2024
03rd December 2024
09th January 2025
04th March 2025

## 7 REMOTE MEETINGS BRIEFING NOTE *(Pages 11 - 12)*

Briefing note attached. An option to be agreed by Board Members.

## 8 WIDER DETERMINANTS OF POPULATION HEALTH

### a BURY PUBLIC HEALTH ANNUAL REPORT 2023-2024 *(Pages 13 - 22)*

Jon Hobday, Director of Public Health to present the attached report.

### b DRAFT CHILD DEATH OVERVIEW PANEL (CDOP) ANNUAL REPORT 2023-2024 *(Pages 23 - 52)*

Steven Senior, Public Health Consultant to present the attached draft report.

## 9 THE OPERATION OF THE HEALTH AND CARE SYSTEM

### a WORKWELL PARTNERSHIP VANGUARD - LOCALITY UPDATE FOR BURY *(Pages 53 - 60)*

Jon Hobday, Director of Public Health to present the attached report.

### b BETTER CARE FUND REPORTS *(Pages 61 - 78)*

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

## 10 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

There are no items for consideration under this quadrant.

## 11 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

### a PSLT WORK AND PLACED BASED PLANS IN PRACTICE *(Pages 79 - 86)*

Lee Buggie, Public Health Specialist to present the attached slides.

## 12 GM POPULATION HEALTH BOARD FEEDBACK

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

## 13 URGENT BUSINESS

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

## 14 BURY INTEGRATED SAFEGUARDING PARTNERSHIP (BISP) ANNUAL REPORT 2022-2023 *(Pages 87 - 130)*

Attached for information only.

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# Agenda Item 4

**Minutes of:** Health Health and Wellbeing Board

**Date of Meeting:** 14 March 2024

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

J Richards, J Hobday, A Crook, H Tomlinson, K Wynne-Jones, R Passman

**Also in attendance:** Tracey Flynn – Service Manager - Business and Investment, Lee Buggie – Public Health Specialist, Kelly Barnett – Democratic Services Officer

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

**Apologies for Absence:** W Blandamer, Fawcus and D C Fines

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## HWB.27 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

## HWB.28 DECLARATIONS OF INTEREST

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

## HWB.29 PUBLIC QUESTION TIME

There were no public questions asked at the meeting.

## HWB.30 MINUTES OF PREVIOUS MEETING

**It was agreed:**

That the minutes of the meeting held on 30 January 2024 be approved as a correct record.

## HWB.31 MATTERS ARISING

There were no matters arising.

## HWB.32 WIDER DETERMINANTS OF POPULATION HEALTH

## HWB.33 ECONOMIC DEVELOPMENT STRATEGY

Tracey Flynn, Service Manager for Business and Investment presented the Economic Development Strategy, which was launched in February 2024 and sits under the Let's Do It Strategy. Tracey Flynn highlighted the three economic pillars within the strategy – 'Bury the place', 'Bury's people' and 'Bury's economy and business base'. Each pillar establishes a clear statement of ambition and

priority actions. In relation to improving health and wellbeing and reducing inequalities, one of the priority actions is embedding good health outcomes as an integral part of the employment and skills system. Tracey Flynn shared different programmes and activities with the Board and explained ways in which the strategy will integrate services to ensure that the system is less complicated for people to navigate. These included, a meet the provider event, Bury neighbour-hub, work and skills fair and using assets and partners to connect communities to opportunities. Tracey Flynn provided examples of work being done to reduce health inequalities which included business engagement activities to promote the good employment charter, and the recruitment and retention benefits of the real living wage.

Councillor Tariq suggested that work should be completed with officers and portfolio holders who support economic development and health and wellbeing, to ensure that there is a way to champion the work jointly.

In relation to a question asked around the inequalities work that is being done locally with specific groups, to find people good quality employment, Tracey Flynn explained that there are work plans that target specific groups and highlighted a Working Well programme which is for people with a physical or mental health disability, and spoke about a bespoke placement and training programme with wrap around support. Tracey Flynn reported that the Working Well programme is specifically designed to support people with mental health and physical disabilities.

In relation to questions asked around the 'meet the providers event' taking place, Tracey Flynn explained that the integrated neighbourhood teams would be invited and that the event would be held at the Fusilier Museum on 20th June.

In relation to a question around targeting programmes for asylum seekers and refugees who have permission to work, Tracey Flynn reported that this is a priority group and explained the programmes of work to support asylum seekers and refugees and highlighted working with partners, ESOL and a digital support offer.

Councillor O'Brien advised that there is a lot in the economic development strategy speaking to better health and wellbeing and suggested that an update be brought to a future Board meeting around supporting adults in education and skills. In Greater Manchester work is being pioneered around the devolution settlement, job centres and job centre pluses and as a Board we should be encouraging that this be looked at nationally.

Councillor Tariq suggested that the economic development strategy has a strong focus and good successes around Bury and Radcliffe and suggested that the strategy be modernised to look into the challenges in 2030 and beyond.

In relation to a question around government funding for numeracy, Tracey Flynn advised that 'multiply' is the government funded programme and different organisations are delivering this programme. In Bury Council, sessions are being delivered through the adult learning centre with a focus around putting maths into a work context.

**It was agreed:**

1. To note the update.
2. To thank Tracey Flynn for the update.

**HWB.34 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**HWB.35 BETTER CARE FUND QUARTERLY REPORT**

Adrian Crook, Director of Adult Social Services gave an overview of the Better Care Fund Quarterly Report which contains information on our objectives and whether we are going to meet the required targets that we have set. Adrian Crook highlighted the areas that we are doing well on and the areas for improvement. The report outlines the funding commitments to each scheme.

**It was agreed:**

1. To note the content of the quarter 3 reporting submission.
2. To retrospectively approve the Better Care Fund 2023/2025 quarter 3 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.

**a OUTCOME FRAMEWORK UPDATE**

Jon Hobday, Director of Public Health presented the Health and Wellbeing Board's Outcomes Framework which had been developed to check that the work that is being completed is having a positive impact on inequalities. Jon Hobday highlighted the 4 quadrants of work to improve health and help reduce inequalities. The indicators have been chosen by merging the Marmot Healthy Place Model and the Health Foundation key indicators together into the 4 quadrants. Jon Hobday spoke about the challenges with the framework and that the indicators can be influenced by a range of other factors. Jon Hobday reported that the framework is benchmarked against Calderdale who is one of our statistical neighbours and tends to be high performing and against Stockport who is the highest performing area in Greater Manchester. The areas where Bury are performing positively were shared along with the areas for improvement on each quadrant.

Councillor Tariq advised the need to ensure the work of the family hubs is amalgamated around population health. The hubs are an opportunity to build capacity and resources around the borough and to see the impact and outcomes come together. Councillor Tariq reported that work in early years is crucial for making life chances for our young people in the borough.

Adrian Crook advised that there are some sizeable differences in some of the indictors between Bury and Stockport and explained that Stockport adopted the 'Stockport Family Model' and have had integrated services in place for many years. Adrian Crook reported that some of the targets shared could be completed quickly and make a big difference.

In relation to a question raised around SEND and where this fits into the Outcomes Framework, Jon Hobday advised that the methodology used is from evidence from the Health Foundation and that SEND could be picked up through the Children's Strategic Partnership Board's framework. Jon Hobday suggested

that it would be useful to have specific items on SEND come regularly to the Health and Wellbeing Board.

Kath Wynne Jones reported that there had been a Primary Care Engagement Event, this year they are trying to be more targeted around the data and gave neighbourhood's a choice of focusing on either frailty or respiratory. There have been 2 neighbours wanting to focus on frailty and 2 neighbours wanting to focus on respiratory. Kath Wynne Jones will be going back to the neighbourhoods to ask if they can carry out a final vote to determine their priorities.

**It was agreed:**

1. To circulate the Outcomes Framework slides to Members to look at in more detail.
2. To provide an update on the HWBB Outcomes Framework to the Board every 12 months.

## HWB.36 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH

## HWB.37 OBESITY AND THE NEIGHBOURHOOD APPROACH

Lee Buggie, Public Health Specialist presented information on obesity and the neighbourhood approach. The presentation highlighted the key causes of obesity, health issues associated with obesity and the preventative work that is being delivered across Bury's neighbourhood including food demonstrations, the new community orchids and the preventative work being done through the physical activity and food strategy. Lee Buggie shared some deep dive work that has been completed across Bury and highlighted that in some of Bury's wards almost half of the Y6 pupils transitioning to high school are overweight.

In response to a question around money being available for community groups in Whitefield and the work being done at Ribble Drive Primary School to calm traffic, Lee Buggie explained the work being completed in Whitefield around active travel and shared work that had been completed around the Heaton Park area, where leaflets were designed in schools and presented to parents around active travel. The Head Teacher at Ribble Drive Primary School had agreed for the school to design some similar leaflets, with the purpose of helping change the ethos of how children travel to school.

Helen Tomlinson reported that the VCFA had been involved in a consultation piece around childhood obesity, with the key theme across GM and Bury being linked to poverty and highlighted that food banks and pantries have a lack of fresh nutritious foods and explained that there are still charities subsidising food for food pantries.

Jon Hobday reported that obesity is a complex issue and links into a raft of other strategies and that there is a lot that can be learnt from international countries and the work they have done to reduce obesity.

Jeanette Richards reported that she would like the findings around the VCFA children's obesity consultation to come to the Children's Strategic Partnership Board and suggested that further discussions around the licencing of fast food

restaurants and physical activity should be picked up within the Children's Strategic Partnership Board for a deep dive into the issues surrounding childhood obesity.

**It was agreed:**

1. Acknowledge the work which is in place to reduce obesity and inequalities & endorse the continuation of the work and the refresh of the PA strategy.
2. The Children's Strategic Partnership Board complete a deep dive into issues surrounding childhood obesity.

## HWB.38 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING

There were no updates provided under this quadrant.

## HWB.39 GM POPULATION HEALTH BOARD FEEDBACK

Jon Hobday, Director of Public Health, provided an update from the Greater Manchester Population Health Board and reported the key items that had been discussed at the last meeting, which included challenges in the population health approach and updating the terms of reference of the Population Health Advisory Group. Jon Hobday advised that the Population Health Advisory Group had met for the first time.

**It was agreed:**

That the update be noted.

## HWB.40 URGENT BUSINESS

There was no urgent business.

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

**(Note: The meeting started at 4.30 pm and ended at 6.00 pm)**

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**Briefing note Health and Wellbeing Board – June 2024**

Legislative Background:

On 4 April 2020, the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 (the 'Regulations') came into force, made under section 78 of the Coronavirus Act 2020.

Under regulation 5(1), local authorities in England and Wales were permitted to hold and attend committee meetings remotely through video, telephone and live-streaming conferencing technology.

However, this was intended to be a temporary measure until 6 May 2021. This position was made clear in regulation 2(4) meaning that **from 7 May 2021, only in-person meetings would be permitted.**

Calls for change:

The local government sector has called for the government to legislate to permit remote local authority meetings to continue.

As an illustration of how important this issue is to local authorities, the Association of Democratic Services Officers (ADSO), Lawyers in Local Government (LLG) and Hertfordshire County Council lodged a claim in the High Court. This sought confirmation that remote meetings could continue after the 7 May cut-off date. However, on 28 April, the claim was dismissed and the High Court concluded that:

"…once the Flexibility Regulations cease to apply, **such meetings must take place at a single, specified geographical location; attending a meeting at such a location means physically going to it; and being "present" at such a meeting involves physical presence at that location**."

Bury's current position:

Bury has taken the position that non-decision making meetings can be held remotely. However, **if a decision is to be made, the meeting must take place face-to-face in person.** Any decision taken in a remote meeting is not legally valid (as it would not be complying with the provisions of the Local Government Act 1972) and would be open to challenge.

Options for the Health and Wellbeing Board Going forward:

- Option one (preferred option)

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

- Option two

Hybrid option, with some Members online and some Members present/in person including the Chair. The quorum would apply to those in the room, these Members would be allowed to vote.

It should be noted that those jointly remotely, would not be able to vote.

- Option three

Alternate meetings between in person and virtual meetings. Schedule items for decision at in person meetings.


# Health, Wealth and the Cost of Living

## BURY PUBLIC HEALTH ANNUAL REPORT
## 2023/2024

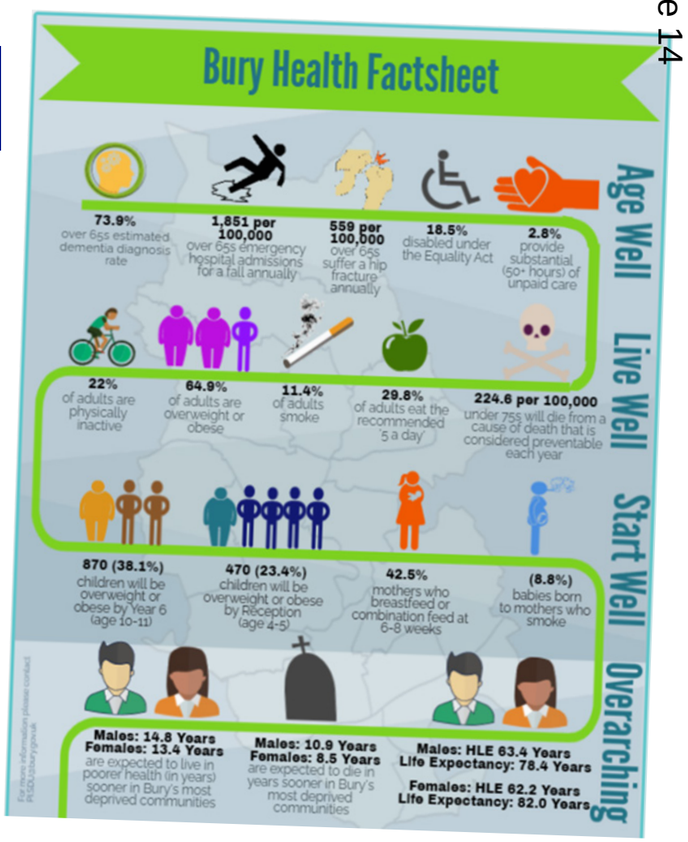
SCAN ME

Bury Council

# Contents



# What is the Public Health Annual Report?




The Public Health Annual Report reflects on the health and wellbeing of Bury over the previous year. The report celebrates our successes, acknowledges where we need to improve, and plans for the year ahead. As public health is such a big topic, we have chosen to look through the lens of the cost-of-living crisis.

## THE REPORT

**Celebrates our successes**

**Acknowledges where we need to improve**

**Plans for the year ahead**

# Foreword

## Jon Hobday
## Director of Public Health

The cost-of-living crisis has the potential to impact all of us in Bury- not just an unlucky few. However, we are not all affected equally. Just as the COVID-19 pandemic widened inequalities, those who were already struggling are being hit the hardest.

Many are feeling the strain of financial insecurity on their mental health. Families are cutting back on food to make meals stretch further. Our community organisations must constantly adapt to keep pace with the ever-evolving situation. It's not just the money in our pockets that's impacted, but also the services that are designed to support us. The cost-of-living crisis can affect every aspect of our health and wellbeing. However, there are also lots of opportunities for us to make changes for the better, which we hope to highlight in this report.

## Cllr Tamoor Tariq
## Cabinet Member for Health and Wellbeing

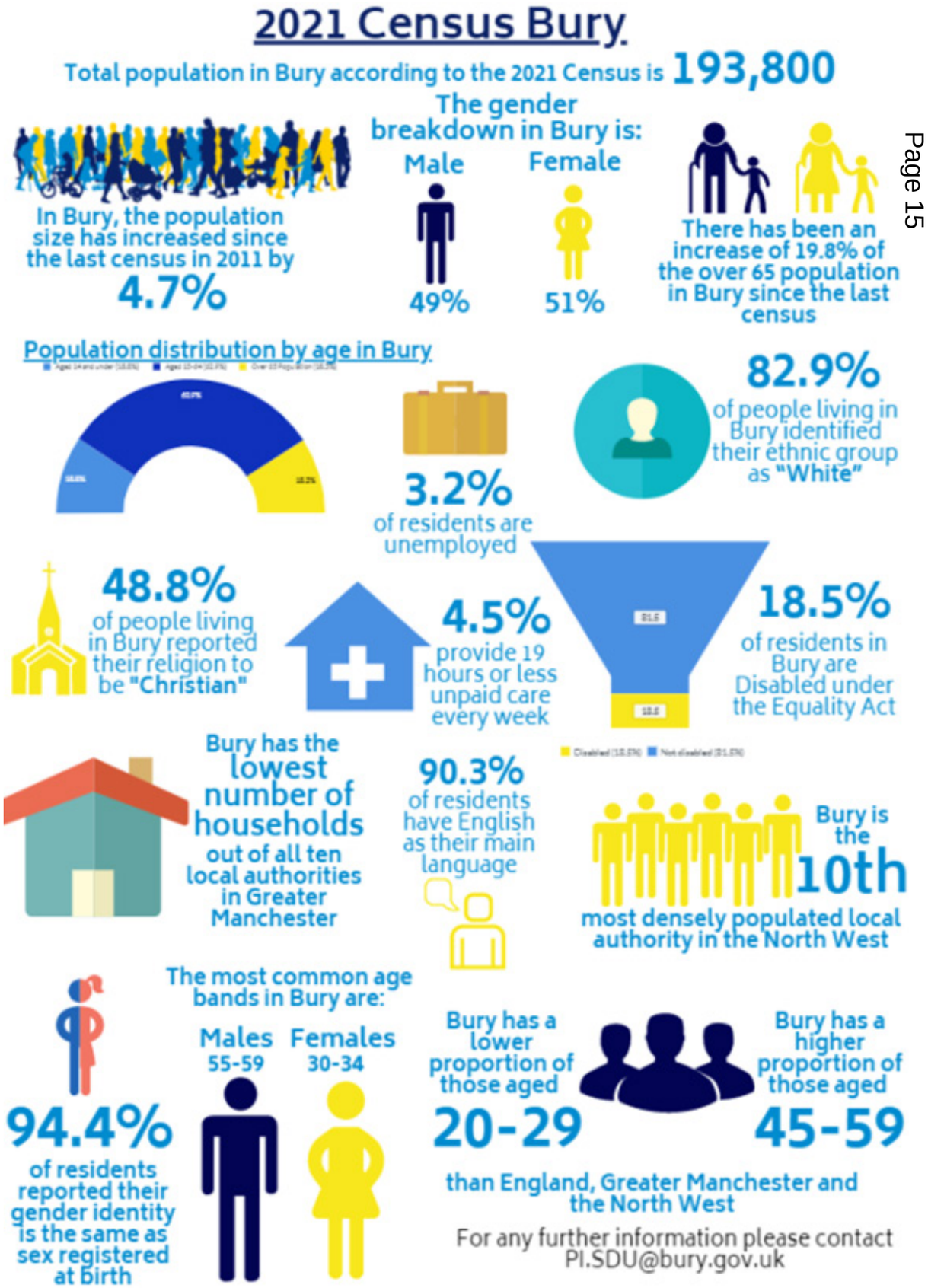
The impact of poverty on health has been evident for many years and the cost-of-living crisis has pushed more people into financial hardship. This has had a significant impact on the health and wellbeing of our residents. It is our responsibility to create conditions that will support our residents to thrive while at the same time having a safety net for those in crisis. The collaborative work across Bury is great to see and the huge contributions from a range of partners shows what a real difference local coordinated efforts can make.

## Cllr Sandra Walmsley
## Cabinet Member for Communities and Inclusion

The cost-of-living crisis is a major challenge for the residents of Bury. This report shows what our innovation and determination can achieve, even in the most difficult circumstances. We will continue to work hard to support the health and wellbeing of all our communities, making sure nobody is left behind. It's not only our physical and mental health that is important, but we also need strong networks within a healthy society to lift each other up.







# Introduction

## NATIONAL

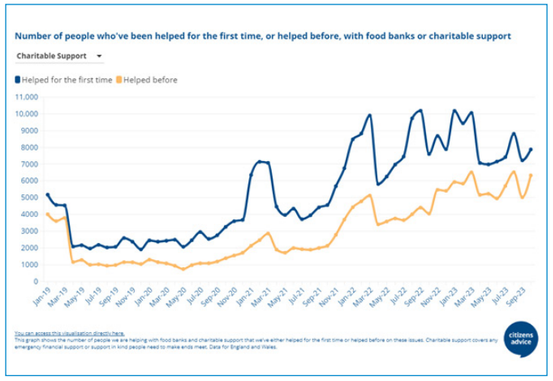
Nationwide, households are increasingly struggling to make ends meet. For many, the cost of day-to-day essentials has overtaken income, resulting in a 'negative budget'. Those who can, dip into savings, and others are forced further into debt. The rising cost of basics such as food, fuel, and housing, has also impacted households that historically managed to get by.

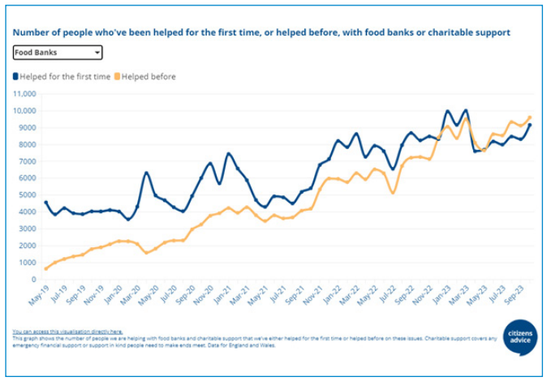
The Citizens Advice Bureau (CAB) is a national charity which offer free confidential advice about a wide range of topics such as debt, benefits, immigration, energy, and housing.[1] They are not the only organization that offers support, but due to the large scale & broad scope of their work, looking at their data is a good reflection of the current situation. Recently they have seen a significant shift in their workload- not just in the volume of calls, but also who is asking for help and why. The term 'crisis' is not an overstatement, as reflected by the CAB figures for crisis support. Nationally, between March 2020 and March 2023, food bank referrals and emergency charitable support more than tripled. [2]

Cumulative number of people CAB helped with crisis support eac*h year in England and Wales.*

Traditionally, those with a full-time job, or homeowners, would be considered less vulnerable to financial shocks. However rising interest rates have tipped more people into debt as their mortgage payments skyrocket. The rent charged by private landlords has also increased- which most tenants struggle to afford. Even amongst those in full time employment, more people seeking debt advice are in a negative budget. In short- the impact of debt is spreading further up the income scale.

Not only are more people returning to CAB to ask for further help, but many more people are approaching CAB for the first time too.




The challenges faced due to the cost-of-living crisis exacerbate one another and amplify existing inequalities. For example, between January and October 2023, 37% of people with rent arrears also needed crisis support. The interaction of multiple issues can be overwhelming, and chronic stress can be detrimental for health and wellbeing.

1 https://www.citizensadvice.org.uk/
2 https://public.flourish.studio/story/1634399/






## LOCAL

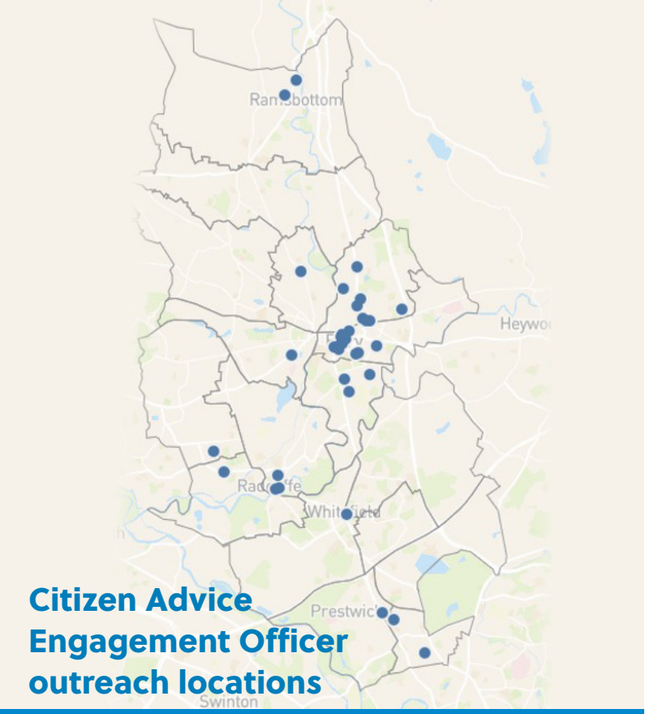
### WHAT WE ARE DOING

Within Bury, 75% of survey respondents have been 'somewhat' or 'very' worried about the rising cost of living. [1] Although Bury is facing similar challenges to our neighbours, we look to the unique strengths and assets of our local communities to solve them. For example, Bury has collaborated with Greater Manchester Poverty Action (GMPA) to create our own Money Advice Referral Tool (MART).[2]

The MART for Bury is continuously updated and signposts to the organisations best equipped to answer any specific queries. Thanks to innovation and hard work, many initiatives already exist in Bury to help mitigate the impact of the cost-of-living crisis.

> "Bury has collaborated with Greater Manchester Poverty Action (GMPA) to create our own Money Advice Referral Tool (MART)."

1 https://www.greatermanchester-ca.gov.uk/media/7771/20230509_gm-residents-survey_report6_final.pdf
2 https://www.gmpovertyaction.org/money-advice-referral-tools/




## Citizen Advice Engagement Officer outreach locations

### ORGANISATIONS CAB WORKED WITH

ADAB
Attic Project
Brandlesholme Community Ctr
Bridge Community Church
Bury Adults Services
Bury Blind Society
Bury Carers
Bury Council Older people
Bury Council Adult Learning
Bury Council ESOL Coordinator
Bury Family Hub
Bury Hearing Hub
Bury U3A
Bury Veterans Hub
Bury Veterans Hub (2)
Bury Methodist Church
Chesham Fold Community Ctr
Church St Community Cre
Christchurch Community Ctr
Eagles Wings
Friends of Clarence Park
FGRS Fishpool Goshen Redvales Spring Community Hub
Jewel
Jinnah Day Care Ctr
One Step Bury
The Phoenix Youth and Community Ctr
Ramsbottom Community Church
Red Door (Caritas)
Red Cross
New Springs Community Project
St Phillips Community Ctr
The Crown Veterans Breakfast Club
The Ark Methodist Church
Trinity Foodbank
Trust House
Whitefield Methodist Church
Women of Worth

## HOUSEHOLD SUPPORT FUND

The Department for Work and Pensions has allocated Bury Council a grant from The Household Support Fund, with a total of £984,000 invested throughout the borough to date.[3] This funding can support individual households with food and fuel, up to larger scale projects ran by the third sector. 24 Voluntary, Community and Social Enterprises have been awarded cost-of-living grants, which has supported approximately 3500 individuals. As a council, we are also trying to proactively identify any residents that might need extra support. A new tool has been developed to streamline this process, called 'Ascendant'. This should help us to identify our residents who are experiencing hardship and provide them with the right welfare support more effectively and efficiently. Out of 18,016 households, 1,008 received support following an application submission, whereas 17,008 were supported proactively.

To complement existing centralised services, Bury Council has used the Household Support Fund to create a new role, Citizens Advice Neighbourhood Engagement Officer. Alan Fitzpatrick started this new position in August, and has been visiting local charities, community hubs and places of worship to offer support in the heart of Bury's neighbourhoods.[4] Alan has found that many people don't know what help is available in the first place, and then struggle to navigate the systems required to access support. By reaching out to people closer to home, who might otherwise miss out, Alan can use a holistic approach to help with more complex issues. Councillors share their local knowledge of where is help is needed most, so Alan can build up relationships to best meet the community's needs.

3 https://www.bury.gov.uk/benefits/household-support-fund
4 https://www.cabb.org.uk/meet-our-community-engagement-officer/

## FOOD AND POVERTY

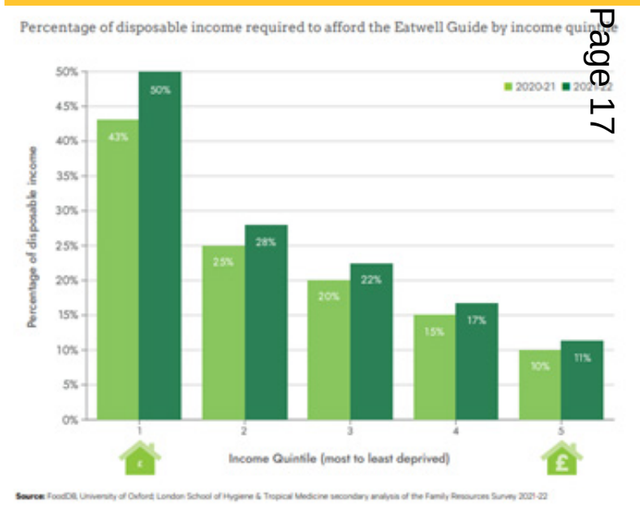
***Spotlight on Bury's Food Strategy***

Bury's Food Strategy - (Eat, Live, Love Food) and the Bury Food Partnership are examples of how Bury has played to its strengths and made a positive impact[5,6]. We are very proud that our innovative practice has been nationally recognised and accredited with the Sustainable Food Places bronze award (June 2022) [7].

Food security is a real concern for our residents, and it can be challenging to prioritise healthier food choices as food and fuel prices continue to soar. For many people, a healthy and sustainable diet is simply out of reach financially. The Food Foundation Broken Plate Report (2023) highlights how hard it can be to meet the Eatwell Guide recommendations[8,9]. The most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government-recommended healthy diet. This compares to just 11% for the least deprived fifth.

The Greater Manchester Residents Survey carried out in March 2023, asked a sample of residents about the cost-of-living and their wellbeing.[10] In Bury over half (52%) of households with children in Bury were food insecure. To save money, 30% reported that someone in their household had skipped a meal or eaten smaller portions, and 15% said that someone hadn't eaten for a whole day. To helping to combat this trend, we have adopted lots of strategies, from extending food provision for households eligible for Free School Meals over the holidays and supporting food pantries.

5 https://theburydirectory.co.uk/bury-food-partnership
6 https://councildecisions.bury.gov.uk/documents/s25025/Bury%20Food%20Strategy.pdf
7 https://www.sustainablefoodplaces.org/awards/awardwinners/
8 TFF_The Broken Plate 2023_DigitalFINAL_1.pdf (foodfoundation.org.uk
9 https://www.gov.uk/government/publications/the-eatwell-guide
10 https://www.greatermanchester-ca.gov.uk/media/7771/20230509_gm-residents-survey_report6_final.pdf




Source: FoodDB, University of Oxford; London School of Hygiene & Tropical Medicine secondary analysis of the Family Resources Survey 2021-22



> "Bury's Food Strategy - (Eat, Live, Love Food) and the Bury Food Partnership are examples of how Bury has played to its strengths and made a positive impact"

Food bank use is growing, and is no longer a quick fix for many, but a resource residents increasingly rely on. Some of our traditional food banks have been transitioning to a food pantry model. As pantries ask for a small fee, they can offer more choice and members can feel more independent. Bury Food Partnership created a toolkit to support food banks wanting to transition to a food pantry model via the Path to Pantry (Dec 2022)[11]. To date this page has been viewed 264 times (Dec 2023) and is one of the most viewed pages on the Bury Directory. To complement this, we have run cooking sessions with Trust House, Radcliffe Food Club and Bury Adult Learning Centre. Friends of Clarence Park also hosted an event in partnership with Cracking Good Food, with cooking activities and free access to donated kitchen items to take home and keep.

Bury Food Partnership has also been working to promote the national Healthy Start scheme.[12] This scheme helps pregnant mothers and parents of young children to reduce the cost of a healthy diet. If eligible, you are given a card which you can use to buy healthy food and milk, however lots of families were missing out.

The Bury Food Partnership therefore collaborated with local groups to raise awareness of the scheme, and to make it more accessible, and reduce stigma.

The local Department for Work and Pensions, The Bury Registry Office and The School Meals Service all committed to publicising the scheme. This was combined with advertisements in GP surgeries, hospitals, parks, and Facebook posts to increase visibility.

We have also extended the scheme so you can use the Healthy Start card in more locations, giving a wider range of choice. Some of the food pantries within Bury now accept the cards, as do several stalls within the world famous Bury Market. This not only makes healthy food more accessible, but also supports our local traders- such as Iddon's and Pete's Fruit and Veg market stalls.[13] The uptake rates for Healthy Start in Bury increased by 10% between January and October 2023, now up to 72% which is higher than the national average.[14] By boosting uptake of the scheme, our Healthy Start families have saved £16,000.

**Food bank use is growing, and is no longer a quick fix for many**

**The Healthy Start Scheme helps pregnant mothers and parents of young children to reduce the cost of a healthy diet.**

**The uptake rates for Healthy Start in Bury increased by 10% between January and October 2023**

11 https://theburydirectory.co.uk/a-path-to-pantry
12 https://www.bury.gov.uk/health-and-wellbeing/health-and-wellbeing-campaigns/healthy-start-get-help-to-buy-food-and-milk, https://www.sustainablefoodplaces.org/members/bury/
13 https://www.burytimes.co.uk/news/23551198.healthy-start-scheme-can-now-used-bury-market
14 https://www.sustainweb.org/news/nov23-healthy-start-bury/

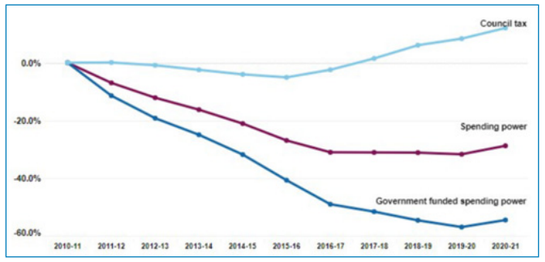




# WHAT MORE WE NEED TO DO

## Advocating for national policy

Bury is one of the worst-funded councils in England. Since 2010/11 our government funding has reduced by 55%. We have had to find £150 million savings over this period despite increased costs and demands for services. So not only do our services cost a lot more to run, but more people need support due to the cost-of-living crisis, and we have less money at our disposal to help them. Our 'Let's Fix It Together' campaign calls for fairer funding for Bury, and everyone can get involved.[15] We have launched a simple petition- we are asking for funding in line with inflation and demand for services. We are asking our members of parliament to lobby for a fair deal for Bury, and in the meantime, we are highlighting how we can reduce local costs and pressures. From recycling, to volunteering, or fostering we can all help our communities to flourish. We are also calling for an overhaul of the broken system to better protect local councils from uncertainty and disruption. A secure stable source of revenue would allow us to commit to longer term strategies to fund our vital public services.

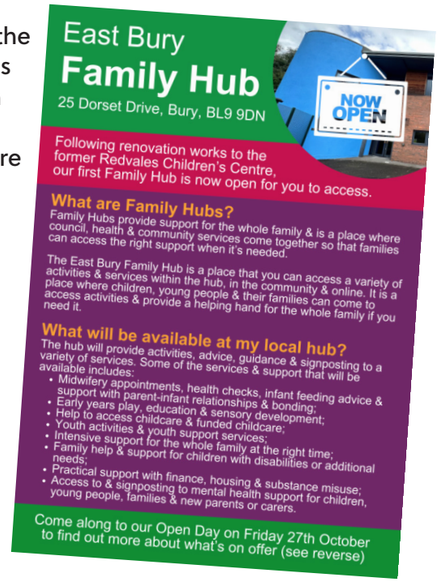




*This graph demonstrates a 29% real term cut in spending power in Bury over 10 years.*

## Communication and engagement

As demonstrated in this report, there are already lots of great projects up and running in Bury. We want everyone to make the most of the resources on offer and get the opportunity to influence change. We have plans for more local roadshows to highlight the support in your area, and to develop a network of 'cost-of-living champions' to help keep you up to date. As part of the winter well programme, weekly sessions providing cost-of living advice will be ran by the Live Well Team. Social Prescribing link workers will also work across the neighbourhoods to signpost to the right local services. We will keep promoting engagement with Bury Adult Learning, and hope to offer more and more opportunities.

East Bury Family Hub has been developed as a pilot centre. It officially opened its doors at the end of October, celebrating with an open day to highlight what is on offer. The Hub has anti-poverty principles at its heart, and brings together health, community, and council services. As the Hub evolves to meet the needs of the local community, the council hopes to learn from this pilot to establish more successful Family Hubs across the borough.


East Bury
Family Hub
25 Dorset Drive, Bury, BL9 9DN
NOW OPEN
Following renovation works to the former Redvales Children's Centre, our first Family Hub is now open for you to access.
What are Family Hubs?
Family Hubs provide support for the whole family & is a place where council, health & community services come together so that families can access the right support when it's needed.
The East Bury Family Hub is a place that you can access a variety of activities & services within the hub, in the community & online. It is a place where children, young people & their families can come to access activities & provide a helping hand for the whole family if you need it.
What will be available at my local hub?
The hub will provide activities, advice, guidance & signposting to a variety of services. Some of the services & support that will be available includes:
- Midwifery appointments, health checks, infant feeding advice & support with parent-infant relationships & bonding;
- Early years play, education & sensory development;
- Help to access childcare & funded childcare;
- Youth activities & youth support services;
- Intensive support for the whole family at the right time;
- Family help & support for children with disabilities or additional needs;
- Practical support with finance, housing & substance misuse;
- Access to & signposting to mental health support for children, young people, families & new parents or carers.

Come along to our Open Day on Friday 27th October to find out more about what's on offer (see reverse)

15 https://www.bury.gov.uk/letsfixittogether




## Housing and fuel poverty

Heating our homes over winter can be very costly, but the physical and mental health costs of living in the cold and damp are also very high. We already have 40 warm spaces, and we have initiated a 'winter-well' program to support those at risk. We will continue to provide financial support to those who need it most, and we are always trying to find innovative ways to help save energy. Currently we are developing a scheme to provide eligible residents with Air Fryers due to their relatively low running costs.

On a larger scale the Energy Company Obligation scheme, now on its fourth wave (ECO 4), and the Social Housing Decarbonisation Fund (SHDF) are both helping to deliver efficiency measures to homes. The initiatives aim to reduce fuel poverty by targeting the most vulnerable households with the poorest energy performances. This includes upgrading wall and loft insulation, and installing solar panels, double glazing and energy saving lights. Combined with ventilation measures this should also reduce the risk and incidence of condensation and mould.

# RECOMMENDATIONS

- **Anti-Poverty Strategy-** continue to refine the Anti-Poverty Steering Group to guide strategic direction and engagement and to evaluate the impact of actions to date.
- **Digital wellbeing-** deliver further wellbeing courses via libraries, Age UK and Bury Circle.
- **ECO4 Flex-** capitalise on the fourth wave of the retrofitting scheme until 31st March 2026.
- **Family Hubs-** Develop our Family Hub model and expand services across Bury.
- **Food Strategy-** Build on the momentum of our recent success and aim for the Silver Sustainable Food Places award.
- **Healthy Start-** Become a national leader in the uptake of Healthy Start vouchers.
- **Let's Fix it-** Champion our campaign to advocate for a better deal for Bury.
- **Networks-** Strengthen our community networks to make sure our support services reach everyone, with more roadshows to showcase the help available.
- **Skills and employment-** work collaboratively with Ingeus to further develop the support and offer available through the neighbour-hub in the Millgate.
- **Workplace-** integrate wrap around services and skills events into Job Centre Plus Fairs.

# Reflections

## Public Health Annual Report 2020-2022

The most recent report outlined a 10-point plan for recovery from the COVID-19 pandemic. Below is a summary of our progress.[1]

### 1. Summer provision for our children

For children eligible for free school meals, we partner with Bury VCFA to run a Holiday Activities and Food Program, at no cost to caregivers. The holiday food provision has been extended to Easter 2024. [2]


### 2. No rough sleepers

For all people that are sleeping rough in Bury, we have made a commitment to provide 'A Bed Every Night' (ABEN). The ABEN service provide intense wrap-around support, 24-hour access to appropriate facilities and aspirational exit strategies. [3]


### 3. The Bury Opportunity Guarantee

The community networks which evolved to confront the COVID-19 pandemic proved to be a great asset to Bury.[4] Drawing from this experience, we believe that everybody in the borough should get the chance to volunteer. This not only supports the local community but also builds skills and confidence within our volunteers.


### 4. Anti-poverty strategy refresh

In 2022 the Anti-poverty strategy and action plan was developed, followed by the Anti-poverty steering group and the first Cost of Living Summit.[5] The momentum of the steering group has continued to grow, leading to productive collaboration between partners across the borough. Achievements include setting up a designated cost-of-living helpline, fuel poverty road shows, creation of a warm spaces charter and network, and many more initiatives outlined in this report.[6]


1 https://councildecisions.bury.gov.uk/documents/s33591/Draft%20PHAR%202020-2022%20FINAL%20DRAFT_minus%20Cllr%20foreword.pdf
2 https://www.bury.gov.uk/schools-and-learning/school-meals/free-school-meals, https://www.bury.gov.uk/schools-and-learning/holiday-activities-and-food-programme
3 https://www.bury.gov.uk/housing/homelessness/aben, https://www.bury.gov.uk/housing/homelessness/homelessness-strategy
4 https://www.buryvcfa.org.uk/volunteering/
5 https://councildecisions.bury.gov.uk/documents/s32174/Bury%20Cost%20of%20Living%20and%20Anti%20Poverty%20Strategy.pdf
6 Warm Spaces Bury | The Bury Directory, Cost of Living Support - Bury Council



### 5. Year of Culture

In December 2019 Bury was announced as the inaugural Greater Manchester Town of Culture. [16] Bury held this title throughout 2020 and 2021, extended due to the disruption caused by COVID-19. The award included a £50,000 grant from Greater Manchester Combined Authority and was estimated to generate a total investment of £120,000 from a variety of sources including the Arts Council England, the Victoria Wood Foundation and Bury Council. Inspired by this success, Bury Council has launched a Cultural Strategy[17]. To build on the momentum, in October 2023 Bury hosted its first ever Comic Con event, which was a huge success. [18]


### 6. Health and care recovery

The Health and Care Recovery Transformation programme outlines a commitment to build stronger relationships between providers, facilitating more joined up care. This encompasses organisations within and outside the borders of our borough, with a focus on improving overall population health and tackling inequalities, in line with our vision for Bury 2030. [19]

BURY INTEGRATED CARE PARTNERSHIP

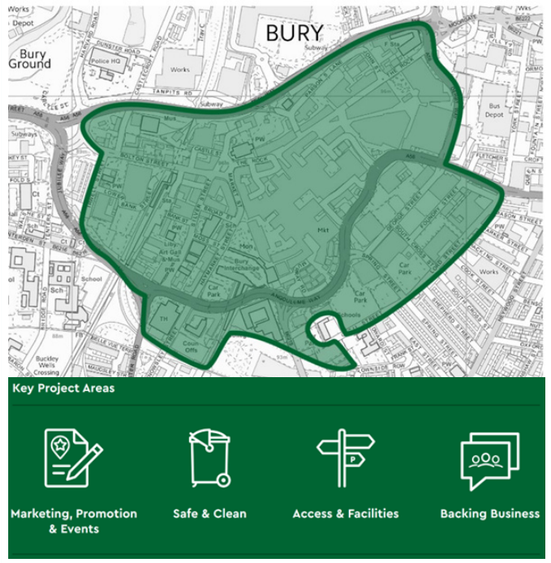
Greater Manchester Integrated Care Partnership

### 7. Backing Bury businesses

In March 2022, businesses in Bury voted in favour of establishing a Bury Improvement District (BID).[20] Bury BID is an area where businesses collectively invest to improve their trading environment. This initiative can support businesses to grow sustainable footfall, lobby on their behalf, and provide training. Businesses outside of the BID area can also volunteer to be members.

Bury BID Business Improvement District

**The BID Area**




### 8. Working well

WORKING WELL
DOING THINGS DIFFERENTLY FOR GREATER MANCHESTER

The Working Well Service supports unemployed residents, who have a health condition or disability, that want to move into paid work.[21] The Work and Health Program operates throughout Greater Manchester, including a branch located in Bury. Key workers can offer specialist advice to help find a job and support the transition into working life too.

16 https://www.greatermanchester-ca.gov.uk/news/bury-secures-prestigious-greater-manchester-town-of-culture-accolade/
17 Bury Cultural Strategy - Appendix 1.pdf
18 https://www.burytimes.co.uk/news/23889053.comic-con-success-thousands-flock-bury-town-centre/
19 https://www.bury.gov.uk/my-neighbourhood/lets-do-it-strategy
20 https://burybid.co.uk/
21 https://www.bury.gov.uk/jobs-and-skills/working-well-work-and-health-programme, https://www.inworkgm.co.uk/

## 9. Economic recovery strategy

Our vision for Bury 2030 is to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation [22].

The four key principles of our 'LET'S do it' strategy are Local, Enterprise, Together, Strengths. This refers to our commitment to focus on Local neighbourhoods, Enterprise to drive economic growth and inclusion, Delivering Together with a Strength-based approach.

LET'S do it!
Shared success across Bury

## 10. Championing the borough's key workers

To mark Living Wage Week 2023, a business breakfast was held at Bury Town Hall.[23] The Real Living Wage Foundation, Greater Manchester Good Employment Charter and Unison organised the event with Bury Council. The aim was to promote the benefits of signing up to the Real Living Wage- for businesses and employees and the borough.


22 https://www.bury.gov.uk/my-neighbourhood/lets-do-it-strategy
23 Bury businesses urged to go to Real Living Wage event | Bury Times

Bury Public Health Annual Report
2023/2024

Bury Council

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# Annual report of the Bury, Oldham, and Rochdale Child Death Overview Panel

## 2023-2024 and 2024-2025

**Dr Steven Senior**

Consultant in Public Health

Chair of the Bury, Oldham, and Rochdale Child Death Overview Panel.

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## Executive summary

- The Bury, Rochdale, and Oldham Child Death Overview Panel (CDOP) reviews all deaths of children normally resident in the three local authority areas.
- This report provides an analysis of deaths reported to CDOP and reviewed by CDOP in 2021/22, 2022/23, and 2023/24. It also includes key demographic data on the population of children in Bury, Rochdale, and Oldham, as well as data on important contributors to child mortality, such as rates of premature births, child poverty, and homelessness among families with children.
- Birth rates in Bury, Rochdale, and Oldham have fallen since 2016 but remain above average for England. The Office for National Statistics projects that the numbers of children living in the three local authority areas will be similar in 2030 to 2023.
- Numbers and rates of child deaths in Bury, Rochdale, and Oldham have fluctuated year-to-year but overall stayed constant. Child death rates have tended to be higher than average for England in Oldham and Rochdale while rates in Bury have been similar to the England average.
- Children living in areas of higher deprivation continue to be more likely to die, as are children from Asian ethnic background (potentially because they are more likely than White children to grow up in areas of deprivation). Rates of child poverty and homelessness have increased since 2020/21 in all three areas covered by this report.
- Along with the effects of poverty, CDOP continues to identify known, modifiable risk factors in its reviews of child deaths. 57% of deaths reviewed by CDOP between 2021/22 and 2023/24 had one or more risk factors identified. The most common category of modifiable factor were factors relating to the physical environment and factors relating to service provision (both present in 41% of deaths reviewed).
- Known modifiable risk factors identified in reviews of child deaths included:
    - Smoking, alcohol misuse, and substance misuse during pregnancy and in the households;
    - Unsafe sleeping arrangements, potentially linked to overcrowded housing or alcohol use by one or both parents; and
    - Parents who are blood relatives, linked to 25.9% of deaths categorised as due to ‘chromosomal, genetic, and congenital anomalies’.

## Summary of recommendations

Based on the analysis of deaths reported to and reviewed by CDOP, as well as of the publicly available data presented above, this report recommends that:

- **Child poverty:** Health and Wellbeing Boards should note the worsening in measures of child poverty and to work with local partners to ensure that local antipoverty plans address increases in childhood poverty.

- **Smoking, alcohol, and substance misuse:** Health and Wellbeing Boards, with partners, should continue to work to reduce smoking, alcohol, and drug misuse in pregnancy by:
    - Ensuring smoking status and alcohol or substance misuse problems are identified early by ensuring that pregnant people are asked about smoking status, alcohol use, and substance use, that this information is recorded, and referrals to appropriate services are made; and
    - Continuing wider work to reduce the prevalence of smoking, alcohol misuse, and substance misuse across the population and ensuring provision of smoking cessation and drug and alcohol treatment services.

- **Safe sleeping arrangements:** Health and Wellbeing Boards, with partners, should continue to promote safe sleeping practices, noting the possible relationship between unsafe sleeping arrangements and overcrowded or otherwise inappropriate housing and with alcohol use by parents. Safeguarding partnerships should ensure for children who have additional vulnerabilities that are captured in child protection or child in need plan.

- **Consanguinity:** Health and Wellbeing Boards should work with partners and community organisations to raise awareness of the increased risk of death and illness faced by children born to parents who are close blood relatives and assure themselves that genetic counselling and testing services are being offered appropriately.

## 1. Introduction and background

The CDOP Annual Report is prepared to inform Child Death Review (CDR) Partners about local patterns and trends in child deaths, any lessons learned, actions taken, and the effectiveness of the broader child death review process. The report highlights relevant and modifiable factors contributing to the infant (under one year of age) and child (age 1-17 years) mortality rate in Bury, Rochdale, and Oldham. It also highlights.

The Bury, Rochdale, and Oldham CDOP is one of four CDOPs that make up the Greater Manchester (GM) CDOP Network:

- Manchester CDOP
- Bury, Rochdale & Oldham CDOP
- Bolton, Salford & Wigan CDOP
- Tameside, Trafford & Stockport CDOP

## 2. The Child Death Overview Process

The Bury, Rochdale, and Oldham Child Death Overview Panel (CDOP) reviews all deaths of children normally resident in the three local authority areas. This includes only live births and excludes stillbirths and legally terminated pregnancies. The panel may also review deaths of non-resident children who died in the local authority area. The panel operates under the Child Death Review Statutory and Operational Guidance.[1] The chart below, taken from this guidance summarises the child death review process, and where CDOP sits in this process:

[1] Department for Health and Social Care (2018) Child Death Review Statutory and Operational Guidance (England).

**Figure 1: The child death review process**

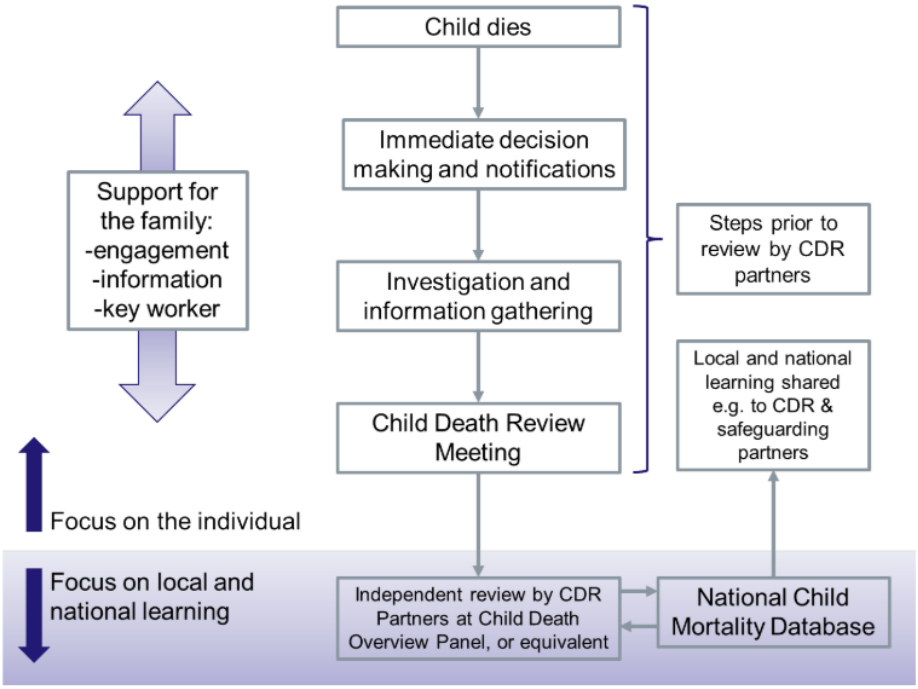



Figure 1 Chart illustrating the full process of a child death review. This includes both the statutory responsibilities of CDR partners to review the deaths of children at an independent multi-agency panel (described here, and throughout, as review at CDOP or equivalent), and the processes that precede or follow this independent review. Further explanation is below.

As illustrated in figure 1, the focus of CDOP is on local and national learning. This involves looking for patterns between deaths and common 'modifiable factors' - things that could be changed to prevent future deaths. The purpose of CDOP is not to assure the preceding steps in the child death review process or to check that actions identified in reviews of specific cases have been taken. CDOP is accountable to the Health and Wellbeing Boards of the three local authority areas. Reports are also shared with local safeguarding partnerships. A full list of CDOP responsibilities is presented in Appendix A.

## 3. Contents of this report

This report contains:

a. An overview of the demographics of children in Bury, Oldham, and Rochdale, including numbers of live births, fertility rates, and factors relating to child health such as rates of premature births, low birth weight, and poverty indicators.
b. A summary of publicly available child mortality statistics.
c. A description of numbers of deaths *notified* to CDOP between 1st April 2022 and 31st March 2023 and 1st April 2023 and 31st March 2024.
d. Analysis of deaths *reviewed* by the CDOP between 1st April 2022 and 31st March 2023 and 1st April 2023 and 31st March 2024.
e. A summary of recommendations of the previous CDOP report and any actions taken as a result.
f. Recommendations for Health and Wellbeing Boards in Bury, Rochdale, and Oldham.

It is important to note that due to the length of the child death review process, deaths reviewed each year may not have happened or been notified to the panel in that year.

This report contains analysis of two financial years' CDOP data, 2022-23 and 2023-24.

## 4. Data protection

Data about children who die and the circumstances of their death is shared anonymously with the CDOP members. The panel is a confidential environment and panel members are aware of their obligation to treat information shared in meetings in confidence. Panel members and observers are required to sign confidentiality agreement. Every care has been taken in this report to make sure that no child can be identified from the data presented. Due to the personal nature of the underlying data it cannot be shared more widely.

## 5. Demographics of children and Young People in Bury, Oldham, and Rochdale

### 5.1 Population statistics

Table 1 provides the overall number of children aged 0-17 in Bury, Oldham, and Rochdale in the 2021 census. Children make up a higher proportion of the overall population in Oldham (25.6% of the population) than in Rochdale (24.3%) or Bury (22.6%). However, this can vary within local authorities.

**Table 1: Numbers of 0-17 year olds in Bury Oldham and Rochdale by sex (Census 2021)**

| Sex | Bury | | Oldham | | Rochdale | |
|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % |
| Female | 20,156 | 10.4% | 29,196 | 12.1% | 25,063 | 11.2% |
| Male | 21,597 | 11.1% | 29,789 | 12.3% | 26,774 | 12.0% |
| Total | 43,852 | 22.6% | 61,953 | 25.6% | 54,361 | 24.3% |

Table 2 shows a breakdown of the ethnicities of children in each local authority area. Oldham has the highest proportion of children belonging to Black and ethnic minority backgrounds (47.87% of children), followed by Rochdale (38.82%) and Bury (16.93%). Across all three areas the largest ethnic minority category was 'Asian, Asian British, or Asian Welsh' although within this there was variation in what proportion identified as Pakistani, Bangladeshi, and other Asian backgrounds. Note: the total numbers of children in table 1 and 2 do not match. This is due to demographic data missing in the census data for a small number of children.

**Table 2: Numbers of 0-17 year olds in Bury Oldham and Rochdale by ethnic category (Census 2021)**

| Ethnic category | Bury | | Oldham | | Rochdale | |
|---|---|---|---|---|---|---|
| | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| Asian, Asian British or Asian Welsh | 6,782 | 15.45% | 21,700 | 35.02% | 13,840 | 25.33% |
| Black, Black British, Black Welsh, Caribbean or African | 1,164 | 2.65% | 3,410 | 5.50% | 3,164 | 5.79% |
| Does not apply | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% |
| Mixed or Multiple ethnic groups | 2,688 | 6.12% | 3,321 | 5.36% | 2,914 | 5.33% |
| Other ethnic group | 1,186 | 2.70% | 1,235 | 1.99% | 1,289 | 2.36% |
| White | 32,067 | 73.07% | 32,300 | 52.13% | 33,424 | 61.18% |
| **Grand Total** | **43,887** | **100.00%** | **61,966** | **100.00%** | **54,631** | **100.00%** |

Population projections from the Office for National Statistics (ONS) suggest that the 0–17-year-old population is expected to be broadly stable up to 2030, with forecast increases of between 1% and 3%. However, these projections are based on 2018 population estimates, and projections depend on accurately predicting birth rates, which may change.

**Table 3: Population projections for 0-19 year olds (ONS, 2018-based)**

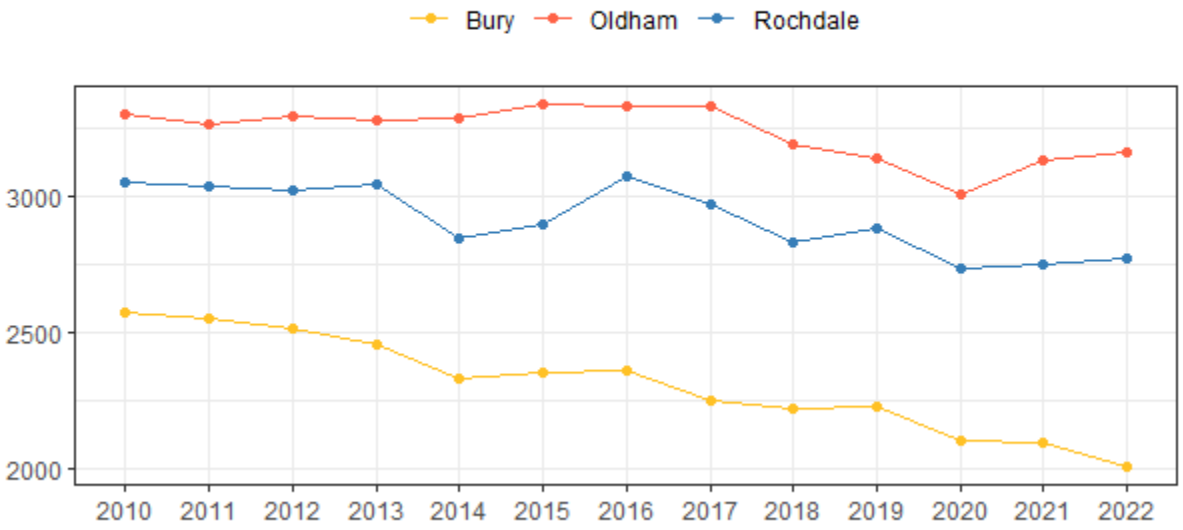
| Area | Bury | Oldham | Rochdale |
|---|---|---|---|
| 2023 | 35,490 | 48,641 | 43,977 |
| 2030 | 35,875 | 49,219 | 45,203 |
| % Growth | 1.1% | 1.2% | 2.8% |

## 5.2 Births

Figure 2 shows the number of live births in Bury, Oldham, and Rochdale by year from 2010 to 2022. Numbers of births fell in all three areas over the 12-year period. The biggest fall was in Bury, where the number of live births fell from 2,571 to just over 2,008 (a 22% reduction in live births). The smallest fall was in Oldham, where the number of births fell from around 3,300 to 3,158 (around a 4% decrease).

**Figure 2: Live births**

Live births 2010 to 2022

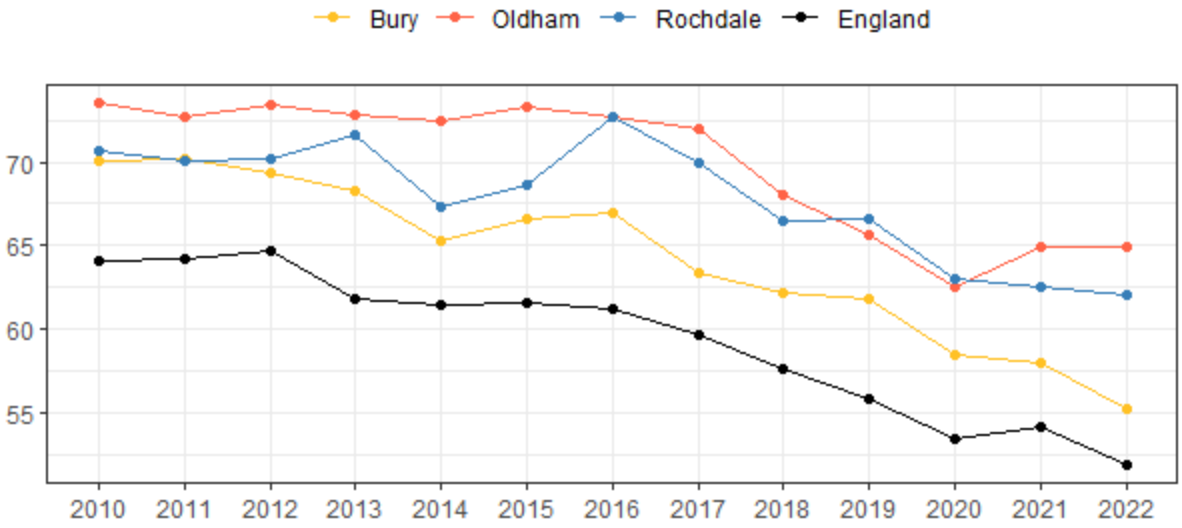



Source: Fingertips (Office for Health Improvement and Disparities).

The general fertility rate gives a measure of the number of births relative to the number of females aged 15 to 44 (as very few births are to females aged under 15 or over 45). Figure 3 shows the general fertility rate for Bury, Rochdale, Oldham, and England for the same 12-year period. The national fertility rate fell from around 64 per 1,000 women per year in 2010 to 52 in 2022 (a 19% decrease). General fertility rates were higher in Bury, Rochdale, and Oldham than England over the whole period. However, fertility rates fell more sharply in Bury, reducing the gap in general fertility rates from 6 births per 1,000 females aged 15-44 to 3.4 births per 1,000 females aged 15-44. General fertility rates only fell by 12% in Rochdale and Oldham, with Oldham's general fertility rate increasing slightly from 2020.

**Figure 3: General fertility rate**

Birth rate per 1,000 females aged 15 to 44 years 2010 to 2022



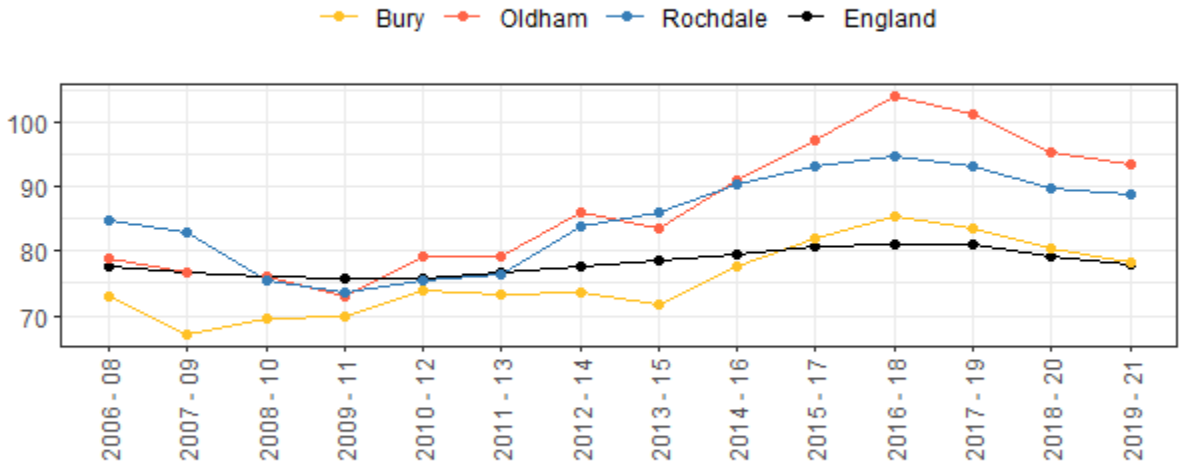

Source: Fingertips (Office for Health Improvement and Disparities).

Babies born prematurely (before 37 weeks of gestation) often experience a range of poor health and other outcomes including higher risk of death. As well as being a cause of poor health in children, premature births are associated with poor maternal health, particularly smoking in pregnancy.

Rates of premature births are higher in Oldham and Rochdale than Bury and England. And while premature birth rates have remained roughly the same in Bury and England, rates of premature birth have increase in Oldham and Rochdale, starting from the 2010-12 period.

**Figure 4: Babies born prematurely (before 37 weeks gestation)**

Crude rate per 1,000 births 2018/19 to 2022/23



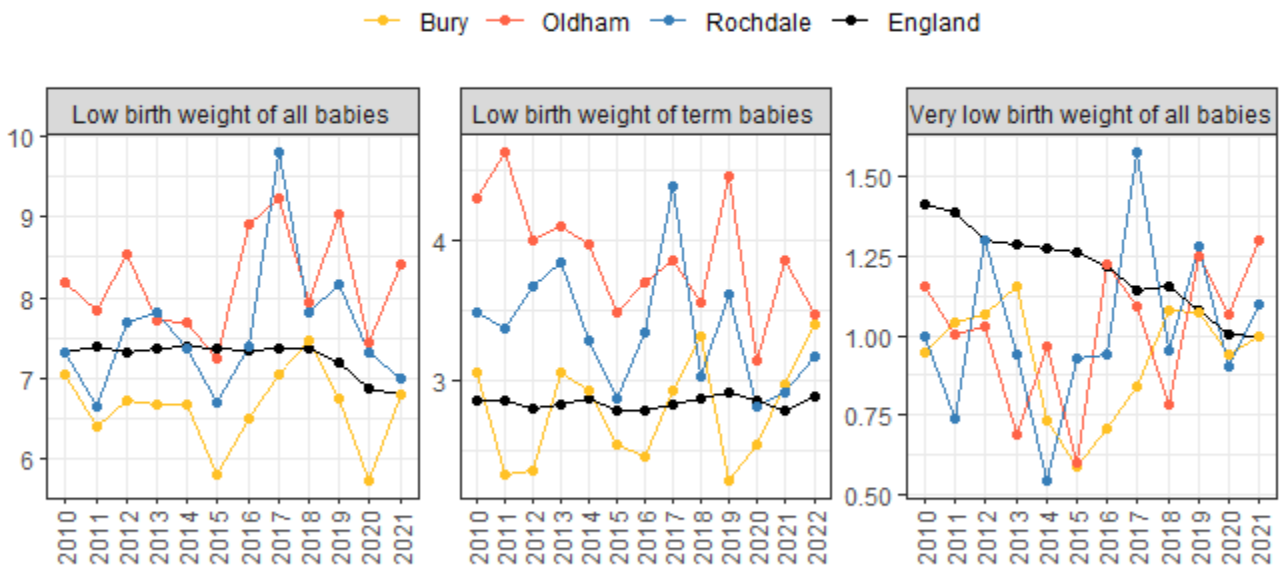

Source: Fingertips (Office for Health Improvement and Disparities). Crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths.

Children born at low birth weights (less than 2.5 kg) are also at higher risk of dying and poor health. Premature birth is one cause of low birth weights so separate indicators are available for babies born after 37 weeks of gestation as well as for all babies. Figure 5 shows babies born at less than 2.5kg as a percentage of all live births (left panel) and of all births of babies born after at least 37 weeks gestation (middle panel). The right panel shows the percentage of all babies born at very low birth weight (less than 1.5kg).

The numbers involved for Bury, Rochdale, and Oldham are small in each year and the data are noisy as a result. Rochdale and Oldham have tended to have a higher proportion of babies born at low birth weights, whereas Bury has tended to be similar to the national average. While England saw a decrease in the proportion of babies born at very low birth weight, no such trend exists for Bury, Rochdale, or Oldham.

**Figure 5: Low birth weight babies**

Percent of all births, 2014/15 to 2022/23




Source: Fingertips (Office for Health Improvement and Disparities). Babies are considered low birth weight if they weigh less than 2,500g at birth and very low birth weight if they weigh less than 1,500g. Babies are considered born at term if they are born after 37 weeks of gestation.

## 5.3 Poverty and children in care

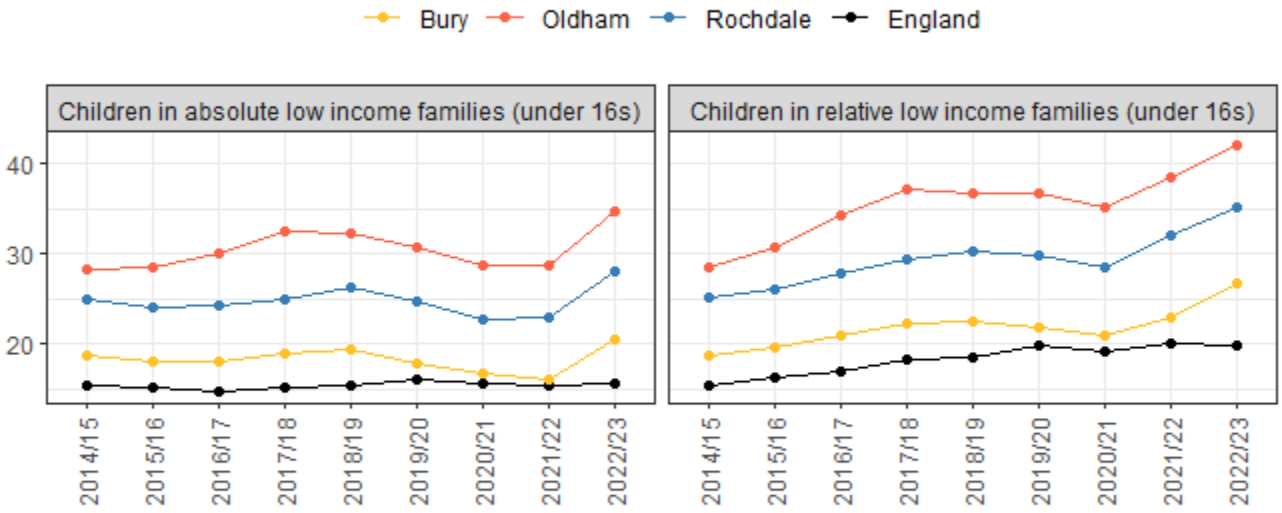
Poverty is a major cause of child deaths and poor health. Families living in poverty often lack access to the basic building blocks of health, such as good quality housing, good diets, safe outdoor environments in which to plan and be physically active. Poverty also causes stress and mental illness, increasing the risk of childhood neglect or abuse or domestic violence. Families on low incomes are also more likely to be exposed to environmental hazards such as air pollution. And access to healthcare also tends to be worse for people living in poverty.

Figure 6 shows the proportion of children living in low-income families. Low income can be defined in absolute or relative terms. A household is in relative low income if household receives less than 60% of the median household income. A household in absolute low income is one which receives less than 60% of the median household income in 2010/11, updated to match inflation. This is designed to assess how low-income households are faring with reference to inflation. Figure 7 shows the number of households with children who are registered homeless per 1,000 households with children. Both child poverty and homelessness indicators have worsened markedly since 2020/21. Figure 8 shows the

numbers of children in care per 10,000 children. All three local authorities covered in this report have a greater proportion of children in care than the national average, particularly Rochdale. Bury and Oldham saw increases between 2018/19 and 2021/22 which reflect a national trend.

**Figure 6: Proportion of children in low income families**

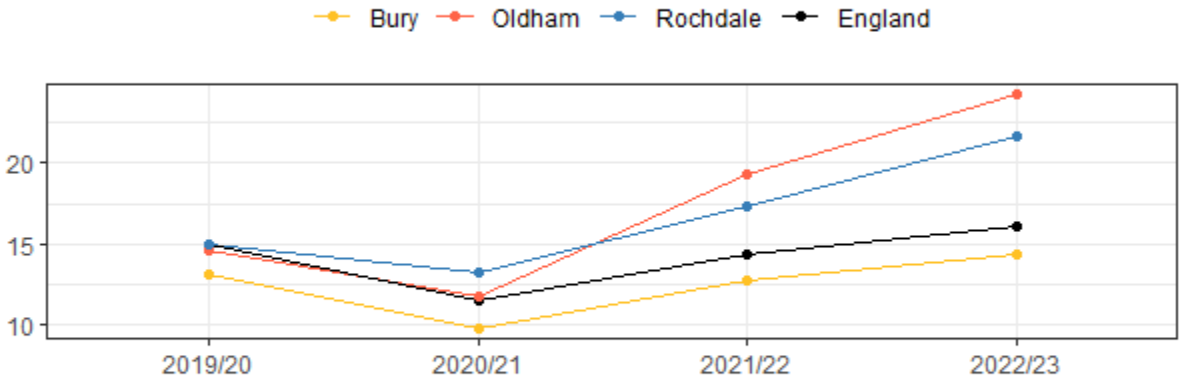
Percent, 2014/15 to 2022/23




Source: Fingertips (Office for Health Improvement and Disparities). Percentage of children (under 16 years) in a local area. Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010 to 2011. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income.

**Figure 7: Homeless households with children**

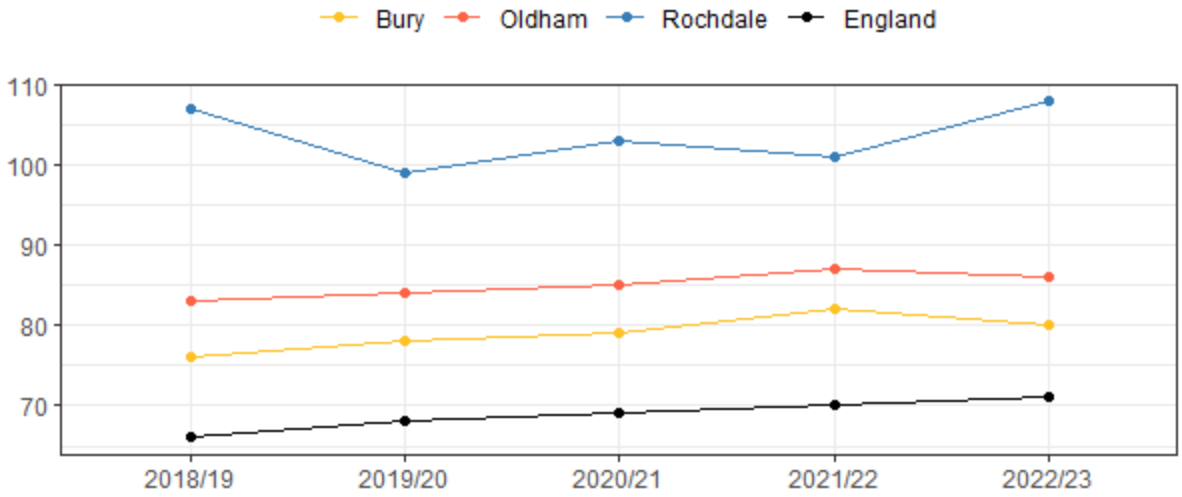
Rate per 1,000 households with children 2019/20 to 2022/23




Source: Fingertips (Office for Health Improvement and Disparities). Households including one or more dependent children owed a prevention or relief duty under the Homelessness Reduction Act, crude rate per 1,000 estimated households that include at least one dependent child. Children are dependent if they're under 18 and living at home. An 18 year old can also count as dependent if they're in full time education or can't support themselves for other reasons, and they live at home.

**Figure 8: Children in care**

Rate per 10,000 children 2018/19 to 2022/23




Source: Fingertips (Office for Health Improvement and Disparities). Children looked after at 31 March on the given year as a rate per 10,000 population aged under 18 years.

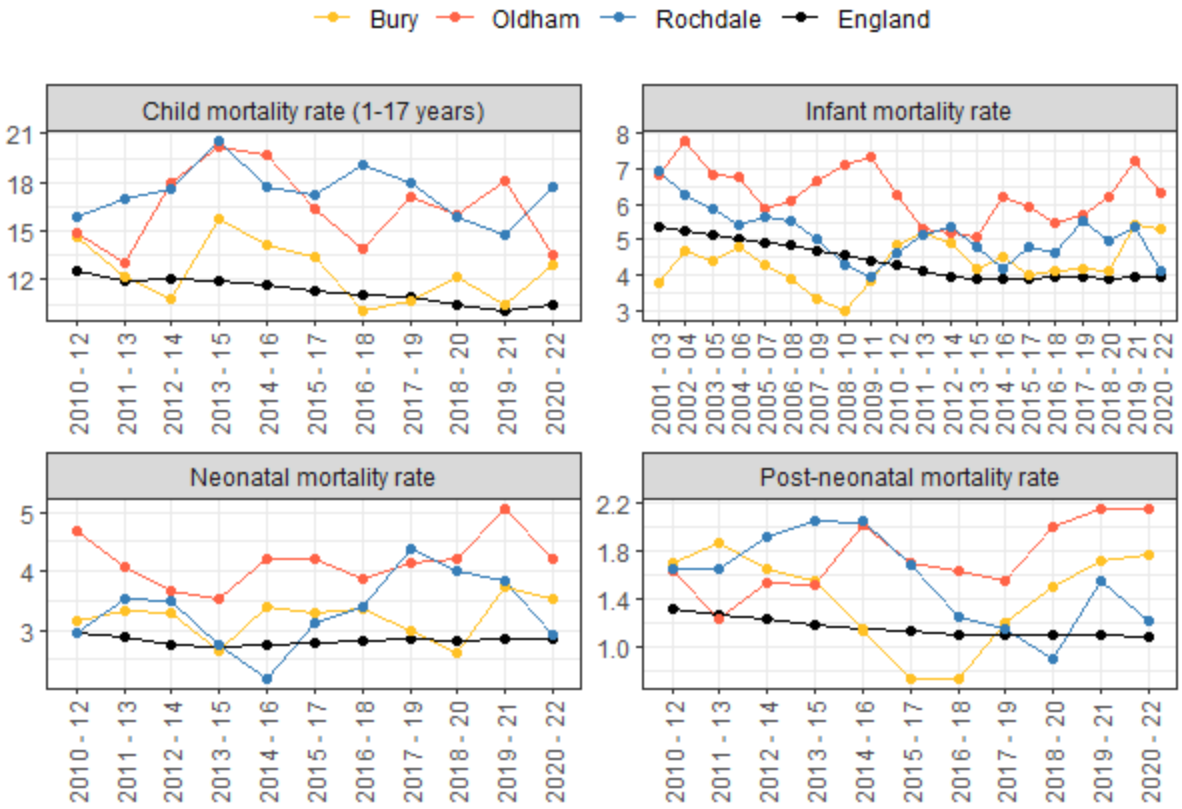
## 6. Mortality statistics

Figure 9 shows mortality rates for children aged 1 to 17 years, the infant mortality rate which reflects deaths in those aged 0 to 1 year old, the neonatal mortality rate which covers deaths in babies aged 0 to 28 days old and the post-neonatal mortality rate which covers deaths of babies aged 29 days to 1 year old. Due to the small numbers of deaths covered, trends are harder to discern. Oldham and Rochdale's child mortality rates have been higher than the national average in every period whereas child mortality in Bury has been closer to the national average throughout. Infant mortality rates in Oldham have been consistently higher than the national average, and both neonatal and post-neonatal mortality has contributed to this. Infant mortality in Rochdale appears to fall between 2001-03 and 2009-11 before levelling off or possibly increasing. Infant mortality in Bury was below or similar to the England average between 2001-03 and 2009-11 after which it has roughly followed the national trend, though with possible signs of an increase in 2019-21 and 2020-22.

Figure 10 shows the rate of deaths and serious injuries among children aged 0 to 15 years in road traffic accidents. These appear to have decreased slightly up to 2012-14 after which they have remained stable across all three areas.

**Figure 9: Child, infant, neonatal, and post-neonatal mortality rates**

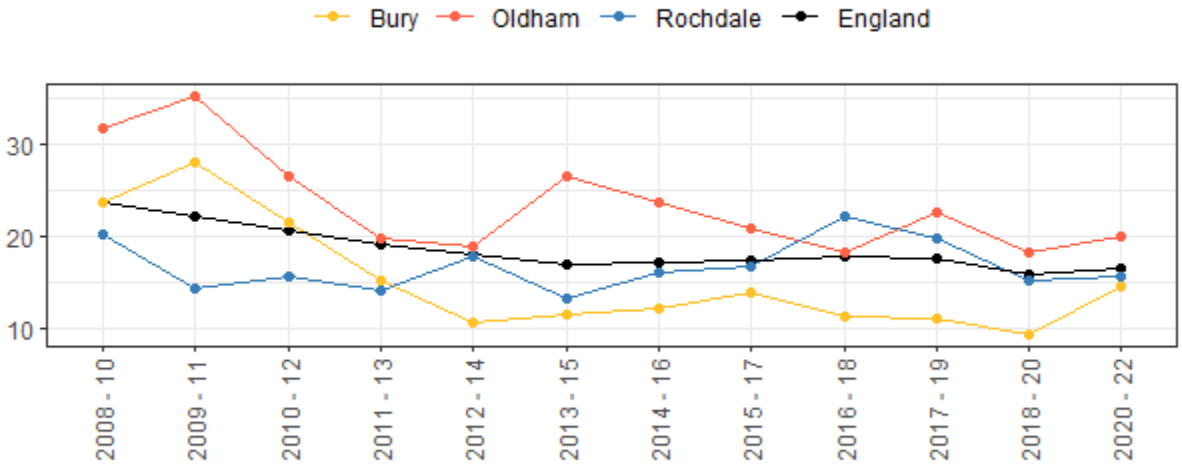
Rate per 1,000




Source: Fingertips (Office for Health Improvement and Disparities). Child mortality rate: number of deaths in children aged 1 to 17 years per 1,000 population aged 1-17. Infant mortality rate: number of deaths in babies aged under 1 year per 1,000 live births in the same year. Neonatal mortality rate: the number of deaths in the first 28 days of life per 1,000 live births. Post-neonatal mortality rate: the number of deaths in babies aged 29 days to 1 year per 1,000 live births.

**Figure 10: Children aged 0-15 killed or seriously injured in road traffic accidents**

Rate per 100,000 children 2008-10 to 2020-22




Source: Fingertips (Office for Health Improvement and Disparities). The number of children aged 0-15 years that were killed or seriously injured in road traffic collisions per 100,000 population aged 0-15 years. Rolling three year averages.

## 7. Notified deaths

### 7.1 Notified by local authority area of residence and year of death

Table 4 shows the numbers of deaths reported to the Bury, Rochdale, and Oldham CDOP by local authority of residence and financial year in which the child died. As the number of deaths is related to the size of the population, the table also provides the population aged 0-17[2], the child mortality rate per 100,000 children, and 95% confidence intervals for the rate. Death numbers and rates are shown graphically in figures 11 and 12.

**Table 4: deaths and death rates reported to CDOP by local authority and year**

| Financial year | Local authority | deaths | population | rate per 100k | 95% confidence interval | |
|---|---|---|---|---|---|---|
| 2021/2022 | Bury | 18 | 43,767 | 41.1 | 24.4 | 64.9 |
| 2022/2023 | Bury | 15 | 43,906 | 34.2 | 19.1 | 56.3 |
| 2023/2024 | Bury | 12 | 44,046 | 27.2 | 14.1 | 47.5 |
| 2021/2022 | Oldham | 30 | 61,744 | 48.6 | 32.8 | 69.3 |
| 2022/2023 | Oldham | 35 | 62,439 | 56.1 | 39 | 77.9 |
| 2023/2024 | Oldham | 23 | 63,143 | 36.4 | 23.1 | 54.6 |
| 2021/2022 | Rochdale | 16 | 54,671 | 29.3 | 16.7 | 47.5 |
| 2022/2023 | Rochdale | 16 | 55,674 | 28.7 | 16.4 | 46.6 |
| 2023/2024 | Rochdale | 15 | 56,696 | 26.5 | 14.8 | 43.6 |

Due to the small numbers of deaths, differences between local authority areas and between different years are not statistically significant and could be due to chance variation. That important caveat aside, numbers and rates of deaths were consistently higher in Oldham across all three years in this report. Numbers of deaths decreased slightly in Bury between 2021/22 to 2023/24 and in Rochdale between 2022/23 and 2023/24.

[2] Population data were derived from the ONS mid-year population estimates tool. Population estimates were not available for 2023/24 so populations were estimated by extrapolating population growth from 2021/22 to 2022/23 in each area to the following year.

**Figure 11: deaths reported by financial year of death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24

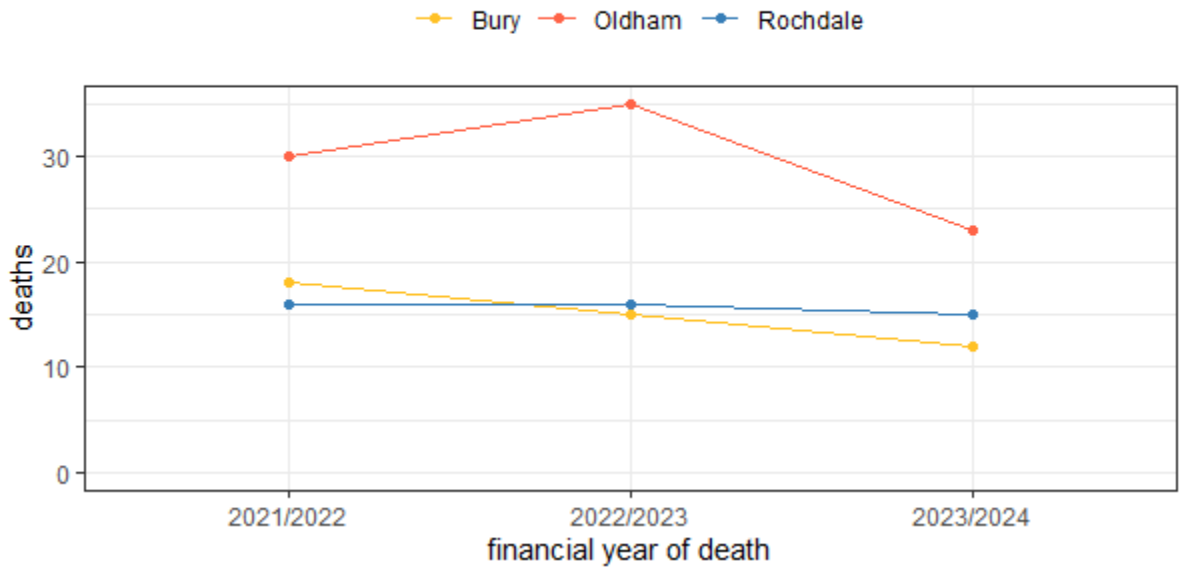
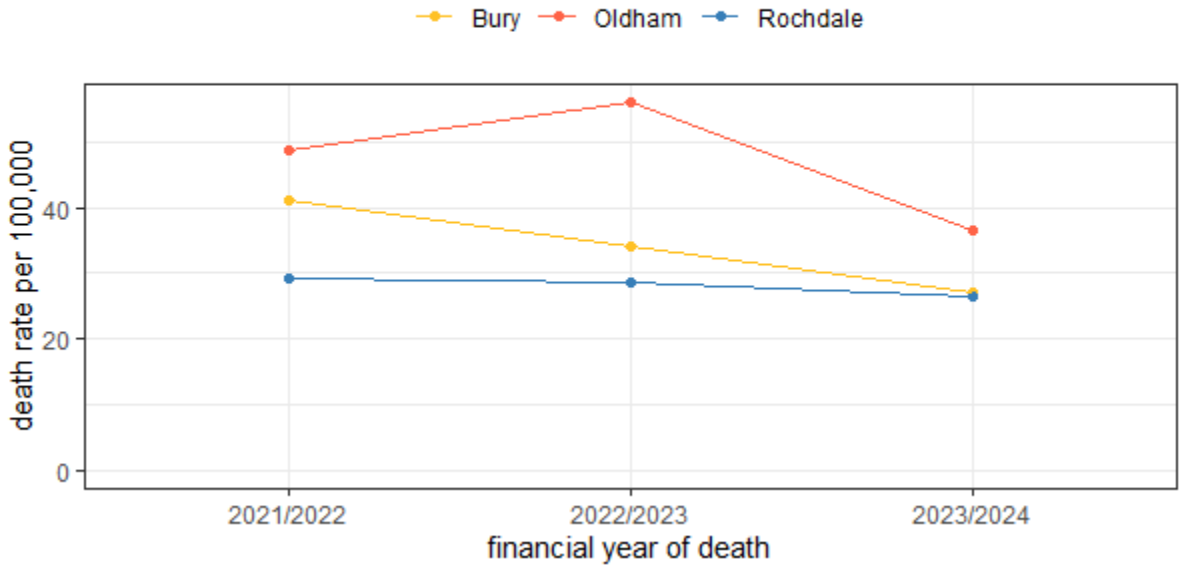



**Figure 12: deaths rates per 100k by financial year of death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24



## 7.2 Notified deaths by gender and year of death

Table 5 shows deaths and death rates per 100,000 children by year and gender, combined across Bury, Rochdale, and Oldham. Numbers of deaths and death rates were similar between male and female children. A slight decrease in the number of deaths reported between 2022/23 and 2023/24 was seen in both male and female children, however this decrease may still be due to chance variation, rather than a meaningful reduction in child mortality rates. Figure 13 presents death rates by gender and financial year in which the child died.

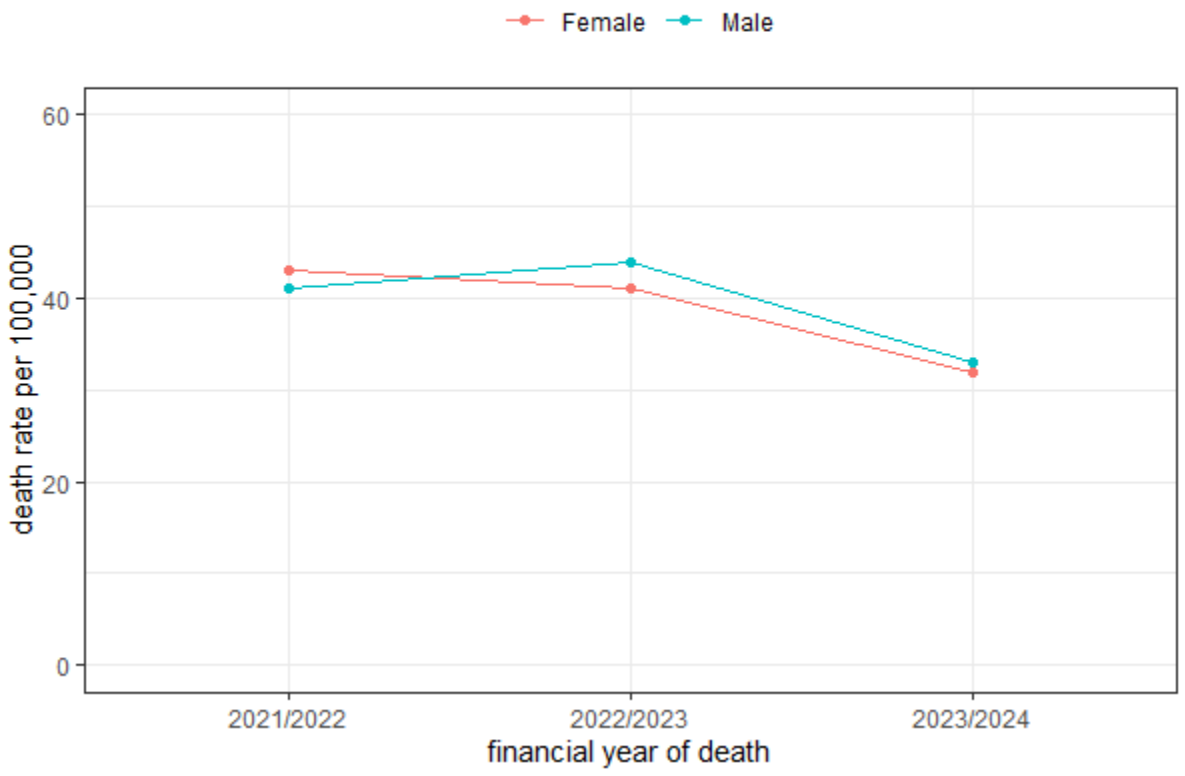
**Table 5: deaths reported to CDOP by gender and year**

**Bury, Rochdale, and Oldham 2021/22 – 2023/24**

| Financial year | Gender | Deaths | Population | Rate per 100k | 95% confidence interval | |
|---|---|---|---|---|---|---|
| 2021/2022 | Female | 32 | 78,082 | 41 | 28 | 57.8 |
| 2022/2023 | Female | 31 | 79,028 | 39.2 | 26.6 | 55.7 |
| 2023/2024 | Female | 24 | 79,990 | 30 | 19.2 | 44.6 |
| 2021/2022 | Male | 32 | 82,100 | 39 | 26.7 | 55 |
| 2022/2023 | Male | 35 | 82,991 | 42.2 | 29.4 | 58.6 |
| 2023/2024 | Male | 26 | 83,895 | 31 | 20.2 | 45.4 |

**Figure 13: deaths rates per 100k by gender and financial year of death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24



## 7.3 Notified deaths by age at death

Table 6 shows numbers of deaths reported in Bury, Rochdale, and Oldham between 2021/22 and 2023/24. Because numbers of deaths are small, the data are presented for all three years and all three areas combined. These data are presented graphically in figure 14.

Numbers of rates of death were significantly higher in children aged under 1 year, consistent with national data that this is the time when the risk to a child's life is highest. A slight increase in death rates can be seen among 15-17 year olds, however the small numbers of deaths involved even after aggregating figures across years and local authority areas means it remains possible that this higher risk is a result of chance variation.

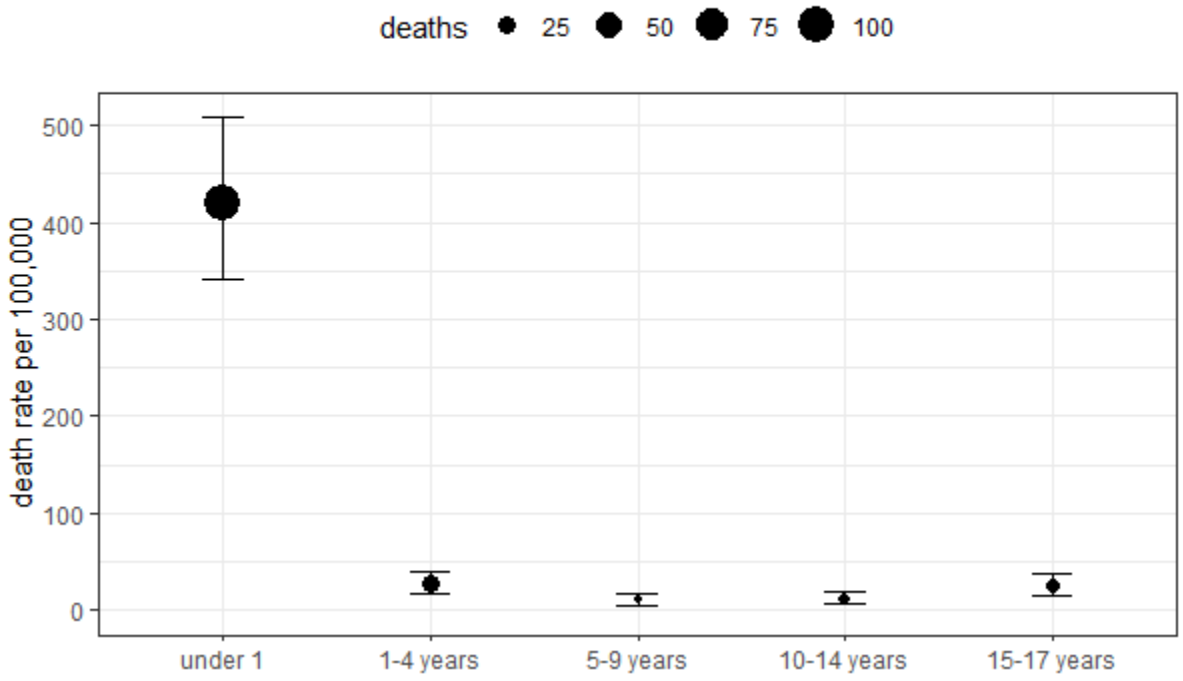
**Table 6: Deaths reported by age group**

**Bury, Rochdale, and Oldham, 2021/22 to 2023/24**

| Age group | Deaths | Population | Rate per 100k | 95% confidence interval | |
|---|---|---|---|---|---|
| under 1 | 103 | 24,564 | 419.3 | 342.3 | 508.5 |
| 1-4 years | 27 | 10,1001 | 26.7 | 17.6 | 38.9 |
| 5-9 years | 14 | 13,6383 | 10.3 | 5.6 | 17.2 |
| 10-14 years | 16 | 14,2223 | 11.2 | 6.4 | 18.3 |
| 15-17 years | 20 | 82,066 | 24.4 | 14.9 | 37.6 |

**Figure 14: deaths rates per 100k by age at death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24



## 7.3 Notified deaths by ethnicity

Table 7 shows death numbers and approximate rates[3] by ethnic category for Bury, Oldham, and Rochdale from 2021/22 to 2023/24. Death rates are presented graphically in figure 14.

Although there were more deaths among White British children, death rates were higher for most other ethnic groups. Small numbers mean that in most cases the apparent higher cases may be due to chance variation, except for children of Asian ethnic backgrounds where death rates appear to be significantly higher than for their White British counterparts. This was mainly driven by deaths of children of Pakistani ethnicity.

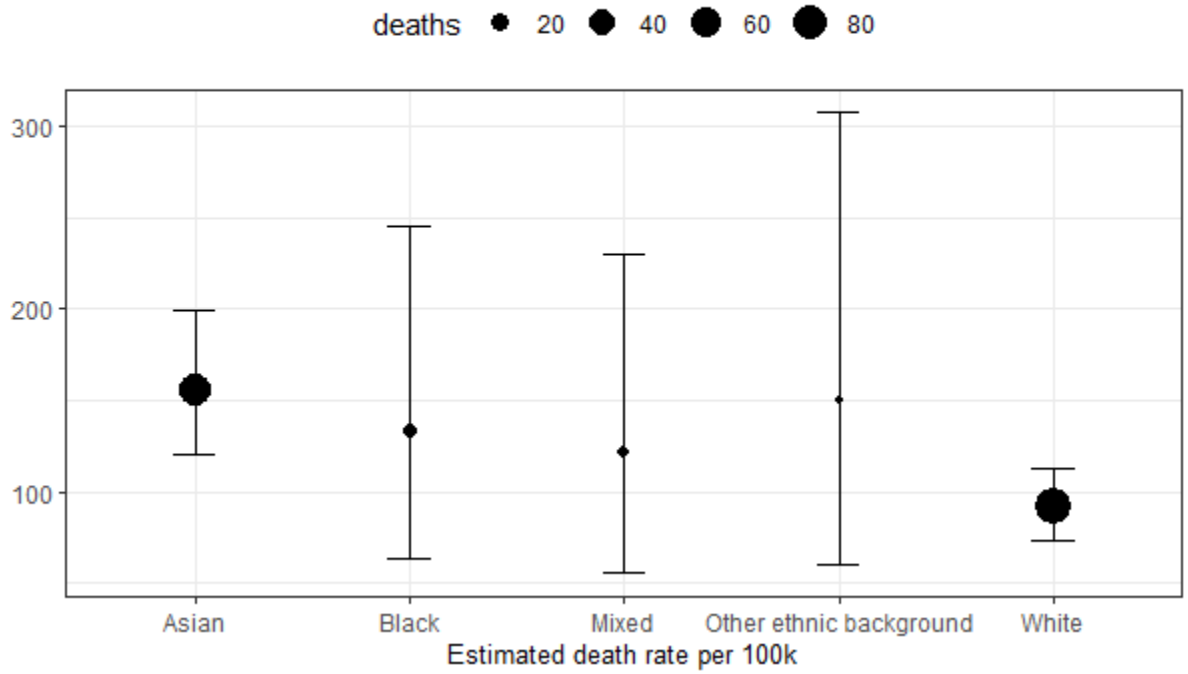
**Table 7: Deaths and approximate rates by broad ethnic background**

**Bury, Rochdale, and Oldham, 2021/22 – 2023/24**

| Ethnic category | Deaths | Population | Rate per 100k | 95% confidence interval | |
|---|---|---|---|---|---|
| White | 89 | 97,087 | 91.7 | 73.6 | 112.8 |
| Asian | 65 | 41,672 | 156 | 120.4 | 198.8 |
| Black | 10 | 7,484 | 133.6 | 64 | 245.1 |
| Mixed | 9 | 7,398 | 121.7 | 55.5 | 230.2 |
| Other ethnic background | 7 | 4,672 | 149.8 | 60 | 307.2 |

**Figure 14: deaths rates per 100k by age at death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24




[3] Mid-year population estimates are not available by ethnicity and age. The nearest data that are available are from the 2021 census which gives an age and ethnicity breakdown of the census population. The rates have been calculated by dividing the number of deaths in each ethnic category over the three years 2021/22 to 2023/24 by three times the combined 0-17 populations for Bury, Rochdale, and Oldham.

## 7.4 Notified deaths by deprivation

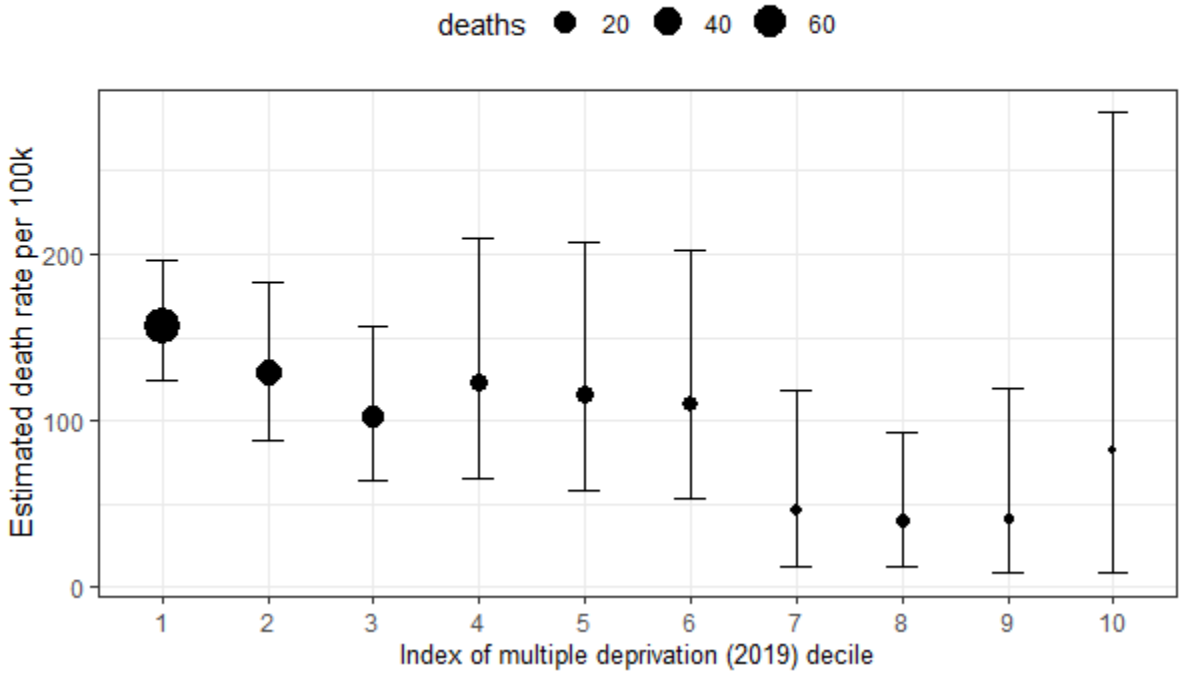
The Index of Multiple Deprivation gives a measure of the deprivation experienced by populations living in small areas (lower super output areas, with populations of around 1,500). Table 8 shows the number of notified deaths by decile of deprivation. More children died in areas of higher deprivation than in less deprived areas. However, the combined population of Bury, Rochdale, and Oldham is more deprived than England as a whole. This is reflected in greater numbers of children living in deciles 1, 2, and 3. Nevertheless, death rates were higher in the more deprived areas than in less deprived areas, with a decreasing trend in death rates from most to least deprived. This reflects the effects of poverty and higher rates of low birth weight, homelessness, and other risks described in section 5 above in these areas. These data are presented graphically in figure 14.

**Table 8: Deaths and death rates by decile of deprivation, Bury, Rochdale, and Oldham, 2021/22-2023/24**

| IMD (2019) decile | Population aged 0-17 | Deaths | Rate per 100k | 95% Confidence interval | |
|---|---|---|---|---|---|
| 1 (most deprived) | 49,084 | 77 | 156.9 | 123.8 | 196.1 |
| 2 | 24,689 | 32 | 129.6 | 88.6 | 182.9 |
| 3 | 20,425 | 21 | 102.8 | 63.6 | 157.1 |
| 4 | 10,606 | 13 | 122.6 | 65.2 | 209.3 |
| 5 | 9,488 | 11 | 115.9 | 57.8 | 207 |
| 6 | 9,066 | 10 | 110.3 | 52.8 | 202.3 |
| 7 | 8,558 | 4 | 46.7 | 12.6 | 118.1 |
| 8 | 12,474 | 5 | 40.1 | 12.9 | 92.7 |
| 9 | 7,202 | 3 | 41.7 | 8.4 | 119.1 |
| 10 (least deprived) | 2,431 | 2 | 82.3 | 9.2 | 284.9 |

**Figure 14: deaths rates per 100k by age at death**

Bury, Oldham, and Rochdale. 2021/22 - 2023/24



## 8. Analysis of deaths reviewed

### 8 .1 Numbers of deaths reviewed

This section describes the activity of the Bury, Rochdale, and Oldham CDOP for the financial years 2021/22, 2022/23, and 2023/24 in terms of numbers of child deaths reviewed. Because the deaths reviewed in these years happened between 2017/18 and 2021/22 and the population denominators changed over that time, it is not appropriate to express numbers of deaths as rates. For this reason, this section only counts of deaths reviewed are presented.

Table 9 gives the number of deaths reviewed by the local authority area in which the child was living at the time they died and the financial year in which the death was reviewed.

**Table 9: Numbers of deaths reviewed by local authority and year reviewed**

| Year reviewed | Bury | Oldham | Rochdale | Total |
|---|---|---|---|---|
| 2021/22 | 9 | 21 | 14 | 44 |
| 2022/23 | 8 | 19 | 8 | 35 |
| 2023/24 | 15 | 18 | 17 | 50 |
| **Total** | **32** | **58** | **39** | **129** |

Due to the variable length of the child death review process, many CDOP reviews do not happen in the year in which the child died. Table 10 shows the numbers of deaths reviewed by year the child died and the year the CDOP review was completed.

**Table 10: Numbers of deaths reviewed by year reviewed and year of death**

| | Year of death | | | | | |
|---|---|---|---|---|---|---|
| **Year reviewed** | **2017/2018** | **2018/2019** | **2019/2020** | **2020/2021** | **2021/2022** | **Total** |
| 2021/22 | 1 | 9 | 29 | 5 | 0 | 44 |
| 2022/23 | 1 | 9 | 14 | 11 | 0 | 35 |
| 2023/24 | 2 | 1 | 15 | 15 | 17 | 50 |
| **Total** | **4** | **19** | **58** | **31** | **17** | **129** |

Table 11 shows the number of child deaths notified to CDOP and the number of child deaths reviewed each year for 2021/22 to 2023/24.

**Table 11: Numbers of deaths notified to CDOP and reviewed by CDOP by year**

| Year | Deaths notified | Deaths reviewed |
|---|---|---|
| 2021/2022 | 64 | 44 |
| 2022/2023 | 66 | 35 |
| 2023/2024 | 50 | 50 |

The number of child deaths notified to CDOP each year exceeded the number of deaths reviewed 2021/22 and 2022/23. As a result, a backlog of unreviewed cases has built up. As of the 31st of March 2024, the backlog stood at 168 cases. This has been a result of both

limited CDOP officer capacity, limited panel time, impacts of COVID-19 on child death review processes in 2020 and 2021, and delays in receiving key information from partners.

In response CDOP panel meetings for Bury, Rochdale, and Oldham have been extended from half days to full days. This has increased the numbers of cases reviewed per panel to 15 in March 2024 and 17 in June 2024. This contributed to the increase in cases reviewed in 2023/24. If continued, this provides capacity to review 60-70 cases per year.

## 8.2 Demographics of deaths reviewed

Table 12 presents the numbers of child deaths reviewed by the Bury, Rochdale, and Oldham CDOP. Table 13 presents the numbers of child deaths reviewed by the Bury, Rochdale, and Oldham CDOP by ethnic category.

**Table 12: Number of deaths reviewed by age and gender**

**Bury, Rochdale, and Oldham, 2021/22 – 2022/23**

| Age Group | Female deaths | Male deaths | Total |
|---|---|---|---|
| 0-27 days | 27 | 23 | 50 |
| 28-364 days | 9 | 23 | 32 |
| 1-4 years | 4 | 6 | 10 |
| 5-9 years | 3 | 4 | 7 |
| 10-14 years | 4 | 10 | 14 |
| 15-17 years | 6 | 10 | 16 |
| **Total** | **53** | **76** | **129** |

**Table 13: Number of deaths reviewed by ethnicity**

**Bury, Rochdale, and Oldham, 2021/22 - 2022/23**

| Ethnic category | Deaths reviewed |
|---|---|
| White | 63 |
| Asian | 38 |
| Ethnicity not known | 12 |
| Black | 11 |
| Mixed | 3 |
| Other ethnic background | 2 |
| **Total** | **129** |

## 8.3 Deaths reviewed by category of death, pre-existing conditions, and learning disability

All CDOP panels use a standard set of categories of death to describe the broad cause of death based on the information available to them. A list of the standard categories of death is provided in Appendix B. The most common category of death was 'perinatal/neonatal event'. This includes deaths due to consequences of prematurity, adverse events during delivery, and congenital or early onset bacterial infections. Although this was the most common cause when deaths across the three areas were combined and for Oldham and Bury, the most common category of death for Rochdale was 'chromosomal, genetic, and congenital anomalies'. This was the second most common category of death for Oldham and Bury. It includes deaths due to extra copies of chromosomes, single gene disorders, cystic fibrosis, congenital heart anomalies, and neurodegenerative conditions.

**Table 14: Numbers of death by category of death, Bury, Rochdale, and Oldham, 2021/22 - 2023/24**

| Category of death | Bury | | Rochdale | | Oldham | | Total |
|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | |
| Perinatal/neonatal event | 11 | 34.4 | 9 | 23.1 | 23 | 39.7 | 43 |
| Chromosomal, genetic and congenital anomalies | 3 | 9.4 | 12 | 30.8 | 12 | 20.7 | 27 |
| Trauma and other external factors, including medical/surgical complications/error | 3 | 9.4 | 5 | 12.8 | 6 | 10.3 | 14 |
| Sudden unexpected, unexplained death | 4 | 12.5 | 3 | 7.7 | 5 | 8.6 | 12 |
| Chronic medical condition | 1 | 3.1 | 2 | 5.1 | 5 | 8.6 | 8 |
| Malignancy | 3 | 9.4 | 1 | 2.6 | 2 | 3.4 | 6 |
| Acute medical or surgical condition | 0 | 0 | 3 | 7.7 | 2 | 3.4 | 5 |
| Infection | 2 | 6.2 | 2 | 5.1 | 1 | 1.7 | 5 |
| Suicide or deliberate self-inflicted harm | 3 | 9.4 | 0 | 0 | 2 | 3.4 | 5 |
| Deliberately inflicted injury, abuse or neglect | 2 | 6.2 | 2 | 5.1 | 0 | 0 | 4 |
| **Total** | **32** | **100** | **39** | **100** | **58** | **99.8** | **129** |

As shown in table 15 of the 129 deaths reviewed over the three years from April 2021 to March 2024, 52 were of children with pre-existing medical conditions. This represents 40.3% of all deaths. This does not mean that the pre-existing medical condition was the cause of death, though this is likely to be the case for those deaths categorised as due to chronic medical conditions or chromosomal, genetic and congenital anomalies.

**Table 15: Deaths reviewed where a pre-existing medical condition was present**

**Bury, Rochdale, and Oldham, 2021/22 - 2023/24**

| Pre-existing medical condition | Deaths | Percent |
|---|---|---|
| Yes | 52 | 40.3% |
| No | 29 | 22.5% |
| Not known | 29 | 22.5% |
| Not Applicable | 19 | 14.7% |

Table 16 shows the numbers and percentage of deaths by whether the child had a diagnosed learning disability. In most cases (nearly 60%) this is category was not applicable, in most cases because the child was too young for a learning disability to be diagnosed: of the 77 child deaths where learning disability status was 'not applicable' 45 were neonates aged under 28 days, 28 were aged under 1 year, and 4 were aged 1-4 years old.

**Table 16: Deaths reviewed by whether the child had a diagnosed learning disability**

**Bury, Rochdale, and Oldham, 2021/22 – 2023/24**

| Learning disability | Deaths | Percent |
|---|---|---|
| Yes | 14 | 10.90% |
| No | 19 | 14.70% |
| Not known | 19 | 14.70% |
| Not applicable | 77 | 59.70% |

## 8.4 Deaths reviewed by presence of contributing factors

The main purpose of CDOP is to identify factors that contributed to the deaths of children reviewed with a focus on common modifiable factors that could be changed to prevent other children from dying in future.

Potentially modifiable factors contributing to deaths are grouped into four 'domains':

- **Domain A:** factors intrinsic to the child, such as low birth weight, genetic or chromosomal abnormalities, or poor maternal health.
- **Domain B:** factors in social environment including family and parenting capacity. This includes smoking, drug use, and domestic violence in the household as well as wider social risks, such as issues with peer groups or at school.
- **Domain C:** factors in the physical environment, such as inadequate or absent safety equipment or access to open water.
- **Domain D:** factors in service provision, such as when a service fails to follow its procedures and guidance, or when two or more services fail to communicate or work together appropriately.

However, the presence of these factors does not necessarily mean that factor could have been modified in that case. CDOP makes a judgement on whether each factor was modifiable or not. Table 17 presents numbers and percentages of deaths where modifiable factors were identified by CDOP.

**Table 17: Deaths reviewed by modifiable factors contributing to deaths**

**Bury, Rochdale, and Oldham, 2021/22 – 2023/24**

| Factors present | Any factors | Domain A | Domain B | Domain C | Domain D |
|---|---|---|---|---|---|
| Present | 73 (57%) | 22 (17%) | 41 (32%) | 21 (16%) | 41 (32%) |
| Absent | 56 (43%) | 107 (83%) | 88 (68%) | 108 (84%) | 88 (68%) |

Potentially modifiable factors contributing to deaths were identified in 73 (57%) of 129 deaths reviewed by the Bury, Rochdale, and Oldham CDOP between April 2021 and March 2024. Factors in domain B (relating to the social environment) and domain D (relating to service

provision) were most common, identified in 32% of deaths. Table 18 shows the proportion of deaths reviewed where potentially modifiable factors were identified broken down by age group. This shows some variation in which domains potentially modifiable factors identified fell into by age group, however the small numbers of deaths in each age group over the three years means that any variations need to be treated with caution. But the relative scarcity of factors relating to the physical and social environments in neonatal deaths is plausible as many of these children never leave hospital following birth.

Proportions of deaths with modifiable factors in each of the four domains did not vary by local authority, so these data are not presented.

**Table 18: Deaths reviewed by age group and modifiable factors present**

**Bury, Rochdale, and Oldham, 2021/22 – 2023/24**

| Age Group | deaths | Domain A factors present | | Domain B factors present | | Domain C factors present | | Domain D factors present | |
|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % |
| 0-27 days | 50 | 12 | 24 | 10 | 20 | 2 | 4 | 18 | 36 |
| 28-364 days | 32 | 4 | 12.5 | 15 | 46.9 | 9 | 28.1 | 6 | 18.8 |
| 1-4 years | 10 | 1 | 10 | 4 | 40 | 2 | 20 | 5 | 50 |
| 5-9 years | 7 | 0 | 0 | 3 | 42.9 | 2 | 28.6 | 2 | 28.6 |
| 10-14 years | 14 | 3 | 21.4 | 5 | 35.7 | 2 | 14.3 | 3 | 21.4 |
| 15-17 years | 16 | 2 | 12.5 | 4 | 25 | 4 | 25 | 7 | 43.8 |

### *Specific modifiable factors: maternal over/under weight*

Both high and low maternal bodyweight is associated with increased risk of child death. Mechanisms involved include higher risk of birth asphyxia in children of mothers with BMIs greater than 30 and at higher levels of obesity increased risk of congenital anomaly.[4]

Low maternal BMI was not identified in any deaths reviewed during this reporting period. High maternal BMI was identified as a factor in 11 deaths (8.5% of all deaths reviewed), 10 of which were neonatal deaths.

### *Specific modifiable factors: consanguinity*

Genetic relatedness (consanguinity) between parents increases the risk of congenital abnormalities and early child death. This is in part due to the higher risk of severe autosomal recessive diseases (where two copies of the disease-causing gene are needed for the disease to occur)[5].

Table 19 shows deaths reviewed broken down by whether the parents of the child were known to be blood relatives. Of the 126 deaths reviewed by CDOP over the three years from 2021/22 to 2023/24, 17 (13.2%) were of children born to parents who were known to be blood relatives. Parental relatedness was not known for a further 25 deaths (19.4% of deaths reviewed). Deaths of children whose parents were related involved children who died at ages ranging from 0 days to 17 years and 10 months old. The most common categories of

[4] Thornton et al (2023) Non-linear associations of maternal pre-pregnancy body mass index with risk of stillbirth, infant, and neonatal mortality in over 28 million births in the USA: a retrospective cohort study; Johannsen et al (2014) Maternal overweight and obesity in early pregnancy and risk of infant mortality: a population based cohort study in Sweden.

[5] Olubunmi et al (2019) A review of the reproductive consequences of consanguinity.

death identified for these deaths were ‘chromosomal, genetic, and congenital anomalies’ and ‘perinatal or neonatal events’.

**Table 19: Deaths reviewed where parents were known to be blood relatives**

**Bury, Rochdale, and Oldham, 2021/22 - 2023/24**

| Are parents blood relatives | n | % |
|---|---|---|
| No | 86 | 66.7 |
| Not known | 25 | 19.4 |
| Yes | 17 | 13.2 |

### *Specific modifiable factors: smoking, alcohol, and substance misuse*

Smoking, alcohol misuse, and substance misuse are risk factors for poor child and adult health. All three continue to be identified in reviews of child deaths across Bury, Rochdale, and Oldham. Table 19 provides numbers of deaths where parental smoking, alcohol misuse, or substance misuse were identified. Data on these factors is not always recorded, so the numbers below should be taken as a minimum and are probably an underestimate. Smoking by the children who died is not reliably recorded but data are available on children who had known drug or alcohol misuse issues.

Smoking during pregnancy was identified by CDOP in 7 deaths (5% of those reviewed by the panel) between 2021/22 and 2023/24. All these deaths involved children aged under 6 months old. Smoking in the household (not necessarily during pregnancy) was identified in 23 deaths. Maternal smoking was identified in 21 deaths, paternal smoking in 11 deaths, and both parents smoking in 12 deaths. Alcohol and substance misuse in parents were less common and were identified in 8 and 13 deaths.

**Table 20: Deaths where smoking, alcohol, or substance misuse issues were identified**

**Bury Oldham and Rochdale, 2021/22 – 2023/24**

| Modifiable factor | n | % |
|---|---|---|
| Mother smoked during pregnancy | 7 | 5.4 |
| Mother smoked | 21 | 10.9 |
| Father smoked | 14 | 9.3 |
| Both parents smoked | 12 | 3.1 |
| Mother had an alcohol misuse issue | 4 | 5.4 |
| Father had an alcohol misuse issue | 7 | 2.3 |
| Both parents had an alcohol misuse issue | 3 | 4.7 |
| Mother had a substance misuse issue | 6 | 7 |
| Father had an alcohol misuse issue | 9 | 1.6 |
| Both parents had a substance misuse issue | 2 | 2.3 |
| Child had drug or alcohol issue | 3 | 16.3 |

### *Specific modifiable factors: unsafe sleeping arrangements*

There were 5 deaths where unsafe sleeping practices were identified. All these deaths were categorised as ‘sudden unexpected, unexplained death’ by CDOP, and made up 41.7% of all 12 deaths in this category. Four of these deaths were of children aged between 28 days and 1 year, one was of a child aged between 1 and 4 years old. In three of the five deaths where

unsafe sleeping arrangements were noted, the family were identified to have been living in overcrowded or otherwise unsuitable housing. In two other cases, parents had consumed alcohol around the time of death.

## 9. Previous recommendations and actions

The last CDOP report for Bury, Rochdale, and Oldham made the following recommendations:

I. That future reports should analyse data over a three-year rolling period to enable more meaningful analysis.
II. Work with statutory partners to increase completion of data fields.
III. Take steps to reduce the backlog of cases.

This report analyses deaths notified and reviewed by CDOP over the three years from 2021/22 to 2023/24. Training has been provided to contributing general practitioners to improve the quality of data received from general practice. Panel meetings have been extended from half days to full days, increasing the number of cases reviewed at each panel.

In addition, discussion at the Rochdale Health and Wellbeing Board led to a recommendation for further analysis into whether the Bury, Rochdale, and Oldham area has a higher than expected number of deaths categorised as 'neonatal or perinatal events'. This analysis has been completed and will be circulated along with this report.

## 10. Recommendations

Based on the analysis of deaths reported to and reviewed by CDOP, as well as of the publicly available data presented above, this report recommends that:

- **Child poverty:** Health and Wellbeing Boards should note the worsening in measures of child poverty and to work with local partners to ensure that local antipoverty plans address increases in childhood poverty.

- **Smoking, alcohol, and substance misuse:** Health and Wellbeing Boards, with partners, should continue to work to reduce smoking, alcohol, and drug misuse in pregnancy by:
    - Ensuring smoking status and alcohol or substance misuse problems are identified early by ensuring that pregnant people are asked about smoking status, alcohol use, and substance use, that this information is recorded, and referrals to appropriate services are made;
    - Continuing wider work to reduce the prevalence of smoking, alcohol misuse, and substance misuse across the population and ensuring provision of smoking cessation and drug and alcohol treatment services.

- **Safe sleeping arrangements:** Health and Wellbeing Boards, with partners, should continue to promote safe sleeping practices, noting the possible relationship between unsafe sleeping arrangements and overcrowded or otherwise inappropriate housing and with alcohol use by parents. Safeguarding partnerships should ensure for children who have additional vulnerabilities that are captured in child protection or child in need plan.

- **Consanguinity:** Health and Wellbeing Boards should work with partners and community organisations to raise awareness of the increased risk of death and

illness faced by children born to parents who are close blood relatives and assure themselves that genetic counselling and testing services are being offered appropriately.

## Appendix A: Child Death Overview Panel Responsibilities

CDOP responsibilities are:

- to collect and collate information about a child's death, seeking relevant information from professionals and where appropriate family members.
- to analyse the information obtained, to confirm or clarify the cause of death, to determine any contributing factors, and to identify any learning arising from the child death review process.
- that may prevent future death.to make recommendations to all relevant organisations where actions have been identified which may prevent future child deaths and will promote the health safety and well-being of children.
- to notify the relevant locality's Child Safeguarding Practice Review Panel and local Safeguarding Partners when it suspects that a child may have been abused or neglected.to notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, if it is identified there are any errors or deficiencies in an individual child's registered cause of death.
- to provide specific data to NHS digital through the National Child Mortality Database.
- to produce an annual report for Child Death Review Partners on local patterns and trends in child deaths, and any lessons learnt, and actions taken and the effectiveness of the wider child death review process.
- to contribute to local, regional, and national initiatives to improve learning from child death reviews including where appropriate approved research carried out within the requirements of data protection.

## Appendix B: CDOP categories of death

| Category | Name & description of category |
|---|---|
| 1 | **Deliberately inflicted injury, abuse, or neglect**<br>This includes suffocation, shaking injury, knifing, shooting, poisoning & other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death. |
| 2 | **Suicide or deliberate self-inflicted harm**<br>This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children. |
| 2 (i) | **Suicide (where the panel feels the intention of the child was to take their own life)** |
| 2 (ii) | **Self-inflicted harm leading to death (where it is unclear if the child's intention was to take their own life)** |
| 2 (iii) | **Death as the result of substance misuse (excluding deaths as a result of a deliberate overdose)** |
| 3 | **Trauma and other external factors, including medical/surgical complications/error**<br>This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Also includes proven medical and surgical complications or errors as the primary cause of death. **Excludes** Deliberately inflicted injury, abuse, or neglect (category 1). |
| 4 | **Malignancy**<br>Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc. |
| 5 | **Acute medical or surgical condition**<br>For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy. |
| 6 | **Chronic medical condition**<br>For example, Crohn's disease, liver disease, immune deficiencies, even if the final event leading to death was infection, haemorrhage etc. **Includes** cerebral palsy with clear post-perinatal cause. |
| 7 | **Chromosomal, genetic and congenital anomalies**<br>Trisomies, other chromosomal disorders, single gene defects, neurodegenerative disease, cystic fibrosis, and other congenital anomalies including cardiac. |
| 8 | **Perinatal/neonatal event**<br>Death ultimately related to perinatal events, e.g. sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, necrotising enterocolitis, post-haemorrhagic hydrocephalus, irrespective of age at death. It **includes** cerebral palsy without evidence of cause, and **includes** congenital or early-onset bacterial infection (onset in the first postnatal week). |
| 8 (i) | **Immaturity/Prematurity related** |
| 8 (ii) | **Perinatal Asphyxia (HIE and/or multi-organ failure)** |
| 8 (iii) | **Perinatally acquired infection** |
| 8 (iv) | **Other (please specify)** |
| 9 | **Infection**<br>Any primary infection (i.e. not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc. |
| 10 | **Sudden unexpected, unexplained death**<br>Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. **Excludes** Sudden Unexpected Death in Epilepsy (category 5). |

| Classification<br><br>Open | Item No. |
|---|---|

| | |
|---|---|
| **Meeting:** | Bury Health and Wellbeing Board |
| **Meeting date:** | 12 September 2024 |
| **Title of report:** | WorkWell Vanguard |
| **Report by:** | Tracey Flynn, |
| **Decision Type:** | **Information/ Discussion/ Decision** |
| **Ward(s) to which report relates** | All |

**Executive Summary:**

The attached briefing note outlines Bury's local approach to deliver the GM Working Well Programme.

**Recommendation(s)**

**That:**

The board receives the report

The board agrees the approach

**Key considerations:**

**Introduction/ Background:**

**Key Issues for the Board to consider:**

**Community impact/links with Community Strategy**

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**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.* |
|---|---|
| A full EA is in being progressed in line with the agreed approach to the delivery of the WW Vanguard. | |

**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.*

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**Legal Implications:**

*To be completed by the Council's Monitoring Officer*

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**Financial Implications:**

*To be completed by the Council's Section 151 Officer*

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**Tracey Flynn**
**t.flynn@bury.gov.uk**

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**Introduction**

## 1.1 National Programme

1.1.2 The national programme will support 59,000 people between 1st October 2024 and 31st March 2026 underpinned by £57million of national funding, and there will be 15 WorkWell Partnership vanguard sites who have 3 objectives:

1. Provide evidence-based, low intensity work and health assessments and interventions that support individuals to overcome health-related barriers to work.
2. Develop and implement an integrated work and health strategy for the ICB footprint.
3. Be part of a national evaluation and learning programme.

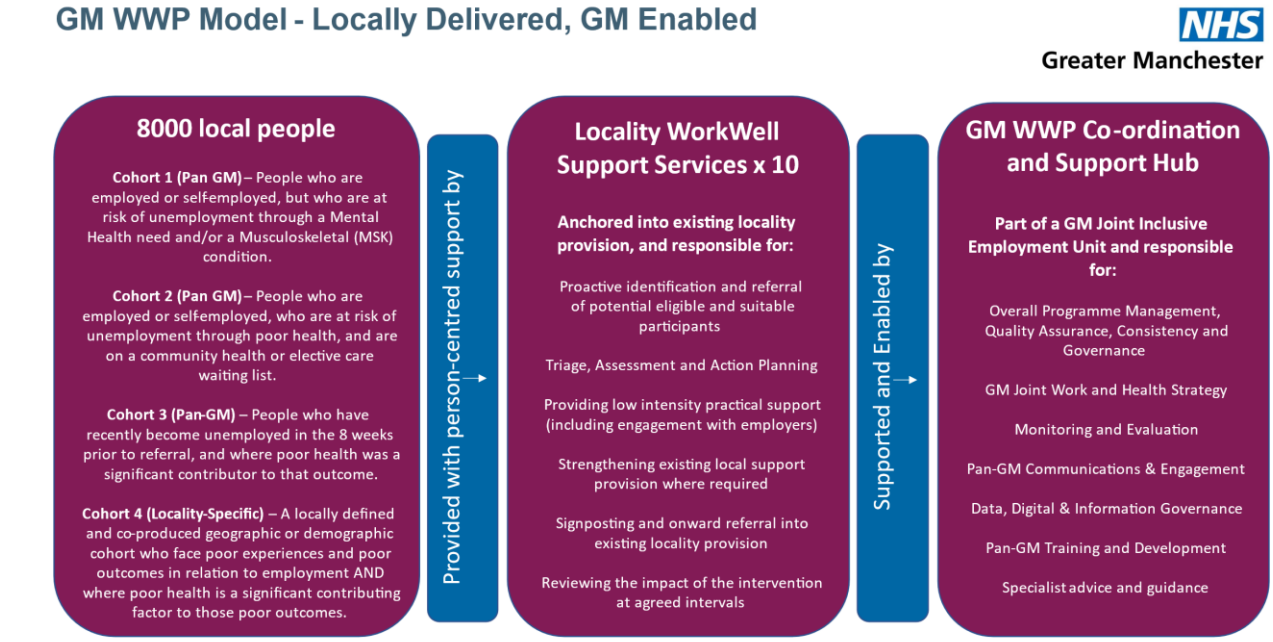
1.1.3 It differs from other employment support programmes in that it is a preventative programme to support those people who are recently unemployed or at risk of becoming unemployed due to health related barriers. Work Well focuses on early identification, triage and action planning with light touch support. The rational is that early intervention may address health related barriers which may enable people to stay and remain in work without accessing services that may have long waiting lists. Across GM, WW is viewed as part of the wider Working Well suite of programmes with overlap with Live Well and connectivity to VCSE assets in localities.

## 1.2 GM Locality Programme

1.2.1 NHS Greater Manchester has been named as 1 of 15 national WorkWell Partnership Vanguard sites following an Expression of Interest process that involved all ten GM localities.

Under the GM **'Locality Led, GM Enabled'** proposals between a '*go live*' date of **1st October 2024** and 31st March 2026 GM aim to support 8,000 people who are at risk of becoming economically inactive through poor health and have been allocated up to £7million to achieve this. This will be by strengthening our focus on prevention and building upon our existing locality work and health provision with a particular focus on the 4 target cohorts contained within the EOI.

1.2.2 The GM WW model and the 4 cohorts are within the image below:




## 2.1 Bury - Progress to Date

2.1.2 Bury with support from the NHS Project team and Price Waterhouse Cooper have hosted 2 local workshops. The workshops covered the following with additional local discussion:

- Shared how current employment and health services are provided and the interaction between them for the target cohorts.
- Considered who is a priority local cohort and explore how the service could function in a locality and help shape what that looks like.
- Thinking about the key elements or parameters of what a WorkWell locality model should focus on e.g. low level, early intervention, integration with local services.
- Consider how Management Information and outcomes will be gathered.

2.1.3 Bury's two workshops took place on the 12th June and 1st August with a range of partners invited from across the local system including colleagues from Live Well, local Work, Health and Wellbeing providers, DWP, Public Health and NHS colleagues. The Bury discussion focused on agreeing in principle a locality specific cohort. A locality specific cohort allows for focus on a geographic or demographic cohort who may face poor experience and poor outcomes in relation to employment due to significant health related barriers. The attendees at the Bury workshop agreed a focus on working age young people up to 35 years and over 50's, although it was strongly recommended retain a flexible approach. Within the Bury focused cohort it was agreed that veterans and those with learning difficulties would naturally be in scope though not the entirety of the Bury focus.

2.1.4 The rational for supporting young people as a priority was reflected in the proportionate number of young who are unemployed in Bury and the increase in economic inactivity in the over 50's population. The local evidence also showed the disparity in Bury between the number of young people and in the workforce and an ageing population.

2.1.5 GM LAs were required to submit a final local delivery plan by 16th August.

**3.1 Bury WW Model**

3.1.2 Bury's delivery model is based on the creation of a single access point (SAP) for all enquiries and referrals relating to work, health, skills and wrap round support available to Bury residents. The model is based upon a successful, impartial service delivered in Oldham and Rochdale and also Bury Council's SAP for business engagement.

3.1.3 The model will work for all available funded support that can assist residents to access the right support at the right time.

3.1.4 Referral pathways can come from all part of the Bury system:

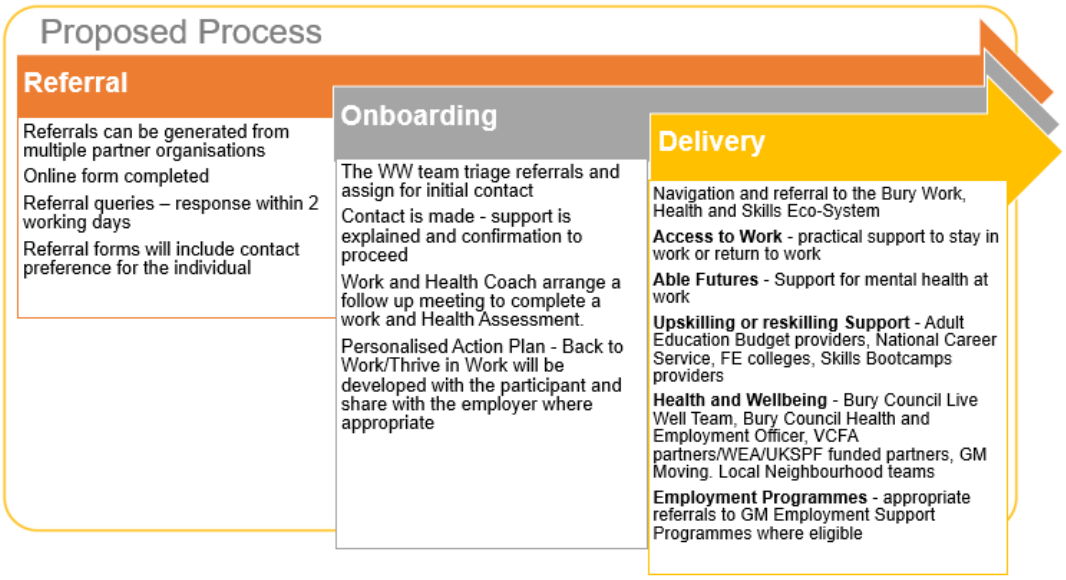

- Not exhaustive

**Example Case Study - William (Billy)**

- Worked in manufacturing for 30 years – highly skilled/valued employee
- MSK preventing him working at capacity/in pain
- Billy is overweight with other health issues
- Referred to service
- W & HC liaise with employer & supports Billy to access Live Well
- Billy's health improves but his capacity for heavy machinery may never be resolved
- Employer supports Billy to gain a teaching/training qualification
- Billy passes on his skills to apprentices within the organisation

3.1.5 Referrals to WorkWell will come through the SAP which will enable initial triage to ensure WorkWell is the appropriate support. It will also facilitate the WorkWell service to connect to other support for their clients.

3.1.6 The proposed referral and onboarding process is demonstrated within the diagram below:




## 4.1 Funding

4.1.2 Funding allocations to district is based on a 'fair shares' model reflecting population size.

WWP - Fair Shares Locality Allocations

4.1.3 Fair shares funding allocation for Bury is £432,927 over 18 months. The funding is split 60%/40%. Localities can claim eligible expenditure in arrears every quarter up to 60% of the total funding. For Bury this would be quarterly claims for delivery of the programme up to a maximum of £259,756, 40% of the funding equates to a maximum of £171, 171 which can be claimed when a participant is engaged and an action plan/thrive in work plan is agreed.

4.1.4 Bury's funding model will by hybrid procuring an organisation with the relevant skills and experience to deliver up to 336 participants. The rational for procurement is to address the following risks:

- Recruitment of Work and Health Coaches could take up to 4 months to go through agreement to recruit, evaluation and moderation, recruitment and interviews and any notice periods. The delivery or WorkWell starts 1st October 2024 until March 31st, 2026. (18 months).
- A fixed term contact of 18 months is a risk
- The programme will be behind schedule and may not deliver the right help to residents and be a reputational risk to Bury Council
- Bury Council cannot fully participate in piloting the service with our LA partners, NHS ICB and GMCA.

Benefits of the procurement route:

- Attract an experienced provider with proven track record to deliver

- Providers are able to recruit at speed
- Providers usually offer full time contracts
- Provider will manage the recruitment, onboarding, training, monitoring and development

4.1.5 In anticipation of a start later than October 2024 a proportion of the budget will be allocated to Bury Council's Live Well team to add additional capacity through their service to allow referrals to be accepted from 1st October or as near that date as possible. The Live Well Team will deliver the service to 200 participants over a 12 month period with an option to extend should the funding allow.

4.1.6 The Live Well team have established relationships with GP practices and community organisations and will be supported through the SAP process for wider support outside of their offer.

**5.1 Finance Flow**

5.1.2 WW funding is not given to GM in advance, this is common of DWP funded activity. Funding is paid quarterly in arrears subject to our WW activity submitting the data returns by due dates. The data return will be compiled locally and submitted to the pan-GM programme team, who will then collate the total GM WWP response and submit it to DWP.

5.1.3 The quarterly income from will be paid directly from DWP to NHS GM (as the accountable body) who, in turn, will distribute it to the NHS GM locality teams. NHS GM locality teams will be responsible for ensuring that arrangements are in place for moving funding to where it needs to be at a local level.

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# Agenda Item 9b

Bury Health and Wellbeing Board

| | |
|---|---|
| Title of the Report | Better Care Fund (BCF) Improved Better Care Fund (IBCF) 24/25 and Adult Social Care Discharge Funding. |
| Date | 12th September 2024 |
| Contact Officer | Shirley Allen |
| HWB Lead(s) in this area | Will Blandamer Executive Director Health and Adult Care and Place Based lead<br><br>Adrian Crook – Director Adult Social Care<br><br>Lynne Ridsdale, Chief Executive |

| **Executive Summary** | | | |
|---|---|---|---|
| Is this report for? | Information | Discussion | Decision<br>Y |
| Why is this report being brought to the Board? | To seek Health and Wellbeing Board retrospective sign off for the Bury submission to the Better Care Fund 2024/2025 | | |
| Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)<br>www.theburydirectory.co.uk/healthandwellbeingboard | The Better Care Fund primarily focuses upon:<br>• Living Well with a Long-Term Condition<br>• Reducing Length of Stay in hospitals<br>• Improving and supporting Hospital Discharges<br>• Prevention & Early Intervention | | |
| Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)<br>http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page | • Living Well with a Long-Term Condition<br>• Reducing Length of Stay in hospitals<br>• Improving and supporting Hospital Discharges<br>• Prevention & Early Intervention<br>• 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.<br><br>(2) Agree the retrospective submission to BCF 2024/2025 as per the attached Planning Template |
| What requirement is there for internal or external communication around this area? | None |
| Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details. | The planning template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.<br>The final planning template has been signed off for progression by the Executive Director for Health and Adult Care, Director of Adult Social Care, s.151 officer at Bury Council, and the Chief Finance Officer. |

## Introduction / Background

1. **Introduction and background**

1.1. The final Better Care Fund (BCF) 2023/2025 Policy Framework and Planning Guidance can be found at: BCF https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025 This policy framework confirms the conditions and funding for the Better Care Fund (BCF) for 2023 to 2025.

1.2. Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

- enable people to stay well, safe, and independent at home for longer
- provide people with the right care, at the right place, at the right time

1.3. The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan of how the funding will be spent to meet the core objectives. Indeed, 94% of local areas agreed that joint working had improved because of the BCF following a survey in 2023.

1.4. The plan is owned by the Health and Wellbeing Board (HWB) and governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

1.5. The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of Next steps to put People at the Heart of Care. The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.

1.6. The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:

- improving overall quality of life for people, and reducing pressure on urgent and emergency care, the acute sector, and social care services through investing in preventative services
- tackling delayed discharges from hospital and bringing about sustained improvements in discharge outcomes and wider system flow - these are set out in the 'BCF objectives and priorities for 2024to 2025' section below

1.7. At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF planning requirements,

1.8. The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2023/2025.

1.9. The requirement in 2024/2025 was for a fully completed Better Care Fund planning template to be submitted detailing how activities will achieve the BCF national objectives and priorities. Despite submitting a 2 year funding submission for 23-25 we have also been asked to provide a detailed plan for 24-25, but a narrative plan is not required.

1.10. Adult Social Care Discharge Funding was allocated for the first time in 2022/2023 and has now been incorporated into the main BCF allocation and has to be used to support the main BCF objectives and priorities and must be used to support safe and timely discharge from hospital to home or an appropriate community setting. The Additional Discharge Funding is to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds. Local areas should use the funding in ways that support the principles of 'Discharge to Assess': to enable timely discharge from hospital with appropriate short-term support, where needed, pending assessment of long-term care needs.

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

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

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

## 2. **BCF 2024/2025 Vision and Objectives**

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

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

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

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

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

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

The priorities for health and social care are to tackle immediate pressures in delayed discharges and demand for hospital attendances and admissions, bringing about

sustained improvements in outcomes for people discharged from hospital, and wider system flow. This will be achieved by embedding strong joint working between the NHS, local government and the voluntary, housing and independent provider sectors

2.5 As well as the above, we must also:

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

2.6 **BCF metrics for 2024 to 2025**

2.7 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.

2.8 The information below shows which metrics we will have to report on in which financial year.

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

- discharge to usual places of residence
- proportion of people discharged who are still at home after 91 days

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

- admissions to residential and care homes
- unplanned admissions for ambulatory sensitive chronic conditions
- emergency hospital admissions due to falls in people over 65
-

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

| Metric | Description | 24/25 Qtr. 1 target | 24/25 Qtr. 2 target | 24/25 Qtr. 3 target | 24/25 Qtr. 4 target |
|---|---|---|---|---|---|
| **Avoidable Admissions** | Required to reduce the number of unplanned hospitalisations to be at or below the figures shown in each quarter | 222.6 | 238.1 | 270.5 | 248.7 |
| **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. | | | | 699 |
| **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 | 91.5% | 91.5% | 91.5% | 91.5% |

| | | | | | |
|---|---|---|---|---|---|
| **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. | 218 | 220 | 240 | 224 |
| **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% |

2.10 **Intermediate care capacity and demand plans**

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

- Short-term domiciliary care to support someone to remain at home following a deterioration, fall, or following a spell in hospital.

- Reablement and rehabilitation provided to people in their own homes either to recover function and avoid admission to hospital/residential care (step-up), or to enable a return to home, following a spell in hospital (step-down)

- Reablement and rehabilitation provided in a bedded setting, either to recover function and avoid admission to hospital/residential care (step-up), or to facilitate an eventual return home following a spell in hospital (step down).

- Urgent Community Response (crisis response) to prevent hospital admissions.

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

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

2.13 As in 2023 to 2024, local areas are required to agree and submit a plan showing expected demand for intermediate care services showing:

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

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

2.14 **Reporting and checkpoints**

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

2.16 During the 2-year cycle, there will be a quarterly reporting process where areas will be required to set out progress on delivering their plans. All quarterly submissions are reported to the Health and Wellbeing Board.

## 3. BCF 2024/2025 Planning Template

3.1. The national Planning Template sets out in detail the Bury Better Care Fund proposals for 2024/2025. The submitted planning template is included in the appendix for further information.

3.2 The table below details what the total allocation for BCF for 2024/2025 is made up of, how much has been given to Bury as income, and how much has been allocated to services.

| Funding Source | Income 24/25 £m | Expenditure 24/25 £m |
|---|---|---|
| **Disabled Facilities Grant** | 2,265,064 | 2,265,064 |
| **Minimum NHS Contribution** | 17,521,869 | 17,521,438 |
| **IBCF** | 7,628, 448 | 7,628, 448 |
| **Additional ICB Contribution** | 2,135,677 | 2,135,677 |
| **LA Discharge Funding** | 1,782,494 | 1,782,494 |
| **ICB Discharge Funding** | 1,782,000 | 1,782,000 |
| **Totals** | **33,115,552** | **33,115,552** |

## 4. Impact of BCF funding

4.1. The impact of the BCF funding is sizeable and contributes to the continued support of the most vulnerable people in Bury.

4.2. The table below shows the services that are being funded by BCF. The full detailed plan showing the source of funding and the outcomes expected to be achieved can be found in the planning template in the appendix.

4.3. BCF funds the following crucial services:

| Scheme Name | Description of scheme | Cost 24/2 |
|---|---|---|
| Crisis Response | Multi-Disciplinary Team of health and social care staff to prevent avoidable admissions | 3,631,255 |
| Integrated Intermediate Care | Short term adult rehabilitation and reablement support bed based service | 1,826,403 |
| Reablement | Short term adult rehabilitation and reablement support home based service | 3,716,984 |

| Service | | |
|---|---|---|
| Staying Well Service | Support service for older people to prevent admissions to hospital and to enable people to live well, at home for longer. | 88,100 |
| Programme Management | Care Act Implementation related duties including support to co-ordinate BCF and wider transformation programmes | 135,000 |
| Intermediate Tier | A single Bury wide integrated health and social care team focused on outcomes of individuals and their carer. Promotes independence, provides care, therapies and rehabilitation (MDT staff) | 2,798,048 |
| Rapid Response Service | A rapid community response team providing short term, intensive, holistic support for people at risk of hospitalisation | 910,500 |
| Integrated Neighbourhood Teams | MDT case management supporting adults particularly at risk of admissions or readmission into hospital or permanent admission into nursing or residential care as well as high intensity users of various services | 2,434,812 |
| Home Care or Domiciliary Care | Protection of Adult Social Care Services to enable continued whole system flow-home care packages to enable people to remain in their own homes for longer | 6,731,702 |
| 24 hour care placements | Protection of Adult Social Care Services to enable continued whole system flow-residential and nursing placements | 1,900,634 |
| Nursing Home Training | Training for staff and managers to support delivery of good quality care | 69,168 |
| 24 hour care placements | Protection of Adult Social Care Services to enable continued whole system flow-supported living services to enable people to remain in the community | 950,317 |
| Assistive Technologies and Equipment | Carelink 24 hr telephone link and technology to provide a home safety and personal safety security system that enables people to remain at home for longer | 75,700 |
| Disabled Facilities Grant | Meeting the costs of adapting homes to enable people to stay independent in their own homes | 2,265,064 |
| Alzheimer's Society | Integrated models of dementia provision and support | 82,765 |
| Stroke Association | Discharge support and aftercare for stroke patients | 60,000 |
| Primary Care Support | To provide additional Primary Care appointments in the locality and GP in reach support | 525,464 |
| VCSE Housing Support | Housing support provided by VCSE | 40,000 |
| Home from Hospital | To fund a service led by the voluntary sector which supports people after they are discharged home from hospital to prevent readmissions to hospital | 105,660 |
| Bury Hospice | To fund additional support to the hospice to support discharges from hospital | 352,143 |
| Additional IMC beds | To purchase 13 additional Bed-based intermediate care beds in the community with rehabilitation (to support discharge) | 416,733 |

| | | |
|---|---|---|
| Care of vulnerable adults at Fairfield General Hospital (RAID) | Provide monitoring, treatment and support. Monitoring effects of medication, risk assessments and mental health risk assessments | 711,109 |
| Falls Prevention | Person based preventative support to adults at risk of falls | 226,272 |
| SDEC Frailty Ward | Same day emergency care frailty ward | 342,000 |
| Bury Local Care Organisation | Infrastructure to enable integration. Joint commissioning | 937,225 |

5. **Links to the Bury Locality Plan**

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

6. **Deadlines for Submission**

6.1 The guidance for the Better Care fund planning requirements was issued to lead officers in May 2024 with a submission deadline of **16 June 2024**. As a result of this short timescale for development and submission, the deadline fell between Health and Wellbeing Board planned meetings. The planning template has been collaboratively populated by relevant colleagues from within Bury Council and GM Bury ICB

6.2 The final planning template has been signed off for progression by the Executive Director for Health and Adult Care, Director of Adult Social Care, s.151 officer at Bury Council, and the joint Chief Finance Officer.

6.3 This report seeks retrospective ratification of the attached planning template and narrative plan from Health and Wellbeing Board.

6.4 Please note that initial feedback from the national Better Care fund team is that the submission from Bury was a strong submission and the narrative plan was of a high standard.

**Recommendations for action**

- That the Health and Wellbeing Board note the content of the report.
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2024/2025 Planning Template and ratify the decision to submit to the national Better Care Fund team for assessment.
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund Narrative plan for 24/25 and ratify the decision to submit to the national Better Care Fund team for assessment.

**Financial and legal implications (if any)**

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

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

- None

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CONTACT DETAILS:

**Contact Officer**: Shirley Allen

**Telephone number:** 07890 394684

**E-mail address:** S.Allen@bury.gov.uk

**Date:** 12th September 2024

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Bury Health and Wellbeing Board

| | |
|---|---|
| Title of the Report | Better Care Fund (BCF) Improved Better Care Fund (IBCF) 24/25 Quarter 1 Reporting Template |
| Date | 12th September 2024 |
| Contact Officer | Shirley Allen |
| HWB Lead(s) in this area | Will Blandamer Executive Director Health and Adult Care and Place Based lead<br><br>Adrian Crook – Director Adult Social Care<br><br>Lynne Ridsdale, Chief Executive |

| **Executive Summary** | | | |
|---|---|---|---|
| Is this report for? | Information | Discussion | Decision<br>Y |
| Why is this report being brought to the Board? | To seek Health and Wellbeing Board retrospective sign off for the Bury quarter 1 reporting template for the Better Care Fund 2024/2025. The deadline for submission to the NHSE Better Care fund team was 2nd September 2024 | | |
| Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)<br>www.theburydirectory.co.uk/healthandwellbeingboard | The Better Care Fund primarily focuses upon:<br>• Living Well with a Long-Term Condition<br>• Reducing Length of Stay in hospitals<br>• Improving and supporting Hospital Discharges<br>• Prevention & Early Intervention | | |
| Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)<br>http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page | • Living Well with a Long-Term Condition<br>• Reducing Length of Stay in hospitals<br>• Improving and supporting Hospital | | |

| | |
|---|---|
| | Discharges<br>• Prevention & Early Intervention<br>• 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.<br><br>(2) Agree the retrospective submission of the Quarter 1 reporting template to BCF 2024/2025 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 stakeholders....please provide details. | The Quarter 1 reporting template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB. |

## Introduction / Background

### 1 Introduction and background

1.1 The final Better Care Fund (BCF) 2023/2025 Policy Framework and Planning Guidance can be found at: BCF https://www.gov.uk/government/publications/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 plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of Next steps to put People at the Heart of Care. The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.

1.6 The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:

- improving overall quality of life for people, and reducing pressure on urgent and emergency care, the acute sector, and social care services through investing in preventative services

- tackling delayed discharges from hospital and bringing about sustained improvements in discharge outcomes and wider system flow - these are set out in the 'BCF objectives and priorities for 2023 to 2025' section below

1.7 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF planning requirements,

1.8 The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2023/2025.

## 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 2024 to 2025**

2.6 There is no requirement to report on metrics in quarter 1

**3.0 Quarter 1 Finance and Output Report**

3.1 In quarter 1 we are only required to report expenditure and outputs on the Discharge funding element of BCF.

| **Scheme Type** | **Planned Expenditure** Annual **£** | **Actual Expenditure Year to Date £** | **Planned Outputs Annual** | **Actual Outputs Year to Date.** | **Any Implementation Issues** |
|---|---|---|---|---|---|
| Primary Care Support | 525,464 | 0 | 0 | 0 | No issues reported |
| Home from Hospital | 105,660 | 105,660 | 0 | 0 | No issues reported |
| Hospice | 352,143 | 88,036 | 0 | 0 | No issues reported |
| Additional IMC beds | 416,733 | 104,183 | 160 | 40 | No issues reported |

| | | | | | |
|---|---|---|---|---|---|
| Residential and Nursing Home Placements | 549,824 | 137,456 | 12 | 2 | No issues reported |
| Supported Living /Housing Placements | 274,912 | 68,728 | 4 | 1 | No issues reported |
| Reablement Service | 682,446 | 170,712 | 0 | 0 | No issues reported |
| Home care/Domiciliary Services (IBCF) | 274,912 | 68,728 | 10,446 | 2600 | No issues reported |
| VCSE Housing Support | 40,000 | 10,000 | 0 | 0 | No issues reported |
| Same Day emergency Care Frailty Ward | 342,000 | 85,500 | 0 | 0 | No issues reported |

## 4.0 Reporting and checkpoints

4.1 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 1 and have been submitted to NHSE Better Care fund Team.

## 5. Links to the Bury Locality Plan

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

## Recommendations for action

- That the Health and Wellbeing Board note the content of the quarter 1 reporting submission

- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2024/2025 quarter 1 reporting submission and ratify the decision to submit to the national Better Care Fund team for assessment.

**Financial and legal implications (if any)**

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

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

- None

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CONTACT DETAILS:

**Contact Officer**: Shirley Allen

**Telephone number:** 07890 394684

**E-mail address:** S.Allen@bury.gov.uk

**Date:** 12th September 2024

**END**

Bury Council

# Public Service Leadership Teams (PSLT) work and place-based plans in practice

Lee Buggie

Public Health Specialist, Live Well and Healthy Place

# PSLT Place Base Plans, How do we achieve best practice ?

- **Primary Prevention Plan** – Twin Tracks the proposed Public Service Leadership Team (PSLT) & Performance markers . At its core is a focus on wider and commercial determinants of health. (Slide 2)

- Use the **skills mix and joint upskill** across the PSLT team to create neighbourhood-based solutions and provide an inequalities lens across all work streams.

- Recognise **wider social and commercial determinants of health** keeping inequalities as a golden thread, the examples in slide 3, 4 & 5 will showcase this.

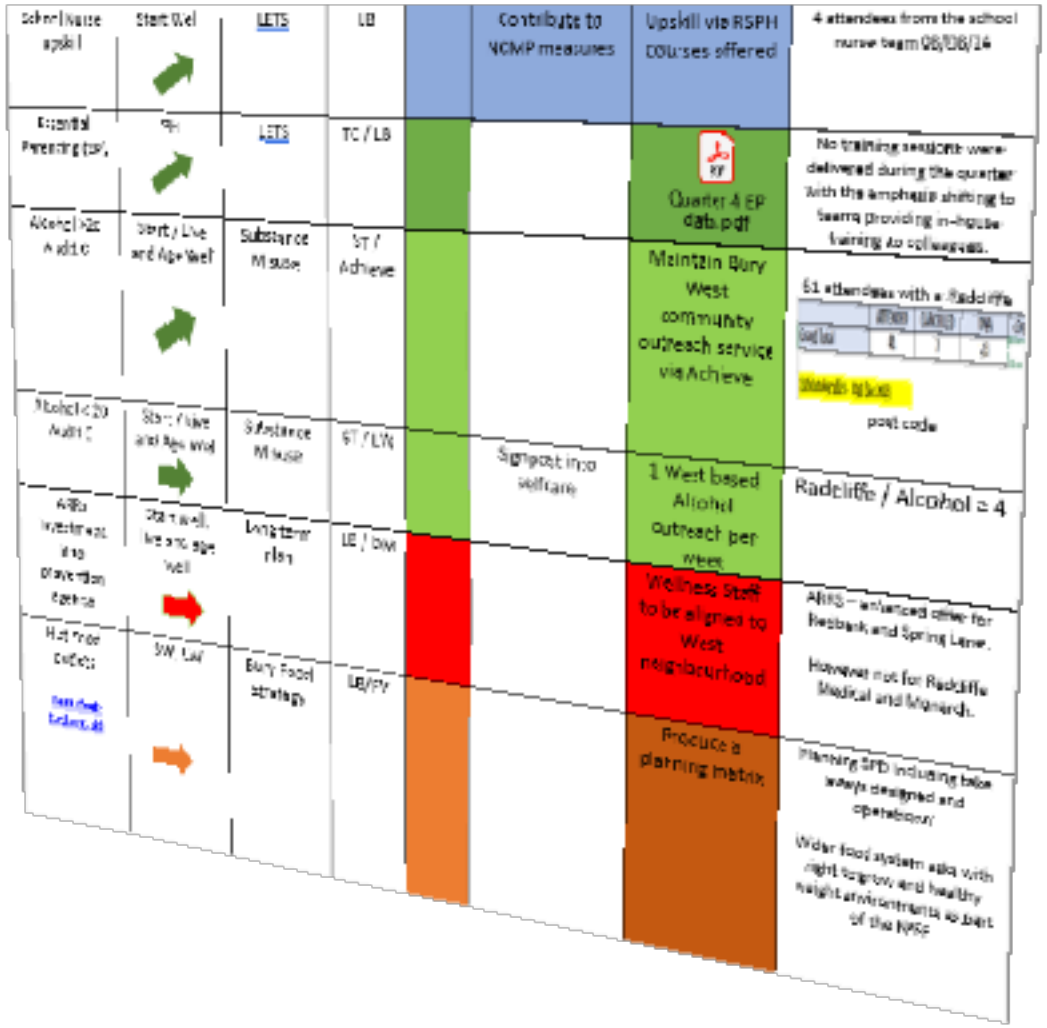
- Use of the **Joint Strategic Needs Assessment** (JSNA), early years intelligence plus the **National Child Measurement Programme** (NCMP) around insights. Pick up on wider partners outcomes such as INT West respiratory aims, reduced crime, housing partnerships with addiction services etc.

- **Use strengths within neighbourhoods** and existing assets, sport clubs, Schools, Parks and community buildings. West examples very strong and has a sense of identify with community groups.

- Mix of **strategy & policy** along with **service specific interventions**, so changing environments and systems along with providing services differently and which are co-produced with service users / expert by users. Licencing and planning matrix , MCF funding.

Bury Council

# Primary Prevention Plan complements Performance (PSU) Outcomes



# On the Ground, a snapshot of what we are doing ?

- Working with TFGM, empowering communities and a variety of PSLT partners to **activate** areas from regional transport and active travel investments.
- **Physical Activity refresh,** this includes a commitment to activate a range of partners such as schools and medical practices along with overarching targets for IMD 1-3.
- Supporting addiction outreach clinics , vaccination pop ups in Bury West and linking opportunities at place. **One stop shops.**
- Greater amount of **stop smoking clinics** activated via OHID investment. Targeted routine and manual along with LGBTQI+ cohorts. **Swap to Stop** outreach providing alternative routes to quits.
- **Early Years Activity** – LETS Get Bury Moving menu of physical , mental and social provision, Toddler Treks, Balance Bikes, community clear ups linked to local business aims, voluntary sector links.

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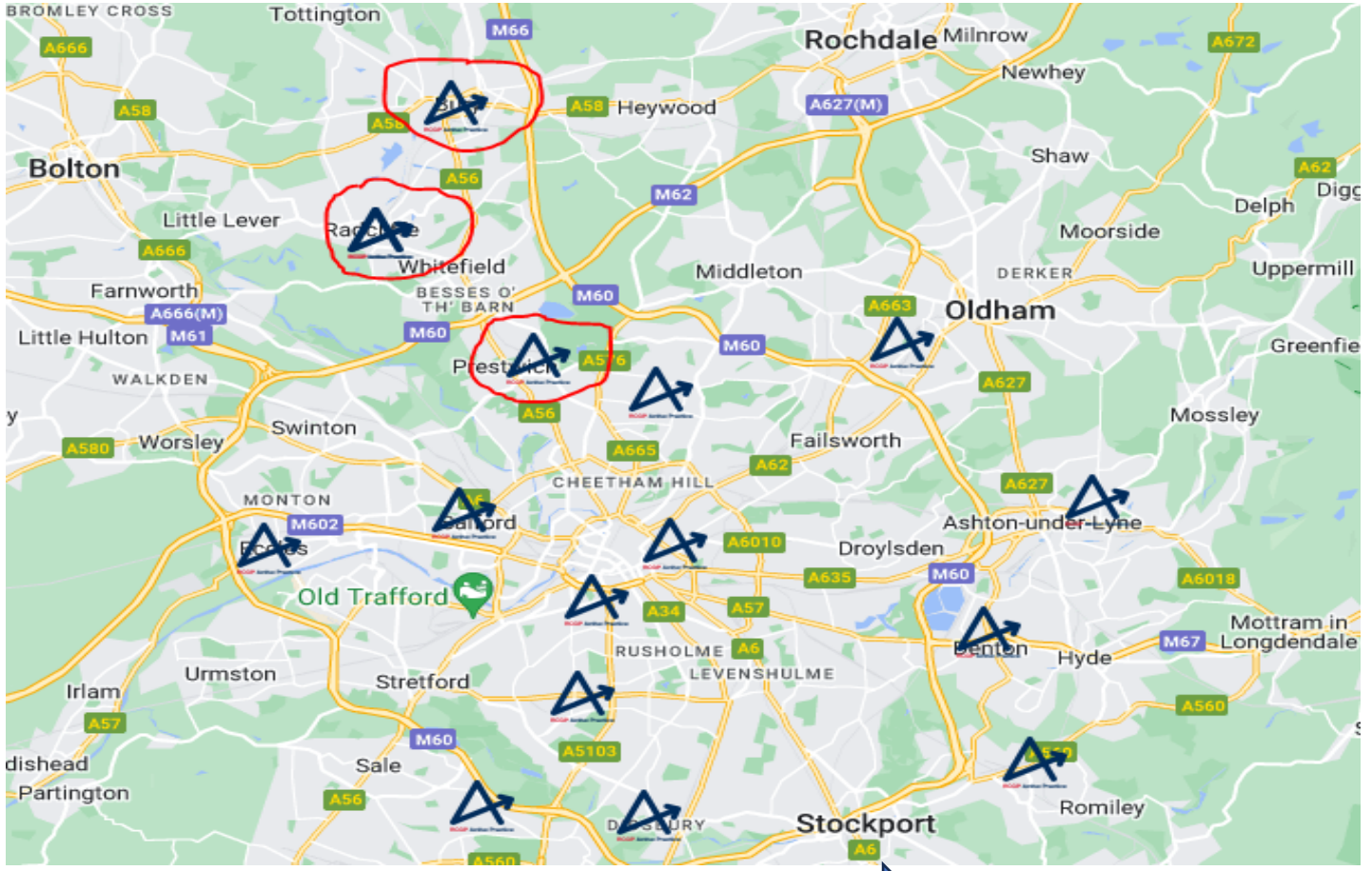
# Deeper Dive Into **Active Practices**




District Nurses , Secondary Care and Community – INT staff completed GM PA CLINICAL UPSKILL IN MARCH 2024

Bury Council

# On the Ground – Collaborative Working

- **Brining policies together in one central map to support Bury Moving** LETS Get Bury Moving • LETS Get Bury Moving Complexities • Kumu

- We mentioned **Bee Network Activations** ,Transport for Greater Manchester, and Bury Council working together with local stakeholders on Bee Network activations and upcoming CRSTS investments. But also, investment into new pop-up park , the new school , levelling up build, social enterprise centre, build on community assets.

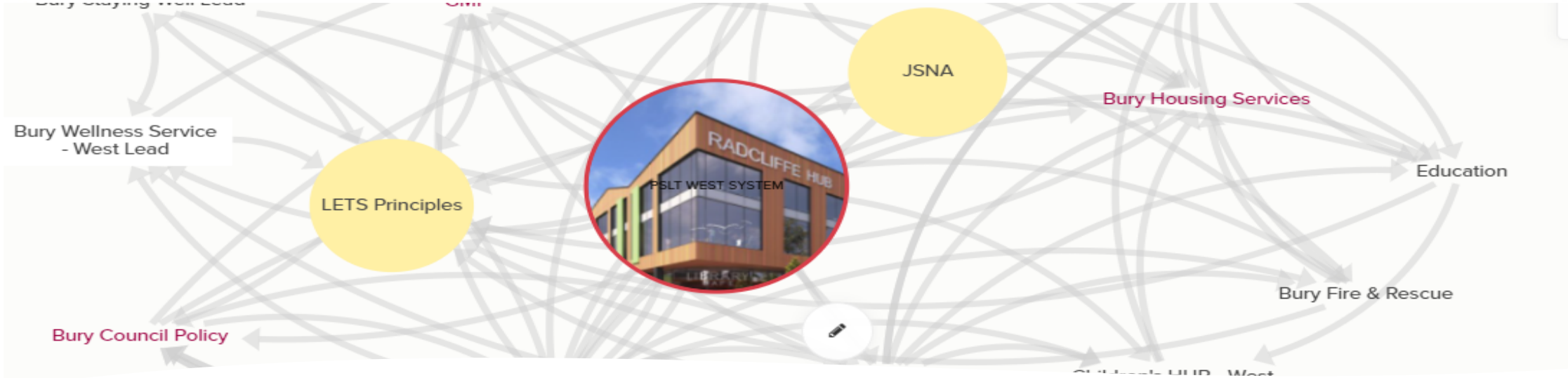
- Licencing & Planning policy tools - **Alcohol and Planning Matrix** via Power BI and mapping inequalities , harm and risk.

- **Right to Grow –** Community led policy around growing locally and on council land, building on Silver food award and food partnership.

- **Revised Gambling Harms policy** reviewed and agreed with licencing.

- **Places for Everyone –** Healthy Weight Environment / systems Supplementary Planning Document (SPD).

Bury Council




# Next Steps

- **Create** a joint learning / training matrix, PSLT roadmap to scale up across all PSLT neighbourhoods.
- **Continue** to measure the impact of placed based working.
- **Review** membership of those supporting healthy places in neighbourhoods.
- Ensure the **community** feeds into the PSLT process.
- **Map** children and young people **(**CYP) provision and focus on associated outcomes such as school readiness, physical activity and healthy weight.
- Ensure synergy between placed based services and **avoid** duplication.
- Digitally showcase interdependencies and system complexities.

Bury Council

## Ask: Acknowledge / Advocate for placed based working with services across all PSLT's.

## Thank you again for your time

Any questions : l.buggie@bury.gov.uk

Bury Council

# Bury Safeguarding Children Partnership

# Annual Report

# 2022 - 2023

APPROVED December 2023

Document Owner: Bury Safeguarding Executive

**Contents**

**Foreword from the Bury Safeguarding Partnership Executive**

Welcome to the annual report covering the work of Bury's Safeguarding Children Partnership (BSCP). The report provides an overview of the multi-agency safeguarding activity from April 2023 and extends to July 2023 and reflects the hard work and dedication of all our partner agencies as they've worked to safeguard and promote the welfare of Bury's children and young people.

Safeguarding is everyone's responsibility, and for services to be effective, each resident, practitioner and organisation should play their part. In Bury, all our partners are committed to working together so that every child in Bury is safe, well and able to reach their full potential.

The national context has been an evolving landscape as services continue to adapt after the global pandemic. The legacy of lockdown continues to affect the lived experiences of children and young people: greater numbers of adults find themselves parenting in hardship and the cost-of-living crisis continues.

We hope that this annual report highlights the innovative and creative practice that takes place across our partnership, to keep our most vulnerable children safe, and to make sure that they can be as healthy as possible.

As a partnership, we have so much to be proud of in Bury. Our annual report recognises the progress that has been made in working together to keep children safe from harm, the challenges that have been met and the work ahead of us. We are grateful to all of our partners and their dedicated front-line staff for their support and steadfast commitment to safeguarding children in Bury.

| | | |
|---|---|---|
| **Lynne Ridsdale** | **Catherine Jackson** | **Chris Hill** |
| **Chief Executive, Bury Council** | **Associate Director for Nursing, Quality and Safeguarding NHS Greater Manchester (Bury)** | **Chief Superintendent, Greater Manchester Police** |

**Introduction from the Independent Chair and Scrutineer**

I was delighted to have been appointed as the Independent Chair and Scrutineer for the Bury Safeguarding Partnership in September 2022.

As the Independent Chair, I chair the Bury Safeguarding Children Partnership (BSCP) and attend the Safeguarding Executive meetings and I have been closely involved in the establishment of the new governance arrangements during 2022/2023 including the subgroups within the BSCP.

I also provide scrutiny and advice in respect of serious incident notifications, rapid review decision making and case reviews, together with supporting strategy and policy development.

As I reflect on 2022/2023, the Bury Safeguarding Children Partnership (BSCP) has faced real challenges and celebrated significant achievements. However, safeguarding children does not begin and end at the start and finish of financial years and the report recognises this in the way it includes some work already started which continued into the year under review and new work that has been established and continues beyond April 2023.

As a Partnership we recognise that good progress is being made on establishing the standards, processes and culture that underpin effective safeguarding, and this was acknowledged by the Department for Education in their review in June 2023. We also know that quality assurance, performance data analysis, feedback from children and families and other ways of helping us understand if we are improving children's lives needs to be our focus for 2023/2024, so that we better understand outcomes.

I would like to give my personal thanks to practitioners and managers across all agencies who are working so hard to make a difference for Bury's children.

Maxine Lomax
Independent Chair and Scrutineer

**Update from the Independent External Scrutineer**

It has been a pleasure to work with the Independent Chair to provide scrutiny to the process of bringing together this Annual Report.

The partnership's willingness – and enthusiasm – for openness, transparency and improvement through independent scrutiny was evident from the outset. I was delighted to be able to offer advice and support to ensure that the transformational work undertaken by the partnership, led by the Chair and in collaboration with all partners, is reflected in the Annual Report.

Systems, processes and working arrangements, as well as clarity of purpose and, most importantly, working to achieve excellent outcomes for children and families form the bedrock of effective governance. The focus of the partnership in challenging itself to understand and deliver the priorities that put children and families at the heart of partnership working in Bury, and the commitment to maintaining and strengthening safeguarding arrangements for the future shine through in this report.

I have no doubt that the learning that has taken place over the last 12-18 months will continue to develop and drive forward your determination to enable the children and families of Bury to thrive.

Maureen Noble
Independent External Scrutineer

**Vision of the Bury Safeguarding Children Partnership**

We want all children and young people in Bury to enjoy safe childhoods and to be protected from harm

## Outcomes

- Children and young people grow up safely.
- Children and young people feel safe in families that care for them.
- Children, young people and families know where to go if they need help.

**Effective Arrangements**

We recognise that safeguarding children can only be achieved by multi-agency and community partnership working and not in isolation.

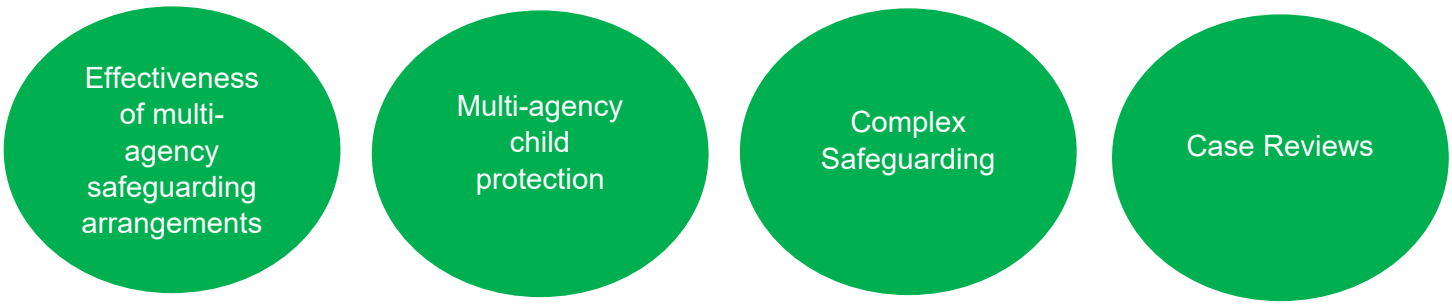
This is an area of strength in Bury. In the Department for Education (DfE) 6-month review of Bury's Children's Services in June 2023, they reported "It was encouraging to hear of progress made and the strengthened relationships supporting stronger working together across partnerships".

In addition, the DfE acknowledged that the new governance arrangements introduced in 2022/2023 would make a positive difference "The Safeguarding Partnership Board's improved structure and subgroups have put in place the foundations to ensure sustainable change".

We recognise the important role that other relevant agencies in Bury play to safeguard and promote the welfare of children, and these partners are key members of the BSCP as shown in Figure 1, therefore our annual report includes highlights of their activity to show how they contribute to the priorities of the Partnership.

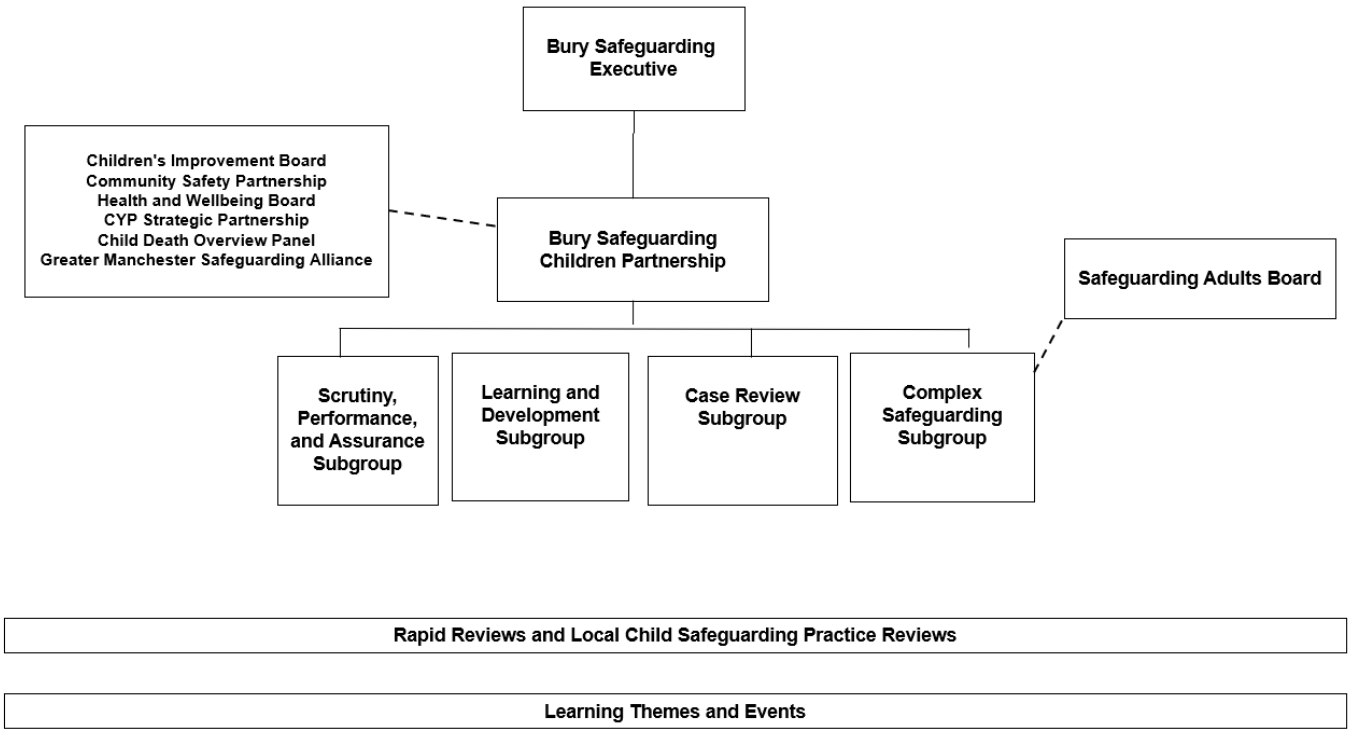
**Figure 1: Safeguarding Partners and Key Agencies working together in Bury**


**Priorities for 2022/2023**



**How our arrangements evolved during the year**

At the beginning of the reporting year, the Bury Integrated Safeguarding Partnership was a joint safeguarding partnership, with Adult Safeguarding. In September 2022, it was recognised that there needed to be greater focus on both children and adults safeguarding individually, and the Executive agreed to separate the governance. In March 2023 the Partnership was re-branded to the Bury Safeguarding Children Partnership (BSCP) to recognise this shift. The impact of this has meant there has been an increased focus as a Partnership on discussions centred on safeguarding issues relating to children and young people and greater emphasis on priorities for children and young people. However, we maintained a partnership focus in respect of young adults transitioning from childrens social care, by including adults representatives on the Complex Safeguarding Subgroup.




**How the Safeguarding Children Partnership is organised**

## Budget and Resources

Each of the statutory partners, and some relevant agencies contribute to the Bury Safeguarding Children Partnership budget, and all partners offer their time and expertise to the activities of the Partnership. These activities include participating in meetings, multi-agency audits, child safeguarding reviews, delivering training and ensuring the roll out of key learning and messages. The commitment, contribution and engagement of partners in supporting child safeguarding in Bury is acknowledged and valued.

A summary of financial contributions is included in Table 1.

| Partner | Contribution |
|---|---|
| Bury Council | £185,500 |
| NHS Greater Manchester Integrated Care (Bury locality) | £44,080 |
| Greater Manchester Police | £23,700 |
| Housing | £5000 |
| Youth Justice | £4000 |

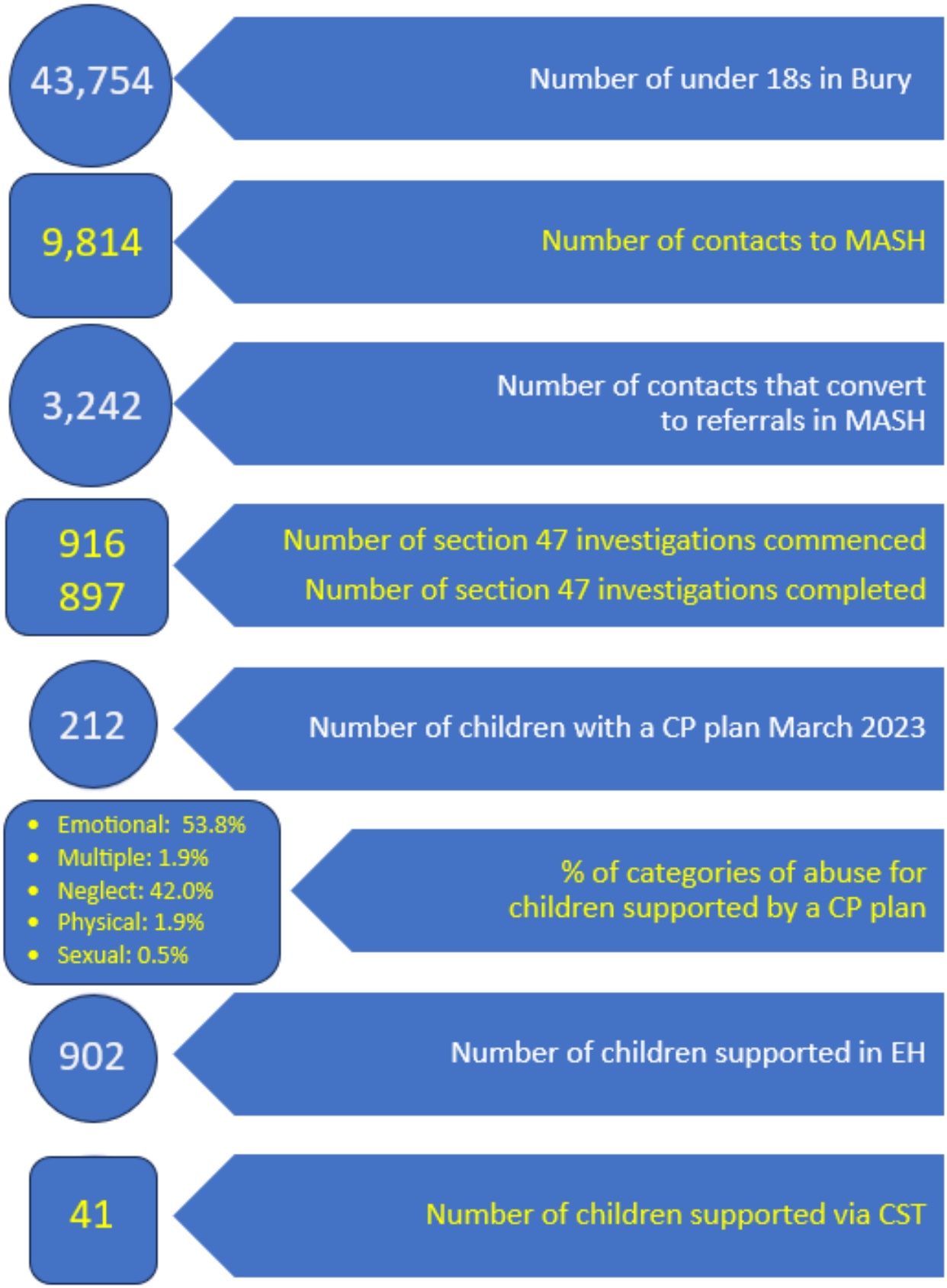
**Table 1: Financial contributions 2022/2023**

## About Bury

The geographical area covered by these arrangements is the Borough of Bury, one of the ten areas within Greater Manchester in the North West of England.

At the 2021 UK census, Bury had a total population of 193,846, with 38,800 aged 0-15 (c20% of Bury's population). Bury is amongst the less deprived local authorities in Greater Manchester but inequalities within Bury vary significantly across neighbourhoods.

**Profile of Safeguarding in Bury**



**Effectiveness of the multi-agency safeguarding arrangements**

The Independent Scrutineer's first focus was the architecture of the Partnership, which had been in place since 2019. A model was agreed, which evolved during the year:

- Strategic direction provided by the Safeguarding Executive comprising the statutory partners, with the Director of Childrens Services attending in an advisory capacity.
- Using case reviews, audits, scrutiny and learning events for getting a good understanding of the quality of multi-agency safeguarding practice.
- Establishing a Children and Young People Multi-Agency Working Group made up of senior/middle managers who have both strategic and operational responsibilities.
- Streamlining subgroups, with each having its own terms of reference to provide clarity on responsibilities and accountabilities.

.
The arrangements received external scrutiny from advisors in the Department of Education during their monitoring visit in June 2023, who recognised that the Partnership had "put in place foundations to ensure sustain sustainable change".

**Multi agency Child Protection Practice and Processes**

The next step on the scrutiny journey was to review the effectiveness of the multi-agency child protection arrangements to ensure they had children and families at the centre. The Independent Scrutineer gathered evidence from partners, which was shared at a learning event in October 2022, attended by 50 staff from across the Partnership, at which seven Improvement areas were identified.

| **What professionals told us** | **Progress made** |
|---|---|
| Capture the voice and lived experience of children and young people. | Please see voice of the child section of the report |
| Business support standards for distributing notes from different parts of the process and. | System in place to ensure that meeting notes are distributed efficiently and effectively across the partnership. |
| Child Protection Plans including contingency planning (linked with the work taking place as part of Improvement Plan developed in response to Ofsted ILACs Inspection). | There has been a focus on improving the quality of Child Protection Plans. As part of this work, contingency planning as part of the plan is becoming more evident. Child Protection plans are outlining what the partnership needs to |

| | |
|---|---|
| | do to support families and outline which services parents need to work with. Plans are reviewed in core groups and child protection conferences. |
| Core Groups expectations<br><br>Clear expectations about multi-agency contribution at each part of the process | The Learning and Development Subgroup is developing sessions around the core responsibilities for all agencies within child protection, from the Early Help stage, through to referral, assessments, child protection conferences and core groups, which will delivered on a regular basis. |
| Developing a multi-agency child protection data set and deciding when and how this will be monitored. | The development of a multi-agency data set is being led by the Scrutiny, Performance and Assurance subgroup.<br><br>A data set for complex safeguarding has been agreed. |
| A year long “campaign” on promoting good multi-agency child protection practice. | Themes have been selected for learning to continue throughout the year and are outlined in the section on learning. |

**Complex Safeguarding**

The Independent Scrutineer worked with several partners to understand the strategic direction and action needed to progress the work in relation to complex safeguarding. A series of recommendations were produced:

- Produce and share information describing the work of the Complex Safeguarding Team.
- Define what good looks like to inform service standards and quality assurance work including audits.
- Produce a written multi-agency agreement covering line management arrangements for the multi-agency complex safeguarding team and accountabilities (both single and multi-agency).
- Revise the Terms of Reference of the Complex Safeguarding Subgroup.
- Develop a framework which enables the lead representatives from the 3 partner agencies to assess the effectiveness of multi-agency Complex Safeguarding work.

In response to the scrutiny recommendations, a Complex Safeguarding Subgroup was established, with clear terms of reference. The Subgroup led the development of the Complex Safeguarding Strategy and associated delivery plan, together with Operating Principles setting out responsibilities of the Complex Safeguarding Team and accountabilities.

**Case Reviews**

Case review tracking was identified as a priority, following the initial scrutiny review of overall effectiveness of the multi-agency partnership, to ensure the process is effective and learning is rapidly identified, disseminated and embedded.

A review of cases from September 2019 to date was carried out by the Independent Scrutineer and the Safeguarding Partnership Business Unit. A task and finish group of the Case Review Subgroup took the lead on considering the outcomes of the review and progressing actions from plans. The work of the task and finish group continued through Q4 of 2022-23 and into Q1 of 2023-2024. The case review group was re-established as part of the new governance structures, a Chair identified, and the terms of reference agreed. The action plans for all Rapid Reviews and Local Child Safeguarding Practice Reviews are owned and monitored via the Subgroup.

Themes were identified including adolescent harm, suicide, adult mental health, and safe sleeping in the context of safeguarding and these were the basis of a successful learning event in June 2022 (see section on Learning and Development).

To strengthen the arrangements for managing cases, the paperwork for the Rapid Review referral and screening were updated, and this was successfully trialed via a referral received in July 2023, and has subsequently been adopted by the Partnership.

An information sharing protocol has also been developed with Oldham and Rochdale's Safeguarding Partnerships with the local Coroner, so there is consistency across the partnerships on how we work together with the Coroner.

**Strategy and Policy Development**

The Bury Safeguarding Children Partnership has produced several policies and strategies, including:

- Multi Agency Safeguarding Arrangements
- Continuum of Need threshold guidance
- Neglect Strategy and Toolkit
- Complex Safeguarding Strategy
- Strategic Priorities and Business Plan for 2023-24
- Scrutiny model

To support the work of the Partnership, the Learning and Development Subgroup are creating a programme of learning linked to the learning from rapid reviews and local child safeguarding practice reviews.

The BSCP and its subgroups will continue to work together to ensure that a model of continuous learning, embedding and evaluation progresses to ensure that outcomes for children in the borough begin to improve.

The business plan for 2023-24 is the key delivery mechanism for the Partnership to achieve its priorities. This is the first business plan for our newly reformed multi-agency safeguarding partnership, and specifically focusses on key areas of work where the BSCP feel they can make the most difference. The priorities identified are based on concerns and issues facing our children, young people, their families, and our practitioners, and are backed up by evidence from data, auditing and inspection, and themes identified in our rapid reviews and local serious case reviews.

**Priorities for 2023-2024**

Priority 1 – Emerging Safeguarding risks to young people today, specifically complex safeguarding.

Priority 2 – Needs are identified and responded to at the earliest opportunity, by ensuring the Neglect strategy is embedded into partnership working,

Priority 3 – embedding, across the partners, the messages about safer sleeping, to reduce the risk of infant deaths.

Priority 4- Embedding the learning from Local and National reviews.

Priority 5- Effectiveness of the amended Partnership arrangements

Each priority has an Executive lead and a delivery lead. The delivery progress will be monitored by the subgroups, the BSCP and the Safeguarding Executive in line with the agreed Scrutiny model.

**Implementation of Scrutiny Model**

Working Together (WT) to Safeguarding Children 2018 outlines the requirement for Local Safeguarding Partnerships to engage with independent scrutiny. WT 2018 states:

“The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases”.

The unanimous view of the BSCP is that no one model can provide the assurance and scrutiny to meet the needs of the Partnership. A combined approach will allow a multi-faceted lens onto the arrangements. The approach will layer the scrutiny and give a broader view than one person.

The utilisation of internal professional expertise from the locality is considered essential to fully understand the local arrangements. This will be achieved via the assurance and scrutiny function of the Safeguarding Executive, the development of the agreed Scrutiny, Performance and Assurance subgroup acting as a local expert panel and the role of Independent Chair providing a first line of scrutiny.

It was considered that the BSCP should aspire to include lay people, parents and children in the scrutiny.

**Learning from case reviews**

During the reporting year 2022-2023, the Bury Safeguarding Children Partnership received 7 referrals for Rapid Review, 3 of which met the criteria for a Rapid Review, and because of these reviews, one was escalated to a full LCSPR.

The BSCP also commissioned two more cases to LCSPR, after reviewing the cases as part of the internal scrutiny process, giving a total of 3 for the year.

The BSCP published two LCSPRs during the year: Denny, and James and Joseph, and identified several themes for consideration. As a result, Bury will need to promote:

- Holistic assessments based on trauma informed practice, that examine the child's lived experiences and acknowledge the impact of previous adverse childhood experiences (ACE's).
- Value of building relationships and remaining child focussed to detect and combat parental deflection/deception.
- Greater challenge between agencies and put in place governance arrangements relating to resolution.
- Greater professional curiosity.
- Fuller risk assessments and safety plan interventions.
- A culture of nonacceptance of cannabis use and ensure that mental health services for 16–18-year-olds are designed to provide a timely response and accompanied by clear pathways to assist practitioners referring into mental health services.
- Using the right language when working with young people so as not to create barriers.
- Further develop trusted relationships with workers and young people and their families.
- Understanding the Voice of the Child.
- Communication between professionals both when the young person and their family disengages, and also when there are changes in the management of the case.

**Learning and Development**

The activity of the subgroup has been focused on dissemination of the Neglect Strategy, and the Continuum of Need threshold guidance. A partnership approach was taken with colleagues from Children's Social Care and the Northern Care Alliance, (health provider) supported by the Business Unit and an external consultant. The sessions were provided online with some interactive discussions.

The Learning and Development subgroup reviewed the themes from the learning from case reviews and agreed that a learning day was required to disseminate the learning in an effective and efficient manner. The agreed themes were:

- Adolescent harm
- Parental mental health and cross boundary working
- Adolescent mental health
- Safer sleeping in the context of safeguarding

The day was a series of interactive presentations on the four key topics, and additionally, attendees were updated on the arrangements of the partnership, the 2023-24 priorities, the Neglect Strategy, and the Continuum of Need threshold guidance. Attendees were asked to reflect on their learning and share that with the partnership.

There were over 150 participants, and the feedback was extremely positive.

Below are some of the highlights on how the learning day impacted those who attended and how they plan to use the information in their daily practice:

| Learning Topic | Feedback |
|---|---|
| Adolescent mental health and suicide | *' Dig a bit deeper on family/homelife ; continue to escalate when a case appears to be drifting'*<br><br>*Understand cultures gain further understanding; question more; communicate with other professionals*. |
| Adolescent harm in the context of CCE | *Reframe from thinking 'the family were not able to navigate the system' to 'the system is not fit for purpose if people are from diverse backgrounds cannot navigate it.'* |
| Safer Sleeping | *"I feel able to rather than just deliver the Safer Sleeping message ask parents about how they sleep with their child when they are out of routine and be able to advise parents which situation create a higher risk for their baby. The impact of this is that parents will think about their decisions about sleeping* |

| | |
|---|---|
| | *when they are away, at friends etc and will reduce the risk of SIDS"*<br><br>*"Good to hear information on areas I don't normally hear about e.g. safer sleeping. I can now give this info to vulnerable families at school"*<br><br>*"Reassurance that we need to keep pushing, keep challenging and escalate when needed"*<br><br>*"Reminder about the importance of the voice of the child. Importance to challenge and asking those difficult questions"* |

**Quality Assurance Activity**

Quality Assurance has been limited during the reporting period, due to step down of the Quality Assurance Subgroup during the scrutiny review. There was, however, audit activity that took place during the reporting period, in relation to Complex Safeguarding which included a Peer Review in conjunction with Greater Manchester Police, Children's Social Care and Health partners. From this audit, a number of areas for development were identified that linked in to some current thematics, including substance misuse, mental health and neglectful or abusive parenting.

Children's Social Care also undertook a Core Group audit during the reporting period, and an audit timetable is in development for 2023-24, in line to be managed by the Scrutiny, Performance and Assurance subgroup.

**Voice of the Child**

The voice of the child is a thread that underpins all the work of the Partnership.

Circles of Influence is held each year and is hosted by the Bury Children's Strategic Partnership. In July 2022, the young people attended an event and explored a number of themes. The areas that were the focus of the conference were:

- Environment
- Education
- Health
- Knife crime and youth violence
- Places to go, things to do and transport

Around 40 young people attended and a key area for discussion was knife crime. When asked about the following statement:

> “I am concerned about knife crime”

The results were that 28 agreed with the statement “its always a possibility that someone may have a knife which is really worrying” additionally, only 3 young people were unaware of someone that had been affected by knife crime, none disagreed and 12 said “its important to make an effort to stay safe, avoid dark areas, let people know where you are at all times”.

When asked How do we prevent knife crime? The young people outlined the following actions:

- Joint working across agencies
- Share information
- Involve parents/families in support for offenders
- Understand the ‘why’
- Involve young people in developing and delivering education

The views from the Circles of Influence conference and the views of young people who have directly accessed services via the Complex Safeguarding Team were incorporated into the Complex Safeguarding Strategy for the Bury Safeguarding Children Partnership and Complex Safeguarding is a key priority of the BSCP in 2023-2024.

A mental health campaign for children and young people was launched in March 2023, informed by partners working with Bury’s Youth Cabinet. Young people told us they would like to be able to access support using an app on their mobile phone, and a digital platform was developed including information and resources on local services, youth groups, emotional concerns and issues and national helplines. A promotional campaign to raise awareness reached 82 education settings and 8 children’s services providers across the Borough and was featured on ITV News.

The Partnership, through these experiences have recognised how vital it is to understand the lived experiences of children and young people. A number of methods of capturing their voices are being considered, including via case studies, working directly with young people to hear their views and the feedback gained via the Circles of Influence event.

**Partner Contribution and Impacts of their Work**

We continue to work effectively with partners across the system to ensure that children are safeguarded, and their needs are met. Our annual report provides an opportunity to reflect on the hard work and dedication of all our partner agencies as they've worked to safeguard and promote the welfare of Bury's children and young people.

**Greater Manchester Police (GMP)** has ensured that learning from national and local child safeguarding practice reviews has been incorporated into local practice and captured through a multi-agency Complex Safeguarding Action Plan.

There has been an investment in resource, with an increase in staffing numbers in all child protection teams, overseen by a dedicated Detective Inspector, to provide assurance on service delivery and performance.

GMP have worked with Children's Social Care to transform the Complex Safeguarding Team, making it more effective and responsive to the needs of local children at risk of exploitation and their families.

GMP has undertaken complex safeguarding audits and supported live audits through the Multi Agency Safeguarding Hub.

**Greater Manchester NHS Integrated Care (Bury)** has used the learning from Out of Routine to lead the partnership's work around Safer Sleeping. The national review helped benchmark Bury's position and plot our journey in relation to the development of a risk stratification tool. This will progress into the next year and is a 2023 priority. This work has also included recommendations from the National Child Mortality Database report, which builds on the work from Out of Routine.

The Designated Nurse has played a key role in the review of all outstanding case reviews and their actions in Bury.  This included a period as chair of the case review subgroup.

NHS GM Bury Safeguarding team has worked with colleagues in the Northern Care alliance to ensure the health provision with the Complex Safeguarding service is effective and meeting the needs of the service and the children it serves.

Learning from cases has resulted in changes to procedures. For example, the rapid review for Child I22 resulted in in a modification of the referral form into Child and Adolescent Mental Health Services and in a simplification of pathways into services.

NHS GM Bury continues to offer mandatory and bespoke training to colleagues in Primary care. They also deliver initial safeguarding training to junior doctors who are completing their training and have delivered to dentists and Cygnet hospital staff.

**Bury Council, Children's Social Care**

All managers take part in monthly audits across the department, with over 150 completed since the beginning of 2023. In addition to the monthly audits, dip sampling is completed, particularly at the front door and within EDT to assess decision making at key points. There is also external moderation to provide checks and balances in the system.

The approach to quality assurance was refreshed during 2022/2023 resulting in a bi-monthly approach to auditing and creating the space for good quality audits, with an emphasis on learning.

Social Care has also welcomed external reviews of the service, with a Local Government Association review of corporate parenting in late 2022, followed by six-monthly reviews by the Department for Education, focused on partnership working in November and on the Safeguarding Partnership in July 2023.

Social Workers, Team Managers, Family Support Workers, CP Chairs/IROs and Personal Advisers have all completed training with The Centre for Family Safeguarding Practice around the principles and practice regarding Family Safeguarding Model. Motivational Interviewing Training has been provided across the Service to support a new strengths-based approach to working with families. Teaching Tuesday is a weekly event for social workers, where learning is shared on various topics. Impact of learning and development is through individual staff supervision.

**Bury Council, Education**

Comprehensive training package offered to schools: Safeguarding and Child Protection training offered to all schools/colleges including academies, independent, private and free schools.

Designated Safeguarding Lead training is provided for all schools and colleges; runs monthly.

Over 100 delegates attended the Virtual School Conference in July 2023 – key theme was promoting the education of vulnerable children.

No safeguarding concerns raised by Ofsted during inspections in 2022-23 in Bury schools.

Education support schools by completing safeguarding visits to check compliance with statutory legislation and 71.2% of schools have been graded good or better.

**Pennine Care Foundation Trust**

The Trust reviewed its position following the Independent Inquiry into Child Sexual Abuse and reviewed victim blaming language and disseminated learning about this and have been completing work on information sharing guidance and the ways in which they share information based on local learning.

Pennine Care Foundation Trust have also worked with the Northern Care Alliance safeguarding leads to develop a pathway for mental health referrals when children and young people present in A&E. The aim of this is to reduce the confusion of who is responsible for any safeguarding referrals being made and also to ensure young people presenting with mental health issues have their needs met in a timely way.

**Northern Care Alliance**

Genograms form a mandated part of a child's record within children community services and the application of this will be reviewed through community records audit. Genograms are also requested during safeguarding supervision and taken as a practitioner action if not completed. This enables and supports the awareness of who is in a family home and who are the significant people in a child's life.

A&E have moved to the use of the Bury MASH referral form instead of the previously used internal information sharing form. This ensures it is clear that a safeguarding concern has been identified and is being raised for multiagency support and assessment.

Staff across children's community services and the safeguarding team have accessed GM Trauma Training to improve awareness of trauma informed practice.

The unseen child policy has been implemented across the organisation to enable practitioners to be supported around decision making where families are difficult to engage; children are not brought to appointments; families are transient and not seen by services.

**Six Town Housing**

Six Town Housing (STH) introduced a Tenancy Support Strategy which supports safeguarding as it will ensure timely, targeted tenancy support is provided by STH with additional resources directed to supporting customers who need help or where risks have been identified.

During 2022/23 STH supported over 350 customers within their homes.

A review of the Hoarders policy and procedure was undertaken, enabling STG to clearly identify the level of risk within the home and with customers ensuring a partnership approach to mitigate any risk.

STH staff have attended training from Achieve, to understand the risk and impact substance misuse has on our families and those adults who also suffer with mental health conditions.

Eyes wide open training was provided to all colleagues and partners on the learning of the tragic loss of Awaab Ishak and dangers around damp and mould. This included how to report concerns for safeguarding.

STH has also led training for communities and community leaders on safeguarding.

# Bury Safeguarding Adults Board


# Annual Report

# 2022 – 2023

Version 1.0 March 2024 FINAL

Document Owner: Bury Safeguarding Adults Board

## Contents

## Foreword from the Bury Safeguarding Adults Board Independent Chair

I was delighted to have been appointed as the Independent Chair and Scrutineer for the Bury Safeguarding Partnership in September 2022.

As the Independent Chair, I chair the Bury Safeguarding Adults Board (BSAB) and I have been closely involved in the establishment of the new governance arrangements during 2022/2023 including the subgroups within the BSAB.

I also provide scrutiny and advice in respect of safeguarding adults reviews, together with supporting strategy and policy development.

Safeguarding adults does not begin and end at the start and finish of financial years and whilst the report covers the reporting period of 1 March 2022 up to 31 March 2203, the report recognises some of the work beyond this period which had already started, and which continued into the next reporting year.

I would like to give my personal thanks to practitioners and managers across all agencies who are working so hard to make a difference to safeguarding adults in Bury.

Maxine Lomax
Independent Chair

# Introduction

## What is adult safeguarding?

The Care Act 2014 statutory guidance describes adult safeguarding as:

“Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, making sure that the adult’s wellbeing is promoted including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

## Who does safeguarding apply to?

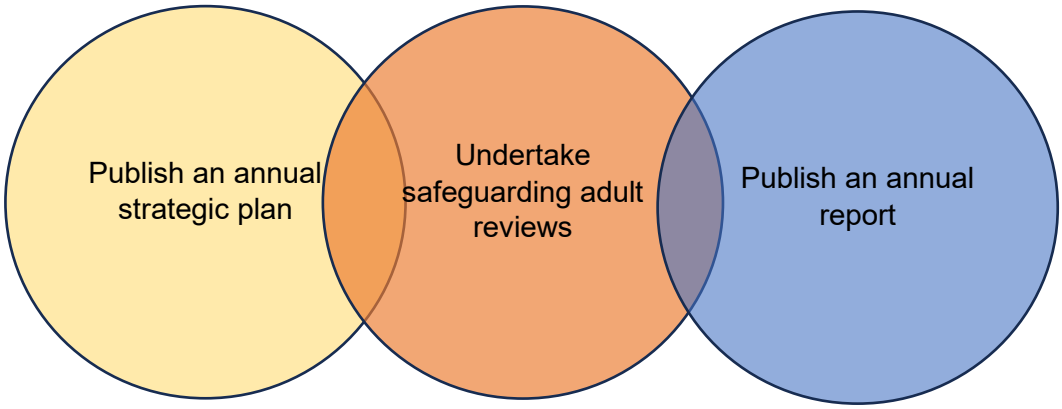
Safeguarding is everyone's responsibility, and the Board has a role to play in assuring our community that ‘adults at risk’ are safeguarded from abuse or neglect. An adult at risk can be anyone aged 18 or over who:

- Has care and support needs (even if no agency is involved in meeting those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and/ or
- As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experiences of abuse or neglect.

# Background

The Care Act 2014 requires Safeguarding Adults Boards to ensure that vulnerable adults are safe, and that agencies work together to promote their welfare. The Act sets out a legal framework for how local authorities and other organisations should protect adults at risk of abuse or neglect.

The board has three core duties:



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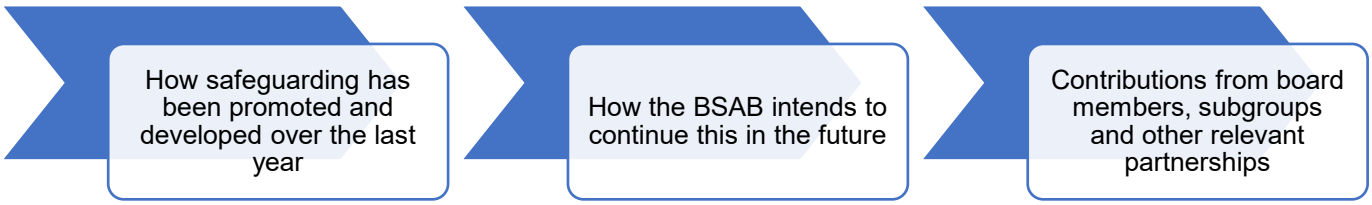



## Safeguarding adults' performance data 2022-2023

This section presents data and information for 2022-23 in relation to safeguarding adults. It gives an overview of the number of safeguarding concerns that have been received, and the number and type of enquiries (investigations) that have been concluded. The council in its lead role for safeguarding has an overview of all safeguarding concerns received within the borough. As such, data from the council's case management system has been used to inform this section.

| 2021/2022 | 2022/2023 | |
|---|---|---|
| 1712 | 1862 | Individuals involved in safeguarding concerns |
| 721 | 735 | Individuals involved in Section 42 Enquiry[1] |
| 88 | 28* | Individuals involved in other safeguarding enquiry |
| 168 | 161 | Number of individuals involved with more than one Section 42 enquiry |
| 8 | 9 | Number of safeguarding adult reviews |

[1] Definition of Section 42 Enquiry in the Care Act 2014

*Reduced this year due to data cleansing in the adult social care system

## Vision of the Bury Safeguarding Adults Board

We will all work together to enable people in Bury to live a life free from fear, harm and abuse.

### Outcomes

- Confidence in multi-agency safeguarding responses, with people being safeguarded from abuse and neglect.
- Our partners work within a framework of policies and procedures that keep people safe.
- Confidence that services are learning and improving in their safeguarding practice and adult safeguarding risk is better understood by the SAB and appropriately assessed by partners.
- Adults at risk are identified early and have their needs met promptly and effectively.
- Individuals feel empowered and for their voices to be heard in safeguarding practice and policy development.
- Individuals are supported by a skilled and competent workforce.

## Priorities

The priorities and the strategic plan for 2022-24 are the key delivery mechanisms for the Bury Safeguarding Adult Board in achieving its aims. This is the first Business Plan for our newly reformed multi-agency safeguarding board, and specifically focusses on a few key areas of work where the BSAB feel they can make the most difference. The priorities identified are based on concerns and issues facing at risk adults in Bury, their families and our practitioners, and are backed up by evidence from data, auditing and inspection, and themes identified in our local Safeguarding Adult Reviews.

The priorities for 2022-2024, were agreed by the BASB, and were as follows:

| | |
|---|---|
| **Strategic Aim 1:**<br>**SAB Priority**: | **Accountability, Assurance & Leadership**<br>Ensure the BSAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect. |
| **Strategic Aim 2:**<br>**SAB Priority**: | **Policies, Strategies & Procedures**<br>To be assured that multi-agency safeguarding strategies, policies and procedures are regularly reviewed to ensure currency, reflecting emerging legislation, policy and/or learning, and that these are easily accessible to frontline staff and used effectively. |
| **Strategic Aim 3:**<br>**SAB Priority**: | **Learning from SAR's – Performance, Quality and Audit**<br>Assure learning from SAR's is effectively distributed and embedded into practice across agencies, implement quality assurance mechanisms, and refocus safeguarding data to define SAB priority areas. |
| **Strategic Aim 4:**<br>**SAB Priority**: | **Prevention & Early Intervention**<br>Ensure the SAB has a focus on prevention that clearly identifies how it will aim to reduce incidence of abuse and neglect (including self-neglect) in Bury. |
| **Strategic Aim 5:**<br>**SAB Priority**: | **Making Safeguarding Personal**<br>To ensure the work of the SAB and safeguarding responses are person centered. |
| **Strategic Aim 6:**<br>**SAB Priority**: | **Learning and Development**<br>Ensure the workforce is equipped to support adults appropriately where abuse including neglect is suspected. |

## Update on achievements

An important part of this report is to update you on what we said we would do and what we have achieved during the last 12 months.

## Strategic objective one – accountability, assurance and leadership

We said we would:

- Ensure clear and transparent annual budget plans are in place for all BSAB activities.
- Develop the SAB and broader governance arrangements.
- Escalate and influence commissioning arrangements for the borough, considering the ICB development, key transformation programs and commissioning plans.
- Provide regular briefings for partnership boards (Health and Wellbeing Board, Community Safety Partnership Board) on the progress of the SAB.
- Continually strive to develop arrangements to be responsive and adapt to emerging safeguarding themes, based on available performance data.

## What we have done

### Budget and Resources

Each of the statutory partners, and some relevant agencies contribute to the Bury Safeguarding Adults Board budget, and all partners offer their time and expertise to the activities of the Partnership. These activities include participating in meetings, safeguarding adults reviews, delivering training and ensuring the roll out of key learning and messages. The commitment, contribution and engagement of partners in supporting adult safeguarding in Bury is acknowledged and valued.

A summary of financial contributions is included in Table 1.

| Partner | Contribution |
|---|---|
| Bury Council Adult Social Care | £70,000<br>Plus £56,700 from corporate Council funding for SAB and Bury Safeguarding Children Partnership |
| NHS Greater Manchester Integrated Care (Bury locality) | £44,080 – single contribution for SAB and Bury Safeguarding Children Partnership |
| Greater Manchester Police | £23,700 - single contribution for SAB and Bury Safeguarding Children Partnership |
| Housing | £5000 - single contribution for SAB and Bury Safeguarding Children Partnership |

**Table 1: Financial contributions 2022/2023**

## Effective Arrangements

At the beginning of the reporting year, the Bury Integrated Safeguarding Partnership was a joint safeguarding partnership, with adults and children's. In September 2022, it was recognised that there needed to be greater focus on both children and adults safeguarding individually, and the Executive agreed to separate the governance. The impact of this has meant there has been an increased focus for the SAB on discussions centred on safeguarding issues relating to adults and greater emphasis on priorities for adults. However, we maintained a partnership focus in respect of young adults transitioning from childrens social care, by having a joint Complex Safeguarding Subgroup.

The successful functioning of Bury Safeguarding Adults Board (BSAB) would not be possible without the commitment and involvement of our partner agencies.

The BSAB aims to strengthen relationships to ensure we are working together as efficiently as possible. The transparency and the sharing of information by our partners is integral to this approach. Figure 1 shows the governance of the SAB.

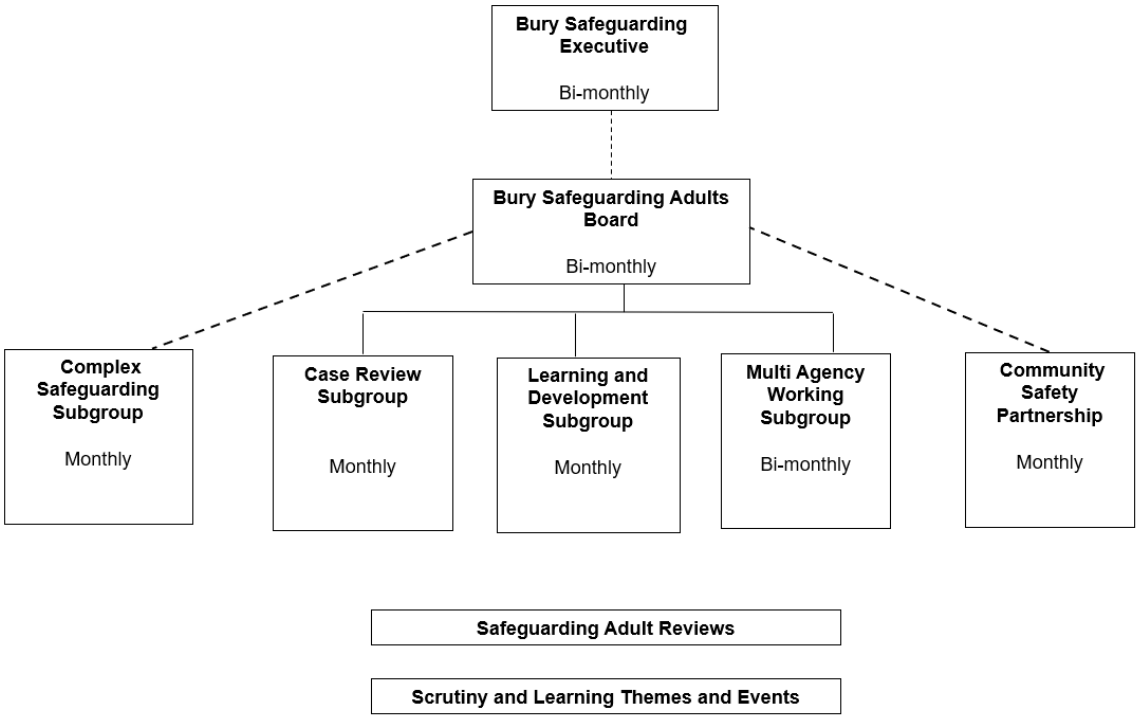



**Figure 1: How the BSAB is organised**

During the reporting period, the SAB has built stronger links with partnerships. Reciprocal reporting arrangements and attendance at Community Safety Partnership meetings are in place, so that there is an opportunity for joint responses to safeguarding matters. An example of this approach is the pre-emptive checks and procedures in place for large scale police-led multi agency community safety operations, such as Operation Avro in May 2022 to ensure known safeguarding issues built into planning and sufficient capacity to respond to safeguarding concerns resulting for enforcement activity. The SAB also has a rhythm of reporting on its progress to the Health and Wellbeing Board, submitting its annual report for consideration.

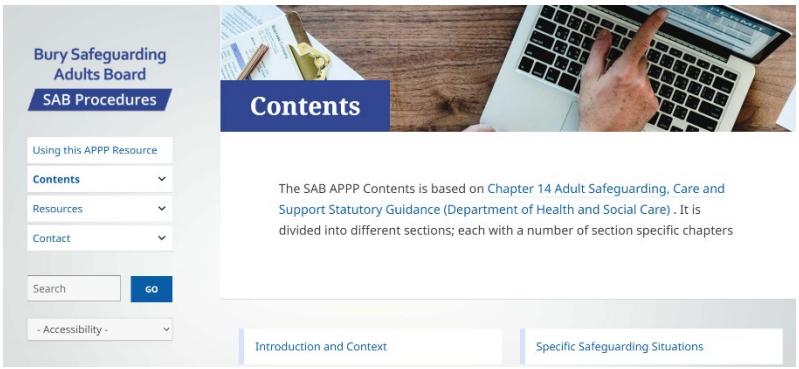
## Strategic objective two – policies, strategies and procedures

We said we would:

- Ensure the publication of the SAB strategy and review every 12 months.
- Launch a suite of Safeguarding Policies and Procedures to support frontline practitioners.
- Develop arrangements to manage allegations against People in a Position of Trust (PIPOT)
- Review the Safeguarding Adults Review (SAR) protocol.
- Ensure the publication of the SAB annual report.

## What we have done

An operational delivery plan underpins the SAB's strategic priorities and is driven by the Multi Agency Working Group. A range of inter-agency policies and procedures have been developed, with a dedicated website launched to support frontline practitioners.




An updated referral form and screening process are in place to strengthen Safeguarding Adult Reviews. This is to ensure that the referrer is prompted to provide as much information as possible to support the screening panel in making a decision on whether they consider that the criteria for a SAR are met. These will be kept under review and adapted in line with any national, regional or local guidance.

A thematics tracker has also been developed in the reporting period to support learning and development activity.

A dedicated case review officer was appointed to support the SAB in the undertaking of safeguarding adults reviews (SARs), as there continued to be a consistent level of the number of SARs in comparison to the 2021-2022 reporting period.

The BSAB has also reviewed how it undertakes SARs, and training has been delivered by SCIE on undertaking SARs in rapid time. This model will be piloted in the next reporting year. The challenge of capacity across the SAB continues in terms of authoring of SARs, and external commissioners are utilised.

The BSAB continues to be guided by the North West Policy for managing concerns around people in positions of trust with adults who have care and support needs. Local guidance will be developed during 2023/2024 to provide clarity on the management of risk so that actions are transparent and consistent.

A large-scale organisational safeguarding was raised after an investigative programme into the care and treatment of patients within a hospital setting in our area. Agencies have worked collaboratively together to identify and respond to allegations of abuse and protect patients, whilst also reviewing and improving systems to ensure services are safe. All statutory duties were carried out and continue with thanks to mutual aid from regional partners.

## Strategic objective three – learning from safeguarding adult reviews – performance, quality and audit

We said we would:

- Complete SAR processes, including publication of review and development of SAR action plan.
- Ensure the SAB has robust multi-agency safeguarding performance data.
- Assure a culture of openness and transparency is adopted for learning and recognising success.
- Develop a quality assurance framework which will robustly evaluate quality assurance process.
- Conduct multi-agency quality assurance audits, with the aim to providing an analytical overview of safeguarding across individual agencies and as a partnership.

### What we have done

A review of the SAR processes commenced in quarter 4 and continued into the next reporting period. In light of the changes to the referral form, where more information was now available to inform the decision on whether to proceed with a SAR, screening panel arrangements were also updated with changes to membership to include the Local Authority Director of Adults Social Services and the NHS Greater Manchester Integrated Care Board's Associate Director for Nursing, Quality and Safeguarding.

To strengthen action planning, a new action plan framework was introduced, including the involvement of the learning and development subgroup, so that the learning from the SARs forms part of the programme of learning for the SAB.

In 2023/2024 we will develop our arrangements for robust multi-agency safeguarding performance data, and we will introduce a scrutiny process, as part of our assurance framework, so that there is an ongoing culture of openness and transparency for learning.

## Strategic objective four – prevention and early intervention

We said we would

- Improve the website for the Partnership and review annually.
- Seek assurance regarding the quality-of-care provision within Bury and develop a mechanism where system assurance can be gained.

### What we have done

Prevention and early intervention is a core strand of all work of the BSAB including a focus on multi-agency training and workforce development to enable people to recognise various forms of abuse and know what action to take.

A new website has been launched, making information more accessible and user friendly. As with any new website, we are continuing to add content so that it is kept up to date.

The Multi Agency Risk Management (MARM) framework has been reviewed, to support anyone working with an adult where there is a high level of risk and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial. In the next reporting period, the MARM framework will be agreed, to enable a proactive approach which helps to identify and respond to risks before crisis point is reached

## Strategic objective five – making safeguarding personal

We said we would:

- Quality assure activity to gauge whether safeguarding practice is person-centred and outcome-focused.

### What we have done

The Care Act says that adult safeguarding is about protecting individuals, but people are all different. So, when we are worried about the safety of a person, we should talk to them to find out their views and wishes. Then we should respond to their situation in a way that involves the individual as much as possible, enabling them to have choice and control over what happens in their life, so they can achieve an improved quality of life, wellbeing, and safety. This is referred to as Making Safeguarding Personal (MSP).

The BSAB continues to be committed in ensuring the adult is central to everything we do, and the voice of the adult is always considered. Work started on strengthening the public facing page of the BSAB website to ensure adults with lived experience have accessible information to be able to provide feedback. It has been recognised that getting feedback from people with lived experience has been a challenge. The BSAB, when working with

individuals or families through the SAR process, ensures that the voice of those with lived experience is taken into account by working with them to understand how safeguarding practices have affected the person at the subject of the SAR, and that their experiences shape the report and any recommendations to improve practice. It is really positive that families have chosen to engage in the SAR and share their experiences and voice of the family. During the reporting year, there was only one family that chose not to engage. During 2023/2024 BSAB will explore the range of ways that people and carers can give feedback so we can understand their experiences of safeguarding processes and use this to improve our practice.

## Strategic objective six – learning and development

We said we would:

- Develop a training strategy which includes mechanisms to review the impact and effectiveness of training.
- Explore opportunities for multi-agency training delivery, across statutory and voluntary sector services.
- Gain assurance from individual agencies regarding internal training opportunities.

### What we have done

#### Implementing the Learning

The Learning and Development Subgroup reviewed the themes from the learning from SARs to inform the training strategy. It was agreed that a learning day was required to disseminate the learning in an effective and efficient manner from previous SARs. The agreed themes were:

| **Theme** | **Found in SAR** |
|---|---|
| Eating Disorders | K21, O22, H23 |
| Confident Decision Making / Professional Curiosity | I21, M21, N21,O21,C22, N22 |
| Mental Health | I21, M21, N21, N22, M22 |
| Mental Capacity Act | I21, M21, N21, O21, C22, O22, C23, E23, H23 |

Assurance was provided by SAB partners in relation to single agency training and partners have offered a range of training to the workforce including:

- Primary Care including Safeguarding Leads – Prevent, Mental Capacity Act (including GP trainees), Level 3 Think Family.
- Local Authority specialist Section 42 enquiry training.
- Safeguarding training for Elected Members.
- Local Authority preparedness for the introduction of Liberty Protection Safeguarding.

- Managing Allegations Against People in Positions of Trust.
- Community Safety Partnership training on domestic abuse.

Work will commence in the next reporting period to develop the training strategy, with increased focus on impact and effectiveness of training.

## Safeguarding Adult Reviews

The purpose of a SAR is not to hold any individual or organisation to account but to learn lessons when an adult in its area dies as a result of abuse or neglect, whether known or suspected; and

• There is concern that partner agencies could have worked more effectively to protect the adult.

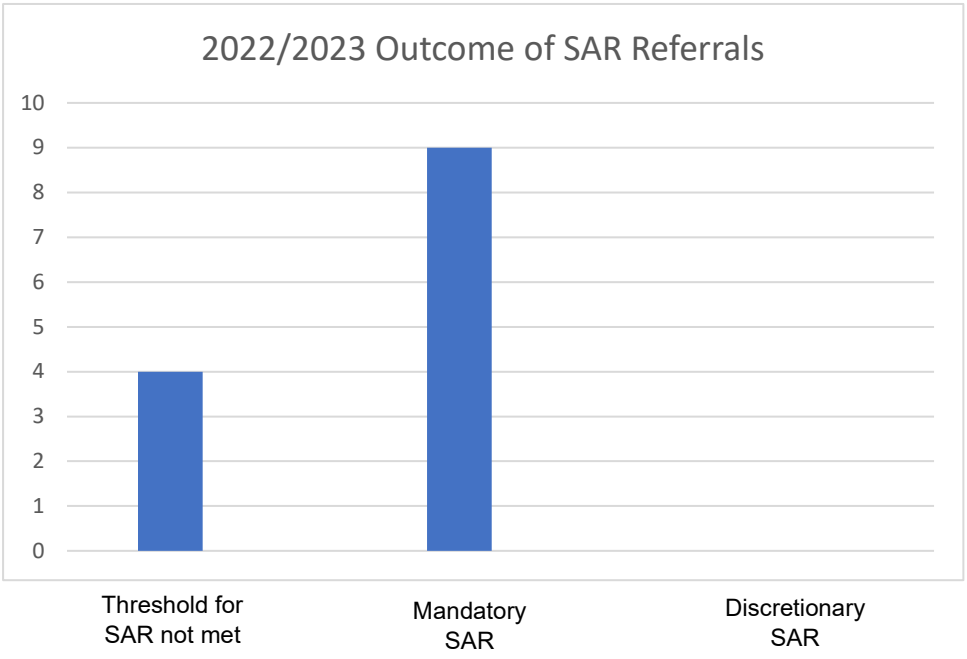
OR

• An adult in its area has not died, but the SAB know or suspects that the adult has experienced serious abuse or neglect.

### Referrals for Safeguarding Adult Reviews (SARs)

During the reporting year 2022/2023, the Safeguarding Adult Review Panel continued to see regular referrals being made and had a similar number of referrals in comparison to the previous reporting year, which saw a total of 16 referrals (of which there were 7 mandatory SARs, 1 discretionary SAR, and 7 did not meet threshold for SAR).

In 2022-23, there was a total of 13 SAR referrals and the below graph shows 9 of those were mandatory SARs, and 4 did not meet threshold for SAR).




Mandatory SAR - A SAR must be commissioned if there is a statutory requirement to do so when all the criteria and conditions have been met.

Discretionary SAR - A discretionary SAR may be needed where part of the criteria/conditions have been met and the panel feel there is multi agency learning.

## Current mandatory SARs

**SAR Robert** (M22)

Robert was 60 years old when he died. He had a learning disability and a diagnosis of schizophrenia. He resided in a care home and was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation as he was assessed to lack mental capacity to make decisions about where he resided.

**SAR Penelope** (N22)

Penelope was a young person in her late teens when she died. She spent much of her teenage years in mental health settings and was in a care home leading up to the time of her death. Concerns were raised about Penelope's self-harm behaviours which had escalated both in frequency and seriousness.

**SAR Lisa** (O22) and **SAR Emily** (H23)

A desktop review commenced in relation to Lisa and Emily, both of whom were high risk due to their low BMI's, and neither had a diagnosed eating disorder.

**SAR Linda** (B23)

Linda was 68 years old when she died. Linda had a number of health conditions and was in receipt of a package of care in her own home and lived relatively independently until eight months prior to her death due to her deteriorating health.

**Sar Ann** (C23)

Ann was 66 years old when she died of hypothermia and pneumonia. She had a long history of contact with various public services, but most specifically Substance Misuse and Mental Health Services. Ann struggled during the covid lockdown and there were concerns for her welfare.

**SAR Stuart** (E23)

Stuart was 54 years old at the time of his death from respiratory failure in 2022. He had long term mental illness and had been hospitalised for long periods of time throughout his life. He also had several long-term physical health conditions.

**SAR Ruby** F23

A joint review with Wigan Safeguarding Adults Board commenced in relation to Ruby, following her death in 2022. Ruby had an extensive history of trauma throughout her childhood and early adult life. She was care experienced and had a history of poor mental health and substance misuse.

**SAR Rebecca** (I23)

Rebecca died in 2022. She had been looked after by the local authority as a young person. Her life experience as a young person and young adult included substance misuse, domestic abuse, mental and behavioural disorder, and suicidal ideation, diabetes, exploitation and cuckooing and self-neglect.

## SARs completed during this reporting year

**SAR Michael** (I21 which includes linked SARs M21 and N21 thematics of neglect, mental capacity, challenge to engage, housing issues, substance misuse)

Michael died in 2021, his cause of death recorded by the coroner as 'misadventure to which a contributory factor was self-neglect'. Michael had made prior suicide attempts, including one where he sustained a brain injury, which left him suffering short term memory loss. Michael had complex needs related to the co-existence of substance misuse and poor mental health,

Review themes include:

- Neglect
- Substance misuse
- Mental health needs
- Challenge to engage the person with services
- Consideration of mental capacity
- Instability of accommodation
- Professional curiosity

**SAR Walter** (O21)

Walter was admitted to hospital following a suspected fall at home, and subsequently passed away. Walter sustained a brain injury at an early age and whilst he was able to communicate verbally, he would sometimes find it hard to communicate his wishes and feelings or respond to a situation quickly. Walter resided in a residential care home specialising in care services for people with learning disabilities and subsequently and had to be rehomed during the pandemic to a different care home due to increasing support needs.

Review themes include:

- Consideration of mental capacity.
- Neglect.
- Professional curiosity.
- Multi agency co-ordination of care.
- Communication with individuals who have speech and language difficulties.
- Person centred care

**SAR Alice** (C22)

Alice was 93 at the time of her death and had lived independently until approximately 2018 when she required help and support due to deteriorating physical health and a diagnosis of dementia in 2019. During the last two years of Alice's life, her 70-year-old son resided with her, and he was known to have care and support needs, and Alice was his carer over a long period of time.

Review themes include:

- Challenge to engage the person with services
- Neglect
- Consideration of mental capacity
- Timeliness and co-ordination of care and carers assessment
- Professional curiosity

## Partner updates

All BSAB partner agencies were asked to provide assurance by way of a self-assessment of on key areas of safeguarding and this included provided a summary of the highlights/challenges for reporting year. A summary of the responses has been provided below.

### Adult Social Care

- Significant development activity underway, including preparing for CQC assurance.
- Multi Agency Risk Management process for Adult Social Care has been reviewed.
- Safeguarding and the DoLS Teams have both been expanded.
- Multi agency response to the independent review in a hospital setting in our area – working together to identify and respond to allegations of abuse, and reviewing and improving systems to ensures patients are safe.
- Section 42 conversion rates are around 35%-40% evidencing effective screening arrangements.
- Safeguarding and DoLS audit processes in place and completed monthly.
- Elected Members' safeguarding training delivered.

### NHS Greater Manchester Integrated Care Board (NHS GM ICB) (Bury Locality)

- Organisational transition from Bury Clinical Commissing Group to NHS GM ICB – ensured statutory responsibilites were met
- Multi agency response to the independent review in a hospital setting in our area – working together to identify and respond to allegations of abuse, and reviewing and improving systems to ensures patients are safe.
- Sought assurance from commissioned services with regards to their safeguarding activity.
- Delivered development sessions to safeguarding leads from each GP Practice.
- Case support and supervision to NHS provider safeguarding, practitioners in complex care team and primary care services.
- Delivered training to primary care regarding self-neglect and Mental Capacity Act identified through SARs.

## Greater Manchester Police

- Implemented the Adult Safeguarding Unit to support domestic abuse performance and support to victims.
- Realigned the MASH to support Adult Safeguarding under the ASU. The work within the MASH ensures GMP has a dedicated response to safeguarding adults at risk at the earliest opportunity with appropriate referrals made to partners for effective intervention and support.
- MASH live audits at learning events following case reviews.
- Delivery of training in relation to domestica abuse to all staff within ASU/MASH.
- Supported the partnership in relation to the independent review of a hospital setting.

## NHS Northern Care Alliance

- Successfully embedded a programme of Mental Capacity Act (2005) audit with quarterly reportable returns.
- All NCA Staff members inclusive of Fairfield General Hospital and Bury Community Services are fully compliant with Adult Safeguarding Level 3 training.
- The NCA have engaged and prepared for the introduction of the Liberty Protection Safeguards.
- The NCA encompass a Nursing Assessment Accreditation System (NAAS) inclusive of community services and theatres. The NAAS/CAAS/TAAS provides a programme of audit aligned with the CQC key lines of enquiry (KLOES), inclusive within the programme of audit are the safeguarding standards; providing further assurance that safeguarding measures are routinely audited across the NCA.
- The learning from SAR is a core agenda item held within the governance structure of the Safeguarding Steering Committee.
- NCA Adult Safeguarding Service in conjunction with Bury Care Org has a regular bimonthly safety summit meeting that encourages oversight and learning.

## Pennine Care

- There has been an increase of 122% in consultations to its central safeguarding team
- Increased compliance with level 3 safeguarding adults training by 15% in Quarter 3 and 4.
- The safeguarding team have reviewed all level 3 training packages to include localised learning.
- Quarterly newsletter with varying themes for learning and monthly quality report including localised learning.
- Continue to audit learning and have completed Quality Walks into carers and dip samples on peer-on-peer abuse and victim blaming language.
- Celebrated adults safeguarding week with a series of lunch and learns.
- Reviewed safeguarding supervision arrangements and deliver a drop-in offer.

## Six Town Housing

- Delivered training to students at Bury College covering domestic violence safeguarding and hoarding within homes.
- Eyes wide open training provided to all colleagues and partners on the learning of dangers around damp and mould. This included how to report concerns for safeguarding.
- Introduced Tenancy Support Strategy to ensure timely, targeted tenancy support is provided to supporting customers who need help or where risks have been identified. Supported 350 customers within their homes.
- Embedded learning from case review including supported with safe sleeping and trained the Tenancy Support team on Essential Parenting and implemented a risk assessment for those properties where the gas may be capped to review the risk of young families.
- Implemented and reviewed Hoarders policy and procedure to clearly identify the level of risk within the home and with customers ensuring a partnership approach to mitigate any risk.
- Delivered cost of living workshops within our communities and provided 121 support to families to assist with financial pressures and reduce cost of utilities and food.
- Provided training from Achieve this year to front line staff to understand the risk and impact substance misuse have on families and those adults who also suffer with mental health conditions.

## Community Safety Partnership (CSP)

- Reciprocal highlight reporting arrangements with CSP and SAB progressing.
- Preparation for Serious Violence Duty including sourcing input into local Strategic Needs Assessment.
- Pre-emptive checks and procedures in place for large scale police-led multi agency community safety operations, such as Operation Avro in May 2022 to ensure known safeguarding issues built into planning and sufficient capacity to respond to safeguarding concerns resulting for enforcement activity.
- Review of Bury Prevent Steering Group and Channel Panel Terms of Reference and work through respective chairs to ensure full attendance of colleagues to mitigate the risk of exploitation in relation to radicalisation.
- Joint promotion of training opportunities across partnership colleagues, including as part of GM week of action on Safeguarding Against Hateful Extremism in September 2022; honour-based violence awareness; and neglect training.

GM Fire and Rescue Service

- All staff are trained to Level 1 which includes, how to identify safeguarding concerns, how to report and record.
- Promoted and developed the Home Fire Safety Assessment focusing on the most vulnerable individuals within the community.
- Prevention Team have supported support all safeguarding professionals' processes throughout Bury.
- Alerting appropriate support at earliest opportunity to the identified need of vulnerable persons.
- Training plans are in place for staff whose role involves more in-depth contact with children and/or adults at risk and training records are maintained and can be monitored/audited.

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