

**AGENDA FOR**  
**HEALTH AND WELLBEING BOARD**



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

A Arif, W Blandamer, A Crook, Fawcus, D C Fines, J Hobday, J Lancaster, L Ridsdale, Nawaz, Passman, J Richards, L Smith, Tomlinson, Willmott, Jones, T Tariq (Chair), E FitzGerald, Holman, T Pilkington, J Southworth and S Walmsley

Dear Member/Colleague

**Health and Wellbeing Board**

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

<b>Date:</b>	Thursday, 16 January 2025
<b>Place:</b>	Council Chamber, Bury Town Hall
<b>Time:</b>	4.30 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

# AGENDA

## **1 APOLOGIES FOR ABSENCE**

## **2 DECLARATIONS OF INTEREST**

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

## **3 PUBLIC QUESTION TIME**

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

Approximately 30 minutes will be set aside for Public Question Time, if required.

## **4 MINUTES OF PREVIOUS MEETING** *(Pages 5 - 10)*

The minutes of the meeting held on 12<sup>th</sup> November 2024 are attached.

## **5 MATTERS ARISING**

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

### **a ANTI-POVERTY STRATEGY UPDATE**

Verbal update from Jon Hobday, Director of Public Health.

### **b WORK WELL VANGUARD AND PARTNERSHIP WORK RELATING TO EMPLOYMENT AND HEALTH**

Presentation by Tracey Flynn, Service Manager – Business and Investment.

## **7 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

### **a BETTER CARE FUND UPDATE - QUARTER 2** *(Pages 11 - 20)*

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

There are no items for consideration under this quadrant.

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

There are no items for consideration under this quadrant.

## **10 REFLECTIONS ON 2024 AND FORWARD PLAN** *(Pages 21 - 30)*

Presentation by Jon Hobday, Director of Public Health.

**11 GM POPULATION HEALTH BOARD FEEDBACK**

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

**12 URGENT BUSINESS**

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

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**Minutes of:** Health and Wellbeing Board

**Date of Meeting:** 12 November 2024

**Present:** Councillor T Tariq (in the Chair)  
Councillors A Arif, J Lancaster, L Smith, T Tariq, E FitzGerald, T Pilkington, J Southworth and S Walmsley, W Blandamer, R Passman, J Hobday, J Richards, A Crook, and K Wynn-Jones.

**Also in attendance:** A Ajmi, L Buggie, S French, B Hanif, H Tomlinson, A Mullen, and P Llewellyn.

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

**Apologies for Absence:** A Gibson.

#### **HWB.57 APOLOGIES FOR ABSENCE**

Apologies for absence are noted above.

#### **HWB.58 DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

#### **HWB.59 PUBLIC QUESTION TIME**

One Public Question had been submitted as follows:

From Fiona Jones, from Flourish Together:

*'We are currently running a successful Health & wellbeing programme in Bury. What does the current and future funding landscape look like for further training programmes that benefit and motivate members of the local community and 2) how could you support progression routes for these learners?'*

Fiona Jones was not present at the meeting, so it was agreed that a copy of the response below provided by Jon Hobday would be sent to Fiona Jones, and there would also be the opportunity to submit a supplementary question.

*Response*

*We welcome the provision of training within the Borough - any organisation which offers training, qualifications and quality employment can only act to enhance the health and wellbeing of local residents.*

*In regard to funding the Council works closely with the VCFA (our umbrella organisation) who work directly with all local groups to highlight local, regional and national funding opportunities. New funding opportunities are coming up regularly and the VCFA have a newsletter which tries to capture all these within it.*

*In regard to supporting the progression of learners we can also put you in touch with our connexions team (which support young people into employment) and with local colleges where there is likely to be a significant number of young people who are interested in being involved and wanting to take part in further training.*

*Our BGI team also have lots of links to local employers where there are many further training, apprentice and job opportunities, these have included a number of targeted recent job fayres.*

*It is great to hear about the work you are doing and how this supports both employment and health and wellbeing of local residents.*

Helen Tomlinson advised that in addition to the public question raised, the green light was awaited from GM NHS to progress with the Live Well grants programme, which aligned closely with Working Well Vanguard, which was a key priority around the proposal relating to Work and Wages - investment in VCSE orgs to increase employment, education and skills. Lee Buggie advised that he was also happy to contribute suggestions via BALC and advise of RSPH offers.

#### **HWB.60 MINUTES OF PREVIOUS MEETING**

**It was agreed:**

That the minutes of the meeting held on 12<sup>th</sup> September 2024 be approved as a correct record.

#### **HWB.61 MATTERS ARISING**

There were no matters arising.

#### **HWB.62 WIDER DETERMINANTS OF POPULATION HEALTH**

#### **HWB.63 GM POPULATION HEALTH MODEL**

Jon Hobday outlined the slide summary which highlighted the Wider Determinants of Population Health.

**It was agreed:**

That the information be noted.

#### **HWB.64 ANTI-POVERTY EVALUATION**

Dr Beenish Hanif delivered a presentation which outlined the Evaluation of Bury's Cost of Living and Anti-Poverty Strategy. The evaluation covered three key components – quality, processes and outcome evaluations, which were detailed fully in the presentation.

The Conclusion of the evaluation of the three key components was:

- Bury's anti-poverty strategy demonstrated strong leadership and effective coordination, addressing immediate, medium, and long-term poverty challenges.
- The strategy provided a balanced approach that combined immediate relief, such as food, fuel, digital access, and financial aid, with ongoing initiatives in employment, health, financial literacy, and housing to build community resilience.
- Engagement with the community through events and feedback ensured the strategy remained relevant, inclusive, and responsive to residents' needs.

- Collaborative efforts with local businesses, health services, and community organisations had strengthened the impact in key areas like food security, digital inclusion, health, and housing.
- Moving forward, the presentation highlighted 16 recommendations, to ensure prioritising clear monitoring frameworks, reducing poverty related stigma, strengthening partner alignment, and addressing digital inequalities which would increase the strategy's effectiveness and accountability.

Jon Hobday advised that the recommendations would be discussed further at the Anti-Poverty Group, and prioritised, and an action plan would be produced. It was also confirmed that in terms of potential anomalies in data, such as the reduction in the employment rate, there could be a number of causes, and that these would be monitored and tri-angulated with partner agencies, and again the Anti-Poverty Group would pick this area up for further focus.

The Chair also highlighted the important links between Employment and Health, and referred to the Work Well Vanguard and ongoing work in Bury and Stockport and indicated that there were clear linkages with this work.

**It was agreed:**

That the presentation be noted and that a further report be submitted to the next meeting on the ongoing work in relation to Employment and Health, particularly in terms of the Work Well Vanguard and related work in Bury with partners.

**HWB.65 BEHAVIOUR AND LIFESTYLE DETERMINANTS OF HEALTH**

**HWB.66 DRUG AND ALCOHOL RELATED HARM PLANS**

Lee Buggie, Public Health Specialist, delivered a presentation entitled 'Substance Misuse – Bury's Drug & Alcohol Treatment Pathway'.

The Presentation highlighted:

- Background, including funding streams.
- Bury Commissioned Services.
- Bury Adults in Treatment Data
- Treatment Progress
- Clients in Service in Paid Employment
- Bury Admissions for alcohol specific conditions
- Interdependencies and Governance
- Good practice examples
- Alcohol Matrix

Members discussed the presentation and data outlined, and the issue of use of illicit drugs to self-medicate was highlighted, such as weight loss drugs and steroids, with Jon Hobday advising that this was a known concern, and whilst the reasons were not shown by the data, this was a trend that was on the radar across Greater Manchester, and that help and support was on offer.

There was also discussion on the importance of ensuring that the approach to dealing with substance misuse was not duplicated and linked in with existing family safeguarding support

mechanisms, and also that people who were not being referred where not missed. Jon Hobday explained that Early Break linked in with the family safeguarding model, and ran in parallel, and did not duplicate the approach.

Members also discussed the matrix for licensed premises and also highlighted how it would be helpful if Councillors could be kept informed of the support and help on offer in their wards so they could communicate this to residents.

**It was agreed:**

That the Presentation be noted.

**HWB.67 UPDATE ON SMOKING LEGISLATION**

Jon Hobday, Director of Public Health, delivered a presentation which gave an update on Tobacco Control which covered:

- National legislation update
- Bury Smoking Cessation offer
- Bury Swap to Stop (vape starter kits)
- Targeting health inequalities
- Future developments including draft smokefree hospital toolkit, smoke free wards, and local research around other forms of tobacco and creation of a health promotion resource to raise awareness of associated harms for local populations.

It was noted that smoking was still a huge public health issue, both financially and in terms of lives lost. The new legislation currently going through Parliament aimed to create a smoke free generation.

It was noted that in terms of water pipes on sale in Bury, these were openly displayed in shop windows, and that officers were working with shops to reduce these displays and Lee Buggie advised that he would also raise this at the Tactical Licensing Group and with Trading Standards.

**It was agreed:**

That the presentation be noted.

**HWB.68 THE EFFECT OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING**

**HWB.69 BURY HOMELESS PARTNERSHIP**

Ahmed Ajimi, Strategic Lead, Integrated Commissioning, and Andrea Mullen, Manager – Homeless and Housing Options Service, delivered a presentation on the work of the Bury Homelessness Partnership.

The presentation covered:



- The Regional Perspective – since 2010 in Greater Manchester (GM), temporary accommodation was up by 236%, Homelessness presentations had increased by 79%, with acceptances up by 69%, and Rough Sleeping up by 361%. There was one homelessness/housing need presentation in GM every 20 minutes of every hour of every day.
- Homelessness and Rough Sleeping Statistics
- Outline of the Bury Homelessness Strategy 2022-2025
- Current provision
- The work of the Bury Homelessness Partnership
- Homelessness and Rough Sleeping Health Wraparound support
- The future

Ruth Passmore highlighted an issue with Asylum Seekers not being given the same support as others, and highlighted instances of people living in cars, Amanda Mullen in response outlined some of the current provision available.

The Chair along with Kath Wynn-Jones highlighted the importance of linkages with the Integrated Neighbourhood Teams (INTs), with Ahmed advising of the linkages via the Duty to Refer and the link with Commissioned Services. Will Blandamer gave further detail of the approach, and linkages with INTs and other teams, whilst also referring to the enormous pressures arising from Mental Health discharges, which was a new additional pressure to recognise. The Chair agreed that awareness raising of the issues raised with the INTs was very important and also something he would like to cover in his portfolio meetings.

**It was agreed:**

That the presentation be noted.

**HWB.70 THE OPERATION OF THE HEALTH AND CARE SYSTEM**

**HWB.71 BETTER CARE FUND**

The Health & Wellbeing Board were advised that an update on the Better Care Fund, including Quarter 2 information, would be submitted to the January meeting.

**HWB.72 GM POPULATION HEALTH BOARD FEEDBACK**

Jon Hobday, Director of Public Health, provided a brief update from the Greater Manchester Population Health Board owing to the time available and advised that a written update would be shared with the Board.

The Health & Wellbeing Board also received The Kings Fund report entitled 'Population health in Greater Manchester – The journey so far'.

**It was agreed:**

That the update be noted.

**HWB.73 URGENT BUSINESS**

There was no urgent business.

**COUNCILLOR TARIQ**  
**Chair**

**(Note: The meeting started at 4.30pm and ended at 6.35pm)**

## Bury Health and Wellbeing Board

Title of the Report	Better Care Fund (BCF) Improved Better Care Fund (IBCF) 24/25 Quarter 2 Reporting Template
Date	
Contact Officer	Shirley Allen
HWB Lead(s) in this area	Will Blandamer Executive Director Health and Adult Care and Place Based lead  Adrian Crook – Director Adult Social Care  Lynne Ridsdale, Chief Executive

Executive Summary			
Is this report for?	Information	Discussion	Decision Y
Why is this report being brought to the Board?	To seek Health and Wellbeing Board retrospective sign off for the Bury quarter 2 reporting template for the Better Care Fund 2024/2025. The deadline for submission to the NHSE Better Care fund team was 30 <sup>th</sup> October 2024		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The Better Care Fund primarily focuses upon: <ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital Discharges</li> <li>• Prevention &amp; Early Intervention</li> </ul>		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	<ul style="list-style-type: none"> <li>• Living Well with a Long-Term Condition</li> <li>• Reducing Length of Stay in hospitals</li> <li>• Improving and supporting Hospital</li> </ul>		

	<p>Discharges</p> <ul style="list-style-type: none"> <li>• Prevention &amp; Early Intervention</li> <li>• Falls</li> </ul>
<p>Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.</p>	<p>(1) Note the content of the report.</p> <p>(2) Agree the retrospective submission of the Quarter 2 reporting template to BCF 2024/2025 as per the attached full reporting submission</p>
<p>What requirement is there for internal or external communication around this area?</p>	<p>None</p>
<p>Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.</p>	<p>The Quarter 2 reporting template has been collaboratively populated by relevant colleagues from within Bury Council and NHS GM Bury ICB.</p>

## Introduction / Background

### 1 Introduction and background

#### 1.1 The final Better Care Fund (BCF) 2023/2025 Policy Framework and Planning

Guidance can be found at: BCF

<https://www.gov.uk/government/publications/bettercarefund-policy-framework-2023-to-2025>

This policy framework confirms the conditions and funding for the Better Care Fund (BCF) for 2023 to 2025.

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

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

#### 1.3 The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government

to agree a joint plan of how the funding will be spent to meet the core objectives. Indeed, 94% of local areas agreed that joint working had improved because of the BCF following a survey in 2022.

- 1.4 The plan is owned by the Health and Wellbeing Board (HWB) and governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.
- 1.5 The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's [plan for recovering urgent and emergency care \(UEC\) services](#), as well as supporting the delivery of [Next steps to put People at the Heart of Care](#). The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.
- 1.6 The delivery of the BCF will support 2 key priorities for the health and care system that align with the 2 existing BCF objectives:
  - improving overall quality of life for people, and reducing pressure on urgent and emergency care, the acute sector, and social care services through investing in preventative services
  - tackling delayed discharges from hospital and bringing about sustained improvements in discharge outcomes and wider system flow - these are set out in the 'BCF objectives and priorities for 2023 to 2025' section below
- 1.7 At the same time, NHS England and the LGA published the Planning Requirements for the BCF. These can be found at: BCF [planning requirements](#),
- 1.8 The framework and guidance establish the key conditions and requirements of the Better Care Fund in 2023/2025.

## **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 vcvcadult 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 The four metrics to be reported on are:

- Avoidable Admissions
- Discharge to Normal Place of Residence
- Falls
- Residential Admissions

Metric	Definition	Actual Performance	Assessment of Progress	Challenges	Variance from Plan
Avoidable Admissions	Unplanned Hospitalisation	262.3	Not on track to meet target	Challenges on data collection as data is released late by NHSE	Variance from plan is -39.7. There have been more more than predicted NEI admissions
Discharge to Normal Place of Residence	Discharged from acute hospital to normal residence	90.76%	Not on track to meet target	Challenges on data collection as data is released late by NHSE	Variance from plan is less than 1% at 0.74%. It is thought that variance from plan is related to other acute site discharges mainly

					NMGH
Falls	Emergency hospital admissions due to falls in people aged 65 and over	468.2	On track to meet target	No challenges	No variance from plan
Residential Admissions	Rates of permanent admissions to residential care	Measured annually	On track to meet target	No challenges	No variance from plan

### 3.0 Quarter 2 Finance and Output Report

#### 3.1

Scheme Type	Planned Expenditure Annual £	Actual Expenditure Year to Date £	Planned Outputs Annual	Actual Outputs Year to Date.	Provider and Funding Stream
Reablement Service	3,716,984	1,858,492	840	420	LA via minimum NHS contribution
Staying Well Programme	88,100	44,050	0	0	LA via minimum NHS contribution
Programme Management	135,000	67,500	0	0	LA via minimum NHS contribution
Intermediate Tier	530,647	265,324	9	9	LA via additional NHS contribution
Rapid Response	910,500	455,250	0	0	LA via additional NHS contribution
Integrated Neighbourhood Teams	509,753	254,877	0	0	LA via additional NHS contribution
Domiciliary Care Packages	950,317	475,159	36,311	18,155.50	Private sector via minimum NHS

					contribution
Residential Placements	950,317	475,159	21.4	11	Private sector via minimum NHS contribution
Nursing Home Placements	950,317	475,159	20.3	10	Private sector via minimum NHS contribution
Supported Living Placements	950,317	475,159	14.5	7	Private sector via minimum NHS contribution
Carelink	75,700	37,850	2300	1150	LA via additional NHS contribution
Domiciliary Care Packages	5,781,385	2,890,693	10,350	5175	LA via IBCF
Assessment Teams	313,846	156,923	0	0	LA via IBCF
Prevention/Early Intervention case management	1,533,217	766,609	0	0	LA via IBCF
Disabled Facilities Grant	2,265,064	1,132,532	170	85	LA via DFG
Primary Care Support	475,464	0	0	0	Private Sector via ICB discharge funding – goes live in September 24
GP Support to Intermediate Tier	50,000	42,250	0	0	Private Sector via ICB discharge funding
Home from Hospital	105,660	44,000	0	0	Voluntary Sector via ICB Discharge



					Funding
Hospice	352,143	147,000	0	0	Voluntary Sector via ICB Discharge Funding
Additional IMC beds	416,733	207,000	160	80	Private Sector via ICB discharge funding
Core 24 hour liaison support for vulnerable adults	711,109	355,555	0	0	NHS Mental Health via minimum NHS contribution
Crisis Response Community	1,784,192	892,096	4200	2100	NHS community provider via minimum NHS contribution
Intermediate tier / NHS	2,267,401	1,133,701	0	0	NHS community provider via minimum NHS contribution
Integrated Neighbourhood Teams / NHS	571,312	285,656	0	0	NHS community provider via minimum NHS contribution
Falls Prevention	226,272	113,136	0	0	NHS community provider via minimum NHS contribution
Bury LCO	937,225	468,613	0	0	NHS community provider via minimum NHS contribution
Domiciliary Care Packages	274,912	137,456	10,446	5,223	Private Sector LA discharge funding

Residential Placements	274,912	137,456	6.2	3	Private Sector LA discharge funding
Nursing Home Placements	274,912	137,456	5.9	3	Private Sector LA discharge funding
Supported Living	274,912	137,456	4.2	2	Private Sector LA discharge funding
Reablement at Home	682,846	341,423	0	0	LA and LA Discharge Funding
Nursing Home Training	20,091	10,046	0	0	Private sector via minimum NHS contribution
Alzheimer's; Society	82,765	41,383	0	0	Voluntary sector via Minimum NHS contribution
Nursing home Training	49,077	24,359	0	0	Private Sector via additional NHS contribution
Stroke Association	60,000	30,000	0	0	Voluntary Sector via additional NHS contribution
VCSE Housing Support	40,000	20,000	0	0	NHS Mental Health Provider via ICB Discharge funding
Same Day Emergency Care/ Frailty Ward	342,000	171,000	0	0	NHS Acute Provider via ICB Discharge Funding
Integrated Intermediate Tier	1,826,409	913,202	540	270	LA via minimum NHS contribution
Integrated Neighbourhood Teams / case	1,353,747	676,874			LA via minimum

management					NHS contribution
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**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 2 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 2 reporting submission
- That the Bury Health and Wellbeing Board retrospectively approve the attached Better Care Fund 2024/2025 quarter 2 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

CONTACT DETAILS:

**Contact Officer:** Shirley Allen

**Telephone number:** 07890 394684

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

**Date:** 06 January 2025



Bury HWB BCF Q2  
Reporting Template.xl

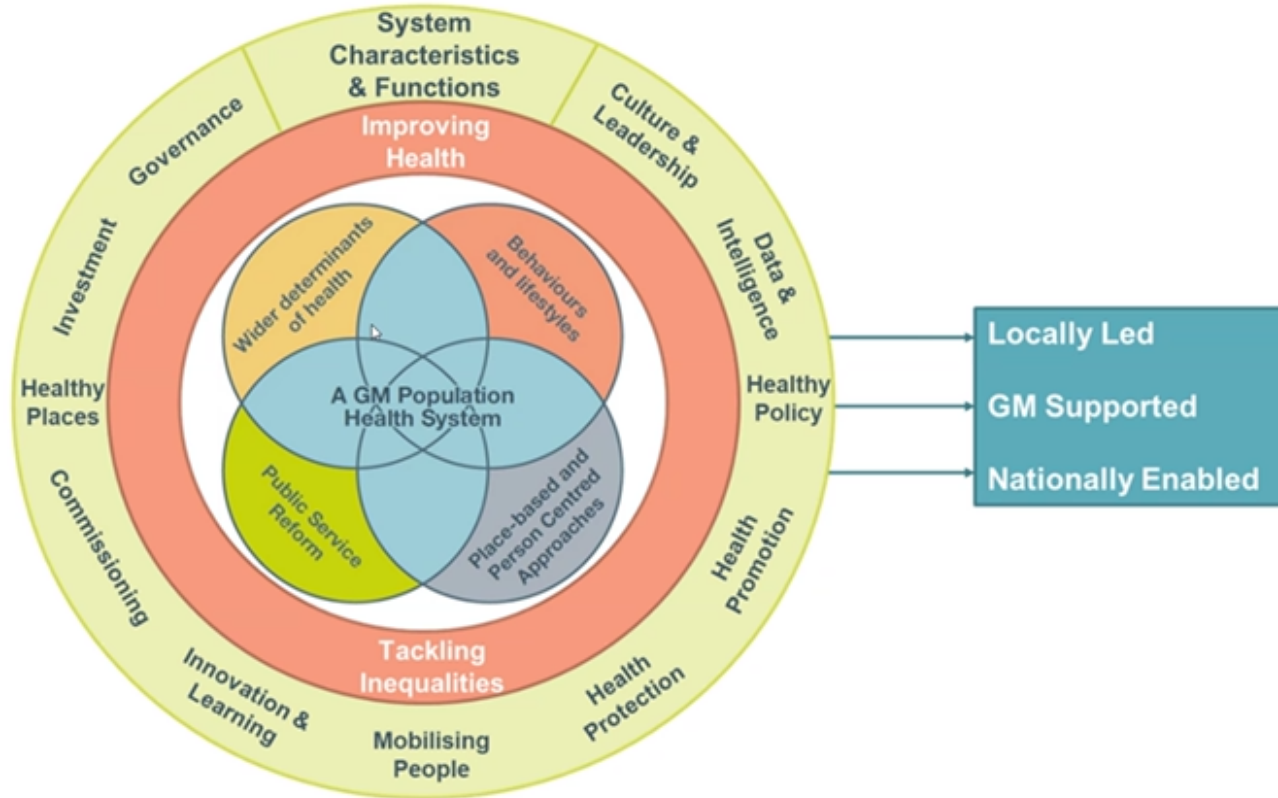
**END**

# Health and Wellbeing Board reflections and forward plan



Jon Hobday  
Director of Public  
Health

### GM Population Health Model



## Areas discussed in 2024

- **Wider determinants**
- Anti-Poverty Update (Jan 2024)
- Mental Health Complex System Mapping (Jan 2024)
- Economic Development Strategy (March 2024)
- Bury Public Health Annual Report 2023-2024 (Sept 2024)
- Draft Child Death Overview Panel (CDOP) Annual Report 2023-2024 (Sept 2024)
- GM Population Health Model (Nov 2024)



## Areas discussed in 2024

- **Behaviour and lifestyles**
- Obesity and the Neighbourhood Approach (March 2024)
- Drug and Alcohol Related Harm Plans (Nov 2024)
- Update on Smoking Legislation (Nov 2024)





## Areas discussed in 2024

- **The operation of the health and care system**
- Workforce Development – Building Public Health Capacity and Capability (Jan 2024)
- Better Care Fund Quarterly Report (March and September 2024)
- Outcome Framework Update (March 2024)
- Workwell Partnership Vanguard – Locality Update for Bury (Sept 2024)



## Areas discussed in 2024

- **Place based and person-centred approaches**
- Health Inequalities Update (Jan 2024)
- PSLT Work and Place Based Plans in Practice (Sept 2024)
- Bury Homeless Partnership (Nov 2024)



# Reflections

- Topics discussed reflect the key drivers for reducing inequalities
- Useful to have this forum to challenge, support and promote the ongoing work



## Forward plan for 2025

- **Wider determinants**
  - Culture strategy and plans
  - Crime and community safety plans
  - Housing strategy and plans
  - Homelessness partnership work
- **Behaviours and lifestyle**
  - Physical activity framework
  - Obesity and healthy weight
  - Food strategy progress
  - Smoking action plan update
  - Update on approach to drugs and alcohol



**Bury**  
Council

## Forward plan for 2025

- **The operation of the health and care system**
  - Health protection annual report – including an update on immunisations, vaccinations and screening
  - Better Care Fund updates
  - Safeguarding annual report
  - Health watch annual report
- **Place based and person-centred approach**
  - Public Service Leadership Team update
  - Prevention review
  - Public Health Annual Report
  - VCSE and volunteering's contribution to health
  - Parks and green spaces, playing pitch and facilities strategies update



## Key questions

- Thoughts on the progress of the board?
- Is there anything we are missing on the forward plan?
- What more can we be doing as a board to address inequalities?

