Meeting: Strategic Commissioning Board			
Meeting Date	06 January 2020	**Action**	Approve
Item No	7	**Confidential / Freedom of Information Status**	No
Title	Public Health Strategic Priorities		
Presented By	Lesley Jones, Director of Public Health		
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Clinical Lead	N/A		
Council Lead	Councillor Andrea Simpson, Elected Member and Portfolio Holder - Communities and Wellbeing		

Executive Summary

As a Strategic Commissioning Board we are committed to improving health outcomes to be among the best of our statistical neighbours, increasing healthy expectancy and reducing health inequalities between Bury and the England average and between the richest and poorest cohorts within Bury.

The report 'Understanding Health Need in Bury' presented to the Strategic Commissioning Board in October 2019 recommended a focus on eight strategic priorities to realise this ambition.

This report sets out the rationale for each of these priorities and summarises what 'good' would look like, the current position in Bury and provides a series of recommendations designed to help move us further, faster.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Place these strategic priorities at the heart of the Bury Strategy and OCO Commissioning Strategy; and
- consider the suggested 'Next Steps' and agree how to take these forward.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☒	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☒	N/A	☐
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☒	N/A	☐
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?	The proposals support delivery of the Health & Wellbeing Strategy					
How do proposals align with Locality Plan?	The proposals support delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☒	N/A	☐
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	☒	No	☐	N/A	☐
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk	Yes	☐	No	☐	N/A	☒

Register?						
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*					

Governance and Reporting		
	Date	**Outcome**

Moving forward on the strategic priorities for population health

1. Introduction

1.1. As a Strategic Commissioning Board we are committed to improving health outcomes to be among the best of our statistical neighbours, increasing healthy expectancy and reducing health inequalities between Bury and the England average and between the richest and poorest cohorts within Bury.

1.2. The report 'Understanding Health Need in Bury' presented to the Strategic Commissioning Board in October 2019 (appendix A) recommended a focus on eight strategic priorities to realise this ambition, namely:

- A good start in life
- Adverse Childhood Experiences & Mental Wellbeing
- Primary and secondary prevention of Long-Term Conditions (including MSK)
- Comprehensive behaviour change strategy which emphasises making healthy options the default options.
- Income & wealth equality
- Supportive relationships & social connections & community empowerment
- Decent Affordable Housing
- Ensuring all residents benefit from clean & green environments

1.3. This report sets out the rationale for each of these priorities and summarises what 'good' would look like, the current position in Bury and provides a series of recommendations designed to help move us further, faster.

2. Background

2.1. The report 'Understanding Heath Need in Bury' outlined the drivers of life expectancy and healthy life-expectancy and highlighted the following key messages:

- Historic increases in life expectancy are stalling
- People are generally living for more years in poor health
- The poorer people are, the shorter their lives and the more of those years are spent in ill health. There is a 15-year gap in healthy life-expectancy between the most and least deprived areas of Bury
- Bury's rates of preventable mortality are significantly worse than England as a whole and among the worst compared to our statistical neighbours.
- Musculoskeletal conditions are the prime driver of poor health followed by depression and anxiety. These conditions often go hand in hand.
- Around 50% of the burden of disease is associated with smoking, excess alcohol consumption, poor diet and low levels of physical activity.
- We are failing to gain traction on meaningfully reducing the prevalence of the prime risk factors for both morbidity and mortality. The majority of our population are likely to experience at least one risk factor.

- Inequalities of health outcome are intergenerational and require action across the life-course. Adverse childhood experiences are a significant factor in poor outcomes and intergenerational inequality.
- Until we address income and wealth inequality, we will only mitigate rather than address health inequalities.

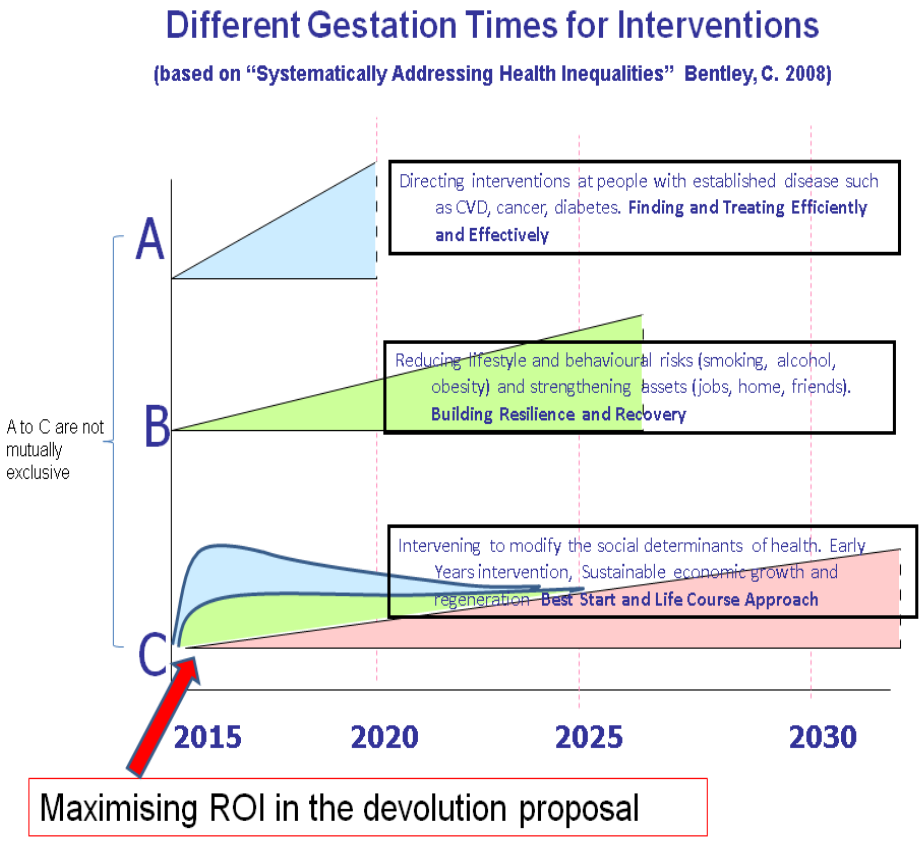
2.2. We are currently in the process of developing our Bury 2030 strategy together with our partners. Through this strategy and the supporting delivery plans we have a significant opportunity to 'think & do' differently in order to buck recent trends and really turn the curve on health outcomes and inequalities.

3. Moving forward on the strategic priorities for population health

3.1 The section below sets out for each of the identified priorities; why it is important, a summary of what good would look like, an overview of the current position in Bury and a recommendations for the progressing at scale. It is important to note that these priorities are not mutually exclusive from each other.

3.2 Action or in-action against one priority will have a consequential impact on one or more other strategic priorities. They should therefore be considered as a package of measures that are required to deliver improvements to health and heath inequalities.

3.3 In 2014, the New Economy and Public Health England developed a framework for Greater Manchester that groups interventions by their gestation and notional rate of return in order to recognise that the benefits of different interventions are likely to be realised over different time periods.



The most immediate benefits in terms of preventable premature mortality and health inequalities can be achieved by focusing on those already in, or close to the NHS system. Medium term benefits will be realised through a focus working age adults to reduce lifestyle risk factors and strengthen assets which support good health. The largest and most sustainable benefits will be realised over the longer term by improving outcomes and experience in the early years by ensuring every child has the best start in life.

3.3 A good start in life

3.3.1 Why this is important?

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being–
from obesity, heart disease and mental health, to educational achievement and economic status. Later interventions for children who do not get the best start in life are much less effective and often more costly.

3.3.2 What good would look like?

The Greater Manchester Early years Delivery Model is an evidenced based model underpinned by the principles of public service reform and the national 'Healthy Child Programme'. It aims to increase the effectiveness of universal early years services in supporting all families based on proportionate universalism to improve outcomes and reduce inequalities. The model comprises the following core components:

- A whole-family, eight-stage common assessment pathway (from pre-birth to the last term before the child's fifth birthday).
- Evidence-based assessment tools to identify families requiring additional support
- Evidence-based interventions – interventions with the strongest evidence base to improve school readiness have been identified.
- A series of 'best practice pathways' with service specifications/frameworks which detail common standards across GM including Speech, Language & Communication; Parent Infant Mental Health; Complex needs; Physical Development; Social, emotional & behavioural needs; Prevention (Including Smoking in pregnancy, oral health, Foetal Alcohol Spectrum Disorder)
- Better use of day care – and support to drive parent engagement in education, employment, training and volunteering.
- A new workforce approach enabling frontline professionals to work in a more integrated way.
- Better data systems to allow professionals access to the relevant data.

3.3.3 The Bury Position

School readiness is the proxy measure used to gauge outcomes for children at age 5. Levels of school readiness have been steadily increasing in Bury and are on a par with the national average and among the best of our statistical neighbours. Good progress has also been made improving levels of school readiness among those eligible for free school meals with a closing of the inequalities gap. The latest figures

show a decline in performance for those eligible for free school meals, but this is not statistically significant and remains similar to the England average. Despite improvements, around 30% of Bury children are still not achieving a good level of development by age 5 and so this remains a significant priority that requires addressing.

The work to ensure a good level of development in Bury is led through the 'Starting Well Partnership'. This partnership has overseen the development of a new neighborhood health visiting model with a view to further development of an integrated model for early years. The eight stage common assessment pathway has become embedded on the whole, although there remains work to do at sages 1 & 8. Bury is an early adopter for digitisation of the eight stage model which will be in place by April 2020. We are active partners in the development of the eight best practice pathways working with colleagues across Greater Manchester and have made significant progress in implementing the parent infant mental health pathway. Speech language and Communication tends to be the domain within the school readiness assessment framework which most impacts on children's level of development and so priority is currently being given to implementation of this pathway. In addition we have identified that children from families where English is a second language tend to do less well and interventions are being targeted to address this.

Overall the quality of early years day care provision is high in Bury with 96% achieving good or outstanding ratings. There has been a recent decline in the uptake of the 2 year old early learning funding offer both locally and nationally. This is thought to be linked to the introduction of the free childcare offer for 3-4 year olds which is more financially attractive to providers and has limited the number of places available to younger children.

3.3.4 What we need to do next

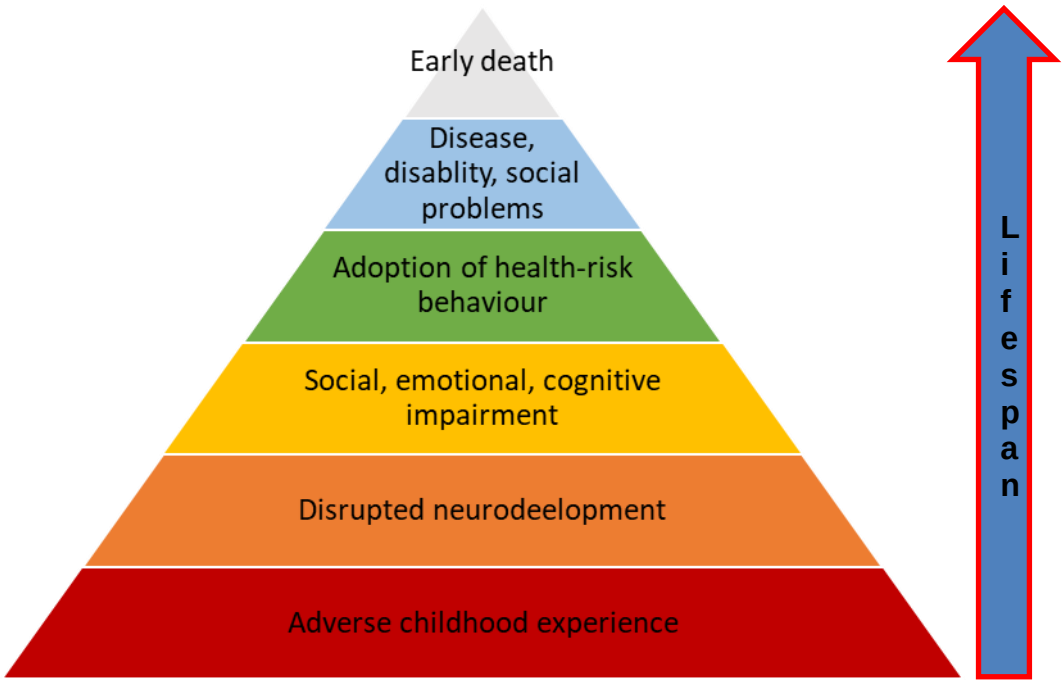
i) Commission and invest in delivery of the eight best practice pathways
ii) Further develop the integrated neighbourhood model for early years.
iii) Invest in the peer led parenting programme
iv) Review provision of 'English as a second language (ESOL)' provision in Bury and take up by parents of young children.

3.4 Adverse Childhood Experiences & Mental Wellbeing

3.4.1 Why this is important?

Adverse Childhood Experiences (ACES) are traumatic events which can have a negative and lasting effect on our health & wellbeing. Such events can include abuse, neglect and household challenges such as domestic violence, substance misuse, mental illness, parental separation or divorce and incarcerated parent. Research has demonstrated that those who experience 4 or more ACES are for example 3 times more likely to smoke as adults and develop lung disease, 14 times more likely to attempt suicide; 4.5 times more likely to develop depression. Those who have had 6 or more ACES are likely to die 20 years earlier than those who have none. The harm

done by ACES can have a long lasting and severe impact on mental health and wellbeing and is the prime cause of severe & multiple disadvantage. The impact therefore can also become intergenerational as those effected become parents.



Mental health is a big part of our identity and it affects many of the aspects of our day to day lives: our relationships, our work, our education. Mental health is more than the absence of mental illness. It is a state of wellbeing in which an individual realises their own assets, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community. Mental health is therefore of universal benefit to all, underpinning our health and functioning throughout life and as our circumstances change so does our mental health. We know that children with mental health problems have worse educational outcomes, adults with high levels of stress are less productive at work and people who are experiencing a mental health problem are more likely to feel or be lonely and isolated. Evidence now suggests almost two in three people will experience a mental health problem in the course of their lives and one in six people are managing fluctuating levels of distress each week. Poor mental health is strongly associated with low income/income insecurity, low levels of education, poor housing , lack of social support and ACES as described above.

3.4.2 What good would look like?

- ***Prevention of ACES***

Evidence tells us that ACES can be prevented by:

- Strengthening economic supports to families
- Promoting social norms that protect against violence and adversity
- Ensuring a strong start for children and paving the way for them to reach their full potential
- Developing the ability to handle stress, manage emotions and tackle every day issues
- Connecting children and young people to accessible accepting and caring adults and activities

- **Reducing the impact of ACES**

'Trauma Informed Communities' is an approach which has been shown to reduce the impact of ACES. A trauma-informed community is an area where knowledge of how adverse childhood experiences (ACEs) can affect the brain – and how best to respond to this impact – is commonplace. All key local services integrate this knowledge into the way they interact with people every day. Residents across communities work together to not only help mitigate and resolve the effects of trauma for the current generation, but to also prevent it, insofar as they can for future generations.

- **Mental Health Promotion**

Delivery of action across all the other strategic priorities within this report are part of the solution to improving mental wellbeing of the population. In addition more specific approaches include:

- Building the capacity and capability across our workforces to prevent mental health problems and promote good mental health within their everyday practice.
- Continuing to normalise and lessen the stigma associated with mental health problems.
- Developing the ability of individuals to deal with the social world through skills like participating, tolerating diversity and mutual responsibility.
- Developing the ability of Individuals to deal with thoughts and feelings, the management of lie and emotional resilience.
- Developing the ability of individuals to recognise and support others experience distress.

3.4.3 The Bury Position

In Bury, an estimated 9% of 5-16 year olds have Mental Health Disorders. This equates to an estimated 4,073 children and young people in Bury with mental health and wellbeing needs. There are an estimated 3.5% 5-16 year olds in Bury with an emotional disorder. Bury has the third lowest prevalence of Mental Health and Emotional health disorders in Greater Manchester, after Trafford and Stockport, (PHOF, 2019).

1.98% Primary school-age pupils in Bury are identified as having social, emotional and Mental Health needs, which is similar to the North West and England averages. However, among secondary school-age pupils, this rises to 2.88% pupils with social, emotional and Mental Health needs, placing Bury significantly higher than the North West and England averages. Crucially, the proportion of secondary school-age children with social, emotional and Mental Health needs has been rising steadily in Bury, from 2.06% in 2016. 22.7% of adults report having high anxiety scores and 8.1% report low happiness scores.

There is no ACES data available for Bury, however nationally it is estimated that 1 in 8 of the population have more than 4 ACES and 67% of the population have at least one.

Bury is part of a pilot to roll out mentally healthy schools across four of our schools, this is a programme which brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health

and wellbeing. With the aim being to increase staff awareness, knowledge and confidence to help support pupils to have good mental health and wellbeing. There is also an identified school leader whose role it is to be the lead on mental health promotion and awareness in schools. In addition, grants have been provided to 3rd sector organisations to provide holistic, mindfulness, parenting courses and peer support to support families and young people to achieve and maintain positive social, emotional and mental health.

We commission, coordinate and promote a range of activities to support people to achieve good mental health this includes delivery of living life to the full programme to the public which supports individuals in learning techniques of how they can best look after themselves. In addition there are a range of organisations which bring people together to provide peer support in a range of formats. One of which is the award winning 'Rammy Men' - an organisation in Ramsbottom which organise social events and activities for men to get them talking and support each other around mental health. Mental Health is also promoted through the workplace health programme, working with businesses within Bury to support them to be healthy employers and providing working conditions and policies which support workers within their organisations.

There is some best practice in place in relation to ACES within Bury, a notable example being Butterstiles School, however there is no current formal strategy or plan in place.

3.4.4 What we need to do next

Action on all the strategic priorities outlined in this report will have a positive impact on mental health & wellbeing and help prevent ACES. In addition, we need to:

i) Embed 'Trauma Informed Communities' alongside ethnographic approaches at the heart of our neighbourhood model

ii) Rebalance mental health investment towards mental health promotion rather than just treatment services.

3.5 Primary and secondary prevention of Long-Term Conditions (LTC's) (including Musculo-skeletal (MSK) conditions)

3.5.1 Why this is important

In common with England, the main causes of death in Bury are circulatory diseases, cancers, respiratory conditions and digestive disorders. When looking at preventable mortality, whilst overall trend in Bury is improving, it has been consistently and significantly worse than England as a whole. Bury also has significantly worse rates of preventable and premature mortality across all major cause of mortality compared to our statistical neighbours. A disproportionate number of preventable premature deaths occur in areas of higher deprivation, those with severe mental illness and those of South Asian origin. There is therefore the potential within Bury to make a significant impact on health outcomes and health inequalities within the relative short term.

3.5.2 What good would look like

In short, there would be proactive, systematic and routine systems and processes in place to identify all those with long term conditions and those at risk of developing long term conditions. All those identified would be optimally managed through self-care, behavioural change support and appropriate medical interventions. There would need to be a proportionate universal approach to achieve equality of outcome across Bury, recognising that there are greater barriers to engagement for those living in more deprived areas and a greater workload for primary care providers serving those populations.

3.5.3 The Bury Position

Although in comparison to other areas, Bury performs well on a number of indicators; the GP Quality and Outcome Framework (QOF) register data from September 2019 shows the following discrepancies between our known prevalence vs expected prevalence for the following LTCs, suggesting a large number of undiagnosed and therefore untreated patients;

Disease	**Missing thousands**
Coronary Heart Disease	2515
Chronic Kidney Disease	1872
Hypertension	18021
Type 2 Diabetes	1857
Chronic Pulmonary Disease	2793
Atrial Fibrillation	785

The main vehicles for delivery of primary and secondary prevention of long-term conditions are currently the NHS Health Check, the National Diabetes Prevention programme, the Quality in Primary Care Contract, and until recently the Keeping Bury Well (Programme 3) Find and Treat Transformation project all underpinned by the Live Well Service.

Bury has among the best uptake rates of the NHS Health Check in the country at 73.5% although there are still over 25% of the eligible population who have not had a health check. A scheme is currently in place to encourage those who have not attended for a health check in the previous 10 years. The National Diabetes Prevention programme is being delivered in Bury 10 out of 26 practices have been mobilised so far with a total of 676 patient choosing to engage in the programme so far. This total sees Bury achieve 152% against GM target as at the end of November.

The Quality in primary care contract is currently under review with an ambition to move to a more outcomes focused contract. The Keeping Bury Well Find and Treat programme was designed originally to deliver a radical upscaling of primary and secondary prevention in primary care but was initially scaled back and then ceased due to lack of funding. During the time of operation, a feasibility programme to test the role of pharmacy in 'finding and treating' patients was undertaken as a means of building delivery capacity in the system.

Consequently there has been only marginal progress in reducing the missing

thousands in the past year and there no systematic mechanisms in place to ensure optimal management. The role of the Live Well service is to support those requiring help with health related behavior change following identification through referral from practices. Recent local research suggests that this pathway is not yet systematically embedded across all practices and many opportunities are being missed.

3.5.4 What we need to do next

- Commission a whole system review of primary and secondary prevention in Bury based on the Health Inequalities National Support Team diagnostic toolkit.

3.6 Comprehensive behaviour change strategy which emphasises making healthy options the default options.

3.6.1 Why this is important?

Close to half of the burden of disease is associated with the four main unhealthy behaviours:

- smoking,
- excessive consumption of alcohol,
- poor diet and
- low levels of physical activity.

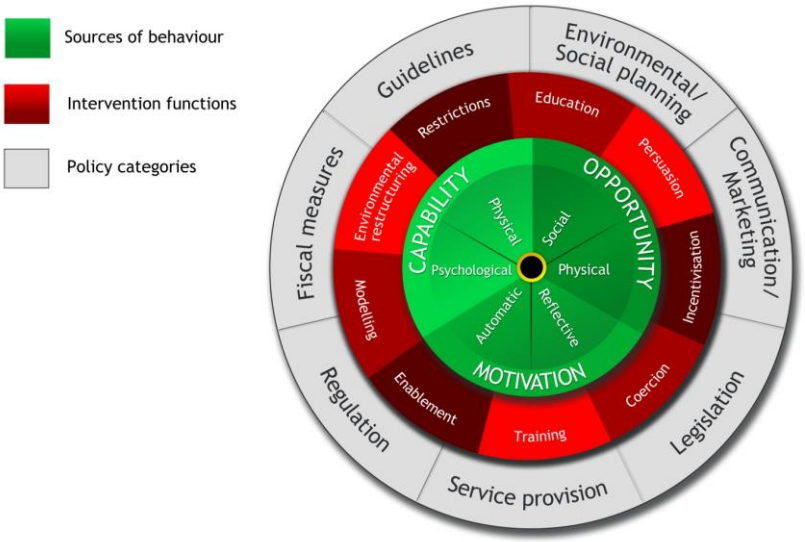
Many of these risk factors are interdependent with one impacting on another. The greater the number of risk factors the greater the chance of morbidity or premature mortality. It is estimated that experiencing 4 behavioural risk factors reduces life expectancy by 14 years compared to no risk factors.

Smoking remains the biggest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities, but quitting can allow people to cross the health divide with the poorest non-smokers having better life expectancy than the richest smokers.

It is estimated that around a quarter of the population have 3-4 of the main behavioural risk factors whilst around two thirds will have 2-3. Overall over 90% of the population are estimated to have at least one. The clustering of multiple-risk factors is associated with deprivation with greater clustering occurring in more deprived areas.

3.6.2 What good would look like

The COM-B model of behavior change offers a useful framework for development of a comprehensive approach to behavior change:



Evidence shows that such a strategy would need to include the following:

- *Stopping promotion and restricting availability of health damaging products (tobacco, alcohol, high fat, high sugar foods)*
- *Making health damaging products less affordable (e.g. car travel vs public transport)*
- *Ensuring effective enforcement of regulations on health damaging products*
- *Comprehensive implementation of a settings-based approach to health improvement (e.g. Healthy Nurseries, Schools & Colleges, Healthy Workplaces, Health Promoting Hospitals, Healthy Living Pharmacy, Dentist. Optomtomertists and General practice, Care Homes…)*
- *Supporting people to make health related behavior change*
- *Whole workforce adopting a 'Making Every Contact Counts' approach within their role.*
- *Comprehensive and sustained programme of social marketing targeting based on behavioral science and segmentation*

3.6.3 The Bury Position

In Bury, 16% of adults smoke. Smoking rates are highest among routine and manual workers and people with mental health problems. Around 2/3 of adults are overweight or obese and just under a quarter of the adult population are physically inactive.

There are currently up to date strategies in place for Tobacco Control, substance misuse (including alcohol) and physical activity. Plans are in place to develop a food and health strategy. There is a workplace health programme in place, a healthy living pharmacy programme and aspects of a healthy schools programme. The 'Live well' Service provides support for health related behavior change with good outcomes. Implementation of these strategies & programmes in Bury have previously been

hampered by a lack of capacity to undertake the necessary level of stakeholder engagement, competing priorities and reliance on short term non recurrent funding.

3.6.4 What we need to do next

- Commission a review of current approaches to health-related behavior change in Bury against the COM-B behavior change model.

3.7 Income & wealth equality

3.7.1 Why this is important

Having sufficient money to lead a healthy life is a highly significant cause of health inequalities. Evidence shows that insufficient income is associated with worse outcomes across virtually all domains including healthy life expectancy and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health including maternal depression. Children who live in poverty are more likely to be born early and small, suffer chronic diseases and face greater risk of mortality in early and later life. As a society overall becomes wealthier, the level of basic income and resources that a deemed adequate also rise. There has been a widening of inequalities over the last ten years.

3.7.2 What good would look like

Paid employment and welfare benefits are the main sources of income.

- **Inclusive economy**

We currently have an economy which polarizes income. An inclusive economy is one which functions to produce social and economic justice in a manner that is environmentally sustainable rather than one which simply pursues growth as an end point. It is where there is widespread participation in wealth creation and where wealth is created and recirculated within local communities rather than being extracted. The Centre for Local Economic Strategies (CLES) offer a framework for building inclusive economies which includes: Advancing community power including supporting community & social enterprises; Commissioning and procuring for social value; Building local community wealth including harnessing the role of anchor institutions; developing finance to support local economies.

A Living Wage. Many of those living on the lowest incomes are in work. Adopting the Living Wage has been shown to improve psychological wellbeing with studies also suggesting the introduction of the Living wage to be associated with improvements in life expectancy, depression, alcohol consumption, life limiting conditions and mortality.

The statutory minimum wage is currently £7.70/hour and is paid to those under 25 years of age. The national living wage is the statutory minimum pay for over 25 years and is calculated as a percentage of median earnings. This is currently £8.21/hour. The real living wage is calculated by the Resolution Foundation based on the cost of living. This is currently £9.30/hour (outside London) and is voluntary for employers.

It should be noted that paying the Living Wage will not protect everyone against unhealthy levels of low income. The Living Wage is calculated on an individual basis whereas the Joseph Rowntree foundation calculate a minimum income standard which is considered to be enough to live on for different household types. It includes sufficient resources to participate in society and maintain human dignity, consuming those goods and service that are regarded as essential in Britain today. An individual earning the living wage does not therefore guarantee an adequate household income.

- **Income maximisation**

The Benefits system is intended to provide practical help and financial support for those who are unemployed, looking for work, on low earnings, have a disability, are bringing up children, are retired or care for someone who is ill. However, some people do not claim all they are entitled and some groups such as out of work single parents and adults without children may not benefit as much from the system as others. Those on low incomes are more susceptible to financial difficulties through cost of living rises, lack of access to affordable credit, gambling or financial mis-management.

Services to support people maximize their incomes and manage financial difficulties have proven effective in raising income levels and improving health outcomes, with particularly mental health problems in the short term

- **The Bury Position**

Around 15% of dependent children (under the age of 20) in Bury live in low income households. The proportion of households in poverty after housing costs rises to almost a third in the more deprived parts of the borough.

Bury has a proactive programme of engagement and support to assist indigenous Bury businesses and inward investors to be good employers. This includes access to finance for example to implement the real living wage; skills for the workplace, apprenticeship support and grant funding, the good employment charter, healthy workplaces, leadership and management etc. The support is designed to help employers grow their businesses and create wealth in their communities.

The Business Leadership group provides an effective forum for business engagement in in the wider place based agenda and in the development of the Bury 2030 strategy. There are over 40 programmes to help Bury residents into work

A refresh of Bury's Economic Development Strategy is underway and will be informed by a commissioned economic analysis of Bury's economy

There is an Anti-poverty strategy but it is difficult to assess impact. Bury Citizen Advice Bureau (CAB) has recently merged with Bolton CAB with a view to creating a strengthened support offer including for income maximization although this has not been commissioned against any form of needs assessment and it is likely that demand outstrips capacity.

3.7.3 What we need to do next

- Ensure the refresh of the Bury economic development strategy is focused on the creation of an inclusive economy for Bury
- Strengthen the relationship between economic development and Bury's neighbourhood model particularly with respect to building community and social enterprise and supporting people back to work.
- Commission a review of provision for income maximization including debt and financial management in the context of Bury's Neighbourhood model to include a needs assessment and equity audit.

3.8 Supportive relationships & social connections & community empowerment

3.8.1 Why this is important

Social capital describes the links between individuals; that bind and connect people within communities and between communities. It provides a source of resilience, a buffer against poor health and social support critical to daily living and realsing aspirations. Community participation and a sense of control also directly and indirectly contribute to health & wellbeing.

3.8.2 What good would look like

Strong communities are characterised by a feeling of belonging, a feeling that members matter to one another and to the group and a shared faith that members needs will be met through their commitment to be together. Community members feel they have influence over the community and the community has influence over members. Furthermore that the community can influence outwards. They is usually a shared history or experience including common causes or challenges. There is also a need for connections between communities and strong community cohesion where people from different backgrounds get on well with each other.

Strong communities also benefit from a strong community and social infrastructure including a thriving community, voluntary & faith sector

Asset based approaches to community development builds on the assets which are found in the community and mobilises individuals, associations and institutions to recognise and connect people to assets, to develop and build on assets

3.8.3 The Bury Position

Through the big Bury conversation, it was clear that many people have a strong sense of identity with their local area and feel good about where they live. However there were some areas where people expressed dissatisfaction with the loss of local provision.

The 2017 State of the VCSE Sector report commissioned by 10GM and GMCVO estimated that there were 1,135 organisations working in the VCSE (Voluntary,

Community & Social Enterprise) Sector in Bury who were involved in many areas of activity. The main areas of work being health & wellbeing, community development and sports and leisure. Unfortunately, at the time of the research, there was no infrastructure organisation in Bury so response were low but trends from across Greater Manchester suggested a high degree of fragility within the sector with 46% having less than three months running costs in reserves and around 23% had expenditure greater than their income. Overall the majority of VCSE organisations had regular contact with the Council and other VCSE organizations but only a small minority had significant contact with private businesses.

Since the 2017 survey, Bury VCFA has come into existence as an infrastructure body to support development of the sector and has been successful in drawing in some funding to support the sector. A new State of the VCSE sector survey has been commissioned which with the aid of Bury VCFA should provide a much robust and up to date picture of the sector within Bury.

Bury has a strong focus on community safety and cohesion through the Community Safety Partnership and Bury Faith Forum which builds relationship and cohesion between faith groups.

The People Powered Bury Steering group is working to realise new power relationships between people in communities and public sector bodies as part of our Public Service Reform programme. The steering group has developed an evidence based framework to guide the work based on the principles of asset based community development.

3.8.4 What we need to do next

- Maximise the community development and engagement opportunity of becoming the first GM Town of Culture emphasing engagement with those living in areas of higher deprivation or experiencing social exclusion
- Consider the forthcoming State of the VCSE sector report for Bury and implications for developing a thriving sector.
- Ensure sufficient capacity and capability to support effective community development working collectively across partners.
- Prioritise areas of higher deprivation for development and regeneration of community and social infrastructure ensuring any developments are community led.
- Build on the success of 'The Pitch' participatory budgeting events to embed participatory budgeting approaches into mainstream resource allocation decision making.

3.9 Decent Affordable Housing

3.9.1 Why this is important

A safe and settled home provides the cornerstone for a good quality of life and fulfills the basic human need for shelter. It is a basic pre-requisite for good health and wellbeing.

More specifically illness and loss of life years are strongly correlated with poor and overcrowded housing conditions and homelessness. Housing an expose people to a number of health risks. Structurally deficient housing increases the likelihood of accidents and injury, Poor accessibility can put disabled and elderly people at risk of injury, mental health problems and isolation. Housing that is insecure due to affordability or insecure tenure is stressful. Housing that is difficult or expensive to heat contributes to poor respiratory and cardiovascular outcomes, while high indoor temperatures can also increase ill health and mortality. Indoor air pollution including for example carbon monoxide, are linked to cardiac and respiratory problems and can be triggers for asthma and allergies. Crowded housing can increase exposure to infectious diseases. Those living in more deprived areas or on low income are hit disproportionately by poor housing conditions and cannot afford necessary repairs and changes.

3.9.2 What good would look like

People want and need different things from housing throughout their lives but in general they need a house which is in the right place to enable them to connect to employment, recreational activity and social support. A house which is the right size and shape for the household at a price which is affordable. A house which is energy efficient and safe.

Bury's current housing strategy sets out the need for:

- Encouraging house building – to help meet the demand for accommodation whilst
- protecting the features that make Bury a great place to live.
- Promoting a balance between different tenure types (owner occupied, private rented,
- social housing) to maximise residents' choice in where and how they live.
- Promoting affordable housing.
- Working to reduce the number of empty homes in the Borough.
- Working with others to invest in housing, build decent neighbourhoods and improve the
- quality and sustainability of the housing stock.
- Influencing the market to recognise and support the specific housing needs of older
- people, people with disabilities and other groups within our communities.
- Supporting the 'Green Agenda' to maximise the energy efficiency of housing.
- Supporting individuals to access housing by providing good quality information, advice and guidance.

- **The Bury Position**

The 2011 Census recorded 81,423 residential dwellings in the Borough of which 78,113 were occupied by one or more resident. Of the total housing stock, 8,188 of these were Council-owned, social rented housing and 4,225 belonged to housing associations. 69,907 dwellings or 85.8% of the total housing stock are houses or bungalows, with most occupied properties being either 2-bedroom (23,682) or 3-bedroom (34,249) in size. Given that there is an estimated 25,000 single person households in the Borough, under occupancy could soon become an issue as housing costs and the impact of welfare reform increases demand for smaller properties. With only 7,042 (9.0%) 1-

bedroom, occupied dwellings identified, of which 3,257 are Council-owned rented dwellings, major pressures on the market are anticipated unless a greater number of smaller units – at affordable cost – become available. At the other end of the spectrum, the demand for larger dwellings from the BME and Jewish communities is likely to put pressure on the 13,140 (16.8%) 4- bedroom plus dwellings; a problem further highlighted by the fact there are only 98 Council-owned dwellings of this size in the Borough.

Around 5750 properties a year would need to be insulated if all homes were to be energy efficient by 2030

In addition to under-occupation, under use is an issue. The Census records 3,310 vacant dwellings at the time of the survey and, whilst it is a snapshot, we need to get a better understanding of these properties and the circumstances behind why they are vacant.

As regards stock condition, the local authority and housing association accommodation is of a high quality, with all dwellings meeting the decent homes standard. Conditions in the private sector are more varied as the LAHS (Local Authority Housing Statistics) return 2012/13 indicates that there are 14,526 dwellings with Category 1 hazards as measured by the Housing, Health & Safety Rating System (HHSRS). Poor housing conditions are particularly concentrated in the private rented sector, where tenancies are often less secure and where some landlords fail to ensure maintenance and repairs.

3.9.3 What we need to do next

- Ensure the refreshed housing strategy and associated policies and plans are consistently formulated and targeted to address inequalities.
- All powers and levers at the disposal of agencies are utilised to ensure all landlords meet their obligations.
- Optimise and target funding for energy efficiency measures towards those at greatest risk of fuel poverty.

3.10 Ensuring all residents benefit from clean & green environments

3.10.1 Why this is important

Our health and the quality of the environment are inextricably linked. What is good for our health is also good for our environment and what is good for our environment is also good for our health.

Climate change is the biggest environmental threat to health and the planet. Rising temperatures exacerbated by feedback cycles and polar amplification are driven largely by the combustion of fossil fuels. A child born today will experience a world that is more than 4 degrees warmer than the pre-industrial average, with climate change impacting human health from infancy and adolescence to adult and old age. Climate change threatens food production and food security, the spread of communicable diseases, the burning of fossil fuel also creates air pollution which damages all vital organs including the heart and lungs. Poor air quality leads to the premature deaths of around 80 people

a year in Bury. It exacerbates long term health conditions such as asthma, cardiovascular conditions and COPD and there is emerging evidence that poor air quality can contribute to wider health issues such as diabetes, dementia and poor mental health. Climate change also brings with it the impact of extreme weather conditions such as heat waves, flooding and wild fires which can cause death, injury, disease exacerbation and mental health issues. Climate change impacts locally have so far included flooding of homes and businesses causing distress and financial hardship leading to mental health problems.

The presence of green spaces can enhance health and wellbeing of people by encouraging physical activity, improving air quality and promoting psychological wellbeing. Green spaces include gardens, parks, sports fields and public realm as well as countryside.

The negative impacts of climate change and poor quality environments are disproportionality felt by vulnerable people such as young children and the elderly and those on low income.

3.10.2 What good would look like?

Reducing carbon emissions is the main way in which we can address climate change. At a local level this would include:

- Ensuring all new builds and developments are net zero carbon by design
- A programme of retrofitting of energy efficiency and low carbon measures to existing buildings
- A fundamental modal transport shift from cars to low carbon public transport, walking and cycling
- Reduction of single use consumables and a norm of recycling.
- Sustainable food provision and a shift to plant based diets.
- Universal access to green space

3.10.3 *The Bury Position*

Bury Council has passed a motion to become carbon neutral by 2030. This is a huge challenge and success will be determined by global and national action as well as local. Within the Council, progress has been made on reducing carbon emissions mainly through energy efficiency measures in buildings and Bury are collaborating with the other Greater Manchester authorities in the development of a Clean Air Plan which is designed to contribute to improving air pollution but also climate change targets by incentivising a switch from using cars to public transport, walking and cycling and a switch to less polluting vehicles.

Bury is comparatively rich in terms of green space compared to other urban boroughs benefitting from 12 green flag parks and a being surrounded by countryside. The quality of the environment has been identified as one of Bury's key assets and one of the things local people value most about the borough. However the challenge is to ensure all our residents are able to benefit from access to good quality green space.

To date, Bury has lacked a comprehensive, partnership strategy for the environment which will need to be addressed in the development of the Bury 2030 strategy.

3.10.4 What we need to do next

- To review the Governance for Carbon Management/Climate Change within the Council and across the Bury Partnership.
- Develop a comprehensive Environmental quality strategy and delivery plan
- Identify areas & communities within Bury with a deficit of accessible green space and target resources to enhance access.
- Review relevant contracts and specifications to ensure they support Climate Change emergency

4 Associated Risks

4.1 Effecting population level outcomes requires achieving multiple, often small, changes systematically across whole cohorts and across whole systems. This type of change is best served by large scale change methodologies focused on changing structures, processes and patterns of behavior & mind-sets. It involves engagement of a wide range of stakeholders, distributed leadership, emergent planning and design, adapting as we go and maintenance of focus, resources and energy over the long haul.

4.2 The main risk to delivery of our ambitions is the requirement to manage the short term financial position and the continuing impact of austerity on communities. The current financial climate limits our organisational capacity to drive the required changes and there is a risk of a negative impact due to cuts in services. Even beyond the austerity period it is likely that longer term impacts will continue to materialise in communities. It is therefore essential to consolidate and hone the resources that are available across the organisation, wider public and private sector and within our communities around these strategic priorities to optimise potential impact.

5 Recommendations

5.1 The Strategic Commissioning Board is required to

- Place these strategic priorities at the heart of the Bury Strategy and OCO Commissioning Strategy; and
- consider the suggested ‘Next Steps’ and agree how to take these forward.

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