LIVING WELL IN BURY:

MAKING IT HAPPEN TOGETHER

Refreshed Bury Joint Health and Wellbeing Strategy 2015 - 2018

Team Bury

Working Together For A Better Bury

Contents

Foreword

We are delighted to introduce the refreshed Bury Joint Health and Wellbeing Strategy. This refreshed strategy sets out Bury Health and Wellbeing Board's bold five-year vision for improving health and wellbeing in the borough. It makes three underpinning principles and identifies five cross-cutting priorities, to help achieve this.

Many factors affect our health and wellbeing. What makes a person "well" can involve many different factors, including physical and mental wellbeing, employment, environmental factors, social circumstances, adequate housing and economic factors.

Everyone has the right to good health. Unfortunately, there are huge differences in levels of physical health, mental health and wellbeing across our borough. The greatest challenge we face is to tackle inequalities and this remains central to all that we do.

The priorities identified in this strategy have been informed by our Joint Strategic Needs Assessment (JSNA), other formal data sources, such as, the Census 2011, and by listening to the views of those living and working in the borough. They reflect our most pressing health and wellbeing issues right across the life course from birth to end of life. This will ensure we are well placed to continually build, protect and promote resilience for good health and wellbeing at all stages throughout life.

Whilst the principal responsibility for developing and delivering this strategy sits with Bury's Health and Wellbeing Board, all of us living and working in Bury have a role to play in its delivery. In Bury, we are fortunate to have a strong history and culture of working together with demonstrable success. Enhanced by a new legal framework, this strategy builds on that solid foundation, generating a renewed commitment and focus to making real differences to the lives of local people.

We know we are faced with significant financial pressures whilst customer expectations and demand for services is rising. There is also a very real responsibility on individuals to also help with this in self-caring and looking after themselves too. Team Bury, our local strategic partnership, is fully committed to collaborative working at a Greater Manchester level around Public Sector Reform. This work is focused on developing ways of improving outcomes for customers and efficiently using resources through integrated approaches. We recognise the journey ahead may be challenging, but we also welcome the opportunities it will bring.

Chair of the Health and Wellbeing Board

Cabinet Member for Health and Wellbeing.

Andrea Simpson

Deputy Chair of the Health and Wellbeing Board

Executive Director for the Department of Communities and Wellbeing

Pat Jones-Greenhalgh

Introduction

Under the Health and Social Care Act 2012, upper tier Councils in England must establish a Health and Wellbeing Board.

The vision of Bury's Health and Wellbeing Board is to:

"Improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life."

Bury Health and Wellbeing Board

Bury Health and Wellbeing Board (the Board) has been operating in shadow form since May 2011. From April 2013, it became a statutory committee of Bury Council. The Board brings together senior leaders from across Bury Council and the NHS with elected members, HealthWatch, and representatives from the voluntary and community sector, to set out a vision for improving health and wellbeing in the Borough.

The Board will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, Social Care, Public Health and other services.

The Board will determine, shape and implement key priorities and integrated strategies to deliver improved health and wellbeing outcomes, for the whole of the population of Bury.

The Board will set out the most pressing health and wellbeing priorities for the Borough and what it will do about them in this Joint Health and Wellbeing Strategy. This strategy is also intended to influence the direction of other relevant strategies and plans.

There is a long and rich history in Bury of partners working together to promote, improve and protect health and wellbeing. The Board will build upon this legacy with the strength of a new statutory framework. It will bring a sharper focus to shared priorities, provide strong leadership to drive forward progress on these and strengthen existing programmes of work to increase their impact.

Further information about the Board, its membership and meetings is available at: www.theburydirectory.co.uk/healthandwellbeingboard

The Joint Health and Wellbeing Strategy

This strategy is the Board's overarching plan to respond to those needs identified in the JSNA, from other data sources and from those who live and work in the borough. It sets out the Board's vision for the health and wellbeing of people in Bury and identifies key priorities for action.

This strategy does not set out all that we need to do around health, wellbeing and social care. There are already a range of strategies, set out at Appendix 2, that focus on specific issues and will complement and support this strategy. Rather, this is meant to focus on the most important and pressing challenges we face in the borough that cannot be addressed by a single agency alone. The five priorities identified in Section 4 cut across all organisations and it is joint action that can make the biggest difference. The strategy emphasises the importance of integration, prevention and early intervention, and targeting resources at those most in need.

This strategy will also inform the plans of Bury Clinical Commissioning Group (CCG), Bury Council and NHS England as to the services they intend to put in place. This will ensure we are maximising efforts to close the gap in healthy life expectancy both within the borough and in comparison with the rest of the country.

The Board will monitor the delivery of this strategy every twelve months based on the measures of success set out under each priority. It will also refresh this five year strategy on an annual basis.

Development of this strategy

This Strategy has recently been refreshed. The needs and priorities highlighted within this refreshed strategy have been agreed by the Board and wider stakeholders, including members of the community. They are based on a range of information about health and wellbeing from a wide variety of sources, including:

- o The JSNA, as a one-stop source of reliable information about, and analysis of, the health and care needs of our population and its communities to identify priority areas of need. The current JSNA is available at www.bury.gov.uk/jsna
- o It is acknowledged that some of the data in the JSNA is now out of date. Therefore, more up-to-date data sources have been used where available. These include the Census 2011, the Bury Health Profile, baseline data in various outcomes frameworks and Bury's Public Health Annual Report 2012. All data sources used within this refreshed strategy are referenced throughout the document.
- o Existing local strategies and plans that influence health and wellbeing
- o Knowledge and experience of those living and working in the borough

The priorities within this strategy have also been informed by listening to what local people have told us. An extensive consultation has taken place on the earlier draft version of this strategy. This showed overall support for the priorities and a resounding consensus that giving children the best start in life was the most important priority. The consultation also emphasised the importance of mental health and wellbeing, work and employment. The strategy has been strengthened to reflect these issues. The consultation also provided valuable insights into perceived barriers and opportunities in implementing the actions under each priority. These will be crucial in informing the implementation of this strategy, ensuring we are building on our assets to drive it forward. The consultation has also helped shape our four principles which we believe will deliver the change and improvement required to achieve our desired health and wellbeing outcomes. Further details of the consultation exercise are available at http://www.bury.gov.uk/index.aspx?articleid=7415.

This strategy was subject to an Equality Assessment (EA) to ensure compliance with the Equality Act 2010 and consideration of its impact on protected groups. As this strategy is concerned with reducing health inequalities and based upon the needs of specific equalities groups where known, the EA found that overall it will have a positive effect on equalities. The JSNA provides data in relation to specific equalities groups, and this has been key in informing the development of this strategy. However, it is recognised that there are gaps in the data in relation to some equalities groups. The forthcoming refresh of the JSNA will seek to address these gaps where data exists. The consultation process around the draft version of this strategy provided valuable feedback from some specific equalities groups and those working with them. Tackling inequalities and ensuring we meet the needs of specific groups, will further inform this Strategy's implementation. The full EA provides further information about how we have paid due regard to our public sector equality duty. The Equality Assessment for the refreshed Strategy has been updated.

Section 1: Our Principles

The following principles will guide the work of Bury Health and Wellbeing Board and be at the core of all we do:

We will promote and develop prevention, early intervention and self-care

Many illnesses can be prevented and intervening early can limit their extent. Taking care of ourselves is crucial in keeping well. We will enable and support people and communities to take responsibility for their own health and wellbeing, working with them to develop the knowledge, skills and confidence required to do so.

We will reduce inequalities in health and wellbeing

We know that there are social and economic reasons that have a negative impact on people's health and wellbeing. We will work with and influence partners to address these issues and the impact they have on our health and wellbeing. We will ensure that resources are proportionately targeted to those most in need in order to close the gaps in health experience within the borough and beyond.

We will develop person centred services

We will simplify how health and social care is created and delivered in Bury. We will make sure that people can access services, in a timely way, and see that they are fair. We will ensure that local people have the opportunity to shape and influence services, so that they meet their needs and keep them safe. We will provide the appropriate information to support and enable them to make the right choices for themselves.

We will plan for future demands

We recognise that the population is ageing and more care is needed. We also know that customer expectations are changing. We will use all our information and intelligence sources to enable effective planning and use our resources wisely to ensure the right services are available. We will also ensure that quality is at the heart of all advice, support and care services to ensure the effective use of those resources and maximise outcomes. Crucial to this is working with, and listening to, local people.

Section 2: Our approach to improving health and wellbeing

The Board has adopted an all encompassing approach to health and wellbeing, using the World Health Organisation's definition of health as 'as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' in producing this strategy. Maintaining health and wellbeing is important for individuals to maximize their potential, enable them to lead active, fulfilled lives and participate fully in their local community. Figure 1 shows the wide range of factors that affect our health and wellbeing.

Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE)

Figure 1: Model of wider determinants of health and wellbeing
The Board has placed a strong emphasis on 'wellbeing' through this strategy. Wellbeing is people's sense and experience of mental, social, physical and spiritual health. It includes people's sense of control over their lives, connectedness to others through their community and social networks, purpose, fulfilment, enjoyment and belonging. The Board strongly supports 'The Five Ways to Wellbeing' which are a set of evidence based public mental health messages. They Five Ways to Wellbeing are:

1. Connect (with others).
2. Be Active
3. Give
4. Take Notice
5. Learn

There are known differences in health experience and outcomes between different social groups. These are called health inequalities and can be on the basis of where people live or other features, such as, social class, ethnicity or age. The interaction between some of these can magnify health inequalities further. Action around all the wider determinants shown in the above diagram is crucial, therefore, in both increasing life expectancy and narrowing the gaps in health outcomes between groups. Targeting resources according to greatest need is also critical in closing inequalities gaps.

There are strong links between socio-economic deprivation and health inequalities. The Index of Multiple Deprivation (IMD) 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Figure 2 below shows the varying levels of multiple deprivations across Bury.
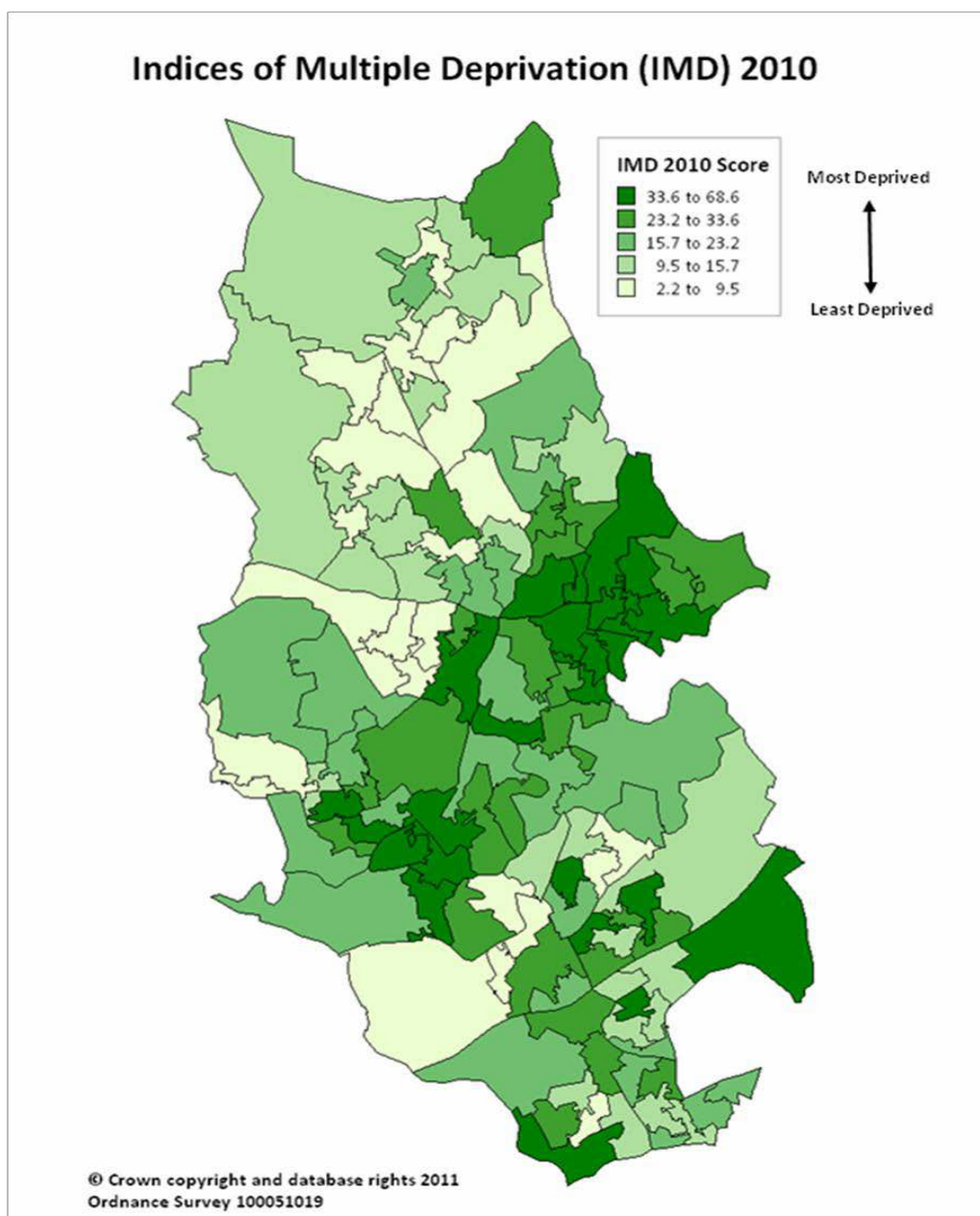

Figure 2: Indices of Multiple Deprivation (IMD) 2010

Our approach to improving health and wellbeing recognises that we have many assets within our communities that can be used to address the health and wellbeing needs in the borough. Our assets range from community and voluntary groups, parks and buildings, community activities and, crucially, local people. We are committed to listening to and working with local communities to understand their needs and work directly with them to develop local services that are important to them. This is known as a community assets-based approach to generate participation, sustainability, and ownership of local initiatives.

The strategy is also informed by the findings of the Marmot Review "Fair Society Healthy Lives" published in 2010. This review was requested by the then Secretary of State for Health and conducted by Prof. Michael Marmot. It looked at what were the most effective strategies and actions to reduce health inequalities across England. The review showed clear links between social and economic circumstances and health. It also highlighted that we accumulate positive and negative effects on health and wellbeing across the lifecourse. So, what we do earlier in life can strongly influence our health outcomes in later life. The review recommended that action was needed on the following six key policy objectives to effectively reduce health inequalities across England:

- o Give every child the best start in life

- o Enable all children, young people and adults to maximise their capabilities and have control over their lives

- o Create fair employment and good work for all

- o Ensure healthy standard of living for all

- o Create and develop healthy and sustainable places and communities

- o Strengthen the role and impact of ill-health prevention

In producing this strategy, we have strived to reflect local action on all these policy objectives and across the life course to ensure we are focused on the root causes of ill-health and tackling health inequalities.

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Section 3: Health and Wellbeing in Bury

Bury's population was estimated to be 186,500 in 2013[1]. This is expected to rise to 198,800 by 2025[1a]. Around 10.9% of Bury's population are from Black and minority ethnic (BME) Communities. Figure 3 shows the ethnic profile of Bury's population based on the 2011 Census.

Ethnic Groups in Bury

- White (89.1%)
- Asian (7.3%)
- Mixed (1.7%)
- Black (1.0%)
- Other (0.8%)

Source: 2011 Census (ONS)
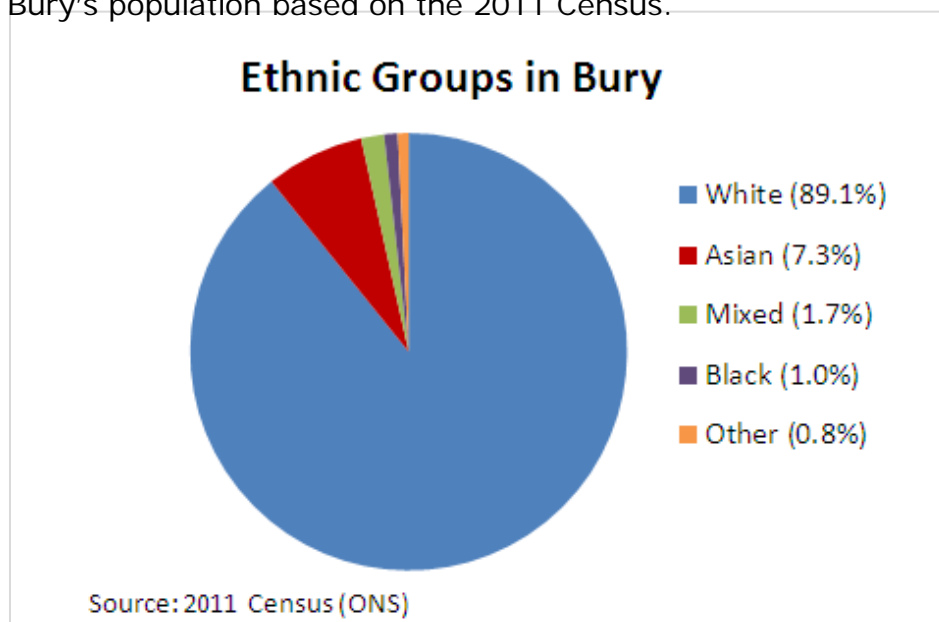
Figure 3: Ethnic Groups in Bury

By 2025, there are a range of changes expected in Bury's population as shown in Figure 4. While most age groups are expected to grow in size, the proportion of the population that are under 20 is expected to stay the same (at 25% of the total population), while the older is expected to increase - the proportion of the total population aged 65 and over is expected to rise from 17% in 2013 to 20% in 2025. The 80 and over population is also expected to increase from 4% to 6%. This means there will be 11,500 people aged 80 and over living in the borough in 2025, an increase of 46% on the 2013 figure (7,900). [i,1a]

Bury's Population by Age, 2013 vs 2025

Source: ONS 2013 Mid-Year Estimates and 2012-based population projections
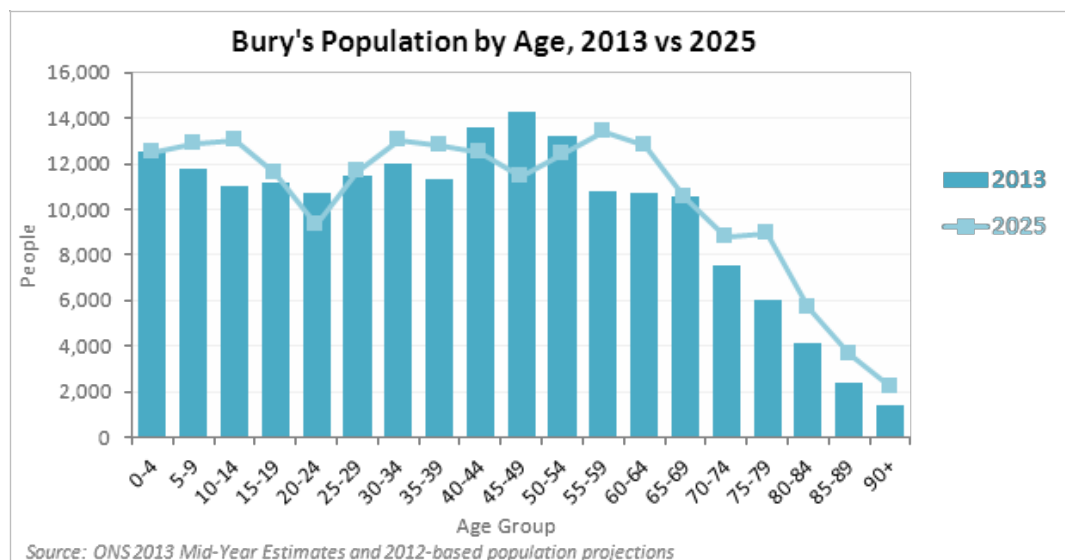
2013 Population by Age Group Compared to 2025 Population Projections for Bury

The ageing population will mean an increasing burden of poor health in later years and a significant increase in demand for health and social care. For example, as the population ages, the number of people living with dementia (and who are aged 65 and over) will increase by 34% over the next 10 years, which will result in a higher dependency on hospitals, carers and specialist care services.[99] Services will need to be shaped according to these changes. We need to support people to remain safe and independent for as long as possible.

In Bury, we have seen steady and lasting improvements in how long people can expect to live, partly due to a significant reduction in cardiovascular deaths. However, life expectancy in the borough is still below the England average and this gap is widening. Life expectancy for males is 78.2 years, just over 1 year less than the England average at 79.4 years. For women life expectancy in Bury is 81.2 years, which is 1.9 years less than the England average of 83.1 years. Across the borough there are big differences in life expectancy. For men there is a gap of 10.7 years and 7.4 years for women, between the most and least deprived areas across the borough.[ii] Bury has just under 1,800 deaths a year with the main causes being cancer and circulatory disease, with respiratory disease also a main contributor. Early death rates from cardiovascular disease and cancer have fallen but are still worse than the England average.[iii]

Many of the leading causes of death and ill health are preventable. A focus on healthy lifestyles is critical in increasing life expectancy and narrowing the inequalities gap both locally and nationally. Smoking related deaths in Bury are significantly higher than the England average.[iv] Smoking levels are 18% in adults, which is slightly lower than the England average.[5] In Bury, over two-thirds of the adult population is overweight or obese, and the National Child Measurement Programme suggests that nearly 1 in 5 five year olds and 1 in 3 10 year olds are overweight or obese.[v] Unhealthy lifestyles are risk factors in the development of long term conditions and the burden of ill-health associated with them. Ensuring we have joined-up services, focused on addressing the needs of the customer, and the promotion of self care will be critical.

In the early years, despite falling rates of teenage pregnancy, levels in Bury are still worse than the England average. Breastfeeding rates are below the national average, and there is significant drop off between initiation and 6-8 weeks.[vi] Smoking in pregnancy is a key factor in low

birth weight and infant mortality. Local levels of smoking in pregnancy are high at 14% compared to the England average of 12%. [vii] Giving children the best start in life is essential to their future social, health and economic outcomes right across life.

Bury's educational results remain significantly higher than the England average. [viii] However there are educational attainment gaps between ethnicities. Those on free school meals and looked after children also experience lower attainment levels than the wider population. Education has an impact on employment and wider wellbeing issues throughout life. Bury has an unemployment rate consistently below the regional average, but there are small areas that fall into the most deprived for employment nationally, particularly Chesham Fold and Coronation Road. Disadvantaged groups are likely to require greater support to help them into work.

The JSNA has areas of possible inequalities which are not currently considered, such as, sexual orientation and religion. These areas will be included in the next iteration of the JSNA process where relevant data is available.

[1] Public Health England, Public Health Outcomes Framework Indicators 0.1ii, 0.2iii and 0.2iv (as at April 2015)
[99] Projecting Older People Population Information System, www.poppi.org.uk, (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicators 4.04i and 4.05i (as at April 2015)
[1] Public Health England, Local Tobacco Control Profile (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicators 2.12, 2.06i and 2.06ii (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicators 2.02i and 2.02ii (as at April 2015)
[1] Public Health England, Public Health Outcomes Framework Indicator 2.03 (as at April 2015)
[1] Public Health England, 2012, Bury Health Profile

Four consistent themes are shown throughout the JSNA which still hold true in light of more up to date information:

- The consequences of the growth and profile of our population will increase demand for services particularly from older people.

- The effect of social deprivation on poorer health outcomes for some of our population compared to others.

- Social exclusion is both a cause and consequence of poor health outcomes and often results from limited rights, resources and opportunities.

- The impact of lifestyle choices which are increasing the demand on services, increasing inequalities and will result in higher levels of ill-health and lower levels of wellbeing.

The Board has a statutory duty to tackle health inequalities. Its second principle is around tackling inequalities in health and wellbeing which, in turn, has informed the priorities set out below.

Section 4: Our Priorites

Priority 1 – Starting Well

Why this is important

Focusing on pregnancy and the first few years of a child's life ensures that children can be given the best possible start for their physical, educational and emotional development which will help them realise their potential and flourish throughout their lives. Prevention, intervening early and supporting parents in the first phase of a child's life represents a key opportunity to break the cycle of deprivation, disadvantage and poor outcomes across the life course.

Strengthening the relationship between infants and parents/guardians has a strong impact on both physical and mental health. Parenting is the single largest factor implicated in a range of health and social outcomes for children, notably accident rates, substance misuse, teenage pregnancy, truancy, school exclusion and underachievement, child abuse, employability, juvenile crime and mental illness.[ix]

Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life was the most important of all the policy recommendations for reducing health inequalities in The Marmot Review. It was also identified as the highest priority locally from the consultation on this strategy.

Bury is better than Statistical Neighbour average

- Almost 14% of women in Bury who give birth are smoking at the time of their delivery. This has improved from last year and is the second best rate in the statistical neighbour group, where the average is 17%

- Initiation of breastfeeding after birth has improved in Bury for the last three years to 70% of new mothers in 2013/14. This puts Bury as third highest in the statistical neighbour group (where the average 66%)

- Five year olds in Bury have an average of 1.3 decayed, missing or filled (dmf) teeth, which is the same as the average of our statistical neighbours

- 15% of children who left care in 2013/14 were subjects of Special Guardianship Orders, which is better than the statistical neighbour average of 12%

Bury is worse than Statistical Neighbour average

- The infant mortality rate in Bury has been on a worsening trend in recent years, and is currently 5.2 per 1000 live births. This is the third highest rate in the statistical neighbour group

- The percentage of children achieving a good level of development at the end of reception has improved from the previous year, but Bury is still slightly below the statistical neighbour average, at 56%
- The same is true for reception pupils who receive free school meals – in Bury, 39% achieve a good level of development, compared to the statistical neighbour average of 41%
- In Year 1, the percentage of pupils achieving the expected level in phonics screening check is the lowest in the statistical neighbour group, both overall and for pupils who receive free school meals

- Bury has a higher percentage of child protection plans that are repeats, compared to the average of our statistical neighbours – 20% (avg 17%)

- Fewer children leaving care in Bury are adopted – 17%, versus 19 Statistical Neighbour average

- Fewer children in care have long term placement stability in Bury (55%) than the average of our statistical neighbours (69%). Bury has the second lowest rate in the Statistical Neighbour group

Our Actions

We will:

1. Improve health and developmental outcomes for Under 5s.

2. Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs.

3. Support positive and resilient parenting, especially for families in challenging circumstances

4. Narrow the attainment gap amongst the vulnerable groups.

Measures of Success

If we are making a difference, we will have:

1   a) Improved health outcomes for under 5s
     b) A higher proportion of children will be school ready

2.   Implemented the SEND reforms

3.   a) Fewer children making repeat entry into the social care system
      b) Children move from care into high quality permanence
      c) Children in care in stable placements

4.   Improvements in the differences in levels of educational attainment across the borough and between groups

Indicators

1. a) Improved health outcomes for under 5s

   - Number of mothers who smoking during pregnancy
   - Breastfeeding initiation and maintenance at 6-8 weeks after birth
   - Infant mortality
   - Tooth decay in children aged 5
   - Childhood obesity

   b) A higher proportion of children will be school ready

   - Children achieve a good level of development by the end of Reception
   - Children with free school meal status achieve a good level of development at the end of reception
   - Year 1 pupils will achieve the expected level in the phonics screening check
   - Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check

2. Implemented the SEND reforms
   - Number of Education, Health and Care Plans (EHC)
   - Number of families accessing personal budgets

3. a) Fewer children making repeat entry into the social care system
   - A reduction in the number of repeat child protection plans

   b) Children move from care into high quality permanence
   - Number of children moving out of care into permanence through adoption or Special Guardianship Orders

   c) Children in care in stable placements
   - Long term placement stability for Children and Young People in Care

4. Improvements in the differences in levels of educational attainment across the borough and between groups
   - Narrowing the gap indicators

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Improve health and developmental outcomes for Under 5s.	Improved health outcomes for under 5s	Number of mothers who smoking during pregnancy	Children's Trust Board
		Breastfeeding initiation and maintenance at 6-8 weeks after birth	

		Infant mortality	
		Tooth decay in children aged 5	
		Childhood obesity	
	A higher proportion of children will be school ready	Children achieve a good level of development by the end of Reception	
		Children with free school meal status achieve a good level of development at the end of reception	
		Year 1 pupils will achieve the expected level in the phonics screening check	
		Year 1 pupils with free school meal status will achieve the expected level in the phonics screening check.	
Develop integrated services across education, health and social care which focus on the needs of the child especially those with the most complex needs	Implementation of SEND reforms	Number of EHC plans in place	Children's Trust Board
		Number of families accessing personal budgets	
Support positive and resilient parenting, especially for families in challenging circumstances	Fewer children making repeat entry to social care system	A reduction in the number of repeat child protection plans	Bury Safeguarding Children's Board
	Children move from care into high quality permanence	Number of children moving out of care into permanence through adoption or Special Guardianship Orders	
	Children in care in stable placements	Long term placement stability for CYPIC	

Narrow the attainment gap amongst the vulnerable groups.	Improvements in the differences in levels of educational attainment across the borough and between groups	Narrowing the gap indicators	Children's Trust Board

Priority 2 – Living Well

Why this is important

Maintaining a healthy lifestyle is essential for good health and wellbeing. Smoking, poor diet, physical inactivity, alcohol and drug misuse are risk factors for a range of long-term health conditions, such as, cardiovascular disease, diabetes, some cancers and dementia.

Unhealthy lifestyles contribute to the major causes of deaths in Bury of cardiovascular disease, cancer and respiratory diseases and to early deaths. Smoking-related illnesses are the main preventable cause of early death in Bury. The rate of smoking related deaths in Bury is worse than the average for England, representing around 334 deaths per year. (Bury Health Profile 2014).
In Bury, life expectancy is lower than in England.   Lifestyle factors are key drivers behind health inequalities.

There are links between unhealthy lifestyles and poor mental health with obesity, alcohol misuse and higher levels of smoking all linked to mental ill-health. Leading a healthy lifestyle can have positive impacts on all aspects of health and wellbeing - physical, mental and emotional – and can offer resilience to stressors in life. Physical activity is a good example of this and it can significantly improve confidence and self-esteem.

It is recognized, however, that it is not always easy to adopt a healthy lifestyle and there are many factors affecting that. These could range from lack of information to support individual choices to wider environmental factors, such as the availability and price of alcohol, unhealthy food and tobacco products. It is vital, therefore, that we maximise all opportunities at policy, service and individual levels to facilitate well-informed and supported individuals, able to influence and sustain their own health and wellbeing within healthy environments. We also know that many behaviours are set in childhood and it is important to target action that supports children and their families to start and sustain healthy lifestyles.

Bury is better than Statistical Neighbour average

- People in Bury have higher rates of self-reported wellbeing than for the average of our statistical neighbour group, and scores have improved on the previous year

- Fewer children are classed as having excess weight – 19% of reception pupils (vs 23% Statistical Neighbour average) and 34%

of children in Year 6 (vs 35%), although rates have increased for Year 6 pupils for the last two time periods

- Bury has more physically active adults than the statistical neighbour average (55% vs 51%), and has improved on the previous time point

- Smoking rates have decreased in recent years to 18% of adults – this is the second lowest rate in the Statistical Neighbour group

Bury is worse than Statistical Neighbour average

- Bury has more adults who are overweight than the Statistical Neighbour average (68% vs 66%)

- Bury has more adults who binge drink (25% vs 23%)

Our Actions

We will:

1. Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle

2. Establish a healthy schools and work and health programme

3. Adopt a 'health in all policies' approach to policy and strategy development

Measures of Success

If we are making a difference:

1. People will adopt and maintain a healthy lifestyle and be physically active

2. All schools and workplaces in Bury will be 'health promoting' organizations

3. All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury

Indicators

For all actions and measures of success will be:

- More people reporting positive mental wellbeing

- Increase in proportion of people who maintain a healthy weight

- Increase in proportion of people who are physically active

- Reduction in proportion of people who smoke

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- More people drinking alcohol within the recommended safe levels

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure comprehensive advice and support is available to support people to maintain a healthy lifestyle	People will adopt and maintain a healthy lifestyle and be physically active	More people reporting positive mental wellbeing Increase in proportion of people who maintain a healthy weight	Health & Social Care Integration Partnership Board
Establish a healthy schools and work and health programme	All schools and workplaces in Bury will be 'health promoting' organisations All workplaces in Bury will be 'health promoting' organisations	Increase in proportion of people who are physically active Reduction in proportion of people who smoke	Health & Social Care Integration Partnership Board
Adopt a 'health in all policies' approach to policy and strategy development	All policies and strategies will be developed to ensure they have a positive impact on the health of people in Bury	More people drinking alcohol within the recommended safe levels	Health & Social Care Integration Partnership Board

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Priority 3 – Supporting people to live well with a long term condition or as a carer

Why this is important

It is estimated that 45,000 adults in Bury have at least one long term condition. Long term conditions are those that cannot currently be cured but can be managed variously with medication, support services and therapies, and self care strategies, such as maintaining a healthy lifestyle. They include diabetes, heart disease, dementia, mental health conditions, chronic obstructive pulmonary disease (COPD) and some neurological conditions.

People living in more deprived communities are at greater risk of developing a number of conditions but are less likely to be diagnosed early thus having poorer health outcomes. Long term conditions are more likely in older age and some, such as diabetes, are more prevalent in ethnic minority communities. The number of people living with more than one condition also increases with age. Those with long term conditions are two to three times more likely to experience mental health problems than the general population.[x]

The consequences of long term conditions can be life-changing and even devastating for some people and their families without the right support in place. Some people may struggle to seek or remain in work and they may become dependent on benefits. Roles they undertook within their family life and social activities may cease. Having the right support, retaining choice and control, confidence and self-esteem are all vital in self management of a condition, maintaining independence and coping with everyday life. Adopting self care approaches, such as maintaining a healthy lifestyle, utilising available technologies and meeting one's wellbeing needs are also important.

Carers are vital in providing physical, practical and emotional support. However, carers providing support for 50 hours a week or more are twice as likely to be in poor health as those not caring.

The Carers Trust defines a carer as 'someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'[xi]. Data from the 2011 census tells us that, in Bury, there are 19,954 people providing some form of unpaid care. This is 11% of the population and is an increase of 723 individuals in the last 10 years.

To support unpaid carers within our borough, the Carers Strategy Group developed the Adult Carers Strategy for Bury 2013-2018. The four main aims of this strategy are to strengthen:
1. Identification and recognition;
2. Realising and releasing potential (continuing with career and/or educational attainment;
3. A life outside of caring;
4. Supporting carers to stay healthy.

For more detailed information, go to
http://www.bury.gov.uk/index.aspx?articleid=4903

[1] NHS Inform, Long Term Health Conditions and Mental Health available at: http://www.nhsinform.co.uk/MentalHealth/Wellbeing/Long-Term-Health-Conditions [1] www.carers.org.

Bury is better than Statistical Neighbour average

- Carers and people with long term conditions in Bury report a better health-related quality of life than the statistical neighbour average

- More adults with learning disabilities live in stable and appropriate accommodation in Bury than for the average of our statistical neighbours (86% vs 83%)

- In Bury, there are fewer unplanned admissions for chronic ambulatory care sensitive conditions than for the average of our statistical neighbours (1017 per 100,000 population vs 1057), although the trend has been worsening over the last three data points

- More adult carers have as much social contact as they would like (i.e. fewer are socially isolated) than the average of our statistical neighbours (47% vs 45%)

- The employment gap between the general population and people with a learning disability is about the same as the average of our statistical neighbours (64 percentage points), although this has worsened since the previous data point

Bury is worse than Statistical Neighbour average

- Bury has the largest gap in the employment gap between the general population and adults who are in contact with secondary mental health services in the statistical neighbour group (71 percentage points v 64 on average)

- Fewer adults who are in contact with secondary mental health services live in stable and appropriate accommodation than the average of our statistical neighbours (36% vs 59%). Bury has the second lowest rate in the statistical neighbour group.

- The employment gap between the general population and people with long-term conditions is slightly wider than for the average of our statistical neighbours (11.0 percentage points vs 10.7)

Our Actions

We will:

1. Ensure people with long term conditions (including mental health) are

supported to live as well as possible with their condition.

2. Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.

3. Support people with long term conditions (including mental health) to achieve and maintain sustainable employment.

Measures of Success
If we are making a difference, we will have:

1. a) An improved quality of life for people living with long term conditions

   b) A reduction in hospital admissions for people with long term conditions

2. Improved health and wellbeing of careers

3. Increased number of people with long term conditions in sustainable employment.

1. a) An improved quality of life for people living with long term conditions

   - Health related quality of life for people with long term conditions

   - Percentage of adults with a learning disability living in stable and appropriate accommodation

   - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation

   b) A reduction in hospital admissions for people with long term conditions

   - Unplanned hospitalisation for chronic ambulatory care sensitive conditions

2. Improved health and wellbeing of careers

   - Percentage of adult carers who have as much social contact as they would like

   - Health related quality of life for carers

3. Increased number of people with long term conditions in sustainable employment.

   - Gap in the employment rate between those with a long term health condition and the overall employment rate

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- Gap in the employment rate between those with a learning disability and the overall employment rate

- Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure people with long term conditions (including mental health) are supported to live as well as possible with their condition.	An improved quality of life for people living with long term conditions	Health related quality of life for people with long term conditions	Bury Integrated Health & Social Care Partnership Board
		Percentage of adults with a learning disability living in stable and appropriate accommodation	
		Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation	
	A reduction in hospital admissions for people with long term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions	
Ensure carers have access to the support and information they need to fulfil their caring role and maintain their own health.	Improved health and wellbeing of carers	Percentage of adult carers who have as much social contact as they would like	Bury Integrated Health & Social Care Partnership Board
		Health related quality of life for carers	
Support people with long term conditions (including	Increased number of people with long term conditions in sustainable employment.	Employment of people with long term conditions	Economic Partnership Board

mental health) to achieve and maintain sustainable employment.		Gap in the employment rate between those with a long term health condition and the overall employment rate	
		Gap in the employment rate between those with a learning disability and the overall employment rate	
		Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate	

Priority 4 – Ageing Well

Why this is important

We live in an ageing society where the number of older people is set to increase. Many older people live independent and fulfilling lives, feel they are in good health and, on the whole, experience a good quality of life. For some, however, ageing will lead to an increased risk of multiple health problems, feeling lonely and isolated, and increased health and social care needs.

For some older people ensuring they are able to play an active role within their community, whilst tacking the impact of social isolation, will be all the support they need to lead an independent life. Where older people do have care and support needs, it is important that the impact of this is reduced and that they are supported to reduce the likelihood of this happening again. Without health and social care intervention, conditions and injuries such as stroke, falls and dementia can undermine a person's wish to remain in their own home and return to independent living. Effective prevention, reablement and support which promote independence are critical and reduce the need for hospital admission or long term care and support.

In addition to this, strong links with safeguarding services will ensure we protect the most vulnerable from being subject to anti-social behaviour, crime and abuse.

Having secure, appropriate and settled accommodation, with the right kind of support, plays a vital role in health, wellbeing and feeling safe and secure. It is important to have the right kind of housing that is accessible, can accommodate any necessary aids and adaptations, and is warm and energy efficient.

With an ageing population, the number of carers is likely to increase and there are likely to be more older carers. Carers often experience poor health outcomes as they focus on the needs of those they are caring

for at the expense of their own health and wellbeing. We need to ensure their needs are met.

When people reach the end of their life, we need to ensure that people are treated with dignity and respect and that they are supported to die at a place of their choosing. Supporting people to plan for the end of their life will ensure that they, and their careers, are involved with this as much as possible.

Older people are at particular risk of falls which is one of the main reasons for hospital admissions and the need for social care support. Around 35% of people aged 65 and over living in the community fall each year and this increases with age. Hip fractures are the most serious consequences of a fall in the over 65s; around 20% of those who have a hip fracture (often due to a fall) will die within four months.

A stroke is the third most common cause of death in the UK and around 50% of strokes occur in people aged over 75. After a stroke, around 30% will die within a year. For those surviving a stroke, many are left with longer-term problems or permanent disability. Around 1 in 12 people over 65 in the UK have dementia and the chances of developing dementia increase with age. Those who have had a healthy lifestyle earlier in their life, reduce their risk of dementia.

Bury is better than Statistical Neighbour average

- Fewer people aged 65 and over are permanently admitted to care homes (702 per 100,000 people aged 65 and over, vs 723)
- Slightly more older people who have been discharged from hospital into reablement services are still at home 91 days later (81.4%) than for the average of our statistical neighbours (81.2%)
- More people die in their usual place of residence in Bury (22.4%) than for the average of our statistical neighbours (21.7%) – Bury has the third highest rate in the statistical neighbour group

Bury is worse than Statistical Neighbour average

- Out of the monitored indicators we are achieving better than our statistical neighbour average in them all

Our Actions

We will:
1. Ensure older people play an active role within their community, tackling the impact of social isolation
2. Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this
3. Ensure people at the end of life are treated with dignity and respect

Measures of Success

If we are making a difference, we will have:

4. a) A reduction in the number of older people that feel socially isolated

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5. a) A reduction in non elective admissions in older people
   b) A reduction in permanent admissions to residential and nursing homes
   c) An increase in the number of over 65's who remain at home following re-ablement services
6. a) An increase in the number of people that have choice and control over where they die
   b) An increase in the number of people that die with an end of life plan

Indicators

1. a) No older people will feel socially isolated
   - People aged 65 plus who have as much social contact as they would like
2. a) A reduction in non elective admissions in older people
   - Non elective admissions for people aged 65 plus
   b) A reduction in permanent admissions to residential and nursing homes
   - Permanent admissions to care homes people aged 65 and over
   c) An increase in the number of over 65's who remain at home following re-ablement services
   - Older people at home 91 days after leaving hospital into reablement
3. a) People will have choice and control over where they die
   b) People will die with an end of life plan
   - Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure older people play an active role within their community, tackling the impact of social isolation	A reduction in the number of older people that feel socially isolated	People aged 65 plus who have as much social contact as they would like (Adult User Experience Survey)	Bury Integrated Health & Social Care Partnership Board
Reduce the likelihood of people experiencing a	A reduction in non elective admissions in older people to A&E	Non elective admissions for people aged 65 plus (AQA)	Bury Integrated Health & Social Care Partnership Board

crisis and when they do reduce the impact of this	A reduction in permanent admissions to residential and nursing homes	Permanent admissions to care homes people aged 65 and over (ASCOF indicator 2A,(2))	
	An increase in the number of over 65's who remain at home following re-ablement services	Older people at home 91 days after leaving hospital into reablement (ASCOF Indicator 2B(1))	
Ensure people at the end of life are treated with dignity and respect	An increase in the number of people that have choice and control over where they die	Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)	Bury Integrated Health & Social Care Partnership Board
	An increase in the number of people that die with an end of life plan		

Priority 5 – Healthy Places

Why this is important

Most people intuitively understand that where they live and the quality of their local environment has an impact on their health and well-being but there is also robust evidence from a wide range of sources which tells us about the direct effects of the environment on our health status and life-expectancy.

The layout of our built environment can help or hinder social connectivity, active travel, our safety and access to essential amenities. Having access to green space is essential for well-being, good quality housing helps prevent accidents and provides security and warmth.

Carbon reduction and recycling strategies also make an important positive contribution to the public's health. Carbon reduction and recycling of waste are important measures for conserving the natural resources and energy, reducing the amount of waste going to landfill and reducing greenhouse gases that contribute towards climate change.

The long term health of our population is dependent on the continued stability and effective functioning of our global environment.   Continued pressure on the earths resources through human activity is contributing to climate change which brings with it new risks and hazards to our health such as flooding and new infectious disease.

In short, what is good for the environment is good for our health

Bury is better than Statistical Neighbour average

- Bury recycles more of its household waste (43%) than our statistical neighbours, on average (41%)

- Slightly fewer households are in fuel poverty (10.3% vs 10.4% Statistical Neighbour average)

- In the statistical neighbour group, Bury has the third lowest rate of households that live in temporary accommodation at 0.2 per 1000 households (Statistical Neighbour average is 0.4)

Bury is worse than Statistical Neighbour average

- Bury has a slightly worse rate of mortality due to air pollution (4.8% of deaths in people aged 30 and over, vs Statistical Neighbour average of 4.7%)

- In the statistical neighbour group, Bury has the third highest rate of homeless acceptances – 2.5 per 1,000 households (Statistical Neighbour average is 1.8)

Or Actions

We will:
1. Create a clean and sustainable environment
2. Ensure suitable and quality homes

Measures of Success

If we are making a difference, we will have:

1. a) Improved air quality
   b) Reduced carbon emissions
   c) Green spaces that are welcoming, safe and well maintained
   d) High levels of recycling

2. a) Access to affordable and appropriate tenure housing
   b) Access to quality homes that meet people needs and secure their health and wellbeing
   c) Reduced homelessness

Indicators

1. a) Improved air quality
   - Fraction of mortality attributable to particulate air pollution
   - Adapting to Climate Change (Local PI on PIMS)
   - Annual Greenhouse Gas Report (% change in Bury Council's Carbon emissions)

b) Reduced carbon emissions
- Suite of Planning indicators proposed in Bury's core strategy (zero carbon, mitigating measures in new developments which have a negative effect on air quality)

c) Green spaces that are welcoming, safe and well maintained
- 'Green flag' standard parks in the borough
- Street cleanliness levels

d) High levels of recycling
- Percentage of households recycling

2. Ensure people have suitable and quality homes
- Statutory homelessness - homelessness acceptances
- Statutory homelessness - households in temporary accommodation
- Percentage of households in fuel Poverty

Summary

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Create a clean and sustainable environment	Improved air quality	Fraction of mortality attributable to particulate air pollution	Carbon Reduction Board
	Reduced carbon emissions	Percentage change in Carbon emissions	
	Green spaces that are welcoming, safe and well maintained	'Green flag' standard parks in the borough	Carbon Reduction Board
		Street cleanliness levels	
	High levels of recycling	Percentage of households recycling	
Ensure suitable and quality homes	Access to affordable and appropriate tenure housing	Percentage of households in fuel	Housing Strategy Programme Board (HSPB)

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	Access to quality homes that meet people needs and secure their health and wellbeing	Poverty Statutory homelessness - homelessness acceptances	
	Reduced homelessness	Statutory homelessness - households in temporary accommodation	

Section 5: Next Steps

To translate this strategy into action, detailed implementation plans will be developed as part of an annual programme of work. The implementation plans will reflect some of the useful insights provided through the consultation process around barriers and opportunities for delivery.

The Health and Wellbeing Board is the principal body for making sure that the actions and outcomes set out in this strategy are delivered and that there is a whole system contribution to achieving its vision. This strategy enables the Board to assess the plans and strategies of its partner organisations to ensure there is alignment with the Health and Wellbeing Strategy.
The Board will also hold other organisations to account for delivery of the actions within this Strategy.

A newly created virtual Hub will act as a conduit for the Board to influence and direct those strategic groups which will support the delivery of this strategy. The Hub will have a clear understanding of existing partnership structures and will play a key role in building strong collaborative relationships and facilitating integrated working amongst stakeholders. The Hub will also increase community engagement by involving service users, their organisations and the public in working groups or task groups and in the prioritisation and delivery of the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy will be monitored and reviewed on a regular basis and revised annually. Bury Council's Health Scrutiny Committee will provide governance and it will receive regular progress reports from the Health and Wellbeing Board. The Board will also produce an annual report for the wider public.

This strategy has described our joint vision, the major challenges and our priorities for Bury over the next five years.

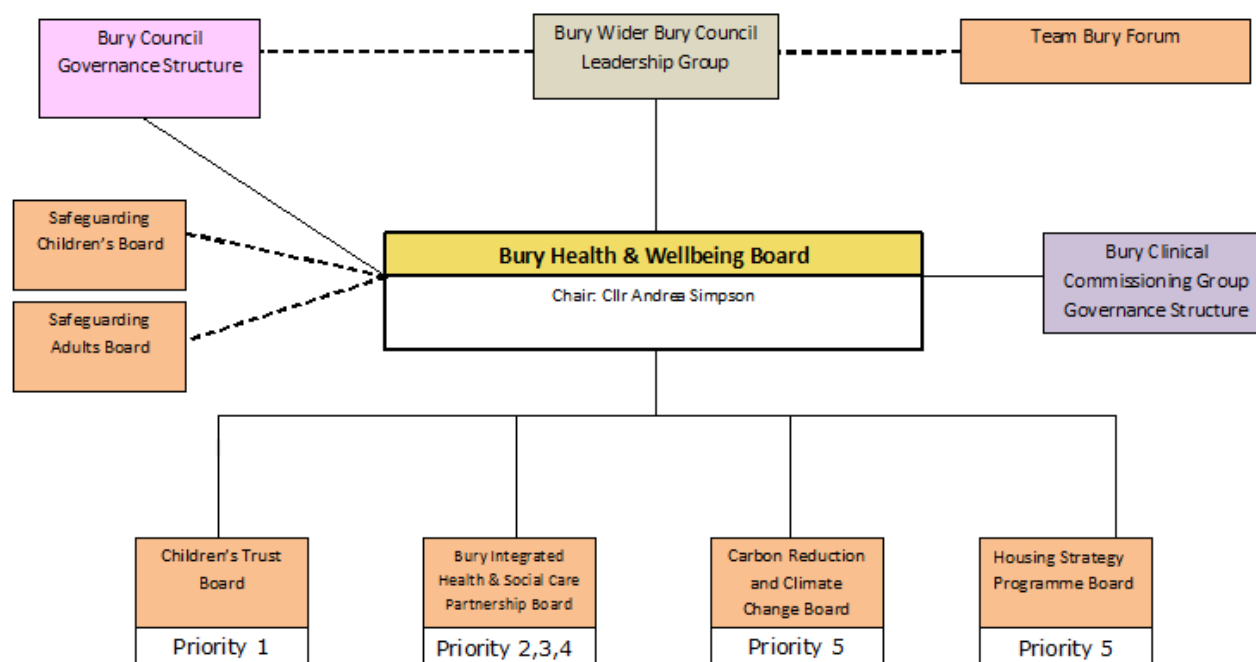To ensure leadership, action and delivery of these priorities, as a Board we will:

- Listen to our communities.
- As a priority, focus resources to improve health and wellbeing and reduce inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Actively use the powers of health scrutiny to ensure commitments are delivered and monitored.
- Embed and consider the impact on health and wellbeing when making policy, planning decisions and service developments.

These are our commitments that will enable us to improve the health and wellbeing of all in Bury.

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Overarching Governance for HWB Strategy

Bury Health & Wellbeing Board Governance Structure

Bury Council Governance Structure	Bury Wider Bury Council Leadership Group	Team Bury Forum

Safeguarding Children's Board	**Bury Health & Wellbeing Board**	Bury Clinical Commissioning Group Governance Structure
Safeguarding Adults Board	Chair: Cllr Andrea Simpson	

Children's Trust Board	Bury Integrated Health & Social Care Partnership Board	Carbon Reduction and Climate Change Board	Housing Strategy Programme Board
Priority 1	Priority 2,3,4	Priority 5	Priority 5

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Details

Self-reported wellbeing

Source: Public Health Outcomes Framework

Link to definition: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/22301/age/164/sex/4

This data comes from four questions in the Annual Population Survey, published by the Office for National Statistics (ONS).

The data shows the percentage of respondents who answered 0-4 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23i "Overall, how satisfied are you with your life nowadays?"
2.23 ii "Overall, to what extent do you feel the things you do in your life are worthwhile?"
2.23 iii "Overall, how happy did you feel yesterday?"

For the fourth indicator (2.23iv – people with a high anxiety score), the data shows the percentage of respondents from Annual Population Survey who answered 6-10 (on a scale of 0 (not at all) to 10 (completely) when asked:

2.23iv "Overall, how anxious did you feel yesterday?"

Health-related quality of life

Source: NHS Indicators

Link to definition:
https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_Domain_2_S.pdf

Health-related quality of life refers to the extent to which people:
1. have problems walking about;
2. have problems performing self-care activities (washing or dressing themselves);
3. have problems performing their usual activities (work, study etc.);
4. have pain or discomfort;
5. feel anxious or depressed.

The indicator is based on the GP Patient Survey - a very large survey of adults registered with a GP Practice in England.

Chronic ambulatory care sensitive conditions

Source: NHS Indicators

Link to definition:
https://indicators.ic.nhs.uk/download/Clinical%20Commissioning%20Group%20Indicators/Specification/CCG_2.6_I00757_S_V7.pdf

This measures how many people with specific long-term conditions, which should not normally

require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure

Fuel poverty

Source: Public Health Outcomes Framework
Link to definition: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/90356/age/1/sex/4

Under the "Low Income, High Cost" measure, households are considered to be fuel poor where:
1. They have required fuel costs that are above average (the national median level)
2. Were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

The key elements in determining whether a household is fuel poor or not are:
• Income
• Fuel prices
• Fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household)

Homeless acceptances

Source: Public Health Outcomes Framework
Link to definition:
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/6/par/E12000004/are/E06000015/iid/11501/age/-1/sex/-1

Count of households who are eligible, unintentionally homeless and in priority need, for which the local authority accepts responsibility for securing accommodation.

References

- Public Health Outcomes Framework (PHOF): www.phoutcomes.info
- Local Authority Interactive Tool (LAIT): https://www.gov.uk/government/publications/local-authority-interactive-tool-lait
- Local Alcohol Profiles for England (LAPE): http://www.lape.org.uk/
- NHS Outcomes Framework (NHSOF): www.indicators.ic.nhs.uk
- Adult Social Care Outcomes Framework (ASCOF): http://ascof.hscic.gov.uk/
- End of Life Care Intelligence Network (EoLCIN): http://www.endoflifecare-intelligence.org.uk/data_sources/
- Department for Environment, Food & Rural Affairs (DEFRA): https://www.gov.uk/government/statistical-data-sets/env18-local-authority-collected-waste-annual-results-tables

Priority 1

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Local Authority Interactive Tool

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5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework
9	Local Authority Interactive Tool
10	Local Authority Interactive Tool
11	Local Authority Interactive Tool

Priority 2

Bullet	Data Source
1	Public Health Outcomes Framework
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Local Alcohol Profiles for England

Priority 3

Bullet	Data Source
1	NHS Outcomes Framework
2	Public Health Outcomes Framework
3	NHS Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework
6	Public Health Outcomes Framework
7	Public Health Outcomes Framework
8	Public Health Outcomes Framework

Priority 4

Bullet	Data Source
1	Adult Social Care Outcomes Framework
2	Adult Social Care Outcomes Framework
3	End of Life Care Intelligence Network

Priority 5

Bullet	Data Source
1	Department for Environment, Food & Rural Affairs
2	Public Health Outcomes Framework
3	Public Health Outcomes Framework
4	Public Health Outcomes Framework
5	Public Health Outcomes Framework