Bury Health and Wellbeing Board

Title of the Report	Work plan for Priority 2 – Living Well
Date	17 th December 2015
Contact Officer	Julie Gonda
HWB Lead in this area	Pat Jones-Greenhalgh

1. Executive Summary

Is this report for?	Information	Discussion X	Decision
Why is this report being brought to the Board?	board to not against the indicator	t is being brou e the contents measures of s rs from the He ellbeing Strate	of progress success and ealth and
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) Our Vision Priorities and Principles for Hea Refreshed HWB Strategy.pdf	Pric	ority 2 Living V	Vell
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) Bury JSNA - Final for HWBB 3.pdf	The report li	inks directly a to the JSNA.	nd indirectly
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.		th and Wellbe content of the report.	_
What requirement is there for internal or external communication around this area?	Health and Wato progress and Social Control work on the the work place at the 17th D	e 2 updates a Wellbeing Boar and Bury Integrate Partnersh continuous man. The first updecember 2015 and then again	rd in relation grated Health ip Board will nonitoring of odate will be 5 Health and

	14th April 2016 6:00pm - 8:00pm
Assurance and tracking process – Has	The Board has members from Bury
the report been considered at any	CCG.
other committee meeting of the	
Council/meeting of the CCG	
Board/other stakeholdersplease	
provide details.	

2. Introduction / Background

It has been agreed that Bury Integrated Health and Social Care Partnership Board owns and oversees the successful delivery of Priority 2 – Living Well of the Health & Wellbeing Strategy.

The Health and Wellbeing Board Terms of Reference state;

"The Board will oversee and receive reports from a set of sub groups which will focus on the delivery of key targeted areas of work. The sub groups will report directly to the Health and Wellbeing Board. Provisions that apply to the HWB would also apply to any sub groups of the HWB."

In order to ensure effective governance and accountability for delivering priority 2, it was agreed that:

 The minutes from Bury Integrated Health and Social Care Partnership Board will made available to the Health & Wellbeing Board and will be circulated for information on a regular basis. As the Health & Wellbeing Board is a public meeting and therefore all documents are available to the public.



• The Terms of Reference for Bury Integrated Health and Social Care Partnership Board will include the statement that the board will:

'Oversee and monitor progress of Priority 2 of the Health & Wellbeing Strategy. The Bury Integrated Health and Social Care Partnership Board will report directly to the Health and Wellbeing Board. Minutes of the meetings of the Bury Integrated Health and Social Care Partnership Board will be circulated for information to all members of the Health and Wellbeing Board.'

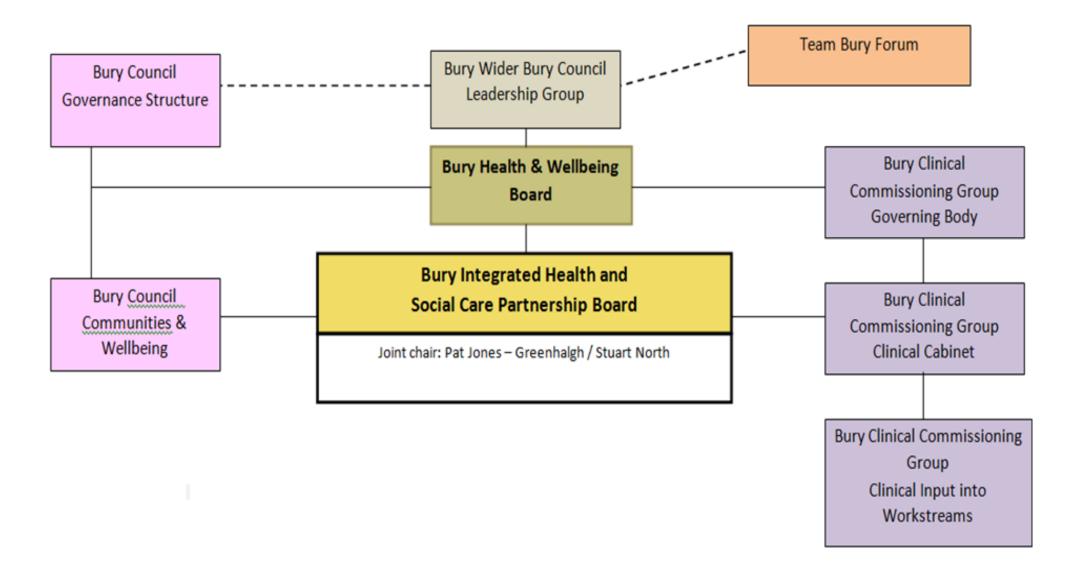


• A detailed work plan would be created detailing key workstreams to deliver against each action of the priority and a set of local indicators developed to measure progress against the actions.

		A -Health & Wellbeing Strategy Priority 2 - LIVING WELL- UPDATED 11.8.15										
		Measure of				Data	Further Actions			Responsible		
No		Success	Indicators	Local Indicators	Benchmark	Source	Required	Progress to Date	Officer	Group	Timescales	RAG
A1			 More people 	The Bury Directory	Benchmark for	Social		Now live, roll out across	Lesley Jones			Chloe,
		and maintain a	reporting positive	Statistsics show that	Q2 (ie end of	Development	directory.	all professionals				need the
			mental wellbeing	there has been a 73%	September)	Team		happening.				paramet
			 Increase in 	increase in the number								ers to be
	is available			of monthly hits on The								able to
	to support			bury Dircetory versus								input
	people to			all other previous								accurate
	maintain a		Increase in	databases. The Bury								ly, have
	healthy		proportion of people									included
	lifestyle		who are physically	around 1500 hits per								my
			active	month versus around								guesses
			Reduction in	400 when databases								
				were seperate (i.e Your			Implement Tobacco	Tobacco Control				
				Care Your Choice/Children &			Control Strategy & Action	Annual Report				
							Plan; Implement Physical	presented to HWBB:				
			drinking alcohol within the	Families Dircetory), 15% increase on total			Activity Strategy & Action	Physical Activty				
				number of entires since			Plan; Develop a Food &	Strategy signed off at				
				the directory went live			Health Strategy & Action	HWBB Scoping for				
			leveis	(on go live there had			Plan; Develop Weight	Food & Health Strategy				
				been 1780 migrated			Management	initiated; Weight				
				over from all existing			Commissioning Strategy;	management				
				databases after data			Re-design & scale	commisioning strategy				
				cleansing and there are			Wellness Servcies	initiated Health Trainers				
				now over 2100 entries)				and Stop smoking				
				<u> </u>				Services now within				
			Proportion of all in	Opiate =	7.9%	NDTMS		8.0%	Ann Noi		Quarterly	
		of service users who		Non-Opiate =	36.8%		Strategy & Action Plan	41.5%		Health & Social		
			successfully							_ Care		
			complete treatment							Partnership		
				Percentage of service	4.8%			4.8%		Board		
			present within 6	users who wait more	0%			0%				
				than 3 weeks to start	3.4%			3.4%				
			discharge.	first intervention.	0%			0%				
				Opiate =								
				Non-Opiate =								
				Alcohol =								
				Alc & non-opiate =								

ı	- 1							L	χ				
				There are 2 ASCOF	Local indicators can be			Further assess current	Progress to date has	Julie Gonda	Integrated		
					developed using SALT	have the same	(Pennine	data collected, identify	been delayed due to		Health & Social		
			for mental health will	referencing mental	data once further work	challenges in	Care)	data gaps, develop a	resource issues.		Care		
			be developed	health. These are not	has been done with	relation to mental		peformance reporting			Partnership		
			·	reliable indicators	Pennine Care (on	health data and	Protocol	framework	Regional workshop has		Board		
				due to data quality	PARIS extracts).	reliabiltiy.	(Bury		taken place with				
				issues from Pennine	· ·	Therefore	Council)		Pennine Care to				
				Care (this is being		benchmarking is			improve data provided				
				addressed)		not appropriate			for statutory returns				
				·		or reliable at this			from PARIS system.				
						time.			,				
									Older People's MH data				
Ţ,	42	Establish a	All schools and					Recruitment of Project lead		Lesley Jones			
		healthy	workplaces in Bury					· ·	been re-advertised	·			
			will be 'health										
1		work and	All workplaces in					Appointment of Project	Appointment made.	Lesley Jones			
			Bury will be 'health					Lead	Postholder takes up	ŕ			
		programme	,						post September				
Ţ,			All policies and					Integrate Health Impact	Work initated to scope	Lesley Jones	Integrated	Ongoing - as	
			strategies will be					Assessmnt into policy and		·	Health & Social		
			developed to ensure					strategy development	apporaches in other		Care	are written	
			they have a positive						areas		Partnership		
	- 1		impact on the health								Board		
			of people in Buru										

• A governance structure for the Integrated Health & Social Care Partnership Board will be provided



• Exception reports to the Health & Wellbeing Board would be submitted as, and when required.

No exception reports have been submitted

3. key issues for the Board to Consider

Key issues for the board to consider are:

- The content of the workplan provided
- The governance structure of the Integrated Health & Social Care Partnership Board
- The Local Performance Indicators identified by the Integrated Health & Social Care Partnership Board

4. Recommendations for action

The Health and Wellbeing board to note the content of the progress report.

5. Financial and legal implications (if any)
If necessary please seek advice from the Council Monitoring Officer Jayne
Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon
(S.Kenyon@bury.gov.uk).

No financial Implications

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form.

Please remember that all officers are responsible for ensuring that an appropriate equality analysis is carried out on any new or changed policy, procedure or working practice. An equality analysis has been carried out on the Health and Wellbeing Strategy, but it is likely that individual initiatives will require a more detailed and specific equality analysis. Should you have any queries, please contact Helen Smith to discuss.

CONTACT DETAILS:

Contact Officer: Julie Gonda

Telephone number: 0161 253 7253

E-mail address: J.Gonda@bury.gov.uk

Date: 17th December 2015