

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 9 December 2020**

#### **Present:**

Councillor Richard Leese, Leader of the Council (Chair)  
Councillor Craig, Executive Member for Adults Health and Wellbeing  
Councillor Bridges, Executive Member for Children's Services and Schools  
Vicky Szulist, Chair, Healthwatch  
Dr Tracey Vell, Primary Care representative - Local Medical Committee  
Dr Murugesan Raja, GP Member (North) MHCC  
Dr Vish Mehra, Central Primary Care Manchester  
David Regan, Director of Public Health  
Bernadette Enright, Director of Adult Social Services  
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning  
Kathy Cowell, Chair, Manchester University NHS Foundation Trust  
Mike Wild, Voluntary and Community Sector representative  
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

#### **Apologies:**

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

#### **Also in attendance:**

Dr Sohail Munshi, Chief Medical Officer, MLCO  
Ian Williamson, Manchester Health and Care Commissioning

### **HWB/20/19 Minutes**

The minutes of the meeting held on 26 August 2020 were submitted for approval.

#### **Decision**

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 26 August 2020.

### **HWB/20/20 COVID-19 Update: Manchester's 12 Point Plan**

The Director of Public Health and Wellbeing submitted a report following on from the report submitted in July that detailed the COVID-19 Manchester Prevention and Response Plan. The report included a 12-point plan that incorporates all key programmes of work and mirrors the national and Greater Manchester approach. The Board also received a presentation from the Director of Public Health on the latest available data and intelligence (point 1) and the latest information on Targeted Testing at Scale (TTaS) (point 2) and Mass Vaccination (point 12). The Board was advised of the latest data available on Covid for Manchester and comparisons to GM.

The Chair invited comments and questions.

In welcoming the presentation and acknowledging the scale of the of the tasks involved in the 12 Point Plan, a member of the Board referred to the mention of dashboards in relation to care homes and Covid19, in Manchester and asked if the dashboards are accessible to the public.

It was reported that key public information on Covid19 is published on the Council's website every Wednesday. The dashboard relating to care homes included information/data such as capacity levels and infection rates issues, however checks would be required for the information owners consent to ensure that no sensitive or commercial information is included in the dashboards before sharing with the public/partner organisations.

A member of the Board referred to Point 11 of the plan and the work to the roll out a national programme for Lateral Flow Testing for care home visitors and asked officers how the geographic spread for the provision of the test might look.

The Director of Public Health and the Director of Adult Social Services reported that in preparation, contact had been made with ninety care home providers in Manchester, via a webinar. Checks had been made with each care home to establish individual readiness for testing and this would take account of the size of the care home and facilities available. There is a combined approach to the provision of the Lateral Flow Testing and care home providers have been offered support and guidance during preparations in addition to weekly communications from the Council, as part of the implementation of the Winter Plan. The Lateral Flow Tests have started to arrive in larger homes across GM (these are care homes with resident numbers over 50, with twelve home of that size in Manchester). The Council will mobilise it's co-ordination plan to support those care home providers with a range of support and more would be known on the implementation of the tests in the following week/s. Officers are mindful of the high expectations of families and residents wishing to see each other and an assurance was given that everything is being done to facilitate family visiting in a safe way.

The Chair thanked officers for the report and presentation.

The Chair also thanked Health Service staff and Care staff for their work and commitment in continuing to provide important services over a very difficult ten months since the beginning of the Covid19 pandemic. It was noted that although there are positive signs beginning to emerge there would still be a challenging period during January and February 2021, which is the peak time for the provision of acute health services. The Chair also acknowledged the resilience of the primary health care sector following the challenges experienced during this period, which had reacted and performed well under such difficult circumstances. It was also noted that the challenge to the primary health care sector will extend into next year with the implementation of the mass vaccination programme.

## **Decision**

The Board note the report.

## **HWB/20/21 COVID-19 Governance Update**

The Board considered the report of the Director of Public Health that provided an update for the Board on the revised governance arrangements to incorporate the plans for delivering the Mass Vaccination and other COVID-19 programmes in Manchester.

### **Decisions**

1. The Board note the report.
2. The Board approve the governance arrangements for the delivery of the Manchester Mass vaccination Programme as set out in section 2 of the report submitted.

## **HWB/20/22 Manchester Partnership Board - Presentation**

The Board received a presentation from Ian Williamson – Integrating Health and Social Care – the next steps and the progress made. The presentation provided details of:

- Progress made over the last five years
- Rationale for change
- Ongoing work
- NHSE proposals
- Likely changes
- Health and Wellbeing Board – considerations for 2021

The Chair invited the Board to comment and ask questions.

A member of the Board referred to the difference between the provision of health care and social care and asked how will an integrated service combining both work in view of the provision of social care being means tested, unlike health care which is free at the point it is accessed. Reference was also made to the organisational nature of the presentation and how the issues referred to would look from a patient perspective.

It was reported that the impact of the strategic changes had involved closer working, which is already being seen by Neighbourhood Teams between professionals. On the ground, patients and residents are receiving more care and support that enhances the individual's freedom and is consistent with the 'Our Manchester Principles'. Work would continue to produce a simplified dashboard for the changes and their implementation. The Board was informed that there was no national view for the provision of social care and the proposals described were from the NHS which presented an incomplete picture for the services.

The Chair stated that there is a social care and public care absence with indications that proposals will be coming from the Government following the demise of Public Health England and what will follow on from it. Reference was made to the NHS England engagement paper - Integrating care - the next steps to building strong and

effective integrated care systems across England. The theme of the paper related to NHS budgets, the paper presented wider context relating to Integrated Care Systems, involving:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;

The document also describes four fundamental purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The Chair informed the Board that from the arrangements and from an NHS perspective there will be single GM budget. Decisions about the budgets will be made at the lowest possible level with an expectation that the budgets could be used at a neighbourhood level. It was noted that the presentation given was organisational, however this was necessary to demonstrate how a population, health and neighbourhood devolved agenda may be delivered. The point was also made that Manchester has been working on arrangements in advance of decisions being made by the NHS and is ahead in those preparations. The Chair referred future organisational change and the ongoing work to strengthen the clinical leadership role in primary care and the recognition this has received across all sectors as a strength and an area to be enhanced and built upon.

A member of the Board provided a summary response to the presentation the Local Medical Committee and highlighted some concerns, in particular: a lack of reference to the involvement of the LMC over the past five years, the work of primary care, recognising the work of GPs in fighting Covid19, representation of the LMC within a future structure and references to PCNs.

The Chair reported that Primary Care representation in a future structure would be for the LMC to determine. The Board was also informed that as part of the work on clinical leadership the Chair and members of the LMC had been invited to be involved in meetings of the PCN Group.

A member of the Board referred to the lack of a community involvement in the structure at a national level and could this be raised and addressed in Manchester's response to the consultation, in view of the engagement work that has taken place.

The Executive Member for Adults Health and Wellbeing acknowledged the strong role GPs and Clinicians have at all levels and the importance of showing how decisions are made. In noting the significant change at a national level, it was also important to use the changes positively to continue in Manchester by using the most successful elements of engaging the public to provide a voice on the provision of services. Also, to ensure that a public based voice is at the heart of a response made to a national consultation, including public health and social care.

A member of the Board referred to the commissioning of work carried out on a city-wide basis and questioned how this could happen under the arrangements suggested. Also, it was noted that PCNs were useful but were not a model for all types of engagement. The structure also appeared to include gaps for the involvement of patients.

The Chair stated that the purpose of the NHS engagement paper was the welfare of patients but also working to ensure that the public did not become patients. The point was also made that in a hierarchy of commissioning the starting point would be at a neighbourhood level and then, if necessary, to make a case to widen the provision to a city-wide level and not the other way around.

Ian Williamson thanked the Board for the comments and contributions made to the presentation which would be noted. Acknowledgement was also given to the valuable work of GPs and professionals for their valuable and pivotal work.

### **Decision**

To note the presentation and the comments received.

### **HWB/20/23 Children and Young People's Plan 2020 – 2024**

The Chair reported that in the absence of the Strategic Director of Children's Services, the consideration of the Children and Young People's Plan 2020 – 2024 report had been deferred to the next meeting.