

Health and Wellbeing Board

Minutes of the meeting held on 24 March 2021

This Health and Wellbeing Board meeting was conducted via Zoom, in accordance with the provisions of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 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
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Dr Vish Mehra, Central Primary Care Manchester
David Regan, Director of Public Health
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Mike Wild, Voluntary and Community Sector representative
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Dr Geeta Wadhwa, GP Member (South) Manchester Health and Care Commissioning

Apologies:

Bernadette Enright, Director of Adult Social Services
Paul Marshall, Strategic Director of Children's Services
Dr Murugesan Raja, GP Member (North) MHCC
Katy Calvin-Thomas, Manchester Local Care Organisation

Also in attendance:

Dr Manisha Kumar, Medical Director, MHCC
Peter Blythin, Executive Director, Workforce and Corporate Business (MFT)
Dr Sohail Munshi, Manchester Local Care Organisation
Dr Cordelle Ofori, Consultant in Public Health Medicine

HWB/21/05 Minutes

The minutes of the meeting held on 9 December 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 27 January 2021.

HWB/21/06 Manchester Local Prevention and Response Plan: March 2021 Refresh

The Director of Public Health submitted a report and plan setting out a refresh of the Local Prevention and Response Plan that was first published in June 2020. The refresh builds on the Manchester COVID-19 Twelve Point Plan which is updated on a monthly basis.

The Plan submitted is set out to show the read across the themes contained in the original plan and incorporates new developments, such as the vaccine roll out and responding to Variants of Concern. Several case studies are included and the learning from these will inform future planning. These include the outbreaks within the student population, Storm Christophe, Evacuation of a Complex Setting During Outbreak and the introduction of mass testing (Operation Eagle), which has helped to inform local and national policy. The plan also included a summary of the Vaccine Equity Plan and initial forward plan for exiting lockdown which is aligned to the national Roadmap was also included.

The Plan was submitted to Public Health England on 12 March 2021.

The Chair invited questions from members of the Board.

Reference was made to the work that has been undertaken by the thousands of people throughout the course of the pandemic to ensure the safety and health of Manchester residents.

The Chair indicated that discussions had started on arrangements later in the year to enable residents from across the city to say thank you and acknowledge this essential work.

Decision

The Board noted the report and plan.

HWB/21/07 Operation Eagle Report

The Board considered the report of the Director of Public Health that provided information on the work of the multiagency team which he has led to respond to cases of Covid19 Variants of Concern, identified in Manchester in February 2021. The Board was informed that responding to Variants of Concern is a key part of the government's four tests for moving through the roadmap out of the pandemic.

In introducing the report the Director of Public Health also gave a presentation supported by Dr Manisha Kumar, Medical Director (MHCC) to outline the work that was undertaken to set up, manage and monitor Operation Eagle to respond to Variants of Concern in the city.

The presentation provided background on Operation Eagle, the approach taken and key messages, actions undertaken, outcomes, key learning and our future approach to managing Variants of Concern.

The Director of Public Health referred to two outbreaks of Variants of Concern in areas of the city (Moss Side (including: Hulme, Whalley Range and Fallowfield) and Moston) and the quick action taken by a number of organisations that involved knocking on doors, testing, and genomic sequencing between 5 February and 3 March. The outcomes of the operation have provided a rich source of intelligence for use in the event of a further outbreak and has demonstrated the positive response from the local community through the engagement of organisations and individuals. From the testing and subsequent genomic sequencing undertaken, those individuals testing positive have isolated. Work has been ongoing with Public Health England and regular contact has been maintained with the media with the key public health message that the vaccine continues to offer the best protection against Corona19 virus. The Board was informed that the knowledge and experience gained from Operation Eagle has been used to inform other areas that are experiencing outbreaks of variants.

The Chair invited questions from Members of the Board.

Reference was made to valuable work that had taken place within communities and it was acknowledged that this was the result of the efforts and inspiration of those in the community and multi-agency neighbourhood teams. The collective response in dealing with the outbreaks has demonstrated how the system has worked and this has been aided through the clear leadership provided by the Director of Public Health in bringing those elements together.

The Chair referred to the localisation of test and trace and its effectiveness in dealing with the outbreaks, which the Council had made the case for in the early stages of the pandemic. The delay in moving to localised test and trace had also wasted considerable resource and time in getting to this stage. The Board was informed that the allocation of £35 billion for test and trace nationally would have addressed the entire funding deficit for local government for the year, many times over.

The Chair referred to the effective analysis of variants and the pace of Public Health England in producing genomic sequencing and asked officers on the extent of the transmissibility of the new variants, also how virulent the variants may be and vaccine resistant.

The Director of Public Health informed the meeting that there was currently no evidence to show that the new variants are becoming dominant and the genomic sequencing will continue to help in providing further data. The UK Kent strain was becoming more dominant in parts of Europe, other strains were not indicating dominance but the continued testing and sequencing is crucial in tracking spread and mutations of the virus.

A member of the Board referred to the progress in vaccinating the population and potential variants that the vaccine may not be as effective against resulting vaccinated patients becoming infected by the dominant strain. Officers were asked how would a situation like that impact on the opening of services and parts of society and this been considered.

The Board was reminded of the information presented by the Chief Medical Officer regarding the four key tests which would need to be met before proceeding through the government's plan to relaxing restrictions and the importance of maintaining a high level of vigilance on a fast-moving virus. The use of frequent testing would help inform and determine the advice on current levels of restriction.

Decision

The Board noted the report.

HWB/21/08 Vaccine Equity Plan

The Board considered the report of the Director of Public Health and the Medical Director (MHCC) that presented the Vaccine Equity Plan. The Plan aims to improve vaccination coverage amongst people in Manchester, based on current data, in order to address inequalities. It focuses on narrowing the gap between population groups with lower vaccine coverage and the rest of the population. The plan complements the Vaccination Programme's communications and engagement plan to increase coverage with the support of the COVID Health Equity Manchester programme (CHEM). The Plan also focuses on short to mid-term actions, which support the on-going invitations for vaccination through the JCVI Cohorts, whilst acknowledging that some of the issues underpinning low coverage are long-standing, not new to COVID-19 and require a long-term plan. This includes the proactive and targeted design of vaccination service offers and engagement approaches, informed by data and intelligence and supported by monitoring and evaluation.

The Board received a presentation from the Medical Director (MHCC) to provide an update on the delivery models used for the Plan. In addition, Dr Cordelle Ofori, provided an overview of the city-wide strategic approach being taken to provide the vaccine. The presentation addressed: targeting equalities, deprivation cohorts – non digital engagement methods, ward coverage – targeting low uptake, headline figures – effective notification of cohorts and the hard to contact, targeting sectors of the population to increase confidence in the vaccine, targeting coverage in gender and ethnicity to increase uptake, take up by people with a learning disability, targeting people with a serious mental illness, use of vaccination 'pop-ups', understanding the reasons for declines in take up of the vaccine, action to improve coverage. The Board was informed that the reasons for non-take up of the vaccine and vaccine hesitancy are numerous and work is ongoing to address this.

The Chair invited member of the Board to ask questions.

Reference was made to the work being done to target the whole population which has required in many instances one to one engagement and the use of patient list through PCNs. The vaccination of cohorts 10-12 would use a national system approach and officers were asked if there is a plan to address the instances where the individual is still considering whether to take up the offer of a vaccine.

It was reported that the national booking system addressed the whole population however, PCNs can choose to continue to make offers for vaccination to the local population and it was important the patients understood that it was one offer being

made. Arrangements will need to be in place to work with groups, such as the student population, in preparation for September and adapt plans accordingly.

A member referred to non-take up of the vaccine, for the reason that the place allocated was not in an area a person knows and they may decide to wait until an offer is made at a place closer to their home. Reference was also made to people who may have a learning disability but considered themselves as living a normal life and had received an offer of vaccination because they fall within a vulnerable category and may feel conflicted if they take up the offer. Officers were asked if the importance of taking up the vaccine is conveyed to those groups.

It was noted that patients some may have lost confidence in going to the local sites offered because did not want to go outside. The use of pop up sites in convenient places is useful as well as the use of GP surgeries and pharmacies. The advice for those with a learning disability is to take up the offer of the injection when it is offered to ensure the widest possible coverage of the population.

A member referred to the importance of recognising the location of where a vaccine is provided and how this mattered to sections of the population and the need to achieve a localised balance provision in the next phase of the roll out. The comment was also made on the work of inclusive health provision across the city to target groups that may not be registered with GPs and how the use of mobile vaccination stations could offer a vaccine to those people living outside of the national system.

It was reported that arrangements for the vaccination of people who are not registered and may be difficult to contact, will require good communications and messaging with a clear explanation on when and where a vaccination get be obtained.

Officers were asked what the level of take up of the vaccine is by health and care workers in view of the need to protect patients.

The Board was informed that the MFT has vaccinated 60,000 people (2400 of which are staff, 5090 of which are care staff). All health and care staff are encouraged to take up the offer of a vaccination.

Decision

The Board noted the report, presentation and the comments received.

HWB/21/09 Vaccination Programme Revised Governance arrangements

The Director of Public Health that outlined recent changes made to the governance arrangements for the Covid Vaccination Programme. The Board was informed that arrangements for vaccination will be required for vaccination in the city going forward and the report provided a description of the arrangements.

A member asked if an inclusive health peer group could be included in the structure of the proposed Vaccination Partnership Board to represent groups that are not registered with a GP.

It was reported that a Health Equity Structure already exists for the purpose of engaging with a range of individuals, groups and communities. The next phase of the Vaccine Equality Plan is working to engage the hard to reach groups. The infrastructure in place can also help to benefit those groups and communities and a wider health equality approach and vaccination delivery.

A member asked how formalising this arrangement into future structures in view of changes to the structures of the NHS.

The Chair welcomed the implementation of the plan and positive impact it is having across the communities. The Board was informed that the Health and Care Partnership would meet on Friday 26 March 2021 and will initiate system-wide facilitated conversations that will provide opportunity to input on current services and future structures.

Decisions

1. The Board noted the establishment of a Vaccination Steering Group (VSG) and related reporting lines.
2. The Board approved the establishment of a Vaccination Partnership Board (VPB).

HWB/21/10 Manchester Single Hospital Service - Update On Current Position

The Board considered the report of the Executive Director, Workforce and Corporate Business, and Group Director of Facilities and Estates (MFT) that provided update on the progress of the Manchester Single Hospital Service (SHS) Programme.

The report provided an outline of the work being undertaken to complete the proposed acquisition of North Manchester General Hospital (NMGH) by Manchester University NHS Foundation Trust (MFT).

The Board was informed that the transfer is on target to take place on 1 April 2021. The route of the plan would be a commercial transaction ahead to the dissolution of the Pennine Acute Trust. The hospital would continue to provide a business as usual service for patients and staff. The developments and improvement planned for the site would then take place including a multi-storey car park to free up land for other proposed developments.

The Chair welcomed the transfer and proposed improvement that will benefit the residents in the north of the city. The joint working arrangements of the partners involved has resulted in a successful outcome that will have community benefits.

(Councillor Leese left the meeting at this point and Councillor Craig took the Chair for the remainder of the meeting.)

Decisions

1. The Board noted the current position within the Manchester Single Hospital Service Programme.
2. The Board congratulated the team involved in the transfer of the hospital and the staff at North Manchester General Hospital for their continued commitment.

HWB/21/11 Manchester Child Death Overview Panel 2019-20 Annual Report

The Board received the report of the Consultant in Public Health and Chair of the Manchester Child Death Overview Panel. The Manchester Child Death Overview Panel (CDOP) is a subgroup of the Manchester Safeguarding Partnership (MSP) and reviews the deaths of children aged 0-17 years old (excluding stillbirths and legal terminations of pregnancy), that are normally resident in the area of Manchester City.

In line with the Child Death Review: Statutory and Operational Guidance (England) published October 2018, the CDOP has a statutory requirement to produce a local annual report which provides a summary of the key learning and emerging trends arising with the aim of preventing future child deaths.

Decision

The Board noted the report and its recommendations and its recommendations.

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