

Health and Wellbeing Board

Minutes of the meeting held on 9 June 2021

Present:

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Midgley, Executive Member for Adults Health and Wellbeing
Vicky Szulist, Chair, Healthwatch
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Dr Geeta Wadhwa, GP Member (South) Manchester Health and Care Commissioning
Bernadette Enright, Director of Adult Social Services
Paul Marshall, Strategic Director of Children's Services
Michael Luger, Chair of the Northern Care Alliance

Apologies:

Dr Murugesan Raja, GP Member (North) MHCC
Katy Calvin-Thomas, Manchester Local Care Organisation
Councillor Bridges, Executive Member for Children's Services
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Tracey Vell, Primary Care representative - Local Medical Committee

Also in attendance:

Dr Manisha Kumar, Medical Director, MHCC

HWB/21/12 Minutes

The minutes of the meeting held on 24 March 2021 were submitted for approval.

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 24 March 2021.

HWB/21/13 COVID-19 Update and Vaccination Programme Update

The Director of Public Health and Medical Director, Manchester Health and Care Commissioning gave a presentation on the latest data and intelligence relating to COVID-19, with a particular focus on Variants of Concern (VOC). The Medical Director, Manchester Health and Care Commissioning, provided the Board with a progress report on the ongoing roll out of the Vaccination Programme.

The Board was reminded that Greater Manchester had been designated as an enhanced response area. The data provided had been validated up to 4 June 2021. In view of the increase in the number of infections the message continued to be the importance of vaccination. Reference was made to the number of people being admitted to hospital and the circumstances relating to this, in particular other

underlying medical issues. The North West is dealing with a fourth wave in view of the rising number of infections being recorded.

The current dominant variant is the Delta Variant and is 40% more transmissible than the Alpha Variant. The current rate of infection is 216.7 per 100000 population. A breakdown of cases per ward was provided with the number of deaths of Manchester residents recorded between week 13 to week 20. To increase the rates of vaccination a focused vaccination approach had been introduced into the top eight wards of the City with the highest rates of Variants of Concerns cases. The growth in vaccination had resulted in a reduction of deaths. The Manchester Action Plan had proved successful in

- Targeted communications and engagement
- Enhanced community testing and contact tracing
- Support to self-isolate (GM Pathfinder)
- Settings based outbreak management and advice
- Track data on a daily basis (e.g. over 60s rate and hospitalisations)
- Targeted Vaccination Drive

Additional vaccines supplies were expected to help with the push on vaccinations.

The Executive Director for Children Services provided an update on the advice and approach for schools. This included the continued wearing of masks, testing and advice on maintaining a safe space and hand washing. Planning was also in place for children transitioning to high school and planning for recovery.

Dr Manisha Kumar, Medical Director, MHCC addressed the meeting on the Covid 19 Vaccination Programme.

The Board was informed that the latest first dose vaccinated number in the City is 290763, although though the actual number is higher, due to those not living within the City or registered with a Manchester GP not included in the total. The figure for those receiving a second vaccination dose is 173813. Work was ongoing to focus on the wards within the central areas of the City and to target hotspots where the take up of the vaccine is lower. In addition, there are almost 250,000 residents to invite for a vaccine for the 10-12 cohorts. Reference was made to the approach and engagement with all cohorts to increase access for the take up of the vaccine. Communication is an essential factor in reaching all areas with work through local groups and community leaders, social media and door knocking to directly contact and engage with residents. It was reported that there are (approx.) 3700 volunteers helping to run vaccination centres currently who's help has been invaluable.

The Chair thanked the officers for the presentation. Reference was made to the importance of staying strong in the work of ensuring the take up of the vaccine regardless of community or location. Residents have a personal responsibility to take the vaccine and not doing so places them, other residents and the NHS at risk and increases the chances of other domestic variants developing which may be more resistant to the current vaccines.

The Chair also reported on the Surge Vaccination Programme planned for Greater Manchester for a 3 week period. Manchester will utilise the whole of the period to provide vaccinations, due to the high number of residents involved. For the over 40 age group there is a good level of supply of the Astrazeneca vaccine to provide first and second doses and increase levels of protection. For the under 40 age group the important factor would be the accessing of sufficient doses of the Pfizer and Moderna vaccines for the surge vaccination period.

The Chair responded to a question raised regarding the potential impact of taking vaccine from area to use in another and stated that by using the vaccine to contain the spread of infection in a high prevalence area, it would in turn reduce the risk of spread in other areas.

In noting the point raised regarding Patient Practices, the Chair endorsed the importance of working with neighbouring authorities, in particular instances where communities are located across two local authorities such as the Jewish community where Manchester residents were receiving a vaccination in Salford.

The Chair referred to infection prevalence figures which indicated a high rate for the 19-65years population. The figures produced by GMCA provided additional detail and identified the 16-29years age group as the highest prevalence cohort. It was also noted that this age group were less likely to have received a higher level of vaccination. This provided a correlation of prevalence of infection and non-vaccination to further justify to importance of getting vaccinated as soon as possible.

The Executive Director of Adult Services referred to partnership working and expressed thanks to Manchester Foundation Trust for the collaborative approach since the start of the pandemic on testing on release from hospital before national guidance was issued, vaccination work in the care sector and opening up the Pfizer vaccination to the under 40's age group.

The Chair referred to concerns raised regarding the Enhanced Response Area guidance and stated that a common-sense approach was needed in applying the guidance. No rules or restrictions apply to Greater Manchester that don't also apply to the rest of the country. Local lockdown measures did not work and the national lockdown was most effective to reduce the spread of infection.

Decision

The Board received the presentation and noted the plan update and thanked everyone involved in the vaccination programme for their massive effort.

HWB/21/14 Review of the Health and Wellbeing Board

The Board considered the report of the Director of Public Health regarding the membership of the Health and Wellbeing Board. The membership was last reviewed in 2018. In view of the scale of organisational and system change over the next year a refresh of the membership from July 2021 was proposed to support the work of the Board for the remainder of the municipal year. It is envisaged that once the Greater

Manchester Integrated Care System and place-based arrangements are clearer and then a more formal review of the Board can take place before April 2022.

The revised Membership of the Health and Wellbeing Board proposed that the following members will remain on the Board for the duration of 2021/22 and in line with the guidance the three statutory officers of the Council will continue to be Board members:

- Leader of the Council (Chair)
- Executive Member Health and Care (Deputy Chair)
- Deputy Leader of the Council
- Executive Member for Children's Services
- Chair Manchester Health and Care Commissioning (MHCC)
- Chair Manchester University Hospitals NHS Foundation Trust (MFT)
- Chair Greater Manchester Mental Health Foundation Trust (GMMHT)
- Chair Healthwatch
- VCS nominated representative
- Director of Public Health
- Director of Adult Social Services
- Director of Children's Services

In addition:

The Local Care Organisation will be requested to nominate a representative to sit on the Board.

The new Manchester GP Forum have been requested to identify three GP Board members.

The nominations will go to the Constitutional and Nomination Committee on 14 July 2021.

Further discussions will take place on representation from committees relating to Primary Care in Manchester (i.e. Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Local Optometry Committee).

The Chair stated that some of the appointments to the Board may be made before the end of the Municipal Year with transitional arrangements moving ahead. The appointments would include the Chair of the ICS and NHS Board. In addition, work was needed to address gaps within the membership of the Manchester Partnership Board which will form the basis of the Locality Board.

The Chair reported that the new system being introduced would involve two layers of accountability. One layer would relate to the NHS and accountability would be directly to the Secretary of State for Health. The local level would have accountability to the Locality Board and the Health and Wellbeing Board will play an important role in that local level of accountability. The Board's involvement may require changes its role and composition with a more formal composition. The Board's role is the public face of the local accountability and this will be noted in the discussions to take place.

A member referred to the importance of recognising the diverse nature of the city's population and during a review process the aspiration should be that the membership of the Board and the new Locality Board structure reflects the diversity of the population it serves.

The Chair noted the point raised and added that reflecting Manchester's breadth of diversity may make the process difficult for the membership of appointing a Board with a limited membership.

Decision

1. The Board noted the report submitted.
2. The Board agreed the proposed revised appointments to the Health and Wellbeing Board as follows:

Revised Membership of the Health and Wellbeing Board –

The following members will remain on the Board for the duration of 2021/22 and in line with the guidance the three statutory officers of the Council will continue to be Board members:

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