

Health and Wellbeing Board

Minutes of the meeting held on 1 September 2021

Present:

Councillor Leese, Leader of the Council – In the Chair
Councillor Midgley, Executive Member for Adults Health and Wellbeing
David Regan, Director of Public Health
Rupert Nichols, Chair, Greater Manchester Mental Health 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
Dr Murugesan Raja, Manchester GP Forum
Vicky Szulist, Chair, Healthwatch
Dr Doug Jeffrey, (South) Primary Care Manchester Partnership
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning
Dr Shabbir Ahmad, Manchester GP Forum

Apologies:

Councillor Craig, Deputy Leader of the Council
Councillor Bridges, Executive Member for Children and Schools Services
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Katy Calvin-Thomas, Manchester Local Care Organisation
Dr Manisha Kumar, Medical Director, MHCC

Also in attendance:

Helen Ibbott, Manchester Local Care Organisation
Kate Proven, Quality Lead, MHCC
Sarah Perkins, Director of Operations, MHCC
James Binks, Director of Policy, Performance and Reform, MCC
Julie Taylor, Director of Strategy, MHCC

HWB/21/19 Minutes

The minutes of the meeting held on 7 July 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 7 July 2021.

HWB/21/20 Public Health Annual Report

The Director of Public Health submitted a report containing the Public Health Annual Report. The Director of Public Health is required to produce an Annual Report on the health of the local population. The Board was informed that the report provides a legacy for future years and documents the City's co-ordinated response to Covid-19 and includes personal reflections of the Public Health Team and partner agencies

represented on the Health and Wellbeing Board. The report also provides a timeline on events since the start of the pandemic and the work undertaken to respond and plan public health provision at a very challenging time. The report referred to the expected continuance of the pandemic and included a recovery phase programme.

The Chair invited questions and comments from Members of the Board.

In welcoming the report Councillor Midgley acknowledged the record of the hard work that has taken place and the decisions that were made during that period that had protected people and saved lives. Thanks were given to everyone involved for ongoing work in tackling covid.

Members of the Board thanked the Director of Public Health for his work, leadership and dedication during the past year as well as paying tribute to all those involved.

In noting the report, the Chair paid tribute to those involved in working to address the pandemic, in particular the leadership shown and the collaboration of agencies across the health and care sectors was recognised. The close working arrangements during this time demonstrated what is possible and gave a vision of what will be achieved moving forward.

Decision

To note the report submitted.

HWB/21/21 COVID-19 Update and the 12 Point Plan

The Director of Public Health and the Medical Director, Manchester Health and Care Commissioning submitted a report presenting an update on Covid 19 and details of the 12 Point Plan.

Following on from Manchester's designation as an 'enhanced response area' that ended on 26 July 2021, Manchester has continued to implement the local enhanced response area action plan throughout August. The Board was informed that it is likely that Manchester and other areas with enduring higher transmission rates will be invited to be part of a longer-term national programme up to April 2022. In anticipation of this the Manchester COVID-19 12 Point Plan has been refreshed and a copy was submitted.

The Director of Public Health provided an update on the 12 Point Plan with the latest data, local and national infection rates, current intelligence and the update on the Citywide Vaccination Programme including the Winter Phase 3 Plans.

The Twelve Point Action Plan will focus on the following aims:

1. Support early years, schools and colleges to remain open and operate as safely as possible, using effective infection control measures, testing, management of outbreaks and vaccination where appropriate. Ensure universities and other higher education settings remain open and operate as safely as possible using effective infection control measures, testing,

- management of outbreaks in campuses and student accommodation and vaccination where appropriate.
2. Protect the city's most vulnerable residents by reducing and minimising outbreaks in care homes and other high risk residential settings, including prisons.
 3. Support workplaces and businesses to operate as safely as possible, using compliance measures and enforcement powers where necessary. Support work to keep our border safe at Manchester Airport.
 4. Facilitate the recovery of the city by supporting the shift from regulatory to voluntary guidance for events, leisure and religious celebrations.
 5. Ensure the needs of people and communities that are high risk, clinically vulnerable or marginalised are prioritised and addressed within the broader COVID response.
 6. Co-ordinate communications activity to enable Manchester residents to live safely with COVID and make informed decisions, including around vaccination.
 7. Deliver targeted community engagement that supports wider aims and objectives, ensuring that appropriate and culturally sensitive approaches are taken.
 8. Ensure that decisions in respect of the direct response to COVID-19 and the wider recovery programme are informed consistently by high quality data and intelligence.
 9. Continue to deliver the community testing model, with a focus on testing becoming part of 'living with COVID' and on underrepresented and disproportionately impacted Groups.
 10. Identify local cases of COVID early and provide a rapid response through effective contact tracing and outbreak management.
 11. Ensure residents comply with any legal instruction to self-isolate and have the support to enable them to do so.
 12. Work with the NHS locally to drive up vaccination rates among those groups with lower uptake, ensure second vaccinations are administered and support the roll out of booster vaccinations.

Reference was made to arrangements for the return of schools and university students and the contingency plans in place to address increases in infection and the offer of PCR testing to students to help prevent the need for isolation. Work would be ongoing at Manchester Airport with the Border Force for safety checking and quarantine arrangements. Thanks were given for the response from Manchester to help with the Afghan resettlement programme.

The work on events and planning in Manchester, in particular the Manchester Pride festival, had provided important data on the vaccination status of the 40,000 attendees at the event. The rates would be monitored, however the analysis so far had indicated the event to have been well managed.

The Director of Public reported that it was anticipated that the Joint Committee on Vaccination and Immunisation (JCVI) would make a decision on the vaccination of 12-16 year-olds and a booster programme in the near future. A plan would be required for close working with the Local Care Organisation and school nurses. It was reported that this would be a continuing challenge to meet demand with the

resources available. It was yet not clear where the priority would be on based levels of vulnerability, age group or frontline worker cohorts. It was reported that once a decision on priority groups is made it will inform the winter planning process.

The Chair invited questions and comments from Members of the Board.

Dr Bromley welcomed the presentation and noted that a lot of work is being undertaken across the city in preparation for the reopening of schools throughout the summer period. Reference was made to the physical and mental wellbeing of colleagues across all sectors as work on the recovery of the city progresses and importance to be mindful of individuals health.

Helen Ibbot thanked the Director Public Health for the framework the report provided and gave an outline of the work of the LCO moving forward. The board was informed that the LCO would concentrate on work within community services /voluntary sector to engage with communities. The guidance on the 12-16 year old age group was yet to be received, although it was recognised that work was required on the a short term response on immunisation. The importance of the continued work within care homes was also highlighted.

The Chair referred to media reports on the Delta Variant within India that suggested the infection rates of the variant had started to recede and asked the Director of Public Health to respond.

The Director of Public Health reported that there was a view that the Delta Variant may have started the recede in some countries and areas, but the Delta Variant had continued to be prevalent in others. The pandemic was not ending and modelling scenarios were being produced in preparation for the winter period.

The Chair referred to the return of students to the city and the approach being taken to provide a second vaccination to those who have received a first dose.

The meeting was informed that the vaccination would be made available across the city at various locations including pop up clinics and this would be actively promoted towards students.

Dr Jeffrey referred to the level of infection across Greater Manchester and asked if there was belief that there may be a degree of herd immunity taking place.

The Director of Public Health reported that the levels of infection in areas such as Bolton and Blackburn had indicated a levelling out, however it would be difficult to state with a level accuracy on there being herd immunity within sections of the population. This would be an issue for the Chief Medical Officer to provide a statement on.

The Chair commented on the movement of the covid infection across the city which now appeared be not be located in a middle band of wards across the centre of the city and is now moving in all areas. Reference was also made to contain and recover phase and the move towards the process of normalisation, although it was not clear yet how long this may take. With reference to the infection rates in school pupil and

teenagers, it is noted that although teenager infection rates had reduced it is still the highest rate in the city and this may be due to socialisation during the summer which could be repeated following a return to study during the autumn.

The Chair referred to the work of the Manchester partnership agencies for the reception provided for the arrival of Afghan asylum at Manchester Airport. The Chair thanked those involved for their work during this time to provide help and support to those people arriving in the UK under very difficult circumstances. The City of Manchester would work provide permanent accommodation to some of the families after a temporary period of quarantine and placement. The point was made that a large proportion of the Afghans speak English and have high levels of skills that will help them to work and contribute to society, once the Government has put arrangements in place.

Decisions

1. The Board endorsed the refreshed 12 Point Plan.
2. The Board noted the presentation.

HWB/21/22 Health and Social Care Recovery

The Board received a report from Dr Bromley, Chair, Manchester Health and Care Commissioning (MHCC). Dr Bromley introduced the report that provided updates on the current recovery of health and social care services as part of the system's response to the COVID-19 (Covid) pandemic, with a specific focus on Manchester University NHS Foundation Trust (MFT). The report also provided a description of the broader strategic recovery plans of the health and social care system. The Board noted that the MFT continues to experience operational pressures, as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Demand for Mental Health, Community and Primary Care services has also significantly increased and out of hospital services are under equal levels of pressure. COVID-19 has had a much broader impact on the health and wellbeing on the people of Manchester. Some is evident now and some can be anticipated in the future and some may yet emerge. The development of a strategic recovery framework captures the breadth of the health and social care system's response within the recovery phase. The framework covers four themes with associated outcomes metrics. (i. the resumption of services to bring services back to their pre-pandemic levels. ii. addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened, as a result of the pandemic. iii. meeting the new needs of our population because of Covid, including physical and mental health impacts. iv. the broader contribution the health and social care sector can make to the wider City recovery).

It is important to note that there is an ongoing, significant response, to Covid as well as high levels of demand for urgent care services. There is an interdependency

between the level of demand within the system at a moment in time and implementation of recovery as it calls upon the same capacity and workforce.

The Board was addressed by officers from the agencies involved in the recovery process.

Sarah Perkins Director of Elective Recovery (MFT) addressed the Board on the work to re-engage with patients for a return to hospital services, post covid. Currently staff absence rates are between 9-10%, that presents resource issues to provide care across urgent care, paediatric care, mental health and elective services. The process of engaging patients is under a period of change from non-face to face to in-person attendance. A process of grading patients is in place to deliver care to the most urgent patients and work is ongoing to engage with those patients in lower categories of need. The Board was informed of the process for engaging patients from across different ethnic communities.

Kate Proven, Quality Lead, MHCC addressed the Board on the work of the LCO which has seen higher levels of need. Work is ongoing on the delivery of the vaccination programme, although levels of covid related sickness has impacted on service delivery, plans are in place to help and support staff members. There is a comprehensive recovery and reform work programme with eight priority areas. Work is also ongoing in the integrated neighbourhood team hubs with other support services through various programmes of support and care.

James Binks, Director Policy Performance and Reform addressed the Board on the Strategic Recovery Framework contained in Part 2 of the report. This is linked to four themes:

1. the resumption of services to bring services back to their pre-pandemic levels.
2. addressing the disproportionate impact that Covid has had on some population groups, as well as addressing the long-term health inequalities that would have widened as a result of the pandemic.
3. meeting the new needs of our population because of Covid, including physical and mental health impacts.
4. the broader contribution the health and social care sector can make to the wider City recovery.

Julie Taylor, Director of Strategy (MHCC) reported that the framework is currently under development and the focus is to find a deeper understanding of covid and how it has affected the residents of the city.

The Chair invited questions and comments from Members of the Board.

Dr Murugesan Raja welcomed the report and thanked officers for the work being done and referred to the importance of recognising staff welfare in the delivery of services and the challenge in addressing the increases in public contact being made with care services.

The Chair asked officers what within the programme is there to deal with the longer-term effects of covid and the effects on mental health which may not materialise for

some time such as young people who have lost a period of their developmental growth.

It was reported that there is a mental health services provision available for university students. Details of other services would be provided in a later report.

Dr Bromley stated that as a GP in a high demand area of the city, there had been a shift over the past 18 months with mental health presentations taking up approximately 90% of work overall. This has included adolescents and younger children. GP's have been able to provide help and referrals to secondary services.

Dr Wadhwa referred to staff wellbeing and the impact on staff health as a result of negative reporting within the media and an increase in levels of abuse towards staff members.

The Chair commented that demand management and preventative approaches is important as part of a whole system care approach to providing early preventative treatment. The Chair acknowledged the importance of data collection to improve the provision of services to address health inequalities within sectors such as the acute services. Reference was also made to the subject of work force and work-load and the responses received through the GM Community covering health services. It was noted that staff shortages in some areas of services were noticeable and others were struggling to meet high levels of demand. Other primary care services were not as visible and the point raised on abuse towards staff due potentially in part to the frustration of patients is not an acceptable reason. It was important to provide a clear picture of the level of pressure the whole health care system is currently operating within and the plans required to ensure that services work differently to get through the challenges of the winter period. In noting the level of challenge this presented the health service, the Chair offered the support of the Health and Wellbeing Board where possible.

Dr Jeffreys thanked the Chair for the support offered and suggested that the opportunity presented itself to blur boundaries between hospital and primary care/community services which appear to oppose to each other. The position has started to change, and it was important for each side to learn to trust the other. This could be developed further through the sharing of IT systems and closer working for hospitals to understand what community services can offer to patients to take care away from the hospital and into the community.

The Chair noted the comments and referred to the Manchester Partnership Board where work had taken place on the discharge of patients with respiratory diseases to receive care in the community. The joint working approach of the LCO during the peak period of the pandemic had proved to be invaluable in keeping hospitals functioning. The interdependency that was highlighted will provide a way forward for a better and more efficient form of working.

Decision

The report was noted.

HWB/21/23 Work Programme

Decision

The Work Programme was received,