

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 8 July 2020**

#### **Present:**

Councillor Richard Leese, Leader of the Council (Chair)  
Councillor Craig, Executive Member for Adult Health and Wellbeing  
Councillor Bridges, Executive Member for Children's Services and Schools  
Dr Ruth Bromley, Chair Manchester Health and Care Commissioning  
Paul Marshall, Strategic Director of Children's Services  
David Regan, Director of Public Health  
Bernadette Enright, Director of Adult Social Services  
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning  
David Regan, Director of Population Health and Wellbeing  
Dr Murugesan Raja GP Member (Central) Manchester Health and Care Commissioning  
Kathy Cowell, Chair, Manchester University NHS Foundation Trust  
Mike Wild, Voluntary and Community Sector representative  
Vicky Szulist, Chair, Healthwatch

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

Katy Calvin Thomas, Acting Chief Executive Manchester Local Care Organisation  
Sharmila Kar, Director of Workforce & Organisation Development, MHCC  
James Binks, Director of Policy, Performance and Reform, MCC  
Dr Sohail Munshi, Chief Medical Officer, MLCO

### **HWB/20/13 Minutes**

The minutes of the meeting held on 18 March 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 18 March 2020.

### **HWB/20/14 Manchester COVID-19 Local Prevention and Response Plan**

Consideration was given to the report of the Director of Population Health that informed the Board that the Population Health Team had led the development of the Manchester COVID-19 Local Prevention and Response Plan (Outbreak Plan) with local partners.

This report also included the updated Terms of Reference for the COVID-19 Response Group, which would act as the Health Protection Group to oversee the Plan in line with national guidance. The Board were advised that both the Plan and the report referred to the establishment of the Local Outbreak Engagement Board, which was also referred to in the national guidance.

The Director of Population Health delivered an accompanying presentation that described the purpose of the plan; setting this within a local context; describing the factors identified in relation to COVID-19 inequalities and a description of the themes and activities identified.

The Director of Population Health informed the Board that the most current testing data revealed that the rate of positive cases in Manchester was 528.6 per 100,000 of the population, which was considerably less than had been experienced in Leicester (1100 per 100,000 of the population). He further described that the testing data was provided at a post code level, and currently there were no clusters of cases, however this would continue to be closely monitored.

In response to a specific question regarding the composition of the Manchester COVID-19 Response Group, the Director of Population Health confirmed that the lead officers for the key workstreams described within the report were included and they met weekly.

The Leader welcomed the work of the team and that of partner organisations to deliver the plan. He stated the importance of testing and monitoring to prevent any further outbreaks, particularly in the context of the recent relaxation of the lockdown rules. He reported that following the relaxing of the lockdown, initial feedback was that the vast majority of establishments across the city had managed this successfully, however this situation would continue to be monitored.

## **Decisions**

The Board;

1. Endorse the Manchester COVID-19 Local Prevention and Response Plan; and
2. Approve the updated Terms of Reference for the Manchester COVID-19 Response Group.

## **HWB/20/09 Addressing Inequalities**

Consideration was given to the joint report of the Director of Workforce and Organisation Development, Manchester Health and Care Commissioning and Director of Policy, Performance and Reform Manchester City Council described how the COVID-19 pandemic had affected different communities in the city and the actions taken to respond to this.

The report described that clear evidence had emerged that COVID-19 was having a disproportionate impact on some communities who already experienced health inequalities in our city. BAME (Black, Asian and minority ethnic), disabled and people in poverty were more likely to contract Coronavirus and have poorer mortality outcomes. The longer term health impacts are not known yet but it was expected that the socio-economic impacts and impacts of higher mortality rates not directly linked to COVID-19 would also be within these communities, unless there was a radical

change to the approach to health and social care. The report highlighted the need to embed inclusion and address inequality as even more critical.

The report described the strategy for planning ahead and described the workstreams that had been identified to progress the city's recovery. The Board were informed that the workstreams involved a significant portfolio of work, and each was in the process of identifying short, medium and longer term priority actions, noting that Equality Impact Assessments would be used against each of the Council's relevant practical recovery actions.

The report further described that actions identified across Health and Care to address inequalities and provided a summary of the 'Community Cell' that had been established to lead the out of hospital/care system within the City during the period of COVID-19 response and recovery.

The Board were further advised that The Manchester COVID-19 Response Group ("the CRG") (previously called the Manchester COVID-19 Locality Planning Group (MCLPG)) fulfilled the role of the Manchester Health Protection Group, which was the established group for all health protection issues in Manchester. Addressing inequalities/Health Equity was a key workstream under this group, with the purpose of that workstream was to improve experiences of and outcomes for, communities that suffered disproportionate adverse impacts from COVID-19. The report described the governance and reporting arrangements.

The Executive Member for Adult Health and Wellbeing stated that prior to the COVID-19 pandemic attention and a focus had been placed on inequalities following the publication of the 'Health Equity in England: The Marmot Review 10 Years On' report and the production of the Manchester Population Health Plan (2018-2027). She stated that the emerging evidence and understanding of health inequalities and COVID-19 indicated that structural changes would be required across the Health and Social Care landscape, noting that the voice of those communities identified were reflected in such changes and informed any action plan.

A member of the Board stated that it was important to recognise that not all residents had access to digital means and should not experience exclusion as a result of this. The Director of Policy, Performance and Reform Manchester City Council acknowledged this comment and stated that consideration would be given as to the most appropriate form of communication when engaging with various sections of the community to ensure any engagement was sensitive and appropriate at all times. He advised that the communications strategy would be continually reviewed and it was recognised that there was not one universal approach. The Director of Workforce and Organisation Development, MHCC added that there was a specific stream of work to specifically consider digital inclusion.

The Leader welcomed the information provided that reported that staff risk assessments were being undertaken across MHCC, MCC, MLCO and other partner organisations to address the need to ensure that 'at risk' staff, including BAME staff were protected.

In concluding this item of business, the Chair, on behalf of the Health and Wellbeing Board expressed his gratitude to all staff working across all partner organisations for their professionalism and dedication in supporting and caring for those residents affected by COVID-19.

## **Decisions**

### The Board

1. Note the progress to date and recommend that progress against this activity is regularly reported to the Board; and
2. Encourage respective partner organisations on the Board to continue to prioritise addressing inequalities in health and care both as a system and within own organisations in our response to COVID 19.