

Minutes of: Health and Wellbeing Board

Date of Meeting: 21 October 2021

Present: Councillor A Simpson (in the Chair)
Councillors E O'Brien, R Brown, D Quinn and T Tariq
Lesley Jones - Director of Public Health, Adrian Crook –
Director of Adult Social Services and Community
Commissioning, Sue Downey - Greater Manchester Police,
Ruth Passman – Chair of Healthwatch, Catherine Wilkinson –
Representative of the Norther Care Alliance

Also in attendance: Jon Hobday - Consultant in Public Health, Ian Mello –
Director of Commissioning, NHS Bury, Chris Woodhouse –
Strategic Partnerships Manager

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Penny Martin - Representative of the Northern Care Alliance, Geoff Little - Representative of the CCG, Will Blandamer, Executive Director of Strategic Commissioning, Kath Wynne-Jones - Representative of the LCO, Tyrone Roberts - Representative of the Northern Care Alliance, Sharon McCambridge - Chief Executive of Six Town Housing, Cathy Fines - Representative of the CCG and Isobel Booler – Acting Executive Director of Children and Young People

HWB.359 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.360 DECLARATIONS OF INTEREST

Councillor Simpson declared a personal interest in all matters under consideration as both her and her son are employees of the NHS.

Councillor Quinn declared a personal interest in all matters under consideration as her son and daughter-in-law are employees of the NHS.

Ian Mello, Director of Commissioning declared a personal interest in all matters under consideration as his wife is an employee of the NHS.

HWB.361 MATTERS ARISING

There were no matters arising.

HWB.362 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 15 July 2021 were approved as a correct record.

HWB.363 PUBLIC QUESTION TIME

There were no public questions.

HWB.364 HEALTH RELATED BEHAVIOUR - SUBSTANCE MISUSE (20 MINS)

Jon Hobday, Consultant in Public Health provided an update on substance misuse in Bury.

Substance misuse is a huge public health issue both locally and nationally. Alcohol misuse is costing approximately £3.5 billion a year to the NHS and approximately £21 billion a year to the wider economy. There are approximately 660,000 people who are alcohol dependant nationally, which is approximately 1900 people in Bury.

One in eleven people, aged between 16 and 59, have misused illegal substances within the last 12 months which is approximately 11,000 people in Bury. Alcohol misuse alone is associated to around 60 or more health issues. Alcohol misuse is the biggest risk factor linked to early deaths and ill health in the 15-49 year old cohort.

Substance misuse is associated with unemployment, deprivation and homelessness and linked heavily with family breakdown and criminal activity.

A recent Dame Carol Black review (phase 2) which was specifically focused on substance misuse, found that there was not enough being done nationally to address this as a public health issue and needed significant reform in 4 key areas:

- Leadership
- Funding
- Commissioning
- Rebuilding

The following inequalities for substance misuse were explained:

- Poor mental health is linked to substance misuse and vice versa
- Men are more likely to use illegal drugs
- Unemployment, poor working conditions and job insecurity
- Homelessness
- Social economic deprivation
- Family history of addiction

Statistical information for Bury was shared:

- Alcohol related mortality remained stable at approximately 42 per 100,000 people which is approximately 6/7 deaths per year in Bury. This figure is similar to England.
- Admission episodes for alcohol related conditions remained stable at 470 per 100,000 people, which is approximately 860 people per year in Bury. This figure is better than England.

- 78.8% of dependent drinkers are not in service, which is approximately 1500 people in Bury. It was stated that this figure is concerning as there is a significant number of people who are not accessing services for support. Although this figure was better than England.
- There has been a decreasing number of drug related deaths. There were 8 deaths in 2020 which is 8.8 per 100,000 people. This figure is worse than England but better than the North West, this figure has been decreasing since 2018.
- There has been a decrease in numbers in service (apart from opiate service users) which is a national challenge due to Covid-19, it was suggested that numbers in service is now starting to pick up again.

Jon Hobday outlined the work that Bury is doing to address substance misuse. The next steps for Bury are to complete the action plan, continue to review the data and levels of inequality.

- Councillor Simpson questioned if there is any statistical information, in terms of success rates, from those who are in treatment.

Jon Hobday agreed to provide the Board with a breakdown of the information on substance misuse. Public health colleagues attend quarterly performance meetings with the substance misuse provider. The figures are positive, and any glitches in the figures are questioned. The provider looks at the figures from a holistic perspective rather than looking at substance misuse as a sole measure, they look at factors such as family relationships and people's housing situation.

- Councillor Simpson questioned what work is being done with families who have a history of substance misuse.

Jon Hobday explained that when it is a younger cohort and there has been history of substance misuse in the family, the Early Help Team work on a family-based approach which focuses on supporting the family to create the environment where substance misuse will not be repeated over generations.

- Councillor Simpson questioned if both men and women could access community-based support for substance misuse.

Jon Hobday explained that there has been a shift in a shared care model, as during the pandemic there was a struggle to deliver the programme through GP practices. There will be a model that will be piloted in Radcliffe, due to a higher proportion of substance misuse. Looking forward, the model will be used to shift away from a central venue to treat people within their local areas.

- Councillor Simpson asked if the figures around substance misuse have been underestimated due to the increase of mental health issues during the pandemic.

Jon Hobday explained that there are a number of users who are not in service. The referral model has been changed slightly. If someone is referred or self-referred and has a lower need, they are supported to self-care and access other resources in the community without coming into service. There is a link between mental health and substance misuse, data is being analysed to ensure that the

mental health challenges that have been as a result of Covid-19 are being understood.

Lesley Jones advised that Health and Wellbeing Board members should be asking questions due to a significant number of people who are dependent on alcohol and misusing substances who are not being reached by services:

- What would the rest of our system, services and communities need to do, to support and motivate people to engage with services?
- Is there a wider role for the Health and Wellbeing Board in supporting that effort?

Councillor Simpson questioned if people with lived experience could carry out outreach work with their community.

Jon Hobday explained that there are programmes where people with lived experiences from communities are talking to others about alcohol misuse and giving quality assured advice, that they have had completed the training on. It was explained that a lot of work can be completed through the community and community hub to raise awareness.

It was agreed:

1. That the Health and Wellbeing Board continues to support the ongoing work around drugs and alcohol and reducing inequalities.
2. Jon Hobday to provide the Board with information on the treatment success rate.

HWB.365 HEALTH AND CARE - ELECTIVE CARE TRANSFORMATION PROGRAMME AND BURY CARE ORGANISATION ORTHOPAEDIC IMPROVEMENT PROGRAMME UPDATE (20 MINS)

Ian Mello, Director of Commissioning provided an update on the work that is being completed in relation to the elective care transformation programme and orthopaedic improvement programme.

Work is being carried out around the recovery position, looking at people on waiting lists through the lens of inclusion, co-production and inequalities. This way of working has not been done anywhere else before. Traditionally, people have been seen as NHS numbers on waiting lists; work is being done to decide how to stratify and understand people's whole lives. This involves trying to determine the best process to get people to receive interventions, whilst acknowledging clinical priority is the biggest driving force, throughout the debate going forward.

Ian Mello outlined the key areas of work that are taking place:-

- The Northern Care Alliance Elective Care Recovery Strategy
- Bury Care Organisation Orthopaedic Improvement Programme
- Last 10 Patient Review
- Patient Involvement and Participation Group
- GM and Bury Locality Waiting Well Initiative – which has been renamed 'While You Wait'

Ian Mello made reference to the inequalities framework that has been built in Bury. A meeting took place with Stockport Locality, which is looking to use the inequalities framework to inform further about patient need and understanding.

The next update to the Board will be a technical paper, around the findings of inequalities, inclusion and co-production.

The importance of capturing the learning from this process was explained, as the learning can be embedded into other programmes of work.

Members thought that this was exceptional work and are interested to see the results that come out of the projects.

It was agreed:

1. Note the content of the report and the work undertaken to date.
2. To receive further updates as required.

HWB.366 COMMUNITY AND PERSON CENTRED APPROACHES - THE WAY WE ENGAGE PEOPLE AND COMMUNITIES IN A PLACE (20 MINS)

Chris Woodhouse, Strategic Partnerships Manager provided an update on Community and Person-Centred Approaches to the Board.

The approach is to have a focus around people and communities, in a way that links into the Let's Do It Strategy and Neighbourhood Model.

Chris Woodhouse explained the principles and behaviours of the approach. The purpose is to look at how services engage with people and to deliver better outcomes in a way that is more effective and efficient.

The approach brings together the way that public services are organised and the way that services engage with communities, looking at people in their entirety of lives by overlapping services and coordinating support around individuals.

The Community Hubs can better link public services to communities and individuals but also recognise an individual may not always require support from a statutory service and can help support them in other ways. The insights generated from data from local communities can be used to inform services.

The LETS principles were explained, these bring together the different approaches to best understand the communities and neighbourhood.

Chris Woodhouse gave an overview of the Public Service Reform Steering Group. The purpose of the group is to ensure the co-ordination of public services, and co-ordinating the person and community centred approaches. The group discusses different opportunities and look at what is working well in a particular neighbourhood, with the benefits to grow the work across the borough and with wider regional colleagues.

- Councillor Simpson questioned what strength-based work has been done with the voluntary sector organisations.

Chris Woodhouse gave examples of work that has been done that involved community groups from across the borough. He explained that public service colleagues look at which voluntary services they work with, and which services need to be included. There is a section built into the service level agreement with the voluntary community faith alliance around health and care to have the conversations around LETS principles. At public service leadership meetings these discussions have taken place.

- Ruth Passman questioned how the requirement with the Primary Care Networks, to work through an inclusion health strategy, would link with the neighbourhood work.

Chris Woodhouse explained that the work would be carried out with services and communities across neighbourhoods focusing on addressing the root cause of inequalities and how to work collectively with public services, voluntary services and communities.

Ian Mello explained routes that demonstrate working with the voluntary sector include work that the Bury Inclusion Working Group is doing in understanding and listening to communities, and the elective mainstream work which has worked with the voluntary sector. Ian Mello feels that public services are working well across the system and are now seeing voluntary sector partners as equals. Ian Mello would like to see a map of where the work that is being done links together.

Chris Woodhouse discussed the work that the Internal Inclusion Working Group had done around community engagement and suggested that Team Bury and partnership meetings could broaden the scope of the group.

- Ruth Passman asked for further information about the Inclusion Working Group.

Chris Woodhouse agreed to discuss the Inclusion Working Group with Ruth Passman outside of this meeting.

It was agreed:

1. Chris Woodhouse to meet with Ruth Passman to discuss the Inclusion Working Group.
2. To receive further updates as required on work that the Inclusion Working Group are doing.

HWB.367 POPULATION HEALTH DELIVERY PARTNERSHIP

Lesley Jones, Director of Public Health updated the Board with the progress of the Population Health Delivery Partnership, which will support the work of the Health and Wellbeing Board.

The Population Health Delivery Partnership has met once and is scheduled to meet shortly after each Health and Wellbeing Board meeting. The draft mandate describes the purpose of the Population Health Delivery Partnership.

Lesley Jones invited members to comment on the draft mandate with a view to approving the mandate at the next Health and Wellbeing Board meeting.

Lesley Jones suggested that the following details should be included within the mandate:

- There has been a suggestion that the Population Delivery Partnership becomes a steering group for the development of the Joint Strategic Needs Strategy (JSNA) on behalf of the Board.
- The GM Population Health Board has been refreshed and has a similar purpose at a GM level to Bury's Health and Wellbeing Board; this needs to be reflected within the mandate to build a relationship with the GM Population Health Board.

It was agreed:

1. That Board members view the draft mandate and provide feedback with a view to formally approving the mandate at the next meeting.

HWB.368 DEVELOPING BURY AS A POPULATION HEALTH SYSTEM (20 MINS)

Lesley Jones, Director of Public Health advised members of the work that the Population Health Delivery Partnership has been doing to develop Bury as a population health system.

The Health and Wellbeing Board agreed to use the GM adapted Kings Fund model of a Population Health System as a framework. The GM directors of public health, along with engagement of other stakeholders, have been doing some work to further develop the model to try to define the key characteristics of a population health system.

At the first meeting on the Population Delivery Partnership, a self-assessment was completed of Bury's key characteristics and what some of the next steps might be to further develop ourselves as a population health system. Overall, it concluded that Bury is in a good position, particularly around governance arrangements. Key areas of development were identified, these were around workforce capacity and capability to deliver on the population health agenda, aspects of data, intelligence and research, and shifting investment into prevention.

Lesley Jones invited comments from members with a view of creating an action plan on how Bury can further develop as a population health system.

Councillor Simpson questioned if Greater Manchester has got the manpower to populate a JSNA that is a working document, as previous JSNAs have become out of date very quickly.

Lesley Jones explained that there is a need to develop a web based JSNA, that becomes live and can be a regularly updated tool. To achieve this, it would require

investment. Making sure that there is the capability and capacity to support the work is a key area identified.

Councillor Simpson suggested that a JSNA is essential to neighbourhood working and primary care networks and agreed that this work needed investment.

It was agreed:

1. An action plan to be created.
2. That the update and draft GM characteristics of a population health system document be noted.
3. To develop proposals of how Bury can deliver a JSNA.

HWB.369 OUTCOME AND PERFORMANCE UPDATE (20 MINS)

Lesley Jones, Director of Public Health provided an update on the Outcome and Performance Framework.

The overarching framework of the outcome and performance measures has been agreed. Work has been completed on how these measures align with other measures that are being developed around the triple aim to support best care and value for money, and align to a wider set of measures that link to the Let's Do it Strategy. Work is underway to develop and populate dashboards with data. Due to capacity issues the outcome and performance framework is taking time. Work will be completed with the Population Development Partnership to further develop the driving indicators that will get built into the Dashboard.

It was agreed:

1. The outcome and performance data be presented at the next meeting.

HWB.370 COVID-19 UPDATE

Lesley Jones, Director of Public Health provided an update on Covid-19.

Case rates in Bury are around 363 per 100,000. There has been an increase in Covid-19 cases within the secondary aged children, and an increase in parental age groups and older adults.

There has been additional advice provided to parents and schools around wearing masks around schools, an increased focus on testing, and daily lateral flow tests before attending school who are household contacts of a case. It is hoped that this will have some impact in helping to contain outbreaks.

There has been an increase in hospital rates, although the number of deaths are stable.

76.8% of eligible cohorts have now had a first dose. The vaccine uptake is generally lower in the younger age groups.

The 12-15 vaccination programme has started. Guidance has been received that the programme can be delivered at out of school provisions, arrangements are

being put in place for this. The booster and flu vaccination programme is progressing well.

In response to Councillor Simpson's question, Lesley Jones explained that the message around wearing face masks, social distancing and other preventative measures are being pushed in Bury. The difficulties around getting the message across to people was explained. Across Greater Manchester social mixing is almost back to pre-pandemic level.

Councillor Simpson acknowledged the good work around the vaccination programmes in Bury, as nationally it is reported that areas are behind with the covid booster and children's vaccination programmes.

HWB.371 URGENT BUSINESS

Lesley Jones, Director of Public Health advised members that the Health and Wellbeing Board has a statutory duty to publish a Pharmaceutical Needs Assessment (PNA). This duty was suspended last year due to COVID-19 but guidance has now been published giving a timescale for publication of a PNA by October 2022. Greater Manchester Shared Services have been commissioned to support development of the PNA and a kick-off meeting is being arranged.

It was agreed:

1. Lesley Jones to update the Board with the progress of the PNA.

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 6.00 pm and ended at 7.15 pm)