

Minutes of: HEALTH and Wellbeing Board

Date of Meeting: 2 December 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, Will Blandamer –
Executive Director of Strategic Commissioning, Kath Wynne
Jones - representative from the Local Care Organisation,
Ruth Passman – Representative Bury Healthwatch, Tyrone
Roberts – Representative from NCA, John Merrick -
Representative from Six Town Housing.

Also in attendance: Claire Haigh, Co-Founder and Director of Collaborate Out Loud CIC, Matthew Kidd, Director of Creative Inclusion Ltd, Jon Hobday - Consultant in Public Health, Steven Senior - Consultant in Public Health, Phil Cole – Head of Homelessness and Housing Options, Jackie Summerscales, Unit Manager of Housing Strategy, Policy and Performance

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

Apologies for Absence: Suzanne Downey – Representative from Greater Manchester Police, Isobel Booter – Acting Executive Director of Children and Young People, Adrian Crook – Director of Community and Commissioning across the council, CCG and director of adult services, Cathy Fines – Representative from CCG, Sharon McCambridge – Representative Six Town Housing

HWB.372 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.373 DECLARATIONS OF INTEREST

Councillor Brown declared an interest in the housing update as it refers to privately rented properties. Councillor Brown has a property that he rents out.

Councillor Simpson declared an interest in all matters relating to the NHS as both her and her son work for the NHS.

Councillor Quinn declared an interest in all matters relating to the NHS as her son and daughter-in-law work for the NHS.

Councillor Tariq declared an interest in any matters across Greater Manchester as he is a member of Oldham's Health and Wellbeing Board and employed by Healthwatch, Oldham.

Ruth Passman declared an interest in all matters relating to the NHS as she works for the NHS.

HWB.374 MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the previous meeting were agreed as a correct record.

HWB.375 MATTERS ARISING

A document was included within the agenda pack, for information, on substance misuse success rates which was requested by Councillor Simpson at the last Health and Wellbeing Board meeting.

HWB.376 PUBLIC QUESTION TIME

There were no public questions.

HWB.377 THE EFFECTS OF PLACE AND COMMUNITY ON HEALTH AND WELLBEING - MAKING A DIFFERENCE WITH THE UNUSUAL SUSPECTS IN BURY (20 MINS)

Claire Haigh, Co-Founder and Director of Collaborate Out Loud CIC and Matthew Kidd, Director of Creative Inclusion Ltd provided an update on the work that they have been doing within the community. A summary of their work and a video was shared prior to the meeting within the agenda pack. They have been working in Bury since 2019 to create spaces for seldom heard voices to be heard and spaces for the formal system to come together with communities and networks.

Matthew Kidd explained The Elephants Trail Project, which allows for policy makers and professionals to work effectively in partnership with people and communities, in particular people who are experiencing multiple disadvantages. Individuals were recruited from the community to become collaborators, the work that they have done was outlined. The project looked at issues around power and ensuring that communities feel that the work is equal. The project highlighted issues of population health and viewing people by their assets, by looking at ways people can contribute to the community.

Going forward, the aim is to come together as a whole system in Bury. They have secured more workforce development funding to build further on the good work that is already taking place and to work through the strengths of the Let's Do It Strategy.

Questions and comments were invited from members.

Councillor Simpson explained that the stories in the video that were circulated prior to the meeting were powerful and inspirational but raised concerns that a volunteer had said, 'the more I do, the less they will do'. It was felt that community groups need to be supported either through grants or continuous funding. Councillor Simpson highlighted the importance of people with lived experience working with others, and for people to feel that they are supported by others.

Lesley Jones explained that volunteers cannot be substitutes for public services, they need to operate alongside each other. The difficulties of getting basic elements of support in public services were explained, this was due to barriers within public services around thresholds for services. It was explained that work needs to be done to see if we can help make a difference and improve people's quality of life.

Tyrone Roberts thanked the people who have trained as collaborators and was struck by the good work that they have done.

In response to a member's questions around the importance and longevity of funding, Matthew Kidd explained the importance of making sure the groups are sustainable and making sure the commissioning structure supports them.

In response to a member's question around linking work with the neighbourhood teams, Claire Haigh highlighted the importance of connecting with services and the importance of developing more community collaborators.

Ruth Passman requested to meet with Matthew Kidd and Claire Haigh regarding Healthwatch's offer around the level 2 improvement qualification. Ruth Passman explained the scheme, how it is taught and how the qualification can be adapted. Ruth Passman explained that Healthwatch would like to do more work with volunteers in the community to hear about health issues and look at how the system can work better.

It was agreed:

1. Matthew Kidd and Claire Haigh to be thanked for the update and the work they have been doing within the community.
2. To progress a strategic piece of work to look at commission and funding as a whole system approach to fund groups.
3. Ruth Passman to meet with Claire Haigh and Matthew Kidd.
4. To look at ways public services can improve access to basic support for people, due to issues with barriers and thresholds that are currently in place.

HWB.378 WIDER DETERMINANTS OF POPULATION ON HEALTH - HOUSING (20 MINS)

Phil Cole, Head of Homelessness and Housing Options provided a report within the agenda pack that highlights the demands on homelessness. Phil Cole updated the Board on the pressures of homelessness and how his team works collaboratively with others.

It was explained that there are complex factors that contribute to homelessness, such as mental health, addictions and access to health. Homelessness is increasing, nationally and in Greater Manchester. Bury has seen a 30% increase within the last 12 months in general housing cases, and rough sleeping has increased in the last 3 years by approximately 1400%. It was explained that the pandemic has been good for the service as the government has given extra funding to support rough sleepers. The service now has the resources and capacity to keep rough sleepers off the streets, there was 1 rough sleeper in the borough last week. The service has been working with emergency

accommodation providers, Stepping Stones and supporting accommodation providers, A Bed for Every Night (ABEN) to provide entrenched support. The service also works closely with the GM Housing First programme, who are members of the weekly operational panel for rough sleeping.

Phil Cole highlighted the importance of preventing homelessness and focusing on sustainment, by putting support in place to avoid tenancies failing. The service is working with Six Town Housing to try to develop how they can sustain tenancies better.

It was explained that there is a homelessness hub which works with people who are complex to help sustainable accommodation. The service has strong links with the One Commissioning Organisation (OCO), working with health colleagues.

The homelessness strategy has been renewed by working collaborative with the Homelessness Partnership. A group was set up called 'Voices for Change' who have helped co-produce the 7 themes of the strategy. These themes are linked into an action plan that links into the strategy, which will be delivered by the Homelessness Partnership.

Questions and comments were invited from members.

In a response to a member's question around mental health support workers, Phil Cole explained that his service will be recruiting a housing mental health worker who will support staff to identifying the signs of mental health and how to sign post people to the correct services.

The service has access to the NHS mental health team and has weekly mental health meetings. Through the rough sleeping funding there is a psychologist and a navigator role, to help to sign post to the correct services.

In response to a member's question around working with people with lived experiences, Phil Cole gave examples of co-production groups which include people who have had lived experiences and how they bring a different dimensions and ideas to groups.

Tyrone Roberts asked for any concerns or processes that the service may have, to be shared with him, regarding people with no fixed abode who are being discharge from hospital.

In response to a member's question around connectivity to health services, Phil Cole explained that the weekly meetings with the mental health team are positive, as many stakeholders attend.

In response to a member's question around homelessness rates increasing, it was explained that previously, the data was not reliable due to not having a focused team. It is thought that the high figures of rough sleepers is down to people coming forward due to the funding offer, the increase has been similar in Greater Manchester and nationally.

In response to a member's question around the process of moving rough sleepers to a house, it was explained that each case is different, entrenched rough sleepers need more support, the focus is around the person and not the property.

In response to a member's question around charity supporters, it was explained that the service has worked with the Salvation Army, Caritas, Bury Christian Fellowship and Manor House.

In response to a member's question around sustaining tenancy in private rented accommodation, Phil Cole explained that the sector does not have housing officers or resources to help support tenants and therefore this is a greater challenge. Phil Cole is completing a piece of work to look at getting more private landlords to support people who require social housing. It was explained that Bury's private rented accommodation offer is small and more expensive than other boroughs.

It was agreed:

1. Phil Cole to meet with Tyrone Roberts to discuss any concerns around people who are being discharged from hospital who have no fixed abode.

HWB.379 BEHAVIOURAL AND LIFESTYLE DETERMINANTS OF HEALTH - HEALTHY WEIGHT (20 MINS)

Jon Hobday, Consultant in Public Health provided an update to the Board on healthy weight.

Obesity was described as a massive public health issue due to the huge associated costs and implications to both physical and mental health challenges.

The impacts of the wider society on obesity were explained. There has been a shift in society perspective and therefore it was difficult for individuals to take healthy choices and maintain a healthy weight. This is because compared to several decades ago, jobs are now less active, high-density foods are readily available and transport has changed.

Obesity doesn't affect people equally, those in the most deprived groups are much more likely to be obese. This year, a Kings Fund report explained that there has been an increase in equality in the last two years and those in the most deprived groups are twice as likely to be hospitalised due to obesity conditions. The inequality gap is getting bigger and there needs to be more done to stop this.

Statistical information was shared, 63% of adults in Bury are overweight or obese which is approximately 84,000 people. The levels of obesity have been stable over the last few years and in line with national levels.

In regard to children, the national increases in overweight and obesity levels in reception are reflected in Bury's results where we have seen an increase in overweight and obese children between 2018/2019 and 2020/2021, from 23.6% to 41.9%. However, in contrast to national trends, Bury has seen a decrease in overweight and obesity in year 6 children, from 34.9% in 2018/2019 to 29.9% in 2020/2021. It is currently unclear what factors have contributed to these significant variations, but more work is underway to better understand the data.

There has always been a gap between the least and most deprived children in terms of obesity levels in reception aged children, but this has risen over the last two years, with a more significant rise in the most deprived children. There has been a concerning rise in the year 6 cohort between the least and most deprived children. It was felt that this could be the impact of the lockdown due to children not going to parks and soft play areas.

In Bury, work is being done to prevent and address obesity and help reduce inequalities through the food strategy and the physical activity strategy.

Jon Hobday explained that there is a health improvement fund which has been opened up for community organisation to put in bids on how they could enhance the wellbeing of their communities, they have been inundated with good ideas and have just under £100,000 worth of bids.

Questions and comments were invited from members.

In response to a member's question around measuring children locally in between reception and year 6, it was explained that the programme in a national programme and the time and resources it would take to measure every child each year could be directed in better ways. It was explained that it is important to work with communities to see what will work best in their area. An environment needs to be made where the healthy choice is the easiest choice.

In response to a member's questions around peer support, it was suggested that peer support was important when looking at ways to address and prevent obesity.

Lesley Jones explained that whilst it is only right to support individuals in weight management, 84,000 adults in Bury are overweight or obese and there is not the resource to provide 1-1 support for each individual. It was explained that the food environment and the way food is produced has the biggest part to play in obesity. It was felt that lobbying and advocating upwards for a healthier food environment needs to be considered as a part of the strategy.

In response to a member's question regarding statistics of obesity by ethnicity, it was explained that people from the black ethnic group have the highest obesity levels out of all ethnicities; followed by the Asian ethnic group, people with a mixed ethnic background, and then the white ethnic group. It was explained that the BAME community has clear inequalities in relation to obesity.

In response to a member's question around how to make it easier for people to make the right choices, it was explained that there were many key elements to this, such as ensuring that there are local green spaces, planning policies, safe lighting, and good public transport. There are many combinations of factors that can contribute to people making the right choices. It was explained that a lot can be learnt through European countries.

In response to a member's question regarding raising awareness of obesity with schools, Jon Hobday agreed to create PowerPoint slides to be shared with Head Teacher through their learning sessions.

In response to a member's question around initiatives that schools, colleges and workplaces can do to promote healthier weight, it was explained that looking after residents' health is important. There is a Public Health funded post, which give businesses templates for healthy work charters. It was explained that this work could be built on.

It was agreed:

1. Jon Hobday to provide schools with information regarding obesity levels of young people.
2. To build on the work that is being done with businesses around the healthy work charters to see if businesses could promote different initiatives.

HWB.380 UPDATE ON SHORT TERM RESPONSE TO INDIRECT COVID HARMS (10 MINS)

Steven Senior, Consultant in Public Health presented findings on the short-term response on the indirect Covid-19 harms. It was explained that health issues and harms are being caused due to the disruptions in health care caused by Covid-19. During the worst waves of the pandemic, access to General Practice was harder and elective operations were stopped. Some work around long-term conditions management were paused.

Statistical information was shared which showed the deaths in Bury by week. The chart highlighted the Covid-19 and non Covid-19 deaths. The chart showed that in the first two waves of the pandemic there were excess death which were linked to Covid-19. Now the waves of excess deaths are not directly linked to Covid-19. The number if deaths are likely to increase over the coming months as we enter winter, as death rates are almost always higher.

Circulatory diseases, cancer, respiratory infections and ischaemic heart diseases and dementias account for most deaths. Most of these key causes of excess deaths and illnesses are exacerbated by cold weather, increased frailty due to deconditioning during the pandemic, increases in isolation, financial stress and impacts of reduced primary, secondary and tertiary prevention through 2020-2021.

It was explained what can be done to reduce the harm which is caused by winter. Data was shared which showed the boroughs in Bury which have the most vulnerable people and the areas were ranked by the most deprived to the least deprived.

The work that is being done to reduce the harm was explained, within each neighbourhood the neighbourhood teams will look at how they can do intensive work with residents over the next few weeks. It is important to act now to get the short-term benefit to mitigate winter harms.

In response to a member's question around prioritising the most vulnerable people, it was suggested that ways of prioritising people were being look at. It was suggested that people could be prioritised by the amount of risk factors any one person has, and how well these risks factors are managed. Steven Senior is

looking at what the system might be able to do to support General Practices to engage those patients who haven't come into the practice in the past.

In response to a member's question regarding stepping back the Quality and Outcomes Framework, it was explained that this will be a national decision.

Councillor Simpson explained that General Practices are overwhelmed with demand, if General Practices did try to priorities those most at risk, this would be a benefit.

HWB.381 OUTCOME AND PERFORMANCE UPDATE (10 MINS)

Lesley Jones, Director of Public Health gave an update on the outcome and performance work that is ongoing.

In previous meetings discussions have taken place regarding the development of an outcomes framework and making sure that it links in with the Let's Do It framework and supports the triple aim approach within the health and care system.

Lesley Jones demonstrated the work that is being built through Tableau. The Health and Wellbeing Board is focusing on the high-level indications and key conditions that contribute most to morbidity and premature mortality. Dashboards are being created within each section to show static information, the data can be built on.

In response to a member's question around looking at ethnicity data, it was explained that this will be available over time and where the data allows. This piece of work will highlight how to fill the gaps in data. The data is compared to statistical neighbours and the England average. Over time the data will be built out to look at other dimensions of inequality.

In response to a member's question around the good level of development data, it was explained that there has been a lot of work around school readiness, additional data can be added to the dashboards. The indicators around the wider determinants are being developed through the Team Bury Partnerships and Let's Do It strategy. This piece of work will fit in with the triple aim, Locality System Board and the Integrated Delivery Collaborative Board.

It was agreed:

1. At the next Health and Wellbeing Board more time will be allocated for this item.
2. Members to be given access to the dashboard to have a look at it in their own time.
3. Members to provide Lesley Jones with feedback regarding the dashboard.

HWB.382 GREATER MANCHESTER POPULATION HEALTH BOARD FEEDBACK (10 MINS)

Lesley Jones, Director of Public Health provided an update on the Greater Manchester Population Health Board.

Lesley Jones attended the meeting to present the Bury work on developing Greater Manchester as a population health system; this work was held up as an exemplar across Greater Manchester for the systematic approach that Bury has taken and the development of an implementation plan.

The Greater Manchester Population Health Board discussed the strategic and operational intelligence and how it fits with the development of the ICS. Lesley Jones informed members that there have been conversations locally to air concerns about the intelligence becoming a top-down model and the need for a network model around how intelligence is organised.

HWB.383 SELF ASSESSMENT WORK AGAINST THE POPULATION HEALTH SYSTEM CHARACTERISTICS (5 MINS)

The self assessment work has been taken to the Integrated Delivery Collaborative Board and has been positively received.

It was agreed:

1. That the self assessment work against the population health system characteristics will continue to be provisionally agreed until it can be agreed formally when the Board meets in person.

HWB.384 POPULATION HEALTH DELIVERY PARTNERSHIP MANDATE (5 MINS)

The Population Health Delivery Partnership Mandate has been taken to the Integrated Delivery Collaborative Board and has been positively received.

It was agreed:

1. That the population health delivery partnership mandate will continue to be provisionally agreed until it can be agreed formally when the Board meets in person.

HWB.385 BETTER CARE FUND PLANNING (10 MINS)

A report, planning template and narrative plan was provided in the agenda pack prior to the meeting for ratification.

Will Blandamer, Executive Director of Strategic Commissioning explained that the Better Care Fund is a government initiative for driving health and social care integration and is a mechanism to attract additional funding to be held as a pooled budget by the Council and CCG. It forms a part of the pooled budget under the remit of the Strategic Commissioning Board. There is a requirement for the Better Care Fund to be supported by the Health and Wellbeing Board. The guidance to the Better Care Fund Framework 2021-2022 was only received in October and the submission was required in November. Due to the pandemic, there was minimal change to the submission. A more detailed narrative was required of how Bury is driving forward the models of integrated provision in the place.

Will Blandamer was seeking retrospective support for the submission, that had to be made in advance of the Health and Wellbeing Board, with the confidence and assurance that there was no significant change from previous years. The submission was jointly produced by CCG and Council and supported by the Executive Director for Strategic Commissioning, Interim Director of Adult Social Care, Section 151 officer at Bury Council, the Deputy Director of Commissioning at Bury CCG, and the joint Chief Finance Officer.

It was agreed:

1. That the Health and Wellbeing Board note the content of the report.
2. That the Bury Health and Wellbeing Board provisionally approves the Better Care Fund 2021/2022 Planning Template and ratify the decision to submit to the national Better Care Fund team for assessment. With a view to formally approving when the Board meets in person.

That the Bury Health and Wellbeing Board provisionally approves the Better Care Fund Narrative plan for 2021/2022 and ratify the decision to submit to the national Better Care Fund team for assessment. With a view to formally approving when the Board meets in person.

HWB.386 COVID-19 UPDATE (5 MINS)

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

The overall case rates look to have stabilised albeit high, there are around 400 cases per 100,000 people. Case rates in the over 60 cohort are reducing, and this is likely due to the success of the booster programme. Cases are increasing in primary aged children and pre-school children who are currently not eligible for a vaccination.

There is active surveillance underway in the UK for the Omicron variant. Cases of the variant have been announced in Bolton. The key concerns for the Omicron variant are if it is more transmissible, if it can lead to a more severe disease, if it can lead to immune escape and whether it has any impact on treatments; this information will become known in coming weeks as more data is gathered. The UK and South Africa cannot be directly compared as circumstances in each country are different. The UK have already extended the vaccination booster programme to over 18 year olds and introduced a second dose of the vaccine for 12-15 year olds.

HWB.387 URGENT BUSINESS

There was no urgent business raised at the meeting.

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 6.00 pm and ended at 8.20 pm)