

Minutes of: Health and Wellbeing Board

Date of Meeting: 3 February 2022

Present: Councillor A Simpson (in the Chair)
Councillors T Tariq, S McCambridge, K Wynne Jones, J Richards, H Tomlinson, L Jones

Also in attendance: S Paynter, S Senior, C Horth

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

Apologies for Absence: P Martin, S Downey, V Hussain, G Little, Councillor E O'Brien, Councillor R Brown, Councillor D Quinn, W Blandamer, A Crook, R Passman, T Roberts, A Webb and Dr C Fines

HWB.388 APOLOGIES FOR ABSENCE

Apologies for absence are noted above.

HWB.389 DECLARATIONS OF INTEREST

Councillor Simpson declared an interest in the NHS due to being an NHS employee in Salford.

Councillor Tariq declared an interest in the Health and Wellbeing Board due to being a member of Oldham's Health and Wellbeing Board.

HWB.390 MINUTES OF PREVIOUS MEETING

It was agreed:

1. The minutes of the previous meeting be approved as a correct record.

HWB.391 MATTERS ARISING

There were no matters arising.

HWB.392 PUBLIC QUESTION TIME

There were no public questions.

HWB.393 SELF ASSESSMENT WORK AGAINST THE POPULATION HEALTH SYSTEM CHARACTERISTICS

Further to the published agenda, the Chair agreed that the agenda would be re-ordered and agenda items 15, 16 and 17 would be considered first.

Further to consideration of the self-assessment work and implementation plan against the population health system characteristics at a previous meeting, and members approving the

work in principle when the Board met virtually, the item was presented to members to be formally approved.

It was agreed:

That the self-assessment work and implementation plan against the population health system characteristics be approved.

HWB.394 POPULATION HEALTH DELIVERY PARTNERSHIP MANDATE

Further to consideration of the Population Health Delivery Partnership mandate at a previous meeting, and members approving the work in principle when the Board met virtually, the item was presented to members to be formally approved.

It was agreed:

1. That the Population Health Delivery Partnership mandate be approved.

HWB.395 BETTER CARE FUND PLANNING

Further to consideration of the Better Care Fund Planning at the previous meeting, and members approving the work in principle when the Board met virtually, the item was presented to members to be formally approved.

It was agreed:

1. That the Better Care Fund 2021/2022 and the decision to submit to the national Better Care Fund Team for assessment be approved.
2. That the Better Care Fund Narrative plan for 2021/2022 and the decision to submit to the national Better Care Fund Team for assessment be approved.

HWB.396 OUTCOME AND PERFORMANCE REPORT (10 MINUTES)

Lesley Jones, Director of Public Health provided an update.

The Outcome and Performance data is being developed and built into Tableau. All Members of the Board have been invited to have a look at the dashboard and provide feedback.

Included in the agenda pack is an Outcomes Summary. The summaries show that generally, preventable mortality is improving, other than for those with severe mental illnesses which is getting worse. The summaries show that Bury is generally improving against statistical neighbours but there is still work to do to reduce inequalities between Bury and other areas and within Bury. These summaries will be built into the Tableau dashboard.

It was noted that further refinement work is needed around the inequalities data.

In response to a member's questions around how this piece of work can shape services, it was explained that there is an intention to build in an inequalities dimension to the dashboard and to support the development of performance measures at programme and service level which will contribute to the overall outcomes.

It was agreed:

1. Members to continue to feed back on the Tableau dashboard.

2. Members who haven't got access to Tableau who wish to view the dashboard, contact Michelle Foxcroft or Lesley Jones.
3. Kath Wynne Jones and Lesley Jones to share this work with the transformation programmes. Kath Wynne Jones to add the work to a future agenda.

HWB.397 HEALTH AND CARE SERVICES - PRIMARY CARE (20 MINUTES)

Steven Senior, Consultant in Public Health gave a presentation on the inequalities in Primary Care in Bury. A detailed report and PowerPoint slides were included in the agenda pack.

The focus of the presentation was on Coronary Heart Disease (CHD) which is a major cause of illness and death in Bury and can be reduced by good quality primary care. Intervention decay describes how the number of people who could benefit from a healthcare treatment gets eroded by gaps and barriers that stop people accessing care. The importance of linking intervention decay to service resourcing, structures, processes, and outcomes was explained. More deprived populations experience higher rates of CHD deaths. Most parts of Bury are above the England average for CHD deaths.

In response to a member's question around using innovative ways to ensure that patients with cardiovascular disease are accessing services, it was explained that the data shows where to look but not necessarily what to do with it. Suggestions were made to help patient access services. It was suggested that the Neighbourhood Teams and Community Champions could help with patients accessing services. It was suggested that connections are to be made with services who connect with the community more often.

Kath Wynne Jones gave examples of work taking place within neighbourhoods, INT leads have neighbourhood plans which have different indicators depending on the need of that area, the leads are working with Community Hub Managers. The indicators are for health and care. There has been work done with the VCFA around using volunteers to help with community engagement.

A member suggested that health services in areas of deprivation struggle to recruit staff and therefore cannot deliver everything that they would like to due to staff shortages.

Members discussed issues around deprivation getting worse due to the cost of living rise, it was explained that work is being done within communities and integrated neighbourhood teams around health inequalities.

Implementation decay and co-production work is being addressed at the next Partnership Meeting. There is ongoing work around how to engage different people in the community to get their voices shared. The Partnership Meeting has a wide range of stakeholders involved.

It was agreed:

1. Cardiovascular disease is the initial focus for work to address health inequalities through primary care.
2. Further analysis should be done to look at equity in other aspects of primary care for people with coronary heart disease.
3. Bury CCG should support PCNs to analyse inequalities in health and care (starting with cardiovascular disease) within practice and PCN populations with the aim of identifying aspects of care that vary according to patient characteristics such as deprivation and ethnicity and to identify clustering of aspects of care that might help identify those patients who are potentially missing out on the most effective interventions.

4. Data on skill mix across practices is collected to allow a fuller assessment of equity of distribution of the clinical workforce relative to deprivation and health need and support PCNs' workforce strategies.
5. Council and CCG speak to counterparts at the Greater Manchester level and propose analysis to understand the relationship between general practice workforce supply and composition and key outcomes.
6. Bury CCG and Council and GP Federation to support the Primary Care Networks to develop their health inequalities plans drawing on the frameworks outlined in this paper.
7. The Health and Wellbeing Board to be updated on progress against these recommendations in September 2022.

HWB.398 HEALTH RELATED BEHAVIOUR - SEXUAL HEALTH (20 MINUTES)

Shenna Paynter, Public Health Programme Lead gave a presentation on the inequalities in sexual and reproductive health in Bury. A report and a PowerPoint presentation were included in the agenda pack.

Key issues were highlighted in terms of HIV, reproductive health and sexual transmitted infections (STI's). It was explained that Bury is a high HIV prevalence area, HIV is concentrated among men who have sex with men and black African men and women. In terms of reproductive health, it was explained that poor reproductive health outcomes are more likely in women who may already be experiencing disadvantage. The impacts of STI's remain greatest in young people aged 15 to 24 years old and in certain minority ethnic groups, and gay, bisexual and other men who have sex with men.

The commissioning arrangements were explained. There has been a new contract and re-branding of Virgin Care (now known as HCRG Care Group). The new contract will begin in Bury, Oldham and Rochdale on 1st April 2022 and it will be a 5-year developmental contract working with local residents to reduce inequalities. Early Break will be supporting young people with assertive outreach, offering services such as 'clinic in a backpack'.

A member suggested using GP data to send a general text to people regarding testing for Chlamydia, to try to reduce rates in Bury.

A member explained that sexual health and reproductive health services were fragmented post 2013, when commissioning responsibilities were split over three key groups of organisations. Work has been done to help organise and embed capacity for sexual health within primary care.

In response to a member's question around interacting with schools, it was explained that work with schools needs strengthening. Pre-pandemic links with schools were good.

It was agreed:

1. A Bury Sexual Health Strategy (including Reproductive Health and HIV) is to be developed and co-produced with multi organisational stakeholders, this must link to the Greater Manchester strategic plan and the new national strategy. A range of representatives from populations most at risk of poor sexual health are to be engaged in the development and delivery of this strategy to improve sexual health and in the development and evaluation of local services.
2. Primary Care to pull together a HIV multi-partner task group to undertake a stocktake for Bury against each of the objectives in the Towards Zero Plan and identify local actions.

3. Primary Care to support HCRG to develop an equitable, accessible, high quality LARC offer through PCNs/GP fed, and beyond LARC to include wider women's health services. Primary Care to facilitate provider relationships.
4. Once strategic manager is in post, PH provide support to HCRG to convene a multi organisational partnership board to mobilise and develop the new contract.
5. The local system and partnership board should use robust population health data, SHNA and service data to identify inequalities in access and uptake of services across the local system, and to maximise effectiveness of resources. Inequalities must be a standing agenda item.
6. The delivery of targeted work to address inequalities in sexual health, reproductive health and HIV, with a focus on key populations and appropriately targeted services to meet their needs should be evaluated, and outcomes should feed into partnership group.
7. Consideration given to using the Primary Care Women's Health Forum Toolkit to assess the need for smarter commissioning and development of women's health hubs.
8. Consider commissioning MASH (Manchester Action on Street Health) with the cluster commissioners, and sexual health provider HCRG, to target women working in the sex industry who are at risk of sexual ill health.
9. Shenna Paynter to explore using GP's lists to reach more people regarding Chlamydia testing.
10. Shenna Paynter to strengthen sexual health links within schools.

HWB.399 COMMUNITY AND PERSON CENTRED APPROACHES - HEALTHWATCH - INVOLVING PEOPLE WITH LIVED EXPERIENCES (20 MINUTES)

It was agreed:

1. The item be deferred to the next meeting.

HWB.400 WIDER DETERMINANTS - CLIMATE CHANGE/CARBON REDUCTION (20 MINUTES)

Chris Horth, Unit Manager, Environment Team gave a presentation on climate change and health. The PowerPoint presentation was included in the agenda pack. Climate change was described as a serious health issue which is felt most by the vulnerable.

A 10-week consultation on the Climate Strategy took place, which resulted in 400 responses. The consultation took place both online and in person, and public concerns shaped the climate change agenda.

In response to the implementation of the Greater Manchester Clean Air Zone, a Clean Air Zone plan will be produced in May 2022. It was suggested that the Greater Manchester Clear Air Zone could be difficult for local businesses. Andy Burnham, Mayor of Greater Manchester has written to the government to try to safeguard local businesses and communities.

There have been 19 community bids for funding for a number of projects which involve health improvements, improving biodiversity and greenspace.

It was explained that there will be two E-cars, one in Bury and one in Prestwich as part of the pilot car club scheme. The scheme offers people to drive an electric car or use a car hub. A member thought that the E-car club was a good idea due to the high price of electric cars.

A discussion took place around the importance of having local companies who can install and maintain environmentally friendly equipment such as retrofit accelerators.

In response to a member's question around how to get property developers to produce environmentally friendly affordable houses, it was explained that developers tend to look for the cheapest option when building properties although the team will try to encourage carbon neutral developments in planning.

A discussion took place regarding the NEDO Smart Communities Project, which was a project in Greater Manchester, that replaced 30 inefficient heating systems in Bury, with a range of electrical hybrid Air Source Heat Pumps. In response to a member's questions around an opportunity to bring back the Greater Manchester NEDO project, Chris Horth agreed to explore this.

In a response to a member's question around how climate change measures can make a difference to people's health, it was explained that this can be measured through the Outcomes Framework, indicators of wider determinates of health will be monitored.

A member advised that different pieces of work are being joined up through different strategies such as the food strategy and climate strategy.

A discussion around the Health and Care System Estate Group took place. The NHS providers' climate change plans were completed at the end of January, Greater Manchester will publish a plan in April 2022.

It was agreed:

1. That the update be noted.
2. Chris Horth to explore if the NEDO project could be brought back to Greater Manchester.
3. Kath Wynne Jones to ask NHS providers to share their climate change plans at the Health and Care System Estate Group.

HWB.401 POPULATION HEALTH SYSTEM REFORM

Lesley Jones, Director of Public Health referred to the population health system reform plan in the agenda pack. The Kings Fund Model is used in Greater Manchester through the Delivery Partnership against the characteristics in the implementation plan.

A key area of the plan is culture and leadership, it was explained that this work would be led through the strategic workforce with a view to build on population health.

In relation to the sustainable investment in the population health characteristics, it was explained that strategic finance group is undertaking a mapping exercise of spend against population health outcomes, beginning with cardiovascular disease. They will be analysing the cost of spend between treatment and prevention.

It was agreed:

1. To bring the population health system reform work back to each meeting.
2. To share the work with the transformation programmes.

HWB.402 GREATER MANCHESTER POPULATION HEALTH BOARD FEEDBACK

Lesley Jones, Director of Public Health provided an update to the Board.

The Greater Manchester Population Health Board's draft terms of reference were included in the agenda pack for information.

Since the last Health and Wellbeing Board meeting, the Greater Manchester Population Health Board has not formally met, although members have had a development session to look at the role of the Board and oversee the transformation money spend.

The Board will focus on population health at a Greater Manchester level which will act as a mutual vehicle for sharing work between Bury's Health and Wellbeing Board and the Greater Manchester Population Health Board.

HWB.403 PHARMACEUTICAL NEEDS ASSESSMENT (PNA) TIMEFRAME DECISION

Lesley Jones, Director of Public Health explained that the PNA is a statutory responsibility of the Health and Wellbeing Board. Last year, due to pressures that Covid-19 caused across all sections, the requirement to publish renewed PNAs was suspended until October 2022.

Due to ongoing service disruption and capacity in teams there was a conversation requesting a deferment to publish the PNA until next year. The North East have recently requested a deferment and this was rejected. Therefore, the alternative option is to carry on with the PNA, with members being aware that it would be unlikely that the PNA would be published by the statutory deadline.

It was agreed:

1. To carry on with the PNA work.
2. To note that the statutory deadline for publishing the PNA may be missed.

HWB.404 COVID-19 UPDATE

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

Covid-19 case rates are falling but remain high, especially in primary school aged children.

There has been an increase in Covid-19 cases in the South West and South East, therefore there is a potential for cases to increase again in Bury.

With the Omicron variant and the vaccine programme, there has been fewer people requiring hospital treatment, intensive care and fewer deaths.

The Omicron variant has a higher re-infection rate compared with other variants, around 10-15% of cases are re-infections, meaning that it is possible to catch the virus again.

Approximately 80% of eligible cohorts have received both doses of the vaccine and the booster. There are inequalities in the vaccine uptake which services are focussed on addressing.

England has moved from Plan B measures to Plan A, although people need to continue to be vigilant as a new variant could emerge.

In response to a member's question around people reporting Covid-19 lateral flow tests via the NHS app, it is thought that NHS case rate data is an underestimate, other data sources are also showing a downward trend in infections rates therefore it is thought that infections rates overall are falling. It was suggested that generally, people are reporting positive lateral flow tests via the NHS app but less people are reporting their negative tests.

The impact of reducing isolation days on the workforce was discussed. It was hoped that more people could return to work after 5 days if they had two negative lateral flow tests, but many people are still testing positive for Covid-19 on day 10.

HWB.405 URGENT BUSINESS

There was no urgent business.

COUNCILLOR A SIMPSON
Chair

(Note: The meeting started at 6.00 pm and ended at 7.40 pm)