

SALFORD HEALTH AND WELLEBING BOARD

Tuesday 12 July 2022, 2:00pm to 4:15pm

Present

Ben Andrews (BA)
Sam Cook (SC)
Chris Dabbs (CD)

Joan Fielder (JF)
Councillor Tracy Kelly (TK)

Daniel Marshall (DM)
May Moonan (MM) – Chair
Bruce Poole (BP)
Tom Regan (TR)
Prof Margaret Rowe (MR)
Councillor Hannah Robinson-Smith (HRS)

Peta Stross (PS)

Managing Director, Beyond Empower
Chief Officer, Healthwatch Salford
Greater Manchester Chamber of
Commerce
CEO, Salford Helping Hands
Statutory Deputy City Mayor and Lead
Member for Housing, Property and
Regeneration
GM Fire and Rescue Service
Public Health Consultant (People)
Salford CVS
GP St. Andrews Medical Centre
University of Salford
Executive Support Member for Social Care
and Mental Health
Salford Primary Care Together

Officers

Chris Howl (CH)

Democratic Services (Service Reform)

Officers present via MS Teams

Gordon Adams (GAd)
Gordon Allen (GA)
Deborah Blackburn (DB)
Hannah Dobrowolska (HD)

Laura Edwards (LE)
Nicola Leak (NL)
Orla McCann (OM)

Strategic Intelligence Manager (People)
Salford Answer Cancer Champion
Health Protection (People)
Director of Corporate Services NHS Salford
Clinical Commissioning Group
Unlimited Potential
Public Health Development Officer (People)
Unlimited Potential

Apologies

Muna Abdel Aziz (MAA)
Councillor Jim Cammell (JC)

Steve Dixon (SD)
Cath Gormally (CG)
Gill Green (GG)
Steve Hassell (SH)
Tara Kearney (TK)
Councillor John Merry CBE (JM)
Phil Morgan (PM)
Peter Openshaw (PO)
Alison Page (AP)
Councillor Teresa Pepper (TP)

Charlotte Ramsden (CR)

Director of Public Health (People)
Lead Member for Children's and Young People's
Services
Salford Clinical Commissioning Group
Northern Care Alliance
GMMH
Salford Community Leisure
Northern Care Alliance
Deputy City Mayor
Chair Healthwatch Salford
Regulatory and Client Services
Salford CVS
Executive Support Member for Education and
Learning
Strategic Director People

Tom Stannard (TS)
Tom Tasker (TT)

Chief Executive
Salford Clinical Commissioning Group

1. Welcome and Introductions

MM welcomed members to the meeting and those present introduced themselves.

2. Questions from the Public

It was confirmed that there were no questions from the public.

3. People's Story – Cancer Support in Salford

GA, a Salford Answer Cancer Champion, gave a 5-minute talk about his own cancer story and experiences as a cancer champion:

- previously had breast cancer 16 years ago,
- became a cancer champion via Salford City Radio with Answer Cancer,
- in February 2022 cancer re-appeared again, in-operable but have good longevity chances as it can be controlled for years,
- I met other men who've had breast cancer, at local and national events.

JF asked what is the incidence of breast cancer in men? GAd answered that breast cancer affects approximately 50,000 women and 500 men per year.

TK thanked GA for sharing his experiences, especially as her dad had it 20 years ago, who happened to just come across it, which is rare for men and mostly ignored.

MM asked if anyone knew when was the last time a male breast cancer article appeared in Salford Life? No one knew.

ACTION: *MM/NL to arrange for an article on male breast cancer to be drafted for an impending edition of Salford Life.*

JF mentioned that her partner does a podcast on a Friday, she'll suggest to him that he does a short spot this coming week (she stated that she had breast cancer 10 years ago).

RESOLVED: THAT the content of the verbal presentation be noted, and action undertaken.

4. Apologies for Absence

The apologies listed above were noted.

5. Declarations of Interest

There were no declarations of interest.

6. Minutes of the Meeting held on Tuesday 10 May 2022 and Matters Arising

- The minutes of the above meeting were approved as a correct record.
- The following matters arising from the minutes of the above meeting were noted:
 - SC confirmed that ML (from Healthwatch Salford) had not yet contacted the Salford 'Time to Act Group' yet, as Healthwatch Salford are still scoping with Public Health an engagement plan.

ACTION: *ML/SC to contact the Salford 'Time to Act Group' once their engagement plan scope has been completed.*

- SC confirmed that Healthwatch Salford had not yet liaised with Salford Thrive Plan yet, as Healthwatch Salford are still scoping the intended two mental health engagements.
- SC confirmed that Healthwatch Salford had attended a STAT meeting in respect of the dentistry report.

ACTION: *ML/SC to liaise with the Salford Thrive Partnership once their two mental health engagement scopes have been completed.*

ACTION: *MM to remind GM to engage with partners to promote and raise awareness of a well-being campaign on vaccination, specifically childhood vaccinations.*

RESOLVED: THAT the actions be undertaken.

7. Locality Plan Update/ Spotlight on Partnership Enablers

7a. Role of the Private Sector (Chris Dabbs)

CD used a PowerPoint to provide an overview of his paper regarding 'Engaging with the private sector on health and well-being':

- the COVID-19 situation showed the potential and readiness of businesses to improve the health and well-being of local people and communities (and to reduce health inequalities).
- previously there has been much less thought to engaging with businesses as allies.
- whilst parts of the private sector already operate in ways that support health and well-being and reduce inequalities, other parts operate in ways clearly adverse to them.
- it's estimated that 25% of businesses have an ethical driven mission statement.
- many local businesses are rooted and invested in their local communities, some are effectively 'anchors' in their community, as much as public and VCSE entities (being run and staffed by people who live locally).
- businesses engage and contribute to their communities in various ways and frequencies, which is often not recognised.
- some businesses that want to contribute either do not know how, or the processes/pathways are designed in a way and/ or in a culture that is not meaningful to them.
- most businesses recognise the importance to them, from a business perspective, of health and well-being for their workforce ... including improving productivity, reducing sickness absence and improving staff retention.
- operating in a world that is addressing the determinants of health and well-being creates a better environment in which to do business, including more engaged communities, reduced crime and disorder, and reduced environmental impacts.
- as things change (on-line retail, digital working, changes in high streets and town centres, and the impact of COVID-19), there will be new opportunities to engage with existing and new businesses, so that their contribution to health and well-being is optimised, through:
 - purchasing and procurement practices by the public sector, that can influence the behaviour and focus of private sector organisations, and
 - brokerage by public service and VCSE agencies to link communities and community groups that need help or support with local businesses that can provide it.
- as a starting point, there may be an opportunity to recognise those businesses that already do 'the right thing', by adapting existing schemes and awards (such as the

Salford Business Awards) to accommodate the positive role of businesses or included in a business-oriented 'Spirit of Salford' campaign.

- reflecting on the positive standards already encouraged for businesses, consideration might also be given to Salford describing the qualities of businesses that it genuinely welcomes in the city and, either explicitly or at least by implication, those that it would not.
- in order to engage the wider private sector in improving health and well-being, the key challenge is for those in the public and VCSE sectors to create a culture and environment for engagement that is meaningful and practical for businesses.

MM stated that this had been a very healthy challenge.

JF shared that based upon a chance call-in to their office several month ago, we've been using a local Irlam business for the previous 8 weeks to undertake Helping Hands repair/maintenance requests Mondays-Wednesdays. Plus, 16 years trading with the council has just been extended as we've secured another three-year contract.

DB stated that this kind of mutual entrepreneurship seems to be increasingly the key to how we're able to move some of our agendas forward, especially with young people/adults, i.e. suicide prevention with barbers/ hairdressers.

MR said that this is a great paper/ idea, how do we get the other 75% of businesses involved?

TK reaffirmed that the council is heavily involved in the skills and work agenda (via Cllr Cussack), giving us an opportunity to get this ambition embedded.

MM stated that this aligns well with our prevention agenda and the Locality Plan.

ACTION: *MM to support Chris Dabbs in scoping a document about the potential next steps for the next mtg.*

JF shared that Helping Hands are part of a UK pilot of working a 4-day week (which is part of the wider public health agenda), and she'll be willing to share/ promote our experience.

RESOLVED: THAT the content of the verbal presentation and report/ PowerPoint be noted.

7b. Partners in Salford updates – latest news (June 2022) (May Moonan)

MR shared that all GM police training is now undertaken at UoS – a recent issue to be scoped concerns mental health assessments as part of triage at police station counters.

SC shared that Healthwatch Salford are in the process of collating its Salford GP survey, with 954 public responses received so far and a first draft of results anticipated at the end of July 2022.

SC confirmed that Healthwatch Salford adult home care survey is to be released very soon.

TK shared that Derive has received 20 new properties in the last couple of weeks, which together with other initiatives are slowly starting to address various local housing issues.

DM shared that home safety checks can be arranged via GMF&RS.

MM asked how do we assist with settling-in new tenants and making them aware of the range of support services available? TK stated that Derive properties are currently managed by Salix Homes, but she'd be very interested in an approach that provided a welcome resource to all new residents in Salford.

RESOLVED: THAT the content of the verbal presentation be noted.

8. Joint Strategic Strengths and Needs Assessment Programme

8a. Update on JSSNA programme, including scoping document and pharmaceutical needs assessment (Gordon Adams)

GA used a PowerPoint to provide an overview of his Joint Strategic Strengths and Needs Assessment Scoping Paper:

Each local authority has a statutory requirement to deliver a JSNA to provide "... analysis of current and predicted health and well-being outcomes, an account of what people in the local community want from their services and a view of the future, predicting and anticipating potential new or unmet needs ..."

Format is not prescribed but should include:

- Assessment of health and social care needs.
- Place-based population health analysis.
- System-wide approach to health inequalities.
- Evidence base for local strategies and commissioning.
- Move to a Joint Strategic Strengths and Needs Assessment.
- Greater number of shorter chapters published separately.
- New prioritisation exercise to set annual output.
- More collaborative approach with a task and finish group delivering each chapter.
- Focus on output to support decision making.
- Explicit link to Great Eight and Marmot.

Each subject chapter to follow similar structure:

1. What do we know? – The Salford picture.
2. What's the cause? – Model of the drivers.
3. Where are we heading? – Trajectories, risks.
4. What can be done? – Strategic recommendations.

- Each section will focus upon strengths and assets.
- More robust prioritisation stage.
- Greater collaboration in the reports production.
- Overview document with summary of each chapter.
- By March 2023.

MR asked why it's envisaged taking two months to identify the authors? GA said that it was hoped that this would be completed in a shorter period.

CD welcomed the approach, and wondered:

- in terms of the team around the thematic lead, how can we draw-in the private sector?
- whilst looking at strengths rather than needs is good, how do we identify these?

GA admitted that it was not going to be easy, but that we should learn a lot from the approach we're going to undertake, not just on the issues that are to be covered (i.e. through developing working relationships).

TK asked if the ward element is still going to be highlighted? GA confirmed that yes it absolutely would be, not necessarily as separate reports, but in how the data was displayed.

JF asked if mosaic data was being used? GA confirmed that yes it would be as part of the sources for the work and also confirmed that various neighbourhood reports had already been published using such.

BA asked that in terms of strengths, what work is there from elsewhere in the UK, that distinguishes strengths from assets? CD mentioned that recent Winton and Barton loneliness work included social capital not just physical aspects.

PS asked how do we ensure that we just don't repeat what we've always done? (in terms of who's involved and how its undertaken). MM hoped that this wouldn't occur if the work provided universal, proportionate and targeted outcomes.

MM wondered if any thought has been given to a start and finish group? GA stated that it envisaged that the JSNA/ STAT group could perform this function.

SC asked if there is any detail on adult social care? GA confirmed that there was not publishable but welcomed colleagues to get involved in some capacity if they wanted on any of the issues.

RESOLVED: THAT the content of the verbal update be noted.

8b. Cancer JSSNA Update (Nicola Leak)

NL provided an overview of her 'What should we be doing next to tackle cancer risk factors and uptake of cancer screening programmes in Salford' paper:

- In Salford areas with greater deprivation experience higher levels of cancer risk factors, incidence and deaths and lower uptake of cancer screening programmes.
- Such communities should be prioritised for primary prevention interventions and messaging to increase awareness of the signs and symptoms of cancer, the importance of early presentation and the benefits of attending screening invitations.
- There's a need to mobilise both our Engagement and Inclusion Teams, along with our Third/ VSCE Sector to add greater reach into those communities that are less likely to engage with conventional public health awareness campaigns.
- National literature suggests poor outcomes also for other groups such as older people, BAME (black, Asian and minority ethnic) groups, and those with disabilities.
- Implementation of what we should be doing next/ recommended priority areas should therefore include specific action around these groups, including:
 - target gender appropriate cancer prevalence and incidence messages and initiatives to male oriented settings, such as workplaces across the city.
 - review the prostate cancer pathway, as the needs assessment has shown prostate cancer to be one of the main types of cancer diagnosed in males in Salford, with incidence on the rise.
 - continue to promote a healthier lifestyle, as the primary prevention of cancer, with greater focus applied to two subjects where Salford has 'considerable issues'

- these being: tobacco use, and access to specialist smoking services delivering smoking cessation and low alcohol risk support.
- continue to offer transforming services to support the delivery of the prevention agenda, for example:
 - CURE tobacco addiction service.
 - Smoke Free Pregnancy Programme.
 - continued promotion to increase public awareness around alcohol unit guidelines and alcohol related harm.
 - review local pathways, systems and infrastructures to tackle healthy weight/ physical activity.
 - improve HPV vaccine take-up in girls aged 12-13 years (school year 8), highlighting the importance of the vaccine via a local campaign.
 - increase uptake of cancer screening, via the provision of accessible information to increase public awareness of the benefits of cancer screening programmes, including easy read resources and resources translated into the languages most used locally.
 - continue to develop and deliver engagement sessions with additional verbal messages from health care professionals, religious leaders and community volunteers.

MM reiterated that the big three cancers were: breast, lung and prostate and bowel.

BA stated that he thought that there was real potential to use services already commissioned to assist with assessments (i.e. care organisations who deliver home visits/ care packages) and us to spread awareness and increase screening.

CD asked why we were only considering improving HPV vaccines in girls only? NL confirmed that this was based on the information available at the time of her research, in Salford we want both boys and girls.

RESOLVED: THAT the content of the verbal update be noted.

9. Influencing role of the Salford Health and Well-being Board (Verbal)

9a. GM ICS arrangements and implications for HWBB (Steve Dixon/ Tom Tasker)

HD gave a verbal update that highlighted:

- the Health and Care Act 2022, which created Integrated Care Boards and Integrated Care Partnerships, and disestablished Clinical Commissioning Groups.
- NHS Greater Manchester Integrated Care (NHS GM IC) was formed on 1 July 2022.
- the nationally set purpose of Integrated Care Boards, and the aims of Integrated Care Partnerships, which will work at the GM, locality and neighbourhood level.
- that the CCG had been closed down effectively, interim senior locality team arrangements are in place, delegations from GM to the locality are being clarified and the ambition for our locality arrangements (in light of the Locality Plan) are clear.
- the need to ensure the role of the Health and Wellbeing Board, and the new Locality Board and Provider Collaborative Board within Salford were clear to avoid any duplication/ confusion.
- that these groups will be supported by public and patient engagement and informed by a new Clinical and Care Professional Forum.

TK asked do we need to consider any such potential duplication?

ACTION: MM/MMA to ask TS to give this issue due consideration.

ACTION: CH to ensure 'GM ICS arrangements and implications for HWBB' is an agenda item on 12 September 2022 meeting.

RESOLVED: THAT the content of the verbal update be noted.

10. Update from sub-groups (Verbal by exception)

10a. Report from the Health Protection Board (May Moonan)

MM provided a verbal update of relevant items from the Salford Health Protection Board, who are currently updating all risk assessments for council staff for each of the following issues:

a) Monkey Pox

- nationally and internationally cases are increasing.
- there are 14 known cases in Salford, all resulting from men who have sex with men
- we're working closely with sexual health services and wider health care services to improve contact tracing – Bolton co-ordinating ours, as our sexual health service deliverer.
- we're not aware of any heterosexual(?) sexual transmissions.
- we're starting to see a vaccination programme of men who have sex with men (focusing upon those who have/ have had multiple sexual partners and those who have and a STI in the last three months) – our local hub being at Salford Royal Foundation Trust.
- GM have escalated the risks and Bolton are putting an action plan together – this is proving difficult due to the current spike in Monkey Pox and not being able to recruit sufficient experienced 'field' staff.
- however, people can access other sexual health services across GM.

b) COVID-19

- we're updating our COVID-19 response plan to reflect how we're now in a 'living with' phase that has four trigger levels:
 - Level 1 – this is our current level.
 - Level 2 – increasing ICU admissions.
 - Level 3 – increasing deaths.
 - Level 4 – new VOC (Virus of Concern).
- Salford had two cases last week in critical care.
- we're developing our own Early Warning System and establishing an Emergency Response Group.
- our incidents and control measures are very well monitored (by Bev Wasp as Health Protection Lead).

CD asked that in terms of our provision for people who've had/ have long-COVID, how will Salford be serving them? MM said that there is a long-COVID service within Salford. TR confirmed that this was still operational but that referrals dropped-off.

ACTION: TR to provide an update on numbers et al to HWBB in the next couple of weeks.

MR stated that UoS are operating a long-COVID clinic.

JF shared that her partner has had long-COVID and had used the service, but that there is actually very little that can be done for people.

JF indicated that following receipt of a grant from Salford CVS, Helping Hands are doing some work with UoS/ SRFT focusing upon what support/ hand holding can be offered to long-COVID sufferers (i.e. peer support for some time out of the home for social/ health/ financial activities) – 18 sufferers are engaging with another 30 who are known to exist.

TK asked if the UoS are doing any data analysis? MR confirmed that they were via the Northern Care Alliance.

TK wondered that as we're not testing nor contact tracing, as we approach the flu season, have we got a response in place to the probable increase in demand for LFT kits, as many people can't afford/ won't be able to afford to pay for them? (between £2-£5). MR said that the UoS have dozens of LFT kits left over, so should be able to donate these.

ACTION: *MM to include a collection of surplus LFT kits as part of the COVID-19 escalation plan.*

SC said that Healthwatch Salford were considering a long-COVID project (across GM), capturing peoples experiences.

c) Polio

- there are currently no cases in Salford and GM are closely monitoring should this alter.

d) Immunisation and Screening

- there had been a reduction in uptake pre and during COVID-19.
- two transformation groups have been established, who are developing plans to increase uptake.

e) Dental

- we've recently recruited a full-time Oral Health Lead Practitioner, who is working across the city to reduce decay rates for 0-5-year-olds and is also starting to deliver a Mouth Care Matters programme for older people.

TK shared a conversation a colleague councillor overheard yesterday at their dentist, whereby a dental receptionist talking to a patient said that the dentist was taking-on new patients but not if they were on benefits – is this likely to be true and what can be done about it? MM asked for details, and she would investigate.

ACTION: *MM to investigate this situation and report back at a future meeting.*

f) Health and Well-being Board Terms of Reference

- MM referred to the January 2022 version of the Health and Well-being Boards Terms of Reference and given the recent health and social care changes across GM with the creation of GM ICS, encouraged members to identify aspects for review. The outcome of the resultant discussion was that:
 - Tom Regan to be named as new Salford Health and Care representative (Co-Chair).
 - Cllr Kelly to seek confirmation on who the remaining councillor places on the Board should be (one majority party and one opposition party).
 - HD to seek confirmation on who the GM ICS representative would be.
 - BA and JF should appear as 'Vocal Leaders CVS representatives' rather than 'Salford CVS representatives'.

- MM to liaise with SSHP to identify a representative.
- MM to liaise with NWAS to identify a representative.
- MM to liaise with PCN to identify a representative.
- PS to liaise with Provider Collaboratives to identify a representative.

ACTION: CH to update the Health and Well-being Boards Terms of Reference accordingly.

ACTION: HWBB to review its Terms of Reference every six months, thereby capturing any GM ICS bedding-in period and transition changes that may arise.

CD expressed concern about the Board losing its public health focus in view of the GM changes, for example, not that there should be a representative from the NCA, but who specifically it should be from the NCA. HD suggested that it might help to view the three GM boards as being alongside one another rather than being hierarchical.

PS thought that there could be some recovery due to the conversations that continue and emerge, even if certain people and organisations had been removed from the meetings.

RESOLVED: THAT the update be noted, and action undertaken.

10b. Report from the STAT Group (Chris Dabbs)

CD provided an update of the group's activity on 17 June 2022, specifically the Economies for Healthier Lives project in Salford, for which it is the steering group.

It's a funding programme by The Health Foundation to strengthen relationships between economic development and health. In Salford, the project is linked through the Salford Way to the Inclusive and Green Economy Strategy and to the Salford Locality Plan 2020-25.

The project in Salford is an initial scoping phase of identifying realistic economic opportunities in the public and private sectors in Salford, which will be prioritised by local people. It will work with local people to co-produce potential supply responses with a view to mutually/ socially owned enterprises to meet future demand in priority areas.

The scoping also encompasses work towards enabling of local people to create and collectively own their own economic solutions, and offering anchor institutions new, viable local suppliers through practical market opportunities. This should not only keep more money and wealth in the local economy, but also afford local people more control over and hope for their futures.

On the 'demand' side, the project is supporting 'community wealth building' by anchor institutions, starting with analysis of their expenditure. On the 'supply' side, it is exploring 'grassroots wealth building', learning how to develop and equip young adults so that they can thrive, and how to create with them pathways into the social economy.

Each of these factors will help to improve health and reduce health inequalities.

Learning will be used to inform co-production with local people, as well as the development and implementation of Salford's inclusive and green economy strategy.

There is support in principle for the creation of an anchor institutions network with common goals and collective action within a clear framework. This would enable consistency in both commitments and practice, as well as sharing learning, including on encountering barriers.

Economic development and public health professionals require more co-ordination of their work (clearly learning from the COVID-19 situation), via deepening their working partnerships and mutual understanding of what each other does and why. These conversations need to be meaningful and focussed, with tangible actions emerging for effective change. This means thinking about shared commitments and frameworks, in line with local strategies, and then how to work together to fulfil shared objectives, ideally across all sectors.

The Health and Wellbeing Board:

1. gave its support, in principle, for the development of an anchor institutions network.
2. identified living wage, local purchasing, local employment, 4-day week working and a workforce that reflects the community that it's based in as commitments that might be encouraged and enabled from anchor institutions in Salford.
3. gave the task of encouraging and enabling much closer links between economic development and public health, including through deepening of the mutual understanding and working relationships between economic development and public health professionals to the Agenda Item 7A scoping group (engaging with Matt Ainsworth).
4. agreed that it would be useful to receive verbal updates on progress towards addressing economic determinants of health and well-being at every meeting.

CD said that if we can demonstrate by October 2022 that there is some 'added value' to work-up in greater detail from the initial scope, then it's very likely that another two years of funding from the Health Foundation would be allocated to see the concept evolve.

RESOLVED: THAT the update be noted.

10c. Report from the LPG/ JSNA Group

This item had effectively been covered by agenda item 8A 'Update on JSSNA programme, including scoping document and pharmaceutical needs assessment' (see above).

RESOLVED: THAT the earlier agenda update be noted.

11. Updates from partners and emerging issues

There were no updates from partners and emerging issues.

12. Any Other Business

There were no items of any other business.

13. Date and Time of Next Meetings

- Tuesday 13 September 2022, 2pm to 4pm
- Tuesday 8 November 2022, 2pm to 4pm
- Tuesday 10 January 2023, 2pm to 4pm
- Tuesday 14 March 2023, 2pm to 4pm
- Tuesday 9 May 2023, 2pm to 4pm

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