

Shadow Health and Wellbeing Board

Minutes of the meeting held on 20 March 2013

Present

Councillor Leese	Leader of The Council – in the Chair
Darren Banks	Central Manchester Foundation Trust (substitute for Mike Deegan)
Liz Bruce	Strategic Director for Families, Health and Wellbeing
Dr Mike Eecklaers	Chair, Central Manchester Clinical Commissioning Group
Councillor Evans	Executive Member for Adults Services
John Edwards	Director of Education and Skills (substitute for Mike Livingstone)
John Harrop	Manchester Mental Health and Social Care Trust (substitute for Michelle Moran)
Nora Ann Heeney	University Hospital South Manchester (substitute for Karen James)
David Regan	Director of Public Health
Ian Rush	Chair of the Manchester Safeguarding Adults Board and the Manchester Safeguarding Children's Board
Brian Stevens	Pennine Acute Hospital Trust (substitute for John Saxby)
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Warren Heppolette	NHS Commissioning Board Local Area Team
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Director of Macc (Manchester Alliance for Community Care)

Unable to be present: Mike Deegan, Karen James, Mike Livingstone, Michelle Moran, John Saxby,

SWHB/13/08 Minutes

The Board approved the minutes of the meeting on 23 January 2013, subject to the amendment of the job titles of substitute members. Board members were advised to contact the Governance and Scrutiny Support Unit with those amendments.

Decision

To agree the minutes of the meeting on 23 January as a correct record subject to the above amendment.

SHWB/13/09 An Integrated Care Blueprint for Manchester (Living Longer and Living Better)

A report of the Strategic Director from Families, Health and Wellbeing outlined the detail of the approach that will be taken to develop integrated primary, community and social care services in the future. Since the plans were initially presented to the Health and Wellbeing Board in January, a significant amount of work had been undertaken to identify what needed to be done in terms of how services are delivered, how the workforce and resources from each organisation will work together and engaging with services users. The blueprint is a combined document

from the listed organisations on behalf of Executive Health and Wellbeing Group and Health and Wellbeing Board:

- North Manchester Clinical Commissioning Group
- Central Manchester Clinical Commissioning Group
- South Manchester Clinical Commissioning Group
- Manchester City Council
- Manchester Mental Health and Social Care Trust
- University Hospitals South Manchester Foundation Trust
- Pennine Acute NHS Trust
- Central Manchester University Hospitals Foundation Trust

The document proposed to implement an ambitious programme of integrated care services which would target the 20% of Manchester's population with the most need, namely, those most at risk from hospital admissions who would benefit from receiving a co-ordinated community based care package for all their treatment needs. The report asked for the Health and Wellbeing Board to support the development of strategic outline case that would explain how this programme would be taken forward over the ten years. Delivery of the blueprint is integral to the delivery of the Joint Health and Wellbeing Strategy and is relevant of the eight priorities of the Health and Wellbeing Board.

The proposed changes to how health and social care services are delivered are closely linked with Healthier Together, which is a Greater Manchester wide review of hospital services. Board members were concerned that the Healthier Together proposals should map what hospital services should look like across Greater Manchester for the clinical benefit of patients and develop proposals from this point, linking in with local provision of healthcare.

All Board members recognised the scale of the challenge and agreed that this was a critical piece of work. Manchester was leading the way in developing an integrated care model. Significant progress has been made in a short space of time but it was also important to note that this was a long term piece of work which would require substantial investment from every organisation. More work was still required to build links and to develop a common terminology between health and social care organisations. The importance of research and evaluation in partnership with universities was also discussed. Although the proposals were at an early stage, the Board was confident that Manchester had the right supporting structures in place to deliver these changes across the city.

The Board supported the recommended that each lead organisation identified a suitable chief officer and supporting team from within their organisation to take forward this work.

Decision

1. To approve the document and support the progression to a strategic outline case by June 2013, which would include
 - Wider engagement with key partners
 - Detailed immediate plans (local and citywide) 1-3 years
 - Scoped medium term plans (local and citywide) 3-5 years
 - Scoped long term plans (local and citywide) 5-10 years

2. To ask each lead organisation to identify a suitable chief officer and supporting team from within their organisation to take forward this work.
3. To support the governance of this programme through the Health and Wellbeing Board, its Executive Health and Wellbeing Group and the local structures in North, Central and South Manchester.
4. To request that the Executive Health and Wellbeing Group take forward the implementation of recommendations 2 and 3.

SHWB/13/10 Early Years Transformation Programme Update

An update on the implementation of the Early Years Transformation Programme was provided to the Board. The report described the progress that has been made in developing the new model for delivering early years services for 0 – 4 year old children.

The new delivery model is a close partnership between the Council and key NHS partners to introduce assessments, co-ordination of care and interventions for young children. Midwives and health visitors will undertake these shared assessments as part of the initial home visits and as part of the universal offer of services provided to all parents. The assessments will then be used, along with other early indicators, to identify where families need additional support, and if so, families will be referred to the assertive outreach service. The model will be implemented in three Manchester wards (Rusholme, Old Moat and Charlestown) from April 2013.

Members noted that the terminology used to describe aspects of the model could be confusing, particularly where similar names are used to describe different programmes. The board suggested that the distinction between “early years” and “early help” is described clearly to help the public understand the substantial changes that will affect the services they receive.

Decision

To note the report

SHWB/13/11 Falls in Older People

Falls in older people was identified as a priority topic in Manchester’s Joint Strategic Needs Assessment (JSNA) in 2012. The report provided an overview of the JSNA and set out the approach of the Council and health organisations which need to be implemented in order to reduce the high levels of falls experienced by older people. The effects of a fall vary between individuals but they can have an effect on mobility, isolation and confidence, especially for older people.

The Strategic Director for Families, Health and Wellbeing advised that local performance on falls prevention could be improved. Dr Helen Hosker, Lead for Urgent Care and Lead for Stroke and Falls, Central Manchester Clinical Commissioning Group added that the links between the council, NHS services and partners are not as well understood as they might be in this service area.

With the development of the city's plans for integrated care, there was an opportunity to review how health and social care services around falls prevention could be integrated to deliver better outcomes for people experiencing falls. The plans for doing this were set out in the report. The Board had a discussion about the need to understand the risk factors and circumstances around falls and for different support services to work together to support older people experiencing a fall. They agreed that there was a need to address the inconsistency in the support services across the city, and supported the proposals in the report.

Decision

To support the next steps for the programme of work to deliver health and social care services around falls prevention.

SHWB/13/12 Joint Health and Wellbeing Strategy

At the November 2012 meeting the Board considered the first draft of the Joint Health and Wellbeing Strategy. Following comments from board members, the strategy was revised and key stakeholders were consulted on the content. The report of the Director of Public Health summarised the comments received and also described the work undertaken to develop an outcomes framework for the strategy.

The consultation included a seminar with the health scrutiny committee members, from which specific indicators about antenatal care and domestic violence were added. Other comments arising out of the consultation exercise were the suggestion of a plain English, executive summary of the strategy for the public, a stronger focus on the link between housing and health, and clear description of how resources would be allocated to support the delivery of the strategy.

In discussion of the Board priorities and the development of a stronger focus on the link between housing and health, particularly around the work to support "troubled families", members noted that it was important to explicitly set out how the two areas are linked, but the remit of the Board should remain focused on health and not be expanded to encompass housing.

The Board discussed the indicators contained within the outcomes framework. They noted that the majority of indicators are already being monitored and the driver group would assess when to alert the Board if a significant deterioration of performance would affect the delivery of the strategic priority. Members emphasised that the performance indicators should be constantly improving and the Board should also be alerted if this was not happening. Further work was also required on the indicators to link them more clearly to the outcomes framework.

Several respondents had commented on the considerable overlap between priority 3 and priority 4 in the strategy. The Board noted that the fourth priority was about providing the best quality health services for Manchester residents, although this may not be clear in the way the priority was worded. The driver group would continue work on the strategy, taking account of the comments received in the consultation.

The Board also supported the production of a public version of the strategy to communicate the priorities of the Board and the strategy to members of the public.

Decision

1. To note the comments received as part of the engagement process for the Joint Health and Wellbeing Strategy.
2. To ask the driver group to complete the work on the Joint Health and Wellbeing Strategy and Outcomes Framework in time for the official launch of the strategy, at the first meeting of the Board as a statutory body on 8 May 2013.

SHWB/13/13 Public Health Budget

Public health functions and resources are transferring to the Council from 1 April 2013. The resources include a public health budget from by the Department of Health. The majority of this budget is already allocated to existing public health schemes but a small proportion of the budget has not yet been allocated. The report summarised the full public health budget and set out in more detail the proposed areas to spend the unallocated part of the budget.

The overall public health budget comprises of three main strands which include a specifically allocated public health grant from the Department of Health, the existing Council budget associated with the former Joint Health Unit and an existing Council budget held by the Drug and Alcohol Strategy Team. Over the next two years these budget will be merged with a total amount of approximately £41.7 million in 2013/14 and approximately £45.7m in 2014/15. Approximately £828k of this money is unallocated. The report set out proposals for spending this money in accordance with the Board's priorities including additional funding for the active lifestyle service, tuberculosis services and mental health and wellbeing support to "troubled families".

In supporting the proposed areas for spending the unallocated money, the Board emphasised the importance of having a clear evidence base and outcomes to demonstrate the added value of the additional money spent. The Board approved the proposals in the report and supported the recommendations to the Executive.

Decision

To approve the spending proposals for the unallocated public health budget and to support the recommendations to the Executive.

SHWB/13/14 Healthwatch Update

A report of the Strategic Director for Families, Health and Wellbeing was submitted. The report provided an update of the development of HealthWatch Manchester and the provision of an independent NHS complaints advocacy service.

From 1 April 2013, all local authorities are required to have a contract with a local HealthWatch organisation to support the involvement of local people in the commissioning and provision of health and social care services. The competitive tender process to commission the HealthWatch Manchester delivery organisation

was approved by the Shadow Health and Wellbeing Board in July 2012. In February, the contract for the delivery of HealthWatch Manchester was awarded to Manchester Citizen's Advice Bureau.

The initial focus for HealthWatch Manchester will be to secure staff support and to establish its management board and supporting governance arrangements. The report sought the Board's views on the level of involvement it wanted to have in the recruitment of the HealthWatch Management Board members.

The Board decided that Manchester HealthWatch should be autonomous in the appointment of its own Management Board but expected that that a robust governance framework would be in place to support it. In terms of performance of HealthWatch Manchester, it would be subject to scrutiny from the Council's health scrutiny committee and HealthWatch England. The governance and accountability arrangements should clearly set out the mechanisms, and the roles of the Health and Wellbeing Board and HealthWatch England to dissolve HealthWatch's Management Board or to replace members if they were not operating effectively. The Strategic Director agreed to clarify these arrangements.

Decision

1. To note the report
2. To agree that Manchester HealthWatch should be autonomous in the appointment of its own Management Board

SHWB/13/15 Health and Wellbeing board – Governance and Constitutional issues

A report of the Governance and Scrutiny Support Unit was submitted, which summarised the key issues arising from the recently published Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 which will come into effect on 1 April 2013. The Regulations modify certain legislation as it applies to health and wellbeing boards and its operation. This report provides a summary of how the Regulations will affect the operation of Manchester's Health and Wellbeing Board and its members.

Following the formal establishment of the Board on 1 April 2013, board meetings will be subject to the same openness and transparency rules as other Council committees. Specific rules about membership and voting rights would also apply. Members of the Board would have to comply with the Council's code of conduct and complete a register of interest form. The Board agreed that it would be useful for further training to be provided for board members on this topic.

Although the Board would become a statutory committee of the Council, members noted that it was also a partnership of key organisations with a specific purpose of planning how health and social care services will be delivered in Manchester. Due to this, the Board agreed that no voting restrictions would apply to any of the membership. It was also agreed that substitute members may attend Board meetings to participate in discussions about agenda items but only committee members would

be able to vote. Where possible, members should attend the Board meeting themselves, rather than send a substitute.

Decision

To note the report

SHWB/13/16 Health and Social Care Reform in Greater Manchester

An Association of Greater Manchester Authorities (AGMA) report on the priorities for health and social care service reform across Greater Manchester was submitted for information. The report recognised that there are two key objectives to deliver an effective health and social care system in Greater Manchester. The first objective is to substantially reduce unplanned and avoidable admissions to hospital and other institutions such as residential care, and secondly to secure improved quality and outcomes from hospital services. This will be done in part

To achieve these objectives, the way services will be delivered is changing with more being delivered jointly between health and social care and more services delivered across larger geographical areas. This is to ensure that people have access to better quality services across Greater Manchester. Important components of health service reform include the reconfiguration of some hospital services that need to be planned and delivered across several local authority areas and improved access to primary care. A public consultation on the proposed changes called "Healthier Together" is currently planned for summer 2013.

Each local authority area will develop an implementation plan about how changes to local services would fit into this wider context. The CCG representatives on the Board stated that Manchester's primary care model supported the move toward integrated care services across Greater Manchester. The Board noted that the scale of the proposed changes under the Healthier Together programme would affect all Manchester residents so it was important that the changes were driven by the need to improve services for patients, and that they would fit into local priorities.

Decision

To note the report.

SHWB/13/17 The next meeting

The next meeting will take place on Wednesday 8 May 2013 at 10.00am in Committee room 11 of the Town Hall