

Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 18 September 2013

Subject: Greater Manchester Health and Wellbeing Board

Report of: Ged Devereux, Health and Wellbeing Board Convenor

Summary

In February 2013 the AGMA Executive and key partners including the Greater Manchester (GM) Clinical Commissioning Group Council recognised the importance of maintaining and developing a GM wide perspective on issues of health and social care reform. In order to provide additional leadership for this area of work and other GM wide priorities impacting upon the health and wellbeing of the GM population it was agreed to establish a GM Health and Wellbeing Board.

The rationale for a GM Health and Wellbeing Board (HWB) rests upon the needs of ten locally integrated health and care systems. It was agreed that the GM HWB would work closely with and recognise the subsidiarity of local HWBs. This report sets out the work to develop the priorities of the GM HWB as part of the broader Greater Manchester Strategy (GMS) and the protocol for working between the GM HWB and local HWBs.

Recommendations

The Board is asked to:

- 1) Endorse the priorities identified by the GM HWB.
 - 2) Consider the protocol for working with the GM HWB.
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Board Priority(s) Addressed:

All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Draft Greater Manchester Strategy 2013-2020

1. Introduction

1. The GMS was first developed in 2009. It established an ambitious vision for 2020, to secure long-term economic growth and enable the city region to fulfil its economic potential, whilst ensuring that local residents are able to contribute to and share in that prosperity.

In 2009 the GM Health Commission (which has now been succeeded by the GM HWB), which was supported by GM Directors of Public Health successfully worked to ensure that the GMS had a focus on population health and health inequalities. Poor health across GM was recognised as both a function of deprivation and low productivity, and a contributor to it. This has proven extremely useful in highlighting the importance across GM of addressing lifestyle determinants of ill health (tobacco, alcohol, obesity) and wider determinants such as fuel poverty, absence of quality work, and air quality.

Although the strategy vision is still as relevant in 2013 it was recognised that the strategy should be reassessed in light of the economic challenges that GM faces. The consultation on the draft GMS (2013-2020) closed in June 2013 and is currently being prepared. Section 2 of this report outlines the health and wellbeing element of the draft strategy.

2. The Greater Manchester Strategy and Health and Wellbeing

1. The revised GMS acknowledges the need to improve outcomes from health and social care services and address an increasingly financially unsustainable care system.

Local Health and Wellbeing Boards will recognise the priorities set out in the strategy:

- “a significant proportion of public spending is spent on reactive and unplanned interventions, rather than targeted, planned and preventative interventions”
- “Too many people are still in receipt of relatively fragmented services and not receiving best in class outcomes, demand is increasing in part as a consequence of medical advance and the ageing population, and the system increasingly appears financially unsustainable”
- “The crucial period for child development is between late pregnancy and age 3, by which time a child's brain is 80% functioning. Current early years services often only identify problems once they become observable and serious (and therefore harder and more costly to address).”

The strategy includes three clear actions that are directly relevant to local Boards:

- Develop a health strategy for GM focused on stemming onflow of demand for services; and improving health outcomes via prevention and early intervention.
- “GM requires a reconfiguration of acute services that delivers better outcomes, and a whole system leadership commitment to the reduction in unplanned admissions to hospitals and other care institutions.”

- “From 2015 across GM (and with piloting in districts before then) our new delivery model will support all parents to give their child the best possible start in life”.

Local HWBs have a crucial role to play in understanding how these objectives align locally. For example, the vast majority of health and social care activity happens locally and needs to be increasingly delivered through strengthened models of integrated care and primary care services. The local HWB will wish to see ‘out of hospital’ services develop at a pace and scale, and then understand what the potential implication of a clinically led redesign of hospital services will be.

2. In order to help drive the implementation of the GMS, AGMA Leaders agreed that portfolio leads take responsibility for its various priorities. Councillor Cliff Morris, Leader of Bolton Council and Chair of the GM HWB, will be responsible for the health dimension of the strategy.

The GM HWB has been working to deliver these priorities. Local Health and Wellbeing Boards will already be aware of some key developments to develop these priorities:

- Healthier Together is a major programme of hospital service reform led by the Association of GM CCGs that will help deliver improved outcomes from hospital services. The NHS in GM have worked hard to position Healthier Together in the context of public service reform and strategies for improving primary care and integrated services.
- At a local level AGMA leaders agreed to share models of integrated care, and as a result each HWB is overseeing the development of an outline Integrated Plan to be shared in June
- An informal Executive Advisory Group has been created, bringing together local authority and acute sector Chief Executives with representatives of GM Clinical Commissioning Groups and NHS England. This will provide a forum for the provision of executive advice to the GM Healthier Together and integrated care programmes.
- The GM HWB is itself a recent construction. AGMA Leaders felt that in addition to the long standing prevention and wellbeing agenda the new Board needed to play a role in shaping Healthier Together and proposals for integrated care. Once 10 local integrated plans have been developed the GM Board is the one body that can collectively sign off assumptions about the potential effect of integrated care and the relationship with acute hospital reform.

3. Working between the GM HWB and Local HWBs

1. The GM HWB has been established to support the lead AGMA Leader portfolio holder for health in delivering the health elements of the GM strategy. The Board will seek to encourage partners to work together and continue to help place Healthier Together in the context of broader health and social care reform. The Board will continue to highlight key programmes and share information, for example, supporting the development of 10 local integrated plans.

Local HWBs are invited to consider their own role and priorities in the context of the strategy, with the aspiration that it receives the endorsement of local Boards. The current draft strategy can be viewed at http://www.agma.gov.uk/gmca/gms_2013/index.html . There is a commitment to build close working relationships between the GM and local HWBs, each of whom will be understanding the local dimensions of Healthier Together, integrated care, strategies for prevention and early intervention, and implementing the New Delivery Model for early years services. The following protocol has been developed to promote this joint working:

Protocol for working between the GM Health and Wellbeing Board and Local Health and Wellbeing Boards

The rationale for a Board at the GM level rests upon the needs of 10 locally integrated systems. Therefore the new Board is keen to work closely with local HWBs. This protocol has been written in order to encourage a dialogue between local and GM Boards and provide direction to the officers supporting these.

How can local Health & Wellbeing Boards influence the GM Board's agenda?

Prior to each GM HWB meeting local Chairs and lead officers (within the Health Facilitators Network) will be provided with agendas and proactively invited to provide their comments.

The GM HWB will collate 10 local JSNAs and Health & Wellbeing Strategies, and seek guidance from local Boards on what issues might require consideration at the GM level.

How will the GM Board communicate with the local Boards?

Officers supporting the GM Board will routinely provide reports, presentations and key decisions after each Board meeting. The GM Board will consider whether agenda items have implications for localities and record recommendations and highlight where reports or presentation might be considered locally.

There will be regular contact between supporting officers via the HWB Facilitators Network.

Chairs of both GM and local HWBs should be encouraged to proactively communicate with one another and share work programmes.

What will members of the GM Board be responsible for?

Individual members of the GM Board are expected to take a 'GM perspective'. However, individual members retain their connections to locality partnerships and will often also act as members or Chairs of local Health & Wellbeing Boards. There will be an expectation that members of the GM Board take responsibility for communicating back to their localities and across partnerships. In particular, it will be useful if members ensure that elected members in localities are briefed on the work of the GM Board.

Across the full membership and various supporting groups each locality will be connected to the GM Board. The multi-disciplinary nature of the GM HWB means that in some occasions this will be the Chair of the local Board, or a Director of Public Health, or Adult Services, or Executive Councillor with responsibility for health.

What will Chairs of local Health & Wellbeing Boards be responsible for?

Local Chairs will be encouraged to consider collaborative opportunities and refer items to the GM Board.