

Health and Wellbeing Board

Minutes of the meeting held on 18 September 2013

Present

Councillor Leese	Leader of the Council
Councillor Andrews	Executive Member for Adult Services
Liz Bruce	Strategic Director for Families, Health and Wellbeing
Darren Banks	Central Manchester Foundation Trust (Attending for Mike Deegan)
Dr Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
Warren Heppolette	NHS Commissioning Board Local Area Team
Steve Taylor	Pennine Acute Hospital Trust (Attending for John Saxby)
Mike Livingstone	Strategic Director for Children and Commissioning
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health
Vicky Szulist	Healthwatch Manchester
Claudette Elliot	South Manchester Clinical Commissioning Group (Attending for Dr Bill Tamkin)
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Director of Macc (Manchester Alliance for Community Care)

Also attending

Mike Houghton-Evans, Interim Director for Families, Health and Wellbeing

Apologies: Dr Atilla Vegh, Dr Bill Tamkin, Ian Rush and John Saxby

HWB/13/13 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 3 July 2013 as a correct record.

HWB/13/014 Matters Arising

In relation to the minute for the Francis Report item considered at the July meeting, a member of the Board asked for an update on Manchester's strategy for advocacy support for patient voice. The Board agreed to request an update for a future meeting.

The Strategic Director for Adults Health and Wellbeing advised the Board that the update on the Living Longer, Living Better programme had been postponed and would be considered in November.

Decision

To agree to receive an update on Manchester's strategy for advocacy support for patient voice to be provided to a future meeting.

HWB/13/015 Mental Health Commissioning Intentions

The Board considered a report which summarised the Council's and the clinical commissioning group's proposed approach to commissioning mental health services in Manchester. The Board were asked to endorse this approach.

Manchester's Mental Health and Social Care Trust has been subject to a number of independent reviews over the past few years. In response to some specific concerns about mental health services, the latest review was jointly commissioned by the clinical commissioning groups and the Council to assess how to use the city's resources most effectively. The report outlined the next steps that will be taken to commission effective mental health services and to deliver good outcomes for the users of the service.

The Executive Nurse and Director of City Wide Commissioning and Quality informed the Board that the commissioning intentions detailed in the report have been developed to create a "whole system approach" to mental health services. This meant that the focus would shift from commissioning individual services to commissioning the complete path that a patient will take through the NHS system, from their first contact with a healthcare professional to the end of their treatment (pathway). This would make the transition and referral between services more seamless and ensure that the patient's experience of services was a positive one. The Board expressed the importance of ensuring that patients could easily get to services through a single access point and that they could understand the course of treatment they would receive.

The Board supported the system wide approach to commissioning mental health services, recognising that the level of service provided across Manchester, and in some respects Greater Manchester, could be disjointed. They particularly supported that the new commissioning structure would reduce fragmentation in services, the focus on reducing dependence through supporting people with low level mental health needs to recover and the focus on transferring treatment out of hospitals and into the community. The Board also acknowledged the importance of linking the commissioning of mental health with the Living Longer Living Better Programme.

They also recognised the challenge and importance of Manchester's commissioning priorities for mental health aligning with the national and regional priorities of NHS England.

The planned approach to do this was for most adult mental health services to be delivered by a single provider contract. Following initial concerns raised by a member of the Board about the effect of moving toward a single provider and the potential for it to exclude smaller community providers, the Executive Nurse assured members that this would not be the case and local community providers would still have an important role to play.

The Board acknowledged that lack of mental wellbeing has wide ranging consequences on society and so they welcomed the intention to strengthen support to help people with lower level mental health needs to recover. They recognised the link between mental health and physical health; and the contribution of effective

mental health services to addressing wider issues such as getting people into work and supporting them to be more independent.

Decision

1. To note the contents of the report.
2. To endorse the approach being taken by commissioners to develop commissioning intentions for mental health services.

HWB/13/016 Fundamental Review of Clinical Commissioning Groups Allocations Policy

The Director of Public Health introduced a report which summarised the results of the NHS England commissioned review of the local allocation of resources to clinical commissioning groups, and its effect on Manchester. The Board was asked to support the proposed response to these results.

The results of the Advisory Committee for Resource Allocation (ACRA) recommendation for a funding formula for clinical commissioning group allocations have been published. If this formula were formally adopted by NHS England, it would see resources shift from 'poor' to 'good' health areas over time. Specifically it would negatively affect the three Manchester clinical commissioning groups, and other core cities, with the exception of Birmingham and Bristol. Any further loss of funding to Manchester would compound the significant funding reductions made to the Council's budget over the last few years. Further funding reductions are also likely in 2015/16. The report describes the detail of the formula recommendation and how it would affect Manchester's resource allocation.

The Director of Public Health emphasised that the policy to reduce funding was at odds with NHS England's national priority of reducing health inequalities. He explained that the Clinical Commissioning Group's Head of Finance had made representations on behalf of Manchester at the regional consultation workshop. In terms of the next steps, it was proposed that the health and Wellbeing Board approach Public Health England to challenge the formula, work with other Greater Manchester health and wellbeing boards, and collaborate with other core cities affected. Duncan Selbie from Public Health England will visit Manchester in November, giving the Board the opportunity to raise this issue.

The Board supported the paper and the next steps that were outlined in the report. Given that the NHS in Manchester has been under resourced for a long time, they were concerned about the long term impact of the formula change if it were adopted, particularly the effect on health inequalities. The changes would take some time to take effect, so the long-term impact would not be known for some time. They also acknowledged that this affected neighbouring authorities and that the Board should work with other boards across Greater Manchester.

The link between levels of deprivation and health inequalities has been proven, and members were concerned that the formula supported a trend for reducing investment in core cities where levels of deprivation were high. Specific examples of the reduction to the portion of the Dedicated Schools Grant for the Healthier Schools

Programme were given. This trend presented a significant challenge to reducing health inequalities, and achieving Manchester's already ambitious strategy. The Director of Public Health advised that the Clinical Commissioning Group Head of Finance was working hard to produce the full case against the formula with supporting evidence to demonstrate that funding reductions create increasing demand for health services.

The Board acknowledged statements of support from the NHS England and voluntary representatives. They endorsed the approach set out in the report.

Decision

To support the robust response to challenge the basis of the Advisory Committee for Resource Allocation recommendations through the following routes:

- Planned regional workshops for NHS commissioners;
- An approach to Public Health England;
- Joint work with other affected Greater Manchester clinical commissioning groups;
- Representation through core cities;

HWB/13/017 Promoting Social Inclusion of Older People through the Age Friendly City Programme

The Board considered a report of the Strategic Director of Families, Health and Wellbeing and the Director of Public Health which set out the city's plans for promoting social inclusion of older people through the World Health Organisation's age friendly city methodology, and its connections with the Health and Wellbeing Strategy.

The Senior Strategy Manager, Public Health Manchester outlined the detail of some of the new initiatives being taken across Manchester and the link with the Health and Wellbeing Strategy. The Board welcomed Professor Chris Phillipson from Manchester Interdisciplinary Collaboration for Research on Ageing (MICRA), Jane Grant from Southway Housing and Councillor Sue Cooley, the Council's Champion for Older People.

Professor Chris Phillipson highlighted the importance of linking services to the needs of an aging population, which would reduce demand for health services. Cities are good for older people due to the amount of resources and the key was to harness those resources effectively. He also summarised some of the work done by MICRA. Ms Grant described some of the work done by Southway Housing to develop age friendly neighbourhoods. This work had demonstrated that there was still a lot more to do and the need to develop stronger links with health and social care.

Enabling older people to keep well and live independently in their community was one of the Board's priorities. The Board recognised the good work undertaken by MICRA and Southway Housing, particularly to reducing isolation of older people. They acknowledged that older people were more likely to be affected by changes to local neighbourhoods. Members acknowledged the need to develop a more co-ordinated approach between other services and health and social care services for older people.

The Board welcomed the report and the opportunity to build stronger links with Age Friendly Manchester. The Board discussed the perception of older age, among clinicians and the wider public. There was still a perception of older people as a frail or elderly population, even among some clinicians. This perception needs to be challenged so that older people are considered an asset to the city. In terms of healthcare, the Board recognised that there should be a single approach to healthcare provision regardless of age.

Clinical commissioning group representatives acknowledged a need for stronger clinical representation on the Strategy Group. This work had strong links with the Living Longer, Living Better Programme and as such required some clinical input. The clinical commissioning group representatives agreed to work with the Strategy Group to take this recommendation forward and identify suitable clinical representation.

The Board discussed the intergenerational work between younger and older people in Manchester. Members noted that this aspect was underplayed in the report but it was an important area of work. They also highlighted the importance of including consideration of people of all ages and generations, and how they are engaged with this work. The Board agreed to receive a report on the Valuing Young People Strategy to a future meeting.

Decision

1. To approve the approach set out in the report.
2. To support the strengthening of the clinical representation from the Health and Wellbeing Board on the Age friendly Manchester senior strategy group, and to ask the clinical commissioning group representatives to progress this outside of the Board meeting.
3. To receive a report on the Valuing Young People Strategy to a future meeting.
4. To receive a further report from the Manchester Institute for Collaborative Research into Ageing on its five year development plan.

HWB/13/18 Extra Care Housing Investment Project and Opportunities for Engagement with the Housing Sector

The Board considered a report of the Director of Housing which outlined the work of the Housing Health and Social Care Programme Board and its achievements to date. The report also set out opportunities for more integrated working between the health and social care sector and the strategic housing sector to support healthy and wellbeing of residents. The Board was asked to consider how to maximise the benefits from further engagement with the housing sector.

The Director of Housing introduced the report, advising members that external providers managed social housing stock in Manchester. The Council's main role was strategic housing, bringing all of the housing providers together in partnership. Living Longer, Living Better Programme commissioners have recognised that older people want to services that allow them to live independently. The Extra Care Housing

Investment Project aimed to provide extra suitable housing for older people to enable them to do this. This will enable people to live in their own home independently rather than the extra needs restrict them unnecessarily. This housing is being provided through adaptations to existing housing stock and is being led by the Manchester Equipment and Adaptations Partnership.

The Board recognised and welcomed the need to build strong engagement and communication between the Health and Wellbeing Board and the Housing Health and Social Care Programme Board. They acknowledged that this was linked to the previous report and that all services needed to work together to provide the level of coherent services required. The Head of Commissioning for Adults outlined plans to develop based on good practice from Ormskirk where the direct links with housing and health services are well developed.

The Board discussed the housing adaptation work that had already been completed in South Manchester, and how the different housing providers are engaged in the process and with each other. The Director of Housing outlined the Council's partnership role and noted that the work already done was to test how the concept of the project would work in practice. It would be rolled out to the rest of Manchester at a later date through discussion taking place with Housing Health and Social Care Programme Board and housing providers. The representative from Central Manchester Foundation Trust (CMFT) stated that the Trust, as a big community service provider want to be engaged in the dialogue to ensure that all services are joined up effectively.

The Board agreed that this report presented an opportunity for further involvement with other linked policy areas such as housing. The Director of Housing welcomed the engagement with the Health and Wellbeing Board and agreed to continue the discussions outside the formal meeting to develop the mechanism to build and maintain the links between housing and health.

Decision

1. To note and approve the approach to delivering the Extra Care Housing Investment Project in the city.
2. To note the improved outcomes achieved through the Manchester Equipment and Adaptations Partnership.
3. To note the opportunities for future engagement with strategic housing and the wider housing sector to improve the health and wellbeing of the city's residents

(Councillor Andrews developed a personal interest in this item as the Vice Chair of Wythenshawe Housing Group)

HWB/13/019 Impact of Alcohol Consumption

The Board considered a report of the Director of Public Health on the impact of alcohol consumption. The Board was asked consider and respond to proposals for the next steps in reducing alcohol related harm in the city.

Alcohol has been identified as a priority topic in Manchester's Joint Strategic Needs Assessment (JSNA) for 2013, which gives an overview of the impact of alcohol misuse on individuals, families and communities. The report described information on the way that alcohol impacts on each of the priorities of the Manchester Health and Wellbeing Strategy, and outlines ways in which the Health and Wellbeing Board can strengthen ongoing delivery of the Manchester Alcohol Strategy.

The Board welcomed Dr Chris Daly, Lead Consultant in Substance Misuse who described the impacts of alcohol on different people, how people were treated for substance misuse and how this work linked with other areas of work such as troubled families. He acknowledged that Manchester has very good alcohol services but also one of the highest level of addiction in the UK. He highlighted the importance providing the right sort of treatment and recognising when a person needs treatment if they are admitted through emergency services.

The report set out proposals for next steps. These included:

- regional work to review the pricing of alcohol following the government's change of mind about introducing a minimum price;
- influencing the balance of advertising of alcohol in the city;
- supporting the promotion of aims of the Manchester Alcohol Strategy.

A member of the Board enquired about the work being done in school to educate children and young people on this issue. The Board acknowledged that funds were limited in the Healthier Schools Programme but they were reassured that schools were engaged in the programme. The Director of Children's assured members that young people with alcohol dependent relatives were also supported through pastoral care in schools, but this was not always enough for the scale of work needed.

Locally, there are over 1,800 premises licensed to sell alcohol in Manchester, and there is evidence that density of licensed premises is linked to increased alcohol related harm. It is acknowledged that the alcohol retailing brings economic benefits to the city, and that purchasing alcohol is an individual choice; but the costs to the city are also significant. In terms of availability of promotion of alcohol, the Board supported the principle that holding a licence is a privilege, not a right and that licensees should act responsibly. They suggested that key stakeholders work with licensees to train staff with skills and techniques to support drunk people. They also expressed the importance of having the right licensing policies to tackle problems such as off licenses selling cheap alcohol.

In discussion of the role of public health in reducing the harm caused by alcohol abuse, the Board recognised the importance of public health working with the Licensing Unit and Greater Manchester Police to identify hotspot areas for alcohol related crime; and to direct resources where the biggest issues arise.

The Board supported the actions set out in the report to address the harm caused by alcohol abuse.

Decision

To note the report, and to support the actions set out in the report to address the harm caused by alcohol abuse.

HWB/13/20 Joint Strategic Needs Assessment

On 1 April 2013, the responsibility for the production of the Joint Strategic Needs Assessment (JSNA) passed to the Health and Wellbeing Board. The JSNA is an assessment of the health profiles and needs of a local area and provides information to support commissioners to understand the range of health services that are needed to improve the health and wellbeing of residents in the city. Manchester's JSNA is maintained as an online resource through the Manchester City Council website to enable the information to be kept up to date.

The Director of Public Health outlined some of the additional information that was included in the new version of the JSNA. This included information about the prevention and treatment of cancer, alcohol and liver disease, tuberculosis and dementia. Future work will focus on improving the structure and functions of the JSNA web pages. The Board was asked to formally approve the new content and launch of the JSNA.

Decision

To agree the launch of the latest Joint Strategic Needs Assessment.

HWB/13/21 Greater Manchester Health and Wellbeing Board

The Board considered a report that set out proposals for local health and wellbeing boards to develop closer working relationships with the Greater Manchester Health and Wellbeing Board (GMHWB). The GMHWB was established in February 2013 following recognition by the AGMA Executive and Greater Manchester clinical commissioning group representatives, of the importance of maintaining and developing a Greater Manchester wide perspective on issues of health and social care reform.

The report set out proposals for local boards to work with the GMHWB. This included sharing information, agenda setting and specific roles for members and chairs of local health and wellbeing boards.

The Board acknowledged that the GMHWB was still at an early stage of its development. It was not a statutory board but did have representation from all geographical areas and all health sectors. As it was still in the process of establishing its role, it has not been effective as it could be. The Executive Member for Adult Services said that it was important to start engaging with the GMHWB at this stage so that the views of the Board are co-ordinated in time for the implementation of bigger strategic programmes such as the Healthier Together Programme.

To ensure that the potential of the GMHWB is realised, it needs to ensure that the bigger strategic items such as the Healthier Together Programme. The Board noted that it could influence the agenda setting process to ensure that this happened. They also suggested that the minutes of the Greater Manchester Health and Wellbeing Board should be circulated to members as soon as they are available to help them to support

Decision

To endorse the protocol.

HWB/13/022 Manchester Health Protection Expert Advisory Group: Terms of Reference

In January 2013, the Shadow Health and Wellbeing Board agreed to establish a group to advise the Board about health protection issues, along with the terms of reference for the group. The Health Protection Expert Advisory Group has now been established and the terms of reference were revised at its first meeting. The revised terms of reference, membership and operating arrangements were submitted to the Board for confirmation.

Decision

To approve the terms of reference for the Health Protection Advisory Group.