

Health and Wellbeing Board

Minutes of the meeting held on 6 November 2013

Present

Councillor Andrews	Executive Member for Adult Health and Wellbeing (in the chair).
Mike Houghton-Evans	Interim Strategic Director for Families, Health and Wellbeing
Gill Heaton	Central Manchester Foundation Trust (attending for Mike Deegan)
Dr Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
John Saxby	Pennine Acute Hospital Trust
Mike Livingstone	Strategic Director for Children and Commissioning
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health
Ian Rush	Chair, Manchester Safeguarding Board, Adults and Children
Vicky Szulist	Healthwatch Manchester
Dr Bill Tamkin	South Manchester Clinical Commissioning Group
Mark Chapman	University Hospital South Manchester Foundation Trust (attending for Dr Attila Vegh)
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Director of Macc (Manchester Alliance for Community Care)

Apologies: Councillor Richard Leese, Mike Deegan, Dr Attila Vegh

HWB/13/23 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 18 September 2013 as a correct record.

HWB/13/24 Health and Care Reform

The Board received a detailed presentation on different aspects of health and care reform in Manchester. The presentation and accompanying reports focussed on three key programmes that set out the plans for how health and care services would change in Manchester in the future. These programmes were:

- a. Living Longer, Living Better Strategic Business Case – which described in detail the business case for delivering community based co-ordinated care in Manchester.
- b. Draft Primary Care Commissioning Strategy – which described the plans for changing how primary care services would be commissioned.
- c. Healthier Together - which provided an overview of the Greater Manchester wide reform of hospital based care.

The Board welcomed:

Ian Williamson, Chief Officer, Central Manchester Clinical Commissioning Group
David Fillingham, Programme Lead, Living Longer, Living Better Programme
Martin McEwan, Associate Director of Engagement and Partnership, Healthier Together

Chris Brooks, Executive Medical Director / Healthier Together Programme
Rob Bellingham, Director of Primary Care Commissioning, NHS England (Greater Manchester)

The presentation set out the context and reasons for the necessity to change the way health and care services are provided, including the rising demand and costs of healthcare, increasing poor health and the need to ensure services are of good quality. All of the programmes intended to improve the quality of health and social care services for individuals so that people can access general advice and care locally and also receive the best quality specialist services for more serious illnesses. Officers highlighted that the effective delivery of the three programmes was interdependent.

In terms of the Living Longer, Living Better Programme, good progress has been made since the previous update to the Board, and services were already able to demonstrate some improvements in the outcomes for patients. Officers gave an example a falls patients being cared for in their own homes rather than being admitted to hospital was given. This was achieved through collaboration with North West Ambulance Service. There is a focus on reviewing pockets of good practice in different areas so that levels of service are consistent across the city.

Mr Bellingham introduced the Primary Care Commissioning Strategy element of the presentation. He said that the strategy complemented Living Longer Living Better Programme. The draft strategy focussed on improving quality and safety of primary care (GP based) services through the a number of changes including improving the use of digital information across services, identifying the best course of treatment for different conditions, enhancing locally based out of hospital care services, and promoting self care where appropriate. There is a further period of engagement with wider stakeholders before the strategy is finalised but the Board was asked to endorse the draft strategy.

The Healthier Together Programme is a programme of health and social care reform across Greater Manchester. The aim of the programme is to provide the most appropriate care for the medical condition and to provide more services in primary care, the community and at home rather than in hospital. As part of this review, hospital services across Greater Manchester will be delivered as a single service. This meant that general hospital services would be delivered locally and different specialist services would be delivered from a small number of locations across Greater Manchester. This is a particularly challenging programme of change as it involves breaking down barriers of providing services at different hospital sites. This would involve a culture change among staff, to increase flexibility in working across sites and the way services are provided to provide more consistent outcomes for patients.

In terms of the next steps, officers acknowledged the need to develop closer links with the programmes that are taking place on a regional level (Healthier Together) and those taking place on a local level (Living Longer, Living Better Programme) over the next few months. There was still some work to clearly establish the links between each of the programmes, particularly among the public.

Mr McEwan informed the Board that it was originally intended to carry out a formal consultation on Healthier Together in January but this has been postponed until after the local elections in May. Instead, January will see the start of informal discussions with stakeholders and the public about what the programme entails. The Board agreed to receive a more detailed update on Healthier Together in January.

Members noted that there was a danger of the proposals becoming confusing for members of the public, particularly with the changes to health care taking place under the banner of three different names and programmes. The Board acknowledged the need for the messages to the public to be consistent so that they understand that the changes were not just about budget reductions but also intended to improve services. Some members of the Board suggested that all of the programmes should be rebranded at this stage to make this clearer. Mr McEwan agreed that it was important to engage the public as early as possible and to ensure the messages were consistent. He sought the Board's approval to work with the Council's communications team to strengthen the Healthier Together Programme's engagement with social care. It was important to ensure that the public were clear that the proposals were not NHS led and that all health and social care partners were involved in the changes.

The Board noted that there were a number of significant challenges facing health and social care reform such as national policies that may block progress or partners and staff not being fully engaged.

One of the biggest challenges was ensuring that local strategies and programmes on both the city wide level and the regional level, aligned with the priorities and work of NHS England. The Board acknowledged that national priorities might affect the implementation of all of the programmes. Indications from the government suggested that they supported and endorsed the implementation of integrated community based care. Another challenge was maintaining the momentum for change among all stakeholders but the strong leadership and ambitious programme provided by Manchester would support this.

The Board discussed the impact of changes on both hospital based and community based staff. The Board recognised that there was a critical issue in attracting people to work in primary care. Mr Bellingham explained that there was a wider aim to ensure that mechanisms were in place to make primary care in Manchester an attractive place to work. This included making Manchester a centre for training aspiring GPs. The Programme Lead for Living Longer Living Better expressed the importance of ensuring that the views of staff were taken on board, the necessity to change current working practices and the need to make the best use of new technology for information sharing.

The clinical commissioning group representatives recognised the benefits of the changes and they endorsed the intentions set out in the draft Primary Care Commissioning Strategy. As a member organisation, they felt that it was important that clinical commissioning groups have the support of their GP members to implement any changes to primary care, particularly in the context of rising demand for services. They also recognised the need for new ways of working and the need to rationalise estates and finances.

In discussion of the role of patients and carers, officers assured the board that they would be fully consulted. They also confirmed that patients and carers roles in the design and accountability of the new structures would emerge as plans are developed further over the next few months. Following a specific question, Officers also agreed to include more detail about personal health budgets in the Living Longer Living Better Programme case.

Overall, the Board supported the programmes, endorsed the recommendations and noted the actions taken to address the challenges associated with the programmes.

Decision

1. To approve the contents of the Living Longer Living Better Strategic Business Case report and the initial analysis of the population groups, the description of the priority care models and the high level financial case, whilst understanding that further work will be required to refine this data.
2. To approve the proposed next steps as described within the implementation section of the Living Longer Living Better Strategic Business Case report, with particular reference to the development of new contracting and delivery models and the timescales attached
3. To note the limitations of the financial case because of the available data and evidence, but recognise we have significantly increased our understanding and have a clear risk mitigation plan in place to make informed investment decisions going forward.
4. To agree to receive a progress report on the Living Longer Living Better Programme in January 2014.
5. To endorse the draft Primary Care Commissioning Strategy.
6. To note the contents of the Healthier Together briefing and to agree to receive a more detailed update in January 2014.

(The clinical commissioning group representatives declared a personal interest in the draft Primary Care Commissioning Strategy).

HWB/13/25 Child Health Profile

The Board considered a report of the Director of Public Health which provided a summary of the health of Manchester children. This was based on the recently published national 2013 Child Health Profile.

The report provided an overview of the child health issues that will be discussed in detail by the Board in January 2014. Measures for 32 indicators of child health were provided in the report including infant mortality rate, childhood obesity, and dental health. Local progress against some of these indicators, particularly around the oral health and mental health of children will be reported to the Board in more detail in January.

The Director of Public Health informed the Board that the profile showed some of the challenges that the city faced, and the opportunities to address some of these challenges. He highlighted some areas where public health was also starting to make a difference such as immunisation rates. Other areas such as rising rates of tuberculosis and rickets were still problems that needed further work.

The Board welcomed the report and recognised the achievements to date, particularly around the Healthy Child Programme. They agreed that the Board should receive this information on an annual basis.

Board members acknowledged that it was for the Board to focus on addressing problems that were specific to children's health as well as adults, and that the relationship between the Children's Board and the Health and Wellbeing Board should be clear. They recognised that there were wider factors that contribute to poor health such as poverty or being out of work. They agreed to receive a report to a future meeting to outline the priorities and work of the Children's Board and how these link with the Health and Wellbeing Board.

Decision

1. To note the report
2. To agree to receive the Child Health Profile on annual basis.
3. To agree to receive a report to outline the priorities and work of the Children's Board and how these link with the Health and Wellbeing Board to a future meeting.

HWB/13/26 Health and Wellbeing Board Annual Report

The Health and Social Care Act 2012 gave the Health and Wellbeing Board (HWB) specific functions. These functions include the preparation of the Joint Strategic Needs assessment (JSNA), the Joint Health and wellbeing Strategy (JHWS), and a duty to encourage integrated working. The underlying principles of the HWB include a commitment to promote openness and transparency in the way that the board carries out its work and to engage with patients, service users and the public. To date the board has been active in involving local residents in the development of the JSNA and the JHWS.

The Board's theme convenor advised that it is proposed to produce an annual report of the Health and Wellbeing Board that will promote the purpose of the board and will evaluate the work of the board in its first full year as a statutory body. The report set out the potential scope of an annual report and sought the board's views on the approach being taken to develop the annual report. This would involve one to one interviews between board members and the theme convenor. It was intended to publish the report in April next year.

The Board supported the approach taken to develop the annual report. Members queried the intended audience of the annual report, noting that it was important to ensure that the report was written in clear English for the public. The Board's theme convenor confirmed that the annual report would sit alongside the Joint Health and

Wellbeing Strategy and the Joint Strategic Needs Assessment and would be written in plain English.

Decision

1. To approve the scope of the Health and Wellbeing Annual report as set out in the report.
2. To task the Health and Wellbeing Board theme convenor to work with the Health and Wellbeing Board driver group to prepare a draft annual report for final approval by the health and Wellbeing Board for publication in April 2014.