Manchester Health and Wellbeing Board
Report for Resolution

Report to: Health and Wellbeing Board – 19 March 2014

Subject: Health and Wellbeing Board Annual Report 2013-2014

Report of: Ged Devereux, Health and Wellbeing Board Convenor

Summary

At its November meeting the Board agreed the scope of the Annual Health and Wellbeing Board Report and agreed to receive a draft annual report in advance of publication in April 2014.

The aim of the annual report is to promote the purpose of the Board and to highlight the work of the Board in its first full year as a statutory body. This report presents the draft annual report and seeks board members views on the content of the annual report and the future work of the Board.

Recommendations

The Board is asked to:

1. Consider and comment on the draft Annual Health and Wellbeing Board Report as set out in this paper

2. To agree the future work of the Health and Wellbeing Board as set out in part four of the annual report.

Board Priority(s) Addressed:

All

Contact Officers:

Name: Ged Devereux
Position: Health and Wellbeing Board Convenor
Telephone: 0161 234 3730
E-mail: g.devereux@manchester.gov.uk

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.

Health and Social Care Act 2012 (Department of Health 2012)

The Story So Far – a report on the development of the Manchester Health and Wellbeing Board (Public Health Manchester July 2012)

Manchester Health and Wellbeing Report, 6 November 2013 – Health and Wellbeing Annual Report 2013-14

Manchester Health and Wellbeing Board Annual Report 2013 -2014

The Purpose of this Report

The intention of this report is to provide a description of the work of Manchester's Health and Wellbeing Board. This report provides information about how and why the Manchester Health and Wellbeing Board was set up and to explain what it has been doing since it became a Committee of the City Council in April 2013.

The principles of the Health and Wellbeing Board include an undertaking to promote openness and transparency in the way that the board carries out its work and engages with people who use health and care services and the general public. It is in this spirit of openness that we are producing an Annual Health and Wellbeing Report.

Forword by the Chair of the Manchester Health and Wellbeing Board, Sir Richard Leese, Leader of Manchester City Council

Part One.

An introduction to the Health and Wellbeing Board and what it does

The Origins of the Health and Wellbeing Board

As early as 2010 the government set out its intention to strengthen the role of local government in local health services. It announced that health and wellbeing boards would be established across the country to encourage local authorities to work with NHS partners in organising and providing joined up health and local government services. The proposals to establish local health and wellbeing boards were confirmed as part of the Health and Social Care Act 2012.

The Manchester Health and Wellbeing Board was established as a Shadow Health and Wellbeing Board in September 2011 to allow member organisations to work together to develop the health and wellbeing board. In April 2013 the Council formally established Manchester's Health and Wellbeing Board as a Committee of the Council.

The Purpose of the Health and Wellbeing Board

The main aim of the Manchester Health and Wellbeing Board is to make a real difference to the health and wellbeing of the people of Manchester. The legislation that established the board also gave the board some specific functions, these are:

- To prepare a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Manchester
- A responsibility and duty to encourage integrated working between organisations that plan and deliver health and social care services for local people
- A power to encourage close working relations between all partners that plan and provide services that can improve the health and wellbeing of local people

The purpose of the Manchester Health and Wellbeing Board is to:

Make a real difference to the health, wellbeing and the life chances of Manchester people by dealing with the really stubborn challenges and closing the inequalities gap.

Develop the Manchester vision and strategy for health and wellbeing that connects health, social care and the wider determinants that affect the health and wellbeing of local people.

Provide leadership and drive delivery to promote the change that's needed across the City to provide better services and better outcomes for communities, families and individuals.

Make the Health and Wellbeing Board work effectively which involves members signing up to the strategy and what we all need to do to make it happen. This will require us to make the best use of the collective money and resources available to the people of Manchester.

Encourage new thinking and behaviour to challenge traditional thinking and ways of doing things if this will improve outcomes for local people

Decision making and the Health and Wellbeing Board

The Manchester Health and Wellbeing Board is subject to the same openness and transparency rules as other Council Committees. All meetings are held in public and all agenda and reports are available in advance of meetings and are available to view at
http://www.manchester.gov.uk/meetings/committee/77/health_and_wellbeing_board

The membership of the Board reflects the requirements of the Health and Social Care legislation and the range of organisations that have the biggest impact on the health and wellbeing of local people (figure1).

Figure 1: Manchester Health and wellbeing Board Membership (April 2014)

- **Councillor Richard Leese, Leader of Manchester City (Chair)**
- **Councillor Paul Andrews, Executive Member for Adults, Manchester City Council**
- **David Regan, Director of Public Health**
- **Dr Bill Tamkin, Chair, South Manchester Clinical Commissioning Group**
- **Dr Martin Whiting, Accountable Officer, North Manchester Clinical Commissioning Group**
- **Dr Michael Eeckelaers, Chair, Central Manchester Clinical Commissioning Group**
- **Michelle Moran, Chief Executive, Manchester Mental Health Social Care Trust**
- **Warren Heppolette, Director of Operations & Delivery, NHS England (Greater Manchester)**
- **Dr Gillian Fairfield, Chief Executive, Pennine Acute Hospital Trust**
- **Dr Attila Vegh, Chief Executive, University Hospital South Manchester**
- **Michael Houghton-Evans, Interim Strategic Director of Families Health and Wellbeing**
- **Mike Deegan, Chief Executive, Central Manchester Foundation Trust**
- **Mike Livingstone, Strategic Director of Children's Services**
- **Mike Wild, Director, Manchester Alliance for Community Care**
- **Ian Rush, Chair of the Manchester Safeguarding Boards, Adults and Children**
- **Vicky Szulist, HealthWatch**

All the decisions taken by the Manchester Health and wellbeing Board are recorded and available at
http://www.manchester.gov.uk/meetings/committee/77/health_and_wellbeing_board

The collective work and decisions of the Manchester Health and Wellbeing Board are subject to scrutiny through the Councils Health Scrutiny Committee, all agenda and minutes of meetings are available at
http://www.manchester.gov.uk/meetings/committee/83/health_scrutiny_committee

The Health and Wellbeing Board does not work alone to improve health and wellbeing. The Board acts as part of the Manchester Partnership which works to tackle the problems that residents say affects their lives most.

The Health and Wellbeing Board is one of a number of partnership boards that delivers the work of the Manchester Partnership and as such has close working relationships with the following partnerships:

- Neighbourhoods Board
- Children's Board
- Work and Skills Board
- Community Safety Partnership
- Strategic Housing Partnership
- Valuing Older People Board
- Valuing Younger People Board

The Values and Vision of the Manchester Health and Wellbeing Board

The values of the Board are built around the following principles:

- Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations
- A commitment to driving real action and change to improve services and outcomes for local people
- Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- Shared ownership of the board by all its members (with commitment from nominating organisations) and accountability to the communities it serves
- Openness and transparency in the way that the board carries out its work
- Inclusiveness in the way it engages with patients, services users and the public.

The Vision for Health and Wellbeing for Manchester

The people of Manchester are living longer, healthier and more fulfilled lives because:

- the city is a place where they choose to live and stay as it:
  - is safe
  - provides the opportunity to work
  - gives access to affordable housing and leisure
  - offers a wealth of opportunities to enjoy a good quality of life

- the life they have, the employment they are in and the skills they have developed give them a real sense of purpose and the confidence and aspiration to achieve and believe in themselves

- regardless of age or ability, they feel that they have:
  - a valuable role to play and are making a positive contribution to their family and community
  - a sense of belonging and take a pride in the communities where they live

- they are using information and advice and taking the opportunities that help them make the best choices about how they live their lives and stay fit for work and recreation

- they see the benefit of being independent and are less reliant on public services but know that, when needed, the most vulnerable will be supported

- they understand what to expect from public services and are using these in a responsible way

- they have trust and confidence in the services that are provided, knowing that they are accessible and right for them and their families

- their symptoms and problems are diagnosed early and they receive the best interventions from the right people, in the right place, at the right time

- everything is being done to help them regain an independent and active life following illness

- children in the very earliest stage of their lives are getting off to a good start because their parents have the right skills, knowledge and local support

- adults in the family and community are strong positive role models for children and young people

- children and young people are making the most of the opportunities and choices that education, training and leisure offer them

- older people are treated with dignity and respect, are able to live safely and independently and continue to add value to their community with the skills and experience they have

Part Two.

The Work of the Manchester Health and Wellbeing Board in 2013- 2014

The Joint Strategic Needs Assessment (JSNA) - Understanding the health needs of Manchester's population

As part of Health and Social Care Act 2012, responsibility for the production of the JSNA rests with the Health and Wellbeing Board. The evidence contained in the JSNA is used to help the City Council the NHS and local partners to understand the range of services that need to be commissioned in order to improve the health and wellbeing of local people. It is also a key part of the process of developing a Joint Health and Wellbeing Strategy (JHWS) for Manchester.

The JSNA is split into two broad sections. The first contains a profile of the health needs of the population living in North, Central and South Manchester and some of the factors that contribute to these health needs. The second section looks at a number of topic areas in more depth. Constructing the JSNA in this way allows us to look at the health needs of the local population in both breadth and depth.

In 2013 the Health and Wellbeing Board oversaw the refresh of the JSNA which was originally published in October 2012. In 2012 the JSNA looked in detail at the dental health of children, childhood obesity, health and work, heart disease, mental health and falls in older people. Each topic contains information on the size of the problem in Manchester and the range of services that are currently available. The JSNA also makes recommendations based on the latest evidence about the way that these services are run or the sorts of services that need to be put in place in the future.

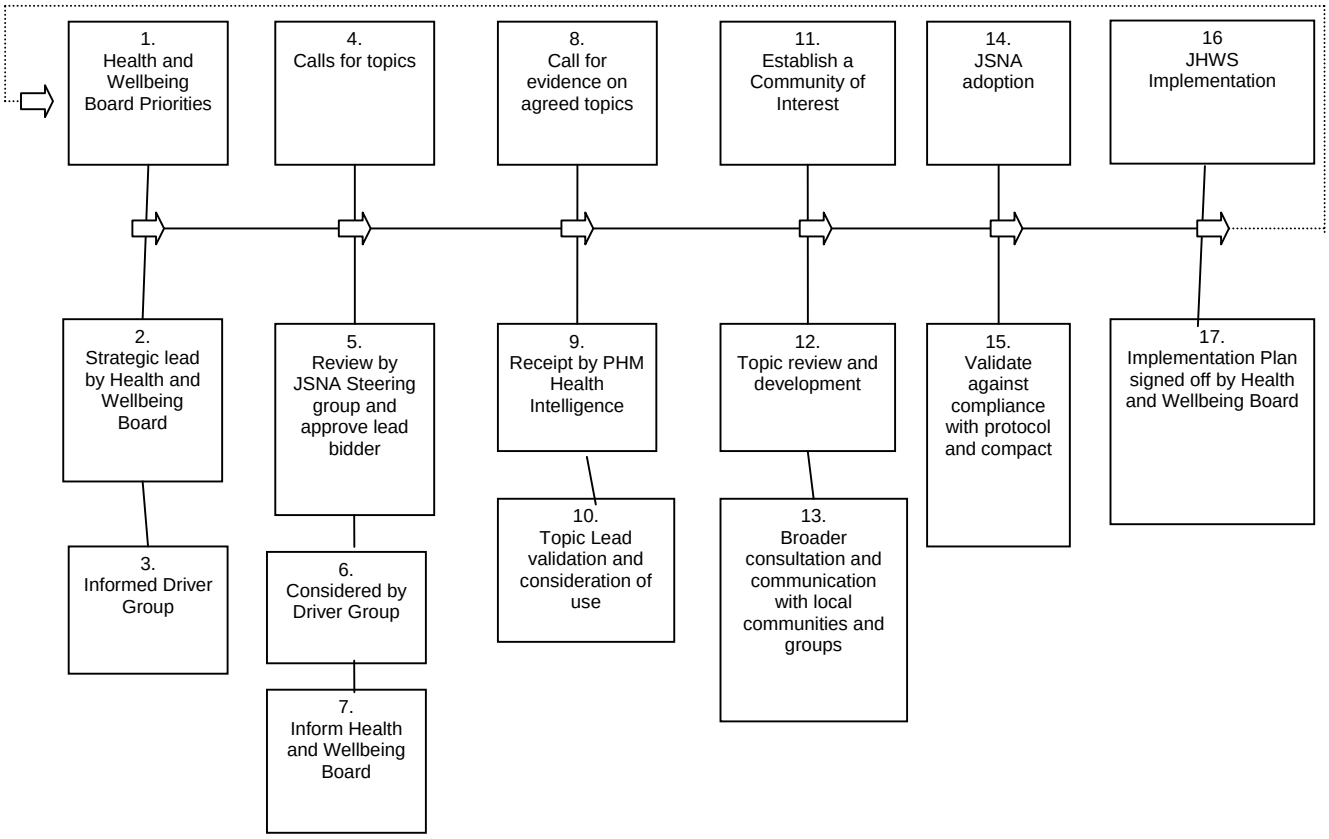
The latest edition of the JSNA includes new information on early detection and prevention of cancer, alcohol and liver disease, long term conditions, tuberculosis, and dementia. Additional material on early years, sight loss, offender health, and fuel poverty is currently in development. The JSNA is available as a web-based resource (rather than a printed document) and can be accessed through the Manchester City Council website at www.manchester.gov.uk/jsna.

Developing the JSNA in this way allows the information to be kept up to date and for new information to be added when it becomes available. The website also contains links to the evidence used to develop the material in the JSNA and so allows people to explore a topic in more depth if they wish to do so.

In order to support the JSNA process The Health and Wellbeing Board have developed a JSNA protocol and a JSNA agreement ('compact') that governs the conduct of the Manchester Health and Wellbeing Board the voluntary and community sector and local residents in respect to the how the JSNA is constructed.

Figure 2 illustrates the process for developing the JSNA as agreed by the Health and Wellbeing Board in September 2013.

Figure 2: The JSNA Process (September 2013)



In 2014 -2015 the Health and Wellbeing Board will focus on improving the structure and the ease of use of the JSNA web pages and on further developing the engagement mechanisms underpinning the JSNA. In 2014-2015 it is planned to further involve voluntary and community sector groups and local residents in helping to identify the priority topics that are considered as part of the JSNA. This will be done through a 'call for topics' that sits alongside and compliments the 'call for evidence'. The development of ward health plans will also support the development of the JSNA going forward.

The Joint Health and Wellbeing Strategy (JHWS) - Taking action to improve the health and wellbeing of local people

Manchester's JHWS is owned by all the organisations that make up the Health and Wellbeing Board. The strategy builds upon the information in the JSNA which describes the needs of local people. Using this information the strategy has identified a number of priorities that the Health and Wellbeing Board can support to improve the health and wellbeing of local people.

The strategic priorities of the JHWS for 2013 are:

1. Getting the youngest people in our communities off to the best start.
2. Educating, informing and involving the community in improving their own health and wellbeing.
3. Moving more health provision into the community.
4. Providing the best treatment we can to people in the right place at the right time.

5. Turning round the lives of Troubled Families.
6. Improving people's mental health and wellbeing
7. Bringing people into employment and leading productive lives
8. Enabling older people to keep well and live independently

The 2013 Joint Health and Wellbeing Strategy can be viewed on the Manchester Partnership website at http://www.manchesterpartnership.org.uk/manchesterpartnership/downloads/file/268/joint_health_and_wellbeing_strategy_2013

Joint Health and Wellbeing Strategy Progress 2013-2014

The information contained in the following section of the annual report provides a summary of the progress that has been made by local organisations to achieve the strategic priorities of the JHWS

Strategic Priority 1.Getting the youngest people in our communities off to the best start	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was children's readiness for school.* *Since the baseline year, the definition of school readiness has changed which affected results across the country. Both Manchester and England experienced a decrease in proportion of children ready for school as a result of the changed definition. The new definition defines children as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.* *2012 - 13 data shows that 46.6% of children age 5 in Manchester are classed as ready for school which compares with 51.7% of children in England as whole.* *Progress against supporting indicators is included in appendices.*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	Work is well progressed to bring together key elements of reform at a local level to provide an effective universal and targeted service for children 0-5 and their families with full implementation by April 2015. This work focuses on a move to a model based around the 39 designated Sure Start Children's Centres; with centres

	focussing on families in need of support ensuring that they are identified early and that there are agreed links with midwifery services, with GPs, with Health Visitors as well as with Job Centre Plus and the Troubled Families Programme. The Early Years New Delivery Model will ensure earlier recognition of need, supported by intervention and support; and have a clear focus on supporting adults into, or back into, employment. The availability of quality pre-school education for an increasing number of children and the full implementation of the Sure Start Core Purpose will also support improved outcomes.
• Who has been accountable for these actions.	Responsibility for the transformation of the Early Years New Delivery Model rests with the Early Years New Delivery Model Steering Group which is jointly chaired by the Council and the NHS.
• Actions to be taken to support this priority in 2014/15.	In 2014/15 there will be a re-distribution of approximately £8.6m of the Dedicated Schools Grant from the Early Years Block to the Schools Block, allocated on the basis of free school meals (25%) and postcodes of areas with significant deprivation according to the Index of Multiple Deprivation relating to households with children (75%). This approach gives a greater share of the early years resource to schools in deprived areas and enables those schools to continue to offer full-time provision and invest in other types of provision to improve outcomes. The implementation of the Early Years New Delivery Model, as described will continue to be rolled out during 2014/15 leading to a more effective structure of support for families and infants in the most deprived parts of the city.
Issues that have affected progress.	None reported

Strategic Priority 2.Educating, informing and involving the community in improving their own health and wellbeing.	
What progress can we report against headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was mortality from causes considered preventable.* *Deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.*

	Mortality rate 2010-12 in Manchester from causes considered preventable is 340.5 per 100,000 population which compares with 187.8 per 100,000 in England as a whole. Both Manchester and England have been experiencing a downward trend over the last 10 years. The 2009 - 11 figure for Manchester was 351.5 and 193.8 for England. These rates are different to the figures used in the baseline report as they have been recalculated using the New European Standard Population. *Progress against supporting indicators is included in appendices.*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	In 2013/14 Manchester City Council has continued to commission a range of services aimed at improving health and wellbeing, and at encouraging people to take greater control of their own health and wellbeing. These have included Healthy Living Networks in North and South Manchester; the Health Trainers service; Stop Smoking Services; Physical Activity on Referral and Active Lifestyles Services; and various weight management services. These services have, among other things: • supported over 5000 people to quit smoking; • enabled 1062 people to achieve their health goals through health trainers; • helped 6000 people to be more physically active through over 170 different physical activity sessions using 60 different community venues; • supported over 2000 individuals through the specialist physical activity on referral service in the rehabilitation and management of chronic disease; • and taught hundreds of people essential cooking skills to enable them to have a more healthy diet. 2013/14 has also seen a significant review of these services, which has resulted in a new service being designed. Consultation on the proposals for a new wellbeing service was undertaken during January – March 2014. We expect new integrated services to be in place by April 2015. During 2013/14 we have also reviewed our approach to delivering the NHS Health Check. As well as offering checks through GPs, the First Stop Health Bus has been taking these checks into the heart of local communities. As a result we are on track to meet our target of delivering 7,500 checks during 2013/14/. On the Health Bus alone, we have identified over 500 people as having at least a 10% risk of developing CVD in the next 5 years, and over 250 people at high risk of developing

	diabetes. The Manchester model of health checks connects people with identified needs directly into services that can support them to change their health behaviour. Almost two thirds of people seen on the bus were identified as requiring an intervention and were sign posted to appropriate lifestyle, weight management services or advised to see their GP.
• Who has been accountable for these actions.	Public Health Manchester have coordinated the actions of a wide range of partners including the voluntary and community sector, GPs and other primary care staff, social care and neighbourhood delivery teams
• Actions to be taken to support this priority in 2014/15.	During 2014/15 we will be building further on the success of this community focused approach to health checks, together with implementing a more structured approach to delivering checks in primary care, in order to make this service available to ever more of those people eligible for it. In order to support people to make more informed choices about their use of health services, we have developed and promoted the website www.choosewellmanchester.org.uk, which gives people high quality advice about self care and making the most appropriate choice if they need medical attention. In 2014/15 we will be commissioning the new wellbeing service and undertaking all the work necessary to establish this service by early 2015/16.
• Issues that have affected progress.	Engaging communities in their own health and wellbeing is an ongoing challenge. In particular, people's social and economic circumstances have a significant impact on their ability to make the healthy choices we would like them to make. Consequently the ongoing economic downturn and climate of austerity continues to pose challenges to achieving this priority.

Strategic Priority 3. Moving more health provision into the community	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was health related quality of life for people with long-term conditions.* *This indicator has only been developed recently and it reflects average health status score for individuals reporting that they have a long-term condition, measured based on responses to a question from the GP Patient Survey. In Manchester in 2012 - 13 the health status score is 0.68 which compares with a score of 0.74 for England as a whole.*

	Progress against supporting indicators is included in appendices.
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	The Living Longer Living Better (LLLB) programme for integrated care has included the identification of high priority population groups; the development of care models for those population groups; and now the emerging new delivery models for particular groups in each of the 3 Clinical Commissioning Groups (CCGs) in Manchester. There is consistency across the 3 localities who are each focusing on new service models for the following groups of people: • Frail Older Adults and Adults with Dementia • Adults with long-term conditions and • Adults at the end of their life **North Manchester** Hospital activity in North Manchester has reduced in a number of key areas • A&E attendances 3.3% below plan • Non-elective admissions 10.8% below plan Although the activity now seen through the North Manchester Treatment Centre accounts for a significant proportion of the reduction in non-elective admissions, activity has fallen at North Manchester General Hospital (NMGH). The Treatment Centre is the local successful model for the delivery of non hospital based emergency care. Timely hospital discharge for people supported by an integrated health and social care discharge team under single management at North Manchester General Hospital. This is highlighted by reductions in excess bed days (days over and above what would be expected for each type of admission) • Non elective excess bed days down by 30% • Elective excess bed days down by 31% In North Manchester, the CCG have developed and implemented North Manchester Integrated Neighbourhood Care Teams (NMINC**)**. These teams include both health and social care professionals who work together across primary, community social and specialist acute services for patients with the greatest likelihood of future admission to hospital. They provide a coordinated plan and care for people with complex conditions who are most likely to benefit from the teams involvement.

	In North Manchester we are piloting a crisis response service (which is an intervention in response to a health or social care crisis that allows a person to be supported and treated at home safely and avoids an unnecessary admission to hospital or residential care). An integrated pilot is underway in North Manchester. In North Manchester we have implemented a navigator service which is a mixed skilled health and social care team which is establishing a single pathway of care for those people who are medically fit for discharge from the medical assessment unit and accident and emergency department. North Manchester CCG has utilised Secondary Care Diabetes Services to work with GP Practices to develop improved primary diabetes care services. The CCG has also commissioned a community Diabetes Service to manage diabetes in a community setting rather than in a secondary care setting North Manchester CCG has also implemented a telehealth system based around SMS text messages and rolled this service out across several services. North Manchester CCG, Manchester City Council and Pennine Acute Hospital Trust have established an integrated health and social care team which is based at North Manchester General Hospital which brings together staff from The Pennine Acute Hospitals NHS Trust; Bury, Rochdale and Manchester Councils; North Manchester CCG and the voluntary sector. The unit opened in January 2013 to provide better support and care for people with long term or complex health and social care needs by providing an integrated service. The service has introduced better ways of tracking and monitoring patients', from the time they are admitted, right through to discharge and follow on care. **Central Manchester** Development of Practice Integrated Care Teams (PICTs) for people at high risk of admission to hospital. Currently 370 people in Central Manchester have bespoke care plans and are supported by multi-disciplinary teams. Programme of early diagnosis for people with long term conditions, including 6 projects focussing on Atrial Fibrillation; Heart failure; Chronic Kidney Disease; Diabetes; and promotion of NHS Health Checks. Projects have been evaluated, and proposals are in place to continue with those which have demonstrated highest impact Scale up of intermediate care community services which support vulnerable people; including those with heart problems, people at

	end of life living in care homes; continuing healthcare; and intermediate care assessment team (ICAT). Proposals are in place to roll out a Primary Care enhanced services for people with Diabetes and those with heart failure, so that they cover the whole population. **South Manchester** Introduction of the Neighbourhood Teams (NT) cover all 25 GP practices, 469 Care plans have been completed with patients and their carers, identifying the interventions, support and advice required assisting people to be cared for in the community. The NT comprise of a group of multi - disciplinary professionals with one identified as the key worker who acts as the point of contact for guidance advice and support particularly if the patient or their carer feels they are becoming overwhelmed. Proactive screening and diagnosing patients with dementia. We have exceeded the target set for 2013/14 and have identified 896 new patients with a diagnosis of dementia. Respiratory patients are now being supported by the ASPIRE team who provide specialist support in the community. We have integrated the team with the NT, who identify patients that could benefit from the support of the ASPIRE team. Telehealth monitoring and Intravenous therapies are also provided reducing the need for hospital admissions, by supporting patients in a community setting. The development and implementation of new delivery models of care are the specific responsibility of each locality through their respective Integrated Care Boards which in turn are accountable to the Manchester Health and wellbeing Board Development of new delivery models for other priority population groups, specifically Children at end of life; children with long term conditions; adults with complex needs (including those who are homeless and/or have mental health problems, drug and alcohol problems etc.)
• Who has been accountable for these actions. • Actions to be taken to support this	Further development of primary care demonstrator programme, including learning and evaluation. Expansion of PICTs, to cover around 800 people by July 2014 Developing the links between the neighbourhood teams and the GP Out of Hours service to provide a more coordinated rapid access to assessment, and treatment that will prevent an A+E attendance and/or an admission. This will have an initial focus on care homes building up relationships and providing guidance and

priority in 2014/15	support to the staff to care for their residents who may have additional presenting need. Allocating a named geriatrician to each patch who will be an integral part of the neighbourhood team providing specialist advice, support and guidance in the management of the most complex Frail Older people. Making the necessary links between the neighbourhood team and the urgent and non urgent care centre facilitating a rapid response in getting people back home with the appropriate level of care and support. Developing a more integrated approach to intermediate care, rehabilitation and reablement. Identifying our carers providing their relevant assessment, and physical health checks ensuring they are able to remain healthy and well. Working with the 3rd Sector to provide community volunteers, developing a surveillance visiting service for our isolated older people, and empowering our communities. Information governance issues have severely affected the achievement of this priority within each locality, specifically, the restrictions around data sharing across agencies.
• Issues that have affected progress	

Strategic Priority 4. Providing the best treatment we can to people in the right place and at the right time.	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013	*An indicator is being developed in order to look at patients with long-term conditions managed in primary care.* *In the meantime a placeholder indicator has been used: Points achieved in Quality and Outcomes Framework (QOF) Clinical Care domain.* *The Quality Outcomes Framework (QOF) contains four main domains - Clinical, Organisational, Patient Experience and Additional Services. The Clinical Care domain consists of 87 indicators worth up to a maximum of 661 points. The proportion of available points achieved may be taken as a crude measure*

	of the quality of care for patients with long-term conditions who are managed in primary care. *In 2011/12, Manchester GPs achieved just under 95% of the points available within the QOF Clinical Care domain compared with an average of 97% among GPs across England as a whole. In 2012/12, Manchester GPs achieved 93% of the points available compared with an average of 97% among GPs across England as a whole.* *Progress against supporting indicators is included in appendices*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	**North Manchester** North Manchester CCG have developed a Primary Care Strategy which will be launched in 2014. GPs in North Manchester are currently working towards forming a GP provider organisation as a key action to tackling variation in primary care and offering a standard core service for the whole population in North Manchester. North Manchester CCG now hosts the Manchester Integrated Care Gateway on behalf of all Manchester CCGs. This ensures patients are referred to the right place at the right time for the right clinical reason and also assists in ongoing GP education and assist in reducing variation between general practices. **Central Manchester** Central Manchester CCG has developed its vision and strategy for Primary care. Central Manchester CCG has become a pilot site for development and innovation in primary care. Aligned to this pilot has been the development of Primary Care Manchester Limited (PCM Ltd), an organisation formed from Central Manchester's practices, designed to provide services to the whole population, and tackle variation in primary care delivery. **South Manchester** GPs have come together and are now called South Manchester GP Federation. The GPs along with the South Manchester CCG see a key action to tackle variation in primary care and offering a standard core service for the whole population in South Manchester. As the Federation grows and develops patients will see: • Improved access to General Practice

	• Effective and consistent management of Long Term Conditions • Proactive involvement and engagement with patients , their carers and the wider community • Increased access to community based diagnostics • Increased education and skills developed by primary care practitioners (with specific reference to training in the management of frail older adults and adults with dementia)
• Who has been accountable for these actions.	Local CCGs, the City Council, NHS England, and local providers including the voluntary and community sector.
• Actions to be taken to support this priority in 2014/15	**North Manchester** Integrated care for the elderly: The development of a focused care of the elderly service that aims at preventing unnecessary admission, reducing length of hospital stays and helping people get better. North Manchester Integrated Care (NMINC**)** are now concentrating on developing the 'wider specialist team' and rolling out the model by June 2014 to all practices across North Manchester. Development of the new delivery model for Care at the End of Life will allow us to build on the work that has already taken place to enable people to die in their place of choice. The CCG will be submitting a Business Plan to implement a new service model in 2014/15. The review of intermediate care provision in North Manchester is in process and this will inform a revised and improved service model which will be commissioned in 2014/15. This work is closely aligned to the development of the new delivery model for Frail Older People and Older People with Dementia A full business case for the Crisis Response service will be developed with the aim of this service becoming mainstream in 2014. **Central Manchester** Continue to implement and roll out the primary care demonstrator programme, including monitoring, evaluation and learning. Ensuring effective alignment between the out of hospital change programmes (Primary care and LLLB; link to Strategic

	Priority 3) **South Manchester** Implement the programmes agreed to improve access to General Practice. Implement the programmes agreed for the consistent respiratory, CVD and diabetes management Implement the lessons learnt from the “Building partnerships pilot" working with the 3rd sector. Proactive involvement of GP practices in Withington in the Old Moat pilot (as part of Age Friendly Manchester) Implement the community based endoscopy and dermatology services. Introduction of consultant geriatricians to the core Neighbourhood Teams in each patch. Demonstrating that developing community based services has sufficient impact across the whole system, particularly urgent care, so that resources can be released from acute care.
• Issues that have affected progress	Robust evaluation remains challenging as there is a significant time lag due to information governance challenges, especially data sharing.

Strategic Priority 5. Turning round the lives of Troubled Families	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013	*In 2012 the headline indicator for this priority was: Number of troubled families receiving interventions as part of the TFU programme.* *The latest wave of evaluation covering the Troubled Families Programme (February’14), illustrated that 1,854 families have received support from Tier 1 Troubled Families Interventions.* *Of these just over a half (1,022) have finished working with the interventions. Therefore, there are currently 832 families that are still open to interventions, which represent the model working at near expected levels.* *The evaluation looks at the characteristics of families that have been through the NDM. In terms of health this is predominately based on case worker assessments rather than direct service use/demand. On this basis:*

	• *59% of families had someone with a mental health concern* • *24% of families had of families had someone with a domestic violence issue* • *22% of families had someone with a Limiting Long Term Illness* • *21% of families had someone with a Alcohol Misuse Issue* • *19% of families had someone with suspected ADHD* • *19% of families had someone with a Learning Difficulty* • *16% of families had someone with a Drug Misuse Issue* • *9% of families had someone dealing with a Bereavement* • *7% of families had someone who was not registered with a Dentist* • *2% of families had someone who was not registered with a GP*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	The New Delivery Model for troubled families rolled out across the city from April 2014. This means that the interventions in the programme have been increased so all families referred into the programme benefit from the features of the delivery model. These teams are aligned to the CCGs areas. Local Integration Teams are also now established to support the troubled families programme. Over 1,500 families have been referred into the programme since the start of the programme from a wide range of services and agencies including children's social workers, schools, housing providers. Around 10% (158) referrals have been received from different health services predominately from Community Mental Health teams, GPs and Health Visitors. Actions have been taken to continue to improve the delivery model for troubled families and individuals. In summary this includes: • Increasing capacity within the services delivering interventions in the programme for example the Family Intervention and Assertive Outreach teams now number over 100 staff. • Extending the range of interventions within the delivery model to target people with particular issues including probation workers acting as family leads working with offenders and the inclusion of therapies aimed at tackling 11-19 year olds with extreme behaviours and their families.

	• Training for frontline workers so that they have the right skills to address the needs of troubled families. • Use of clinical supervision to support frontline workers. • Improved integration of services overseen by the Local Integration Teams. • Increase knowledge of staff of referral pathways into more complex services, provided in the public, voluntary and community sector. • A commissioning framework of approved providers has been established specifically for Troubled Families Teams to draw down services from. • Recognising that health issues are acting as a major barrier for some people in finding and sustaining employment and offering solutions. Development of new ways of supporting families with a range of needs including those who make regular return visits to Accident and Emergency services and use mental health, drug and alcohol services. This approach includes placing front line health workers in the family recovery service. The early signs are that this is having a positive effect for people. The Troubled Families programme has an evaluation process which feeds into a cost benefit analysis tool. The findings are being shared with partners.
• Who has been accountable for these actions. • Actions to be taken to support this priority in 2014/15	Accountability for the delivery of these actions sits with Manchester's Troubled Families Board which oversees the delivery of the programme. This group in turn is accountable to the Manchester Investment Board which provides strategic direction for public service reform programmes. An action plan has been agreed between public health services and the Family Recovery Service. This sets out objectives for 13/14 designed to strengthen the public health offer for Troubled Families. A revision of this action plan will be produced for 14/15 reflecting any changes in the public health offer with accountability for delivery of these actions sitting with public health representatives that sit on the Troubled Families Board. The engagement of Health Colleagues/GPs around the Troubled Families will continue to be promoted through regular briefings at CCGs and GP meetings. Referral numbers from health professionals will continue to be monitored through the Local Integration Teams in each area. A proportion of public health budgets will be invested into the Manchester Investment Fund to support the delivery of the

	Troubled Families programme in 2014/15 demonstrating the impact that the programme can have on contributing to health and wellbeing and reducing the longer term demand on health services. Further work will be undertaken to develop the Troubled Families cost benefit analysis tool to gain a better understanding of the benefits to health services strengthening the case for longer term investment. The work to develop a model of delivery that can be rolled out across a wider set of partners. A key priority for 14/15 will be to ensure the Living Longer Living Better becomes a central part of this work.
• Issues that have affected progress	Access to individual level health data has been a barrier. This is as a result of a mixture of data protection/information sharing issues. In particular access to an effective data source from the acute hospitals A&E Departments or from G.P. surgeries across the City remains a gap as well as some Mental health data although the Mental Health Trust does provide details on some services. Engagement of public health colleagues has improved since the launch of the national Troubled Families programme with much better engagement at a strategic level although it has taken longer to strengthen the operational links. Similarly some progress has been made in engaging GPs but this has been more successful in some areas of the city than other and needs greater consistency.

Strategic Priority 6. Improving people's mental health and wellbeing	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was Number of frontline staff and service users/residents who have undertaken learning in mental health self care. Reported increases in ability to advise an support people with mental health problems (staff) and in personal mental wellbeing (Service users and residents). Due to the complexity of this indicator, further work on its development has taken place since the baseline report. The original indicator has now been split into two headline indicators:* *6.01. Number of frontline staff and service users/residents who have undertaken learning in mental health self care.* *6.02. Reported increases in confidence in having conversations about a person's mental health problems (staff) and in personal mental wellbeing (service users and residents).*

	There was no baseline data available which means that these figures will become the baseline for future monitoring. *990 Frontline staff and 227 service users have undertaken learning in mental health self care in 2013.* *96.3% of the front line staff reported increase in confidence in having conversations about a person's mental health problems in 2013.* *77% of the Service Users reported increases in mental wellbeing in 2013.* *Progress against supporting indicators is included in appendices*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	The Council has continued to invest in the provision of mental health and emotional resilience training for frontline staff across health, social care and the community sector. This is delivered via the Public Health Development Service, which also co-ordinates a network of other training providers who provide courses for the public. Information from 2013/14 demonstrates that on average 89 staff per month are being trained with positive evaluation feedback. 83.6% participants show an increase in knowledge about mental health and wellbeing over all courses, 96.3% show an increase in confidence in having conversations about a person's mental health and 98.5% show an increase in awareness of effective interventions and local services. Work is ongoing to follow up with staff on completion of training to evaluate the difference the training has made to their practice. The development of courses for the public is growing with 20 training providers now engaged in an approach to improve access to training and ensure quality. 22 courses for the public have been delivered and a training the trainers process established. A new self-care training course has been piloted as part of the North Manchester Integrated Neighbourhood Care (NMINC) linked to Living Longer Living Better. This includes the mental health aspects of living with long term conditions. During 2013 77 practitioners have been trained to develop their practice towards enabling self care and supported self management strategies for patients and customers. 100% of participants reported they had increased their learning about self care against all the stated aims of the course.

	The 'Mental Health in Manchester' website has been maintained and is receiving over 5000 visits a quarter, 75% of which are new visits. The distribution of evidence based self-help guides has increased by 66% since 2012 (over 30,000 in the first 9 months of 2013) Further work will take place to broaden the scope of this indicator in future years to include other websites and sources of information on mental health. There is evidence of consistent care planning for people in receipt of specialist mental health services. CQC survey of people's experience of community mental health services gives a score of 7.8 out of 10 when asked if views were taken into account when deciding what was in their NHS care plan. Manchester Mental Health and Social Care Trust (MHSCT) audit service users with more serious mental health conditions who are part of Care Plan Approach (CPA). 200 cases are audited each quarter. Of these 84.1% were involved in their care planning and 85.8% of care plan reviews were circulated to service users. Further work is needed to identify data from service users on their perceptions of whether a recovery focus is developed in partnership with them. A collaborative research study is underway between MHSCT and the University of Manchester funded by National Institute for Health Research (NIHR) to develop a better outcome measure for user and carer involvement in care planning. Between 200-300 service users are involved in the development of the new indicator, and training for staff in care planning is being jointly delivered with service users starting in June 2014.
• Who has been accountable for these actions.	The programme has been overseen by the Mental Wellbeing sub group, which is chaired by Public Health Manchester and includes representation from the Clinical Commissioning Groups, MCC commissioners and the Voluntary and Community Sector.
• Actions to be taken to support this priority in 2014/15	Further investment has been secured for 2014-5 to improve access to training and support for the public. This will improve places available and geographical access. Project management time has been identified to support the development of a more inclusive performance framework to capture data from a wider cross section of partners who contribute to this agenda.
• Issues that have affected	Data collection has been limited in 2013-4 but still provides evidence of sustained and improved access to mental health

progress	training and information. In 2014-5 we will improve the scope and quality of data through contract requirements and agreements with providers. The re-design of mental health and wellbeing services in 2014-5 may have some impact on data collection as systems and providers may change. However, this process also creates the opportunity to re-focus the agenda on these strategic priorities, especially a greater focus on self care, recovery and early advice and support for mental health and wellbeing.
Strategic Priority 7. Bringing people into employment and leading productive lives	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was: Proportion of adults in contact with secondary mental health services in paid employment.* *The measure shows the percentage of working age adults (aged 18-69) receiving secondary mental health services and who are on the Care Programme Approach (CPA) in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. The measure is intended to monitor improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination.* *Baseline data for 2011/12 reported that 3.3% of adults in contact with secondary mental health services were in paid employment. 2012/13 data illustrates a small increase, up to 3.8%.* *We recognise that this indicator does not sufficiently reflect the key areas of focus needed to move people with health conditions back into employment as it relates only to those in secondary mental health care.* *We will be working over 2013/14 to develop indicators which better reflect this priority.* *Progress against supporting indicators is included in appendices*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	These actions have now been incorporated into a work and health delivery plan which sets out clear actions for commissioners and service providers across health, care, employment and skills sectors. Actions that have been taken to achieve the headline and supporting indicators include: The ‘Fit for Work’ in work service has been commissioned to

	deliver a service through GP referrals to prevent people who are in work but off sick from falling out of employment. The service is currently exceeding targets with strong engagement from primary care across the city. The Fit for Work (North Manchester out of work pilot) commenced delivery in North Manchester in November 2013. The service is relies on GP engagement via referral of out of work patients with health conditions to condition management and work progression services. Engagement and referral through GPs has been the most successful of any initiative with nine practices participating in the pilot. Early indicators demonstrate patient progression through the service is positive with clear outcomes.
• Who has been accountable for these actions.	The Work and Skills Board is accountable for overseeing these actions,
• Actions to be taken to support this priority in 2014/15.	The Greater Manchester Work Programme Leavers programme will be a key component to test an integrated approach to move those with long term health conditions back to work. Health partners are engaged in this process with representation on the Manchester Integration Board for this work. Sustained delivery of Individual Placement and Support Service within secondary mental health care which supports delivery of this strategic priority. A baseline of Health and Being Board partner sign up to the Good Work, Good Health Charter or equivalent health standard has been taken. Further work will be progressed following the publication of the National approach to workplace health expected from Public Health England in Spring 2014.
• Issues that have affected progress	Issues adversely affecting the achievement of this priority include system and cultural barriers to applying the evidence base for work as a health outcome across commissioning and service delivery, and incorporation of skills and employment progression within assessment, and treatment plans and outcome measures. This is hampered by fragmented employment and skills pathways. Employment providers and other partners find the current mental health system creates barriers, including complex referral pathways, thresholds, waiting times, and terminology. Work to influence service redesigns within mental health, public

	health and other commissioned health services is underway but a greater concentration of effort at a strategic and operational level across partners is needed. The headline indicator regarding paid employment does not capture the majority of people with mental health conditions who are out of work. We need to consider the development of new indicators in partnership with Jobcentre Plus and healthcare partners.

Strategic Priority 8. Enabling older people to keep well and live independently in their community	
What progress can we report against the headline indicator set out in the Joint Health and Wellbeing Strategy in 2013.	*In 2012 the headline indicator for this priority was: Life expectancy at age 65* *Life expectancy at 65 indicates the number of years a person aged 65 in an area can expect to live if they experience the mortality rates of that area for the remainder of their life. It is not a guide to the remaining expectation of life at a later age, e.g. if life expectancy at 65 in a particular area is 15 years, it does not follow that people aged 65 living in that area can expect to live until the age of 80.* *Baseline data for 2008 - 10 reported Life expectancy of 18.7 years for women and 16.1 years for men. The most up to date figures for 2010-12 show that the life expectancy for women increased slightly to 18.8 whilst life expectancy for men decreased to 15.8.* *Progress against supporting indicators is included in appendices*
What we have done to achieve this priority during 2013-2014	
• What action has been taken to achieve this priority.	The findings of the Health and Social Care Study report have been taken forward through the Living Longer Living Better programme, principally through the 'Frail Older Adult and People with Dementia', and 'Long-term Conditions' workstreams. Service models have been developed in north, central and south Manchester. Key agencies, including North West Ambulance Service, local hospital trusts, research institutes and the local authority have identified the range of data available regarding falls. Work is ongoing to map our gaps in this data and a number of interventions are being established for prompt implementation. A report setting progress out will be available in March 2014

	A city wide group has been established to develop a person-centred response to those at risk of falls. The group is charged with implementing the Falls Action Plan, previously agreed by the Health and Wellbeing Board. An update report will be made available in March 2014 The Age-friendly Manchester (formally Valuing Older People) Development Plan was agreed by the Health and Wellbeing Board in September 2013. This plan sets our proposals around four themes that will support measures that can reduce isolation and loneliness: age-friendly neighbourhoods; knowledge and innovation; age-friendly services, and; engagement and communication. In addition, the three Clinical Commissioning Groups have allocated £600k to a grants scheme aimed at reducing isolation and loneliness experienced by older people. Manchester's Carers Strategy is being refreshed to comply with new legislative requirements currently going through Parliament. The strategic refresh will also encompass the needs of young carers. The number of individual budgets approved continues to increase, providing increase choice and enabling more carers to take greater control over how they are supported. Over 4,000 individual budgets individual budgets have now been approved. In addition, Carer services have been re-commissioned, and services continue to provide support to meet carers' assessed needs. Manchester's Carer's Week proved very popular, and a special carers' event in June 2013 was very successful. The event was attended by a wide range of providers and support networks as well as hundreds of Carer's. A report outlining progress made on supporting young carers was presented and agreed at the January 2014 Young People and Children Scrutiny Committee.
• Who has been accountable for these actions.	The different elements of this work to achieve the aims of this strategic priority are overseen by: • A city-wide leadership group to progress Living Longer, Living Better • A city-wide group to progress work on falls prevention • The Age Friendly Manchester Steering Group will lead work on social isolation Accountability for commissioning appropriate Carer support is over-seen by Manchester's multi-agency Strategy and Commissioning Board.

• Actions to be taken to support this priority in 2014/15	The recommendations of the Health and Social Care Study will be incorporated into the Living Longer Living Better action plan. The city-wide group will continue to meet and oversee the implementation of the falls action plan. Key initiatives for 2014/15 include: • Completion of a review of existing falls services • Developing business case for falls classes • Ongoing development of data set to support strategy • Promoting falls prevention week Steps to reduce social isolation in 2014/15 will include initiatives including: • Implementation of Clinical Commissioning Group investment plan • Development of locality ageing plans • Support of the Greater Manchester bid to the Big Lottery Ageing better Fund • Publication of the Age Friendly Manchester Action Plan which details how city organisations are working on the eight World Health Organisation age-friendly domains. The approval of the Manchester Carers Strategy 2014 - 2017 The agreement and implementation of a successful programme of events throughout Carer's Week The implementation of new statutory requirements for carers once the draft legislation is agreed / becomes law. The new Dementia Strategy will be published in mid-to-late 2014. A dedicated Joint Strategic Needs Assessment for dementia is nearing completion and includes a series of recommendations including: • Working in partnership with Age-friendly Manchester and academia to develop evidence-based approaches to dementia care • Evaluation of care provided by residential and nursing care homes – overseen by the newly established Joint Quality Board • Future funding of the “Liaison in Later Years” (LILY) service • Evaluate the Memory Assessment Services – to improve waiting times

• Issues that have affected progress	• Report progress to the Joint Commissioning Board The pressure on public spending is having an impact on the range of opportunities available to support social participation.

In 2014 the Manchester Health and Wellbeing Board will update the JHWS for Manchester to reflect the progress that has been made and the additional actions that we will need to take to improve the health and wellbeing of local people. This document will be available on the Manchester Partnership website at http://www.manchesterpartnership.org.uk/manchesterpartnership/downloads/file/268/joint_health_and_wellbeing_strategy_2013

Key decisions taken by the Health and Wellbeing Board during 2013-14

The Manchester Health and Wellbeing Board is an executive decision making body and as such it has taken a number of key decisions in 2013-2014 these decisions include:

- The Board established a Health Protection Expert Advisory Group for Manchester in January 2013.
- The Board agreed and launched the Joint Health and Wellbeing Strategy for Manchester in March 2013.
- The Board supported proposals to develop commissioning intentions for Mental Health Services for Manchester in September 2013.
- The Board agreed the refresh of the Joint Strategic Needs Assessment for Manchester in September 2013.
- The Board agreed the contents of the Living Longer, Living Better business case which set out plans for integrating health and care services for Manchester in November 2013.
- The Board approved the establishment of a pooled budget under the Better Care Fund to deliver integrated health and care services for Manchester in January 2014.
- The Board agreed the Pharmacy Needs Assessment for Manchester in March 2014.

Part Three.

The Health and Wellbeing Board as a Partnership Board

A key feature of the Health and Wellbeing Board has been to create an effective partnership structure that can provide shared leadership to improve health and wellbeing that reaches across all relevant organisations. A strong element of this work has been to develop relationships between individual leaders as well as organisations including a number of newly formed organisations.

This section of the annual report includes the views of board members and key partners that are non board members to assess the partnership performance of the Board itself. The views of key board members and key partners were obtained through an online survey. Respondents were asked

What have been The Board's main achievements in 2013 / 14?
Board members felt the board provided visibility, unity and leadership (particularly around change) these were the key achievements of the Board. This was evidenced by having a 'City-wide overall strategic plan / Manchester vision', with 'shared ownership of priorities'.

It was felt that specific programmes, including The Early Years programmes, the oversight and support of Living Longer Living Better, and lobbying for a fair approach to CCG financial allocations were all considered to be achievements of the Board.

One respondent was less certain about the Board's achievements:

"I'm not entirely sure what the Board itself has actually achieved. The JSNA has progressed and seems to be gathering momentum as a store of research and insight. I think that's due to the sub group rather than being driven by the Board though"

What things have not gone to plan or have slipped?
Most respondents felt that things had generally gone to plan although there was a view that much had been overshadowed by Living longer Living Better. There was concern expressed about 'financial fluidity' and the need to focus more on the evaluation of the impact of the Board's priorities and actions on improving health and wellbeing. A greater profile in the Press was felt to be desirable.

What should the Board focus on in 2014 / 15?
There was a range of views on the Board's future focus. These included specific work areas including:

- Quality outcomes and performance
- Other public sector reform priorities, particularly health and work in partnership with the Work and Skills Board Stewardship.
- Living Longer Living Better and the Healthier Together Programme
- The reform of primary care and public health
- Early intervention and prevention issues beyond historical public health business.

- Focusing on the patient and resident
- Defining the common good and an agreed vision for the future…'overcome organisational parochialism'.

There was a view that the Board should widen its approach, and in particular that The Board 'should move away from a focus on public sector structural reform and take a much wider view of how we improve wellbeing in the city'

Focus should also be directed at the Board's work processes including:

- Delivering existing priorities…'but with more drive and challenge'.
- Further developing the Boards leadership function
- Rising to the challenge of increased expectation to influence commissioning decisions.

What are the longer term challenges for the Board?

LLLB and Healthier Together were felt to present significant future challenges, including the 'integration of health and social care at the shop floor level'.

Financial challenges included:

- Meeting the Social costs of Out of Hours services as these expand linking LLLB to Healthier Together.
- Not letting (lack of) money get in the way of what we need to do for local residents.

Working processes also presented some challenges including:

- Achieving the right balance: 'Need to strike a balance between getting through practical business and creating space for members to think through what else they could do. We too easily get caught up in implementation.'

- Maintaining momentum and collaborative working relationships (not running out of steam / partnership fatigue).

- The need to demonstrate the Board's unique, added value.

- Developing and maintaining a positive relationship with the public.

How well do you think the Board facilitates networking between partner organisations?

There was a mix of opinion on this with half of respondents suggesting that the Board generally did this well or very well. There were some provisos about specific areas "strong between statutory organisations, less well with other sectors to date". Having provider organisations on the Board early on was felt to be of benefit to facilitating LLLB and other collaborative programmes. One respondent felt that the Board was unsuccessful in its networking aims: 'I don't think it does this at all: at best it gets people in the same room but it does nothing to encourage collaboration or networking.'

Do the Board's meetings and processes provide the opportunity for members to be open and honest?

Most respondents felt that the Board's meetings and processes fostered an open and honest environment for members.

Is the Board providing strategic leadership for the health and well being of the city?

There was an overwhelmingly positive response to this question with the majority of respondents saying yes and one respondent 'not sure' (because they felt that the agenda has been dominated by NHS and Social Care restructuring and that whist the strategy has sound priorities, the Board is presently driven by this agenda).

Part Four.

The Future Work of the Manchester Health and Wellbeing Board

In 2014-2015 the Manchester Health and Wellbeing Board will look to strengthen its partnership structures to support the work that it is doing to improve the health and wellbeing of local people. Building upon the progress of the Joint Health and Wellbeing Strategy the future work of the Board will include the following actions:

- The Board will support the implementation of the Early Years New Delivery Model which will continue to be rolled out during 2014/15 leading to a more effective structure of support for families and infants in the most deprived parts of the city.

- In 2014/15 the Board will support the commissioning the new wellbeing service for Manchester with the aim of establishing this service by early 2015/16.

- The Board will provide leadership for Living Longer Living Better to support the development of new services to provide integrated health and care models for a range of groups, specifically Children at end of life; children with long term conditions; adults with complex needs (including those who are homeless and/or have mental health problems, drug and alcohol problems etc.).

- In 2014/15 the Board will work to strengthen the input of all partners into the Troubled Families Programme to maximise the impact that the programme can have on contributing to health and wellbeing and reducing the longer term demand on health services.

- The Board will support the expansion of training and support for the public to improve people's mental health and wellbeing and to reduce the stigma and discrimination faced by people experiencing poor mental health.

- The Board will support the Greater Manchester Work Programme Leavers programme as an integrated approach to move those with long term health conditions back to work. Individual Board members will support this programme of work through their respective organisations with the aim of improving access to employment and improving the health and wellbeing of their workforce.

- The Board will support the development of a Falls Strategy and a Dementia Strategy for the City and will take further steps to reduce social isolation including the support of the Age Friendly Manchester Action Plan which details how city organisations are working to improve the health and wellbeing of older people in Manchester.