

## Health and Wellbeing Board

### Minutes of the meeting held on 19 March 2014

#### Present

Councillor Leese	Leader of the Council (Chair)
Councillor Andrews	Executive Member for Adults, Health and Wellbeing
Mike Deegan	Central Manchester Foundation Trust
Dr Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
Warren Heppollette	Director of Operations & Delivery, NHS England (Greater Manchester)
Mike Houghton-Evans	Strategic Director of Families, Health and Wellbeing
John Harrop	Manchester Mental Health and Social Care Trust (attending for Michelle Moran)
David Regan	Director of Public Health
Ian Rush	Chair, Manchester Safeguarding Board, Adults and Children
John Saxby	Chief Executive, Pennine Acute Hospital Trust
Vicky Szulist	Healthwatch Manchester
Caroline Curzeja	South Manchester Clinical Commissioning Group (attending for Dr Bill Tamkin)
Jayne Wood	University Hospital South Manchester Foundation Trust (attending for Dr Attila Vegh)
Dr Martin Whiting	Accountable Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, Macc (voluntary sector).

**Apologies** Mike Livingstone, Michelle Moran, Dr Bill Tamkin and Dr Attila Vegh

#### HWB/14/09 Substitute members

Board members were reminded that sending substitute members to attend meetings should be the exception rather than common practice.

#### HWB/14/10 Minutes

#### Decision

To agree the minutes of the Health and Wellbeing Board meeting on 22 January 2014 as a correct record.

#### HWB/14/11 Health and Work

The Board considered a report of the Director of Public Health and the Chair of the Central Manchester Clinical Commissioning Group which described the links between health and work.

People who were in work were more likely to live longer, healthier lives. As such, the need for the health and care system to incorporate a focus on supporting people to move and stay in work was of paramount importance. This was particularly important

in the context of the impact of welfare reform and had been identified as a priority at Greater Manchester level. The report:

- Summarised the evidence base of the health impacts of being out of work and the current barriers to an integrated approach;
- Described the proposed key priorities as part of a Health and Work Delivery Plan that set out the actions needed across all partners to achieve work as a health outcome for Manchester residents
- Explained the importance of the Greater Manchester Work Programme Leavers scheme to this priority,
- Provided a copy of the Health Protocol that all health and wellbeing boards in Greater Manchester are being asked to support.

The board was asked to support the objectives in the Health and Work Delivery Plan and to commit organisational support to enable the delivery of the priorities set out in the Plan over the next three years. Specific actions required by health and wellbeing board member organisations was set out in section 9 of the report. They were also asked to approve the Greater Manchester Work Programme Leavers Health Protocol.

The Board recognised that employment is one of the key determinants of health, but there were also a number of other linked social and economic factors that might need to be addressed before an individual could sustain work. They welcomed the intention to commission a single service for primary and secondary providers to refer people to for assessment. This would co-ordinate support for those who have multiple problems such as debt, unemployment, social isolation and low level wellbeing issues. Employment and skills providers will also be able to refer people who have health and wellbeing needs into this system. Members recognised the key challenge of raising awareness and establishing co-operation with clinicians to recognise work as a determinant of health.

The Board discussed the impact of welfare reform and the effects of being out of work. The combined impact of welfare reform and other social and economic factors affecting individuals highlighted the importance of the programme. Members recognised that child poverty was a key outcome of people being out of work and it was important that the impact of child poverty was included in the strategy. The Director of Public health agreed to monitor this.

Members discussed the challenges in delivering the programme, one of which was getting employers to employ people with health needs, particularly those with low level mental health needs. Part of the challenge was to support people to find employment, and also to maintain that employment for a sustained period. The Board recognised the importance of ensuring that there was capacity in the service to support people with these circumstances particularly around psychological therapies and counselling. The Fit for Work pilot 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 Board highlighted the importance of this service continuing.

They noted the role of health service providers in Manchester to support employees and to advertise and recruit locally. Some members noted that this was practiced in

some healthcare providers in Manchester such as South Manchester Hospital and Central Manchester Foundation Trust. The Board recognised the importance of employers support being crucial to keeping people in work and the benefits of an employer charter setting out how they would support employees.

The Board welcomed and supported the proposals in the report. Although they support the proposals, they also acknowledged the need for specific actions and targets to be clearly set out to ensure that the priorities are taken forward. This would be adopted by the Health and Wellbeing Executive Group and specific actions taken forward from this.

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### **Decision**

1. To approve the objectives in the Health and Work Delivery Plan.
2. To commit organisational support and resource to enable the delivery of the priority actions set out in Section 9 of this report.
3. To approve the Greater Manchester Work Programme Leavers Health Protocol.

### **HWB/14/12 Living Longer, Living Better Delivery Update**

The Board considered an update report from the Citywide Leadership Group of the Living Longer Living Better Programme. This update followed on from the detailed reports provided to the Board in January on the Living Longer, Living Better Programme (LLLB) and the Better Care Fund submission.

The Strategic Director for Families Health and Wellbeing introduced the report. He informed the Board that further work was being carried out to review the potential impact of the Care Bill which would come into force in April 2015. The report set out the agreed proposal for the use of the Better Care Fund (BCF) for 2014/15, along with details of additional investment from the clinical commissioning groups and Public the city which will co-ordinate the commissioning of LLLB development across Manchester.

Representatives from each of the clinical commissioning groups described the progress in implementing integrated care in each locality. In Central Manchester, a lot of work had been completed to involve patients in the redesign of services and to provide extra support to unpaid carers. In South Manchester, the main focus has been to build capacity within existing neighbourhood teams and to review how to improve the benefits that could already be seen from new ways of delivering services. In North Manchester, the rollout of integrated care teams was well underway. Each area has made excellent progress in the development of their new delivery models for adults at the end of life, adults with long term conditions, and frail older adults and adults with dementia.

The Board acknowledged that each of the locality areas was implementing a series of pilot projects to deliver integrated care. A member queried how the effectiveness of each pilot would be evaluated and if this would result in a common approach being developed for the whole city. The Strategic Director explained that the aim of the different pilots in each area was to ensure that the level of service and outcomes were consistent across the city, and that they fit in with existing structures. Part of the challenge for commissioners was changing the culture of service delivery so that outcomes for patients are the key focus, and that any differences in the way services are delivered does not affect these outcomes.

Members noted that LLLB was a substantial programme of change where the outcomes were closely linked with programmes to deliver other priorities such as the measures to get people back in work, that was discussed as part of the previous item. It was important to recognise these links to ensure that priorities are delivered.

### **Decision**

1. To note the progress of the LLLB programme since December 2013, in terms of development of business cases to support investment in the priority new delivery models
2. To support the proposals for investment of £10.2m from the LDF/BCF for 2014/15 linked to financial plans.
3. To note that further proposals for investment into the models to support the implementation of the Care Bill from April 2015 are required to be considered at the meeting of the Health and Wellbeing Board on 10<sup>th</sup> September.
4. To note that investments confirmed in 2014/15 will form part of the service baselines from 1 April 2015 under the Better Care Fund.
5. To note the interim governance arrangements for decision making within the context of the Local Development Fund and the future plans to establish a Section 75 Partnership Agreement for the Better Care Fund from 1 April 2015.
6. To approve the milestones and develop the work-plan for the HWB and business review cycle accordingly, in particular noting the very challenging timescales for development of new areas of governance and care models by 30 June 2014.
7. To agree to receive a report in June 2014 outlining the arrangements for putting in place and administering robust criteria for joint commissioning and decommissioning.
8. To note that a report on how the system captures learning from LLLB will be form part of the next update paper.

### **HWB/14/13 Ward Health Plans**

A report of the Director of Public Health was submitted, which set out the process for developing ward health plans and set out specific examples of these plans for wards in Manchester.

The Director of Public Health added that each ward health profile would capture the local issues, challenges and assets that were unique to each ward, and also provide the evidence base for targeting funding opportunities for local areas. The development of ward health plans is a priority for Manchester and will support the delivery of the Health and Wellbeing Strategy at a local level. This work is being progressed by the joint Families, Health and Wellbeing and Children's and Commissioning ward co-ordination representatives, supported by the public health team. Although plans for each ward are at different stages but all ward plans will be completed by early May. After this, responsibility for overseeing the implementation of the plans will be with ward co-ordination groups.

Following a query from a member about the consistency in the type of statistics that are in each ward profile, the theme convenor for the board confirmed that a common template was being developed and there would be some consistency in the statistics that are provided. It was also important to record particular ward based information so they may be some variance in this template once developed.

### **Decision**

To note the report

### **HWB/14/14 Development of the Manchester Cancer Commissioning Board and Update from the Manchester Cancer Improvement Programme**

The Board considered a report of the Clinical Commissioning Groups Chairs which provided information about the establishment of the Manchester Cancer Commissioning Board (MCCB) and the Macmillan Cancer Improvement Partnership (MCIP). The report was introduced by the Associate Director for South Manchester Clinical Commissioning Group and the Programme Manager for the Manchester Cancer Improvement Partnership, who explained the complexities of the commissioning structure for cancer services.

The MCCB was established to provide a specific focus on strengthening and simplifying the commissioning of cancer services for patients. It will also play a key role in monitoring performance of providers. The MCIP forms part of the work of the Commissioning Board. This aims to invest money in primary, palliative and community cancer services and redesign cancer treatment and experience of patients for lung and breast cancer. Officers paid tribute and thanked Jonathan Lewis who recently passed away for his significant contribution to making sure that patients were involved developing this work. The launch will take place on 26 June 2014 at the Town Hall.

Some members expressed initial concerns about need for a Manchester specific Commissioning Board, the risk of duplicating work of the Greater Manchester Board and the risk of creating unnecessarily complex structures. They felt that the argument could be made for commissioning boards of a similar nature for other long term diseases such as chronic obstructive pulmonary disease (COPD).

The Associate Director confirmed that the role of the MCCB could be time limited but it was necessary to have the Manchester-centric focus at this point in time to improve performance. Although there was already a similar partnership at a Greater Manchester level, the need for a Manchester specific board was based on the statistics about Manchester's performance in cancer services. Specifically, Manchester comes 150<sup>th</sup> out of 150 areas for premature mortality from cancer. It was not intended to duplicate or replace the Greater Manchester Board. The Associate Director also confirmed that the Board would not focus on the commissioning of complex cancer services that are commissioned nationally.

The Board recognised the importance of developing and co-ordinating the commissioning of high quality cancer services in Manchester and the role the MCCB and MCIP would play in this. Current services are fragmented, complex and difficult to navigate. The Board noted the importance of monitoring performance and access to treatment, particularly around referrals from GPs, the need to ensure that patients are referred on to the right course of treatment and identifying the need for palliative care at the right time. In terms of raising awareness of cancer among hard to reach groups, the Director of Public Health added that the 'Don't be a Cancer Chancer campaign' about specific groups and how to do this.

### **Decision**

1. To endorse the aims and objectives of the Manchester Cancer Commissioning Board.
2. To endorse the aims and objectives of the Manchester Cancer Improvement Partnership Programme.
3. To approve the MCIP programme launch as described in the report.

### **HWB/14/14 Health and Wellbeing Board Annual Report**

A report of the Theme Convenor was submitted which provided the draft version of the Board's annual report for 2013/14. 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 committee of the Council.

The report set out the origins of the Board, its governance arrangements, achievements and progress against its priorities, lessons learned and future work over the next year. It was intended to be a public document and will be published alongside the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The Board was asked to review and approve the content before it was published in advance of publication in April 2014.

Board members supported the progress that has been made in the past year, noting that the Health and Wellbeing Board itself had a strong role in leading new programmes such as Living Longer, Living Better.

A Board member noted that the annual report should provide an honest summary of the challenges facing the Board, and its effectiveness in tackling these challenges. Following another suggestion about the difficulty for members of the public understanding the governance arrangements and structures of the Board and programmes it leads on. The Board agreed that a clear diagram outlining the governance structure of the Board and details about where to find further information on this should be included.

The Board noted the substantial amount of work that had gone into developing the partnership arrangements between board members before April 2013 when it was in shadow form. They agreed that a piece of work was necessary to review and strengthen this over the next year, and to add this to the annual report.

### **Decision**

1. To agree the content of the draft annual report subject to the comments raised in the discussion.
2. To agree the future work of the Health and Wellbeing Board as set out in part four of the annual report, subject to the addition of further work to review and strengthen the partnership arrangements next year.

### **HWB/14/15 Nominations for the Manchester Leader's Forum**

The Board was asked to nominate three members to sit on the Manchester Leader's Forum from June 2014. The Forum is being established to replace the Manchester Board (part of the Manchester Partnership). It brings together representation from key partners across Manchester and will play a key role shaping the priorities and services delivered over the next few years. It will lead the development of the Community Strategy from 2015.

The Board agreed that there should be representation from both NHS commissioners and providers on the Forum and that the membership should be spread equally across the city. The commissioning and provider representatives from north, central and south Manchester will agree the name of the individual representatives between themselves and put forward the nominations to the Committee's support officer before the deadline of 31 March 2014.

### **Decision**

To ask the Board members to agree the names of the commissioning and provider representatives, ensuring an even spread of representation from across the city and to inform the Committee's support officer of the nominations before the deadline of 31 March 2014.