

## Health and Wellbeing Board

### Minutes of the meeting held on 14 May 2014

#### Present

Councillor Leese	Leader of the Council (Chair)
Councillor Andrews	Executive Member for Adults, Health and Wellbeing
Mike Deegan	Central Manchester Foundation Trust
Ian Williamson	Central Manchester Clinical Commissioning Group (attending for Dr Mike Eecklaers)
Margaret Dwyer	NHS England (Greater Manchester) (attending for Warren Heppolette)
Mike Houghton-Evans	Strategic Director of Families, Health and Wellbeing
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health
Hugh Mullen	Chief Executive, Pennine Acute Hospital Trust (attending for Dr Gillian Fairfield)
Vicky Szulist	Healthwatch Manchester
Dr Bill Tamkin	South Manchester Clinical Commissioning Group
Dr Attila Vegh	University Hospital South Manchester Foundation Trust
Dr Martin Whiting	Accountable Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, Macc (voluntary sector).

**Apologies** Ian Rush, Dr Gillian Fairfield, and Mr Mike Eecklaers

#### HWB/14/16 New Members

The Board welcomed Margaret O'Dwyer from NHS England and Dr Attila Vegh to their first meeting of the Board.

#### HWB/14/17 Minutes

#### Decision

To agree the minutes of the Health and Wellbeing Board meeting on 19 March 2014 as a correct record.

#### HWB/14/18 Manchester Leaders Forum Update

The Board noted that Michelle Moran (Manchester Mental Health and Social Care Trust, Mike Deegan (Central Manchester Foundation Trust) and Dr Bill Tamkin South Manchester Clinical Commissioning Group) had been appointed to the Manchester Leader's Forum after the last meeting.

#### HWB/14/19 Living Longer Living Better Update Report

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 March on the Living Longer, Living Better

Programme (LLLB) and the Better Care Fund submission. The update focused on the Better care Fund submission, the evaluation of the LLLB programme and the proposed governance arrangements.

Work is underway to plan how the successes and impact of the LLLB programme would be evaluated in order to develop an evidence base to support the changes that are made. Regular updates will be provided to the Board pending the production of a more comprehensive report describing the early findings of the evaluation work on 10 September 2014. The Board discussed the proposals for performance management and evaluation, noting the importance of having real quantitative and qualitative evidence which demonstrated the cause and impact of the changes on individuals and on services. Officers gave some specific examples of successes, including a reduction in Accident and Emergency admissions. The Board agreed that more specific information on the early evaluation work should be circulated to the Board members as soon as it was available.

In terms of the BCF submission, the previous report set out the plans for this to become a development fund for testing new ideas under the LLLB programme. The Strategic Director for Families Health and Wellbeing said that this would be a pooled fund hosted by Manchester City Council under a section 75 agreement.

The NHS England representative advised the Board that the BCF submission for Greater Manchester was submitted by 4 April, but this would not be the final submission as further assurances were required. This was expected to be the case nationally. General feedback has been that there is a general lack of clarity about how money will be taken out of the acute sector and that there needs to be more work to engage with acute and primary care providers. Board members were disappointed that this position had been taken for Greater Manchester and they noted the support of all of the providers who were represented on the Board for Manchester's submission. The Board was particularly concerned that this would cause undue delay to the delivery of changes and they agreed to delegate the sign off of further updated submissions and assurances to the Chair of the Board.

The Director of Public Health informed members that he had discussed the LLLB with representatives of the Local Representative Committees, in advance of the Board meeting. Positive feedback about the level of involvement of partner agencies was received from the Optometry Committee in particular. There was a general request from all representative committees that they be kept closely informed about LLLB related developments, and the Local Medical Council sought assurances that they would be involved in the development of local models of service delivery. The importance of free eye sight tests for the over 60's was raised by the Optometry Committee and this will be considered as part of an update report on falls that the HWB will receive in July 2014.

## **Decision**

1. To note the progress of the LLLB Programme since March 2014, particularly in terms of the successful BCF submission,
2. To note the BCF related milestones for the 2014/15 financial year,

3. To note the development of the governance aspects of the Fund and the Partnership Agreement required for the purposes of the pooled budget under Section 75 of the Health Act and the Local Development Fund,
4. To note the indicative work programme for the performance monitoring and evaluation task and finish group,
5. To note the progress made in delivering innovative delivery models on the ground in the three locality systems,
6. To support the revised governance arrangements for the programme, noting the intention to strengthen the programme management function,
7. To note the intention of the City Wide Leadership Group to present the draft five year Strategic Plan and draft Programme Plan for sign off at the July meeting.
8. To delegate the sign off of further updated Better Care Fund assurances and submissions to the Chair of the Board.

### **HWB/14/20 Healthier Together Presentation**

The Board received a presentation that provided an update on the Healthier Together programme. The presentation described the aims of the programme, the case for change, how this would affect primary and hospital care across Greater Manchester and the timescale for the changes. It set out plans for a public consultation period to begin in June 2014.

The Chief Officer, Central Manchester Clinical Commissioning Group informed members that the key aim was to improve the provision and quality of care within existing resources. There will be increased focus on primary care and access to GP services locally. Specialist hospital services will be delivered from a smaller number of hospitals across the region to enable specialist care to be centralised rather than scattered across local hospitals.

The Board welcomed some of the aims of the Healthier Together Programme, particularly the move to make clinical standards more consistent across Greater Manchester. A member outlined some of the variations in the quality of clinical care and outcomes across different hospitals and the need to address this to ensure the same quality of services. The Clinical Director of the Healthier Together Team supported this view.

The Board acknowledged that primary care played a key part in the delivery of the Healthier Together Programme but members were concerned about whether primary care services had the capacity to cope with additional demand and extended hours. They stressed the importance of ensuring that the plans are set out in detail about how these issues would be addressed before changes to hospital structures should be implemented.

Concerns were raised about how the programme of change would be financed at a time when CCG budgets were already under significant pressure. Of particular concern was the transition phase, which would effectively have double the running costs as extended primary care services would be funded alongside current hospital

services. The Board sought assurance that the transition period would be resourced to cope with the additional pressure. Officers agreed that this was a key challenge facing clinical commissioning groups who would have to set aside funding to invest in primary care, and continue to review services existing resources.

The Board noted the need for the programme to link with the context, priorities and service delivery of LLLB to ensure a coherent citywide strategy and level of service for Manchester residents. This was particularly important in terms of ensuring that standards in Manchester's hospital care were consistent. This was currently spread over three hospital trusts that also covered areas outside the city. When assessing the Board's response to the proposals, they would consider it in this context. Members noted the consultation started in June and a more detailed report would be provided at a later date.

### **Decision**

To support the principle that the Health and Wellbeing Board will assess Healthier Together proposals within the context of citywide priorities.

### **HWB/14/21 South Sector Challenged Health Economy Programme**

The Board considered a report of the Chair of South Manchester Clinical Commissioning Group which provided notification that South Manchester was part of NHS England's challenged health economies" programme.

Several health economies across England are facing major structural challenges in delivering high quality services in a way that is financially sustainable. The South Sector, which covers South Manchester, Stockport, Tameside & Glossop and Eastern Cheshire is one of those. NHS England, Monitor and the Trust Development Authority have established a process which brings together key stakeholders to develop a potential solution to support the delivery of services. External support has also been secured to support the process. The process was expected to last until the end of June, culminating in proposals which will complement, or form part of, the Healthier Together public consultation.

The Board discussed the process and noted that the rationale for grouping the different areas in the south sector was due to patient flow, where patients were most likely to seek care at their most local medical centre rather than within their local authority or NHS Trust boundaries. In south Manchester specifically, services were currently under a lot of financial pressure.

The Board expressed the importance of ensuring that the proposals, and services were consistent with the rest of the city. Given the short timescale of the programme, the Board agreed that they should monitor the emerging proposals through the Board's Executive group over the next few months.

### **Decision**

1. To note the contents of this report.

2. To monitor the emerging recovery proposals for the South Sector Challenged Health Economy Programme through the Board's Executive group.

### **HWB/14/21 Child Health Profile Update Report**

A report of the Director of Public Health was considered, which provided an update on the child health profile, with a specific detailed update on childhood obesity. The Board considered the 2013 Child Health Profile in November and asked for further detailed reports on childhood obesity and children's dental health. A detailed update on children's dental health will be considered in July.

The 2014 Child Health Profile (largely based on 2012-13 data), published in March 2014 provides a snapshot of local child health reporting on 32 indicators including the infant mortality rate, immunisation rates, childhood obesity, dental health, the teenage conception rate, smoking in pregnancy and wider determinants such as GCSE attainment, children living in poverty and children living in care.

The Director of Public Health informed the Board of some of the areas which Manchester had improved on including lowering the teenage conception rate and increasing the immunisation rate. In terms of childhood obesity, this is still a significant problem. The Healthy Weight Strategy will be relaunched in 2015, and will provide a strategy for tackling this problem.

The Board welcomed the report and acknowledged that obesity is a significant and rising problem for health and consequently has a significant impact on public services. It is a specific problem in school age children where the rate of obesity more than doubling between Reception and Year 6 classes. Members discussed whether free school meals for infant class children could have a positive impact on this. They also welcomed the collaborative work between the Council, health services and Manchester City community programme to tackle obesity. Feedback from the Local Representative Committees about the importance of developing a vision screening programme for 4-5 year olds was noted and will be taken up through the work of the Children's Board.

The Board noted that the Children's Board would lead on this issue, with a number of partners and agencies involved in the delivery of the strategy. The Children's Board will continue to receive regular reports on progress and challenges in this delivery.

### **Decision**

1. To note the report.
2. To continue to support the approach to tackle childhood obesity in Manchester and the planned pilot work in East Manchester.

### **HWB/14/22 Mental Health and Wellbeing of Children and Young People**

A report of the Strategic Director of Children and Commissioning and the Executive Nurse Director of City Wide Commissioning, Quality and Safeguarding was considered. This report provided an update on progress made in the development of

mental health services for children and young people, and highlighted how the commissioning and delivery of services were linked.

Commissioners from Manchester clinical commissioning groups (CCGs) and Manchester City Council have undertaken a review of Children and Adolescent Mental Health Services (CAMHS) services and the ways in which people access these services. This review of CAMHS was set within the context of the Manchester Mental Health Independent Report and subsequent consultation of adult mental health services delivered under the governance of the Mental Health Improvement Programme. The review of CAMHS focused on how the system is operating at the moment, providing an opportunity to check provision and access to services. The review process identified a number of areas to be improved and has made a series of recommendations which are to be taken forward as collaborative commissioning intentions with Manchester CCGs and the Council including Public Health. This report highlighted the level of engagement involved in the review process and provides a structured programme of work aligned to each recommendation and a summary of progress to date.

The Executive Nurse Director informed the Board that mental health services for children and young people was very complex due to the number of service providers in the city. The programme of work aimed to simplify how people access and use these services to ensure consistency across Manchester. Assurances were given that all providers would be engaged in shaping and improving the services as progress continues..

The Board noted that one specific area that was highlighted as needing improvement was the transition to adult mental health services for younger people, with services often being fragmented or difficult to access. It was necessary to improve this so a protocol to address this problem would be presented to the Mental Health Clinical Board for approval in July. Overall, significant progress had been achieved against all of the recommendations from the review. The Health and Wellbeing Board was asked to support the programme of work.

## **Decision**

To note the contents of this report and support the programme going forward.

## **HWB/14/23 Autism Strategy**

The Board considered a report of the Strategic Director of Families Health and Wellbeing which provided a detailed overview of developments for children and adults on the autistic spectrum in the city. It includes the outcomes from the annual statutory return for autism led by Public Health England and sets out how Manchester compares with other areas nationally.

In addition, there is a progress report on developments for the new Special Educational Needs (SEN) reforms, a draft process for diagnosing people with autism designed by the clinical commissioning groups and some key highlights from emerging work to produce a dedicated Joint Strategic Needs Assessment (JSNA) for autism. Officers highlighted some of the key issues that would be highlighted in the JSNA such as the increase in the number of school age children being diagnosed

with autism although this was not reflected in the number of adults being diagnosed. This was largely due to increase in awareness.

Finally, the report provided an update on the new national strategy for autism entitled: "Think Autism, Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update" which set out priorities for future action. Manchester remains committed to improving the range of provision for people with autism and has a variety of mechanisms to deliver these services.

The Board welcomed the progress made and the commitment to improving the range of services for people with autism. A member queried the extent to which carers were factored in to the JSNA and how their views were taken into account. Officers advised that there had been focus groups to include the views of carers.

In discussion of the JSNA findings, the Board noted the difference in the increase in numbers of children with autism by CCG areas in Manchester and to what extent this was down to under or over diagnosis in the different areas. More work was needed to understand these differences. The Board expressed the importance of ensuring the figures were accurate and that levels of service and support were consistent across the city.

## **Decision**

To note the developments on autism and approve this report.

## **HWB/14/24 Safeguarding Arrangements**

The Board considered a report of the Strategic Director of Childrens and Commissioning which provided an update on the Council's safeguarding arrangements. At a meeting of the Personnel Committee on 15 January 2014, an overview of the key findings into the review of the current safeguarding arrangements (as commissioned by the Chief Executive) was received. This review of adults and children's safeguarding arrangements was completed by Ian Rush the Independent Chair of Manchester Children's Safeguarding Board, and Manchester Adult's Safeguarding Board.

The review made five recommendations: separation of safeguarding delivery and quality assurance functions; creation of an Integrated Safeguarding Unit; strengthening the safeguarding boards; establishment of the Multi Agency Safeguarding Hub (MASH); strengthening the capacity and coordination of domestic abuse and improving the transition offer. The report detailed the progress that has been made in each of these areas.

The Strategic Director informed the Board that this work would make the safeguarding arrangements more effective and co-ordinated. The Board was asked to agree a memorandum of understanding which set out the key responsibilities and expectations that safeguarding is formally considered within the work of the Health and Wellbeing Board, Manchester Children's Board and the activity of the Manchester Crime and Disorder Reduction Partnership. Although statutory responsibility remains with both the adult and children's safeguarding boards, the

memorandum of understanding provides clarity of expectation of Boards to hold the safeguarding system to account.

The Board welcomed the actions taken so far and noted the importance of clarifying the roles of the different agencies in safeguarding. The Board agreed the memorandum of understanding appended to the report and endorsed its implementation.

### **Decision**

To agree and endorse the implementation of the Memorandum of Understanding appended to the report.

### **HWB/14/25 Health Protection on Manchester**

The Board considered a report of the Director of Public Health and the Consultation in Health Protection which provided information on the work of the health protection expert advisory group of the Board. This paper provided an update on progress and sets out the successful actions that have been taken, as well as highlighting where further work is needed.

Specific successes included a reduction in the number of tuberculosis cases and the increase in vaccination coverage. While the number of Methicillin Resistant *Staph. Aureus* (MRSAS) hospital acquired infections is falling, new different infections with high resistance to antibiotics are emerging. This issue has a high priority and a working group led by public health England is tackling this issue. Overall there have been some notable improvements in the health protection situation in Manchester but further work is still needed as new problems have, and will, emerge. The Board will be updated regularly on any key developments.

### **Decision**

To note the report.