

Health and Wellbeing Board

Minutes of the meeting held on 2 July 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 Eecklaers	Central Manchester Clinical Commissioning Group
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
Dr Gillian Fairfield	Chief Executive, Pennine Acute Hospital Trust
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 Margaret O'Dwyer, Mike Livingstone, Vicky Szulist and Neil Walbran

HWB/14/26 New Members

The Board welcomed Dr Gillian Fairfield to her first meeting of the Board.

HWB/14/27 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 14 May 2014 as a correct record.

HWB/14/28 Living Longer Living Better Update Report

The Board received a detailed presentation from the Strategic Director of Families Health and Wellbeing which provided an update on the Living Longer Living Better Programme (LLLB). The presentation provides the Board with an update on a number of issues pertinent to the delivery of the LLLB programme in Manchester, namely:

- The development of an LLLB Strategic Plan for the period up to 2020,
- Further refinement of plans for the Better Care Fund (BCF),
- The progress of work in respect of financial modelling, evaluation and performance of the LLLB programme.

The presentation informed the Board that the LLLB Strategic Plan would set the wider context that LLLB is working within at a local, regional and national level. It will also identify successes from the past 12 months and set objectives to be achieved by 2020. The plan is the first overarching vision statement and will replace the

Blueprint document, and the business case which were presented to earlier meetings of the Health and Wellbeing board.

In terms of the Better Care Fund (BCF) submission, the Council is waiting for further information from NHS England on the deadline for the plans following the identification by the Department for Health for further work to be completed. The information required was on planned investment and savings and the specific impact of the fund on the acute sector. The Strategic Director stated that Manchester had carried out a significant amount of work to demonstrate where the funding would be invested. He emphasised that the delay in approving the BCF would not have a substantial impact on the LLLP programme overall as it was a fundamental redesign of the whole health and social care system.

Emerging themes outside the BCF submission included the development of a citywide End of Life framework, strengthening links with mental health and housing. The Board welcomed the intention to strengthen links with housing and the intention to explore opportunities to make housing a more prominent part of LLLB. A member suggested including a housing representative on the City Wide Leadership Group to progress this further.

The Board discussed the intention for linking the outcomes from the Mental Health Improvement Programme to LLLB. They welcomed this and emphasised the importance of understanding mental health issues in the planning and delivery of the LLLB. Members also emphasised the importance of understanding the different programmes of change (specific examples included Healthier Together and the Mental Health Improvement Programme) and how they linked with each other.

Decision

To note progress of the work described in the report.

HWB/14/29 Presentation on the Clinical Commissioning Group 5 year plans

The Clinical Commissioning Group (CCG) representatives presented the summary of the five-year commissioning plans for each CCG. The plans are detailed documents that outline the challenges for each area and how each CCG planned to commission services to tackle these challenges. Web links to the full plans were circulated to Board members in advance of the meeting.

The CCG representatives outlined the specific challenges that faced each area, how they had tackled those challenges and the achievements to date. Achievements across Manchester included the successful partnership arrangements in place between CCGs and local service providers, continued engagement with local GPs and the use of a federation arrangement to commission one provider to deliver services. Specific examples of how this co-ordinated approach benefitted individuals and their families were given.

The Board commended the strength of partnership arrangements between commissioners and providers across the different areas of the city, and they highlighted the need to build services around the individual and the families supporting them. In discussion of the partnerships between the CCGs and providers,

a board member highlighted the links with the ward health plans and the Council's Strategic Regeneration Frameworks. The Board noted the progress of each of the CCGs and stressed the importance of taking a citywide approach to ensure consistency of services. This would be further addressed in a development session for all Board members later in the year.

Decision

To note the report.

HWB/14/30 A report of Manchester Institute for Collaborative Research on Ageing (MICRA)

A report of the Strategic Director for Families, Health and Wellbeing and the Institute Executive Director for MICRA was submitted which outlined the development of the Manchester Institute for Collaboration for Research on Ageing (MICRA) with particular reference to its work with and support from the Council and other Manchester agencies.

Professor Chris Phillipson, Institute Executive Director for MICRA explained that MICRA promotes interdisciplinary and innovative research on ageing working across all faculties within the University of Manchester. MICRA has built a substantial partnership with the Council through shared working on a range of research projects, support for Manchester's leadership in the area of age friendly cities, joint seminars, and presentations to international policy networks.

Older people living in Manchester experience a number of barriers to achieving a good quality of life, notably in terms of the impact of long-term poverty, poor health and high levels of disability. The report identified mutual benefits arising from this work in respect of economic advantages, sharing of resources, partnership working, work with older people, and enhancing the reputation of the city. The paper outlines a strategy for MICRA through to 2020, with extending collaboration between the Institute and the Council a central part of future activity.

The Board recognised the value of the work undertaken by MICRA, acknowledging that a number of the research areas linked with the work of the Board. A member referred to the research work on frailty and the need to link this to the Living Longer, Living Better Programme. The Board also acknowledged that the health and social care elements of the research should not dominate the wider agenda of research into ageing as there were many other factors to consider, such as work and retirement. They emphasised that it is important to recognise that older people are a diverse group of people with different group and individual experiences.

MICRA and the Council have been successful in obtaining funding for a project examining urban design issues and older people. In addition, they have also contributed to the Organisation of Economic Co-operation and Development (OECD) research on population ageing and sustainable urban development. The Board emphasised the importance of considering the context of these research findings in the Council's housing strategy.

The Board recognised the importance of collaboration between the University, the Council in ensuring the development of Manchester as world-class centre for research, policy and practice relating to ageing populations. Members supported the suggestion for further collaboration including NHS partners through the Age Friendly Manchester Partnership.

Decision

1. To support further collaboration between the Council, NHS and other partners organisations, and the Institute in research, policy and practice aimed at improving the lives of older people living in Manchester, through the age-friendly Manchester partnership.
2. To agree that Board members will disseminate the work of MICRA through relevant groups and organisations within Manchester.

HWB/14/31 Update on Falls Prevention Strategy

The Board considered a report of the Director of Public Health, which provided an update on the work to reduce falls in older people. Reducing falls in older people was identified as a priority topic for Manchester's Joint Strategic Needs Assessment in 2012. The assessment demonstrated that falls amongst the older residents of Manchester was a significant challenge for the city and one that partners needed to address with some urgency.

In March 2013, the Health and Wellbeing Board supported a programme of work designed to address the recommendations of the Joint Strategic Needs Assessment. The report provided an update of the work that has been completed since March 2013, both in terms of progress against what we set out to do, new and developing areas of work, and proposed work for the coming year.

Dr Helen Hosker, Clinical Lead for Falls, Public Health Manchester informed the Board that the level of falls in Manchester is higher than the national average. Current services are based on services commissioned by the Primary Care Trusts, which has resulted in a variation of services for people suffering from falls. The report set out plans to address this and to standardise the level and consistency of service in Manchester.

The Board discussed the factors that led to a fall and acknowledged that the promotion of healthy lifestyles was a key factor in the prevention of falls in older people. Frailty and identifying individuals likely to experience a fall were other factors. The work was closely linked with the Living Longer Living Better Programme and other key strategies such as urgent care.

Section 6 of the report set out the actions to be taken over the next 12 months. These included:

- Reviews of all falls related services commissioned by the Council would be completed by March 2015 to inform decisions about future commissioning of services or renegotiation of existing contracts
- Further work to secure accurate and up-to-date data about falls in Manchester.

- Continue to integrate falls-related initiatives by public health, social care, NHS and other agencies through the Living Longer, Living Better programme delivery models.
- Further development of age-friendly city programmes
- Continue to explore opportunities to build partnerships

The Board was asked to support this approach and board members were asked to champion these action in their respective organisations during the next twelve months.

Decision

1. To support the falls prevention approach as described in the report.
2. To agree that Board members will champion action in their respective organisations over the next 12 months.

HWB/14/32 Advocacy Support for Patient and Customer Voice following the Francis Report

The Board considered the report of the Strategic Director of Families Health and Wellbeing and the Head of Corporate Services North, Central and South Manchester Clinical Commissioning Groups. This report provided a summary of the current arrangements to support individual citizen / patient voice in Manchester. These arrangements have been in place since April 2014 following the establishment of the three Clinical Commissioning Groups and wider changes introduced by the Health and Social Care Act 2012.

Broader statutory advice and advocacy requirements will be required under the Care Act 2014 from 1 April 2015. These are based on recommendations arising from the Francis Report into the affairs of the Mid Staffordshire NHS Foundation Trust, the Clwyd Hart review of the NHS complaints system. The report introduced the initial proposals for developing an integrated approach to citizen / patient advocacy which will meet the new statutory advocacy requirements through the establishment of an Advocacy Hub.

Currently, discussions with commissioners and providers are underway to establish the details of how the hub will operate. The Advocacy Hub will act as a single gateway to the service, managing demand and feeding work out to specialist areas. It will be jointly developed within the framework of Living Longer Living Better programme and will be based on similar approaches developed in Leeds and Lancashire. Further consultation will be carried out later in the year.

The Board welcomed the report, and in particular welcomed the recognition that further work needed to be done to develop and co-ordinate the advocacy services available for patients. A member asked about the means of involving patients in the design and operation of advocacy services to enable them to take ownership of the service and to ensure that they have a service fit for purpose. Officers agreed that the use of citizen advocacy would form part of the new proposals.

The Board also recognised the need to provide clarity and consistency of the level of service and where to direct people when they need to access advocacy services. They agreed to receive further information on the detailed proposals with potential case studies and how they fit in with existing services such as the Patient Advisory Liaison Service (PALS).

Decision

To approve the approach outlined in respect of the development of advocacy services and the advocacy requirements of the Care Act 2014.

HWB/14/33 Alcohol Service Redesign

The Board considered a report of the Director of Public Health which described proposals for the redesign of alcohol intervention and treatment services. The report follows a paper presented to the Health and Wellbeing Board in September 2013, outlining the impact of alcohol misuse on the strategic aims for health and wellbeing in Manchester.

Alcohol misuse is a serious problem in Manchester, and it has been identified as a factor in many wider ranging issues. Identifying alcohol-related harm as early as possible and provide early intervention and treatment services to individuals will support the delivery of a number of Public Sector Reform (PSR) programmes including Troubled Families, Living Longer Living Better and Transforming Justice.

The report gave an overview of proposals for the redesign of alcohol early intervention and treatment services for adults in Manchester, including the principles for the redesigned system, the proposed model of services, the outcomes the redesigned system will work towards, and the stakeholder engagement process currently underway. The Board was asked to agree to a further report outlining the engagement process at a future meeting.

The Board acknowledged the timeliness of the review and recognised the need to deliver alcohol services in a variety of settings to support the delivery of the PSR programmes. They agreed to receive a further report to a future meeting on the consultation process.

Decision

1. To note the content of this report.
2. To agree to receive a further report summarising the findings from the engagement process at a future meeting

HWB/14/34 Update on Healthier Together

The Chair of Central Manchester Clinical Commissioning Group informed members that the formal public consultation for the Healthier Together campaign would be launched in the next week. The programme had the support of all 12 clinical commissioning groups across Greater Manchester. The Board noted that suggestions from local councillor briefings about the content and style of the

consultation have been taken into consideration in how the consultation will be launched.

The Board will participate in the consultation process at its September meeting.

Decision

To note the report

HWB/14/35 Ged Devereux

The Board thanked Ged Devereux who was leaving his post as the Board's theme convenor, for all of his hard work in establishing and supporting the Board over the two years.