

## Health and Wellbeing Board

### Minutes of the meeting held on 10 September 2014

#### Present

Councillor Leese	Leader of the Council (Chair)
Councillor Andrews	Executive Member for Adults, Health and Wellbeing
Mike Deegan	Chief Executive, Central Manchester Foundation Trust
Dr Mike Eecklaers	Chair, Central Manchester Clinical Commissioning Group
Mike Houghton-Evans	Strategic Director of Families, Health and Wellbeing
Michelle Moran	Chief Executive, Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health,
Claire Heaney	Pennine Acute Hospital Trust (attending for Dr Gillian Fairfield)
Margaret O'Dwyer	Director of Operations and Delivery, NHS England
Vicky Szulist	Healthwatch Representative
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Foundation Trust
Martin Greenwood	Chair, North Manchester Clinical Commissioning Group (attending for Dr Martin Whiting)

**Apologies** Dr Gillian Fairfield, Mike Livingstone, Dr Martin Whiting, Mike Wild

#### HWB/14/36 Minutes

#### Decision

To agree the minutes of the Health and Wellbeing Board meeting on 2 July 2014 as a correct record.

#### HWB/14/37 Living Longer Living Better Update

The Board received a report of the Strategic Director of Families Health and Wellbeing which provided an update on the Living Longer Living Better Programme (LLLB). The report provided details of the proposed LLLB Strategic Plan which the Board was asked to agree.

The LLLB Programme Manager explained that the Strategic Plan updates the strategic vision and objectives of the LLLB Programme taking account of progress made over the last 12 months. It also presented a delivery plan for 2014-2015, along with an indicative plan for delivery for 2016-2020. This Plan built on previous strategic documentation produced by the Programme, including the Integrated Care Blueprint (March 2013), the Strategic Outline Case (July 2013) and the Strategic Business Case (November 2013). It was intended that the Strategic Plan will supercede these previous documents and should be regarded as the main reference document in the future.

The plan set out the wider strategic context in which the Programme is operating, and proposed a new vision statement and objectives. It also set out the progress and lessons learned from the past year, the governance arrangements and how the objectives will be delivered in the future.

The Board discussed the content of the Strategic Plan. The Board welcomed the acknowledgement of the impact of the Manchester Mental Health Improvement Programme on LLLB set out within the Strategic Plan, noting that improving mental health was a substantial factor in the delivery of the Programme.

Board members acknowledged that one of the biggest challenges was to ensure that the existing level of social care services would be delivered alongside the changes as they were implemented. The Strategic Director for Families, Health and Wellbeing advised that a report with more detail about how the programme would be evaluated would be brought to a future meeting.

The redesign of health and social care services is made up of three elements: the integration of hospital and social care services, bringing social care closer to home and the reconfiguration of hospital services. The diagram on page 13 of the report illustrated the links between the different programmes covering health and social care reform at Greater Manchester level. Some members questioned the accuracy of the diagram because it implied that the Greater Manchester Healthier Together Programme was purely focused on the redesign of hospital services, rather than a redesign of the whole health and social care system across Greater Manchester.

A member stated that Healthier Together was branded as the Greater Manchester redesign of the whole system and that the LLLB Programme was the local Manchester adaption of this. They expressed concern that this message was not clear in the communication material and that it was important to get this right to ensure that services could be delivered successfully. Board members recognised the need for clarity and consistency in the information presented to the public.

The Strategic Director for Families, Health and Wellbeing explained that LLLB was Manchester's integrated care programme operating in the context of the Greater Manchester health and social care system. It was closely linked to Healthier Together Programme but this was primarily focused on the redesign of hospital services. He agreed that the diagram contained within the Strategic Plan did not clearly illustrate how all parts of the system were linked together and agreed to review this.

Overall the Board welcomed the Strategic Plan, but recognised that it needed some minor amendments before it was complete. The Board agreed allow member organisations until the 15<sup>th</sup> September 2014 to make further suggested to the content of the Strategic Plan and to delegate approval of any substantial changes to the Chair.

## **Decision**

To ask Board members to provide any further comments on the Strategic Plan by 15 September 2014.

To agree the content of Living Longer, Living Better Strategic Plan and to delegate the approval of any substantial changes to the Chair of the Board.

### **HWB/14/38 Better Care Fund**

The Board considered a report of the Director of Families, Health and Wellbeing which summarised the new guidance from NHS England about the Better Care Fund (BCF) submission. This guidance was released in July, and required local authority areas to make changes to, and resubmit their BCF plans by 19 September 2014. The report also provided a draft of the draft BCF submission which required the approval of the Health and Wellbeing Board.

The Strategic Director for Families Health and Wellbeing explained that the document was not yet complete as a few figures were yet to be finalised in advance of the submission deadline. The Citywide Leadership Group members have provided content from their respective organisations to provide content for the BCF template. They were confident that the submission documents were a fair reflection of the LLLB Programme in Manchester as it stands currently. Work will continue on the submission documents up to the deadline date in response to any further support and guidance issued by NHS England and to complete any gaps in the information.

The Board discussed some of the financial and details of the submission, and the Clinical Commissioning groups Chief Financial Officer clarified a number of technical points. Board members also highlighted the necessity for suitable governance arrangements to be in place to ensure that the fund, which was allocated on a citywide basis was managed effectively between the three clinical commissioning groups.

The Board agreed the content of the BCF document and acknowledged that some further work was needed to finish the document before the submission deadline. They agreed to delegate the final sign off of the submission document to the Citywide Leadership Group subject to any substantial changes being approved by the Chair.

### **Decision**

1. To sign off in principle the BCF documentation.
2. To delegate authority to Citywide Leadership Group to sign off the final Better Care Fund documentation, subject to any substantial changes being approved by the Chair before submission on the 19 September 2014.

### **HWB/14/39 Housing for Age Friendly Manchester**

The Board received a presentation from the Senior Strategy Manager for Age Friendly Manchester, The Lead Commissioner for Older People and the Chief Executive of Swaythorne Housing. The purpose of the presentation was to provide an overview of the development of a housing strategy for an age friendly Manchester, to inform the Board about current proposals to improve housing and care provision for older people, and to advise plans to make Manchester a more attractive place to grow older. The Board was asked to support the proposals and comment on the work.

The Housing for an Age-Friendly Manchester (HFAAFM) Board was established with representation from Registered Providers, Age-Friendly Manchester, the City Policy Team, and Children and Families Commissioning. It is chaired by the Director of Housing. It has been meeting monthly to scope out a strategy to set out the approach to older people's housing and related issues in Manchester. The draft Strategy Statement, which was appended to the report, set out the city's aspirations for older people to remain in the city after retirement and be supported by a range of housing options that maximise their independence and promote their health, safety and wellbeing.

The Board welcomed the Strategy document and supported the principles that had developed it. They discussed the links between this work and Living Longer Living Better. They recognised that the provision of suitable housing and support for example through extra care schemes supported people to remain in their own homes and reducing unnecessary admissions to hospital. This was particularly important. Specific examples of this included the location of rehabilitation services in sheltered and extra care housing services. The Board supported this and noted that the long term benefit will be a reduction in residential care homes and helping older people to carry on living within their communities.

The Board discussed Naturally Occurring Retirement Communities (NORCs) which are communities which, although not specifically built for or restricted to older people, have evolved into areas where the majority of residents are older and have aged in place, generally over a period of time. Such a community has been identified in Old Moat and extensive work has been carried out to develop specific local services for residents. The Board welcomed this work and also highlighted the need for suitable mixed communities to be supported to encourage people of different generations to interact in a healthy way. This has been supported in the past through the Council's intergenerational work.

In discussion of the specific examples of the work being done, members supported the principle of a housing MOT which will be a tool to enable people planning for, or those already in, retirement to make informed choices about whether they remain in their family home and neighbourhood or move to try new experiences. It will help people to understand what the costs of each option could be; how to find a high quality care provider; where their nearest health services are. The board welcomed this and emphasised that this tool should be provided through a number of media such as online to encourage wide take up.

### **Decision**

To note the report and to endorse the approach taken by the Housing for an Age-Friendly Manchester Board.

### **HWB/14/40 Healthier Together**

The Board considered a report of the Clinical Commissioning Groups which provided an update on the progress of the public consultation. The Central Manchester Clinical Commissioning Group representative explained that the consultation was launched in June. The closing date was 30<sup>th</sup> September 2014.

The consultation set out the reasons why changes were needed, the different options for how these changes could be delivered and how factors such as transport needs had been considered. The proposals formed part of the wider changes to the health and social care system in Greater Manchester and the objectives and vision for these changes were also set out in the Living Longer, Living Better report.

The general aim of the programme is to support independence, improve access to primary care and GPs, and provide better quality care locally. Highly specialist services affecting a small number of patients would be concentrated at fewer hospital sites across Greater Manchester and generic services would be delivered locally.

The 12 clinical commissioning groups in Greater Manchester have developed the proposals over the past 18 months. Since the consultation started, there have been a number of public events across Greater Manchester. Events had already been held in all three districts of Manchester. Over 5000 responses to the consultation had been received to date. After the consultation period closes, the responses will be analysed and will inform the decision making process in early 2015.

The Board noted the progress with the consultation to date. In discussion of the content of the consultation, members expressed the importance of ensuring that the positive aspects of the proposals, including what it had to offer patients, were clearly communicated to stakeholders and the public. The Chair referred to the local consultation events involving ward councillors and explained that this message was not being clearly communicated at a local level at the moment.

### **Decision**

1. To the contents of the report
2. Board members will promote the consultation among their staff and stakeholders
3. Board members will ensure that their respective organisations will respond to the consultation.

### **HWB/14/41 Ward Health Plans**

The Board considered a report of the Director of Public Health which provided an update on the progress of the ward health plans. The development of ward health plans has been identified as a priority, helping to take forward the Joint Health and Wellbeing Strategy at a local level. Ward health plans are now in place across the city. The report set out some of the common themes that local areas are committed to tackling, with support from a range of partners, It also highlighted some key next steps.

The Director of Public Health summarised some of the themes that had emerged from the work. Specific examples included teenage pregnancy and obesity. The work also demonstrated the diversity of the issues affecting different areas with some problems such as female genital mutilation and tackling the use of khat (a class C drug) being specific to only a small number of wards.

Public Health resources have been identified to supplement the existing ward cash grants to support local priorities identified in the health plans. Ward co-ordination groups and Strategic Regeneration Framework Delivery Groups, supported by public health staff are responsible for overseeing the implementation of the plans. The knowledge and learning from the ward health plans will be incorporated into the JSNA work for the next year. It was anticipated that ward health plans would also be integrated into the ward planning processes.

A member of the Board asked about the extent to which local GPs had been engaged in the development of the ward health plans. The Executive Member for Adults Health and Wellbeing explained that they had been made aware of the work but engagement had varied across different wards. There was still some further work to do to link the ward representatives with the work of the clinical commissioning groups and local GPs.

### **Decision**

To note the report

#### **HWB/14/42 Joint Strategic Needs Assessment Update (Sight Loss in Manchester)**

A report of the Director of Public Health was submitted which gave an overview of the how the sight loss Joint Strategic Needs Assessment chapter was developed. The Board has a role in overseeing the production of the Manchester Joint Strategic Needs Assessment (JSNA). The JSNA approach agreed in Manchester encourages partners to collaborate on themes and topics that have been raised by key stakeholders. The sight loss theme was developed following a meeting of the Health Scrutiny Committee in November 2012.

The Sensory Team Manager explained that the theme was established in partnership with service users and key partner organisations via a JSNA working group. It was supported by the Royal National Institute for the Blind (RNIB) and UK Vision 2020 who had developed a template for the JSNA. This was built on to inform commissioners on the needs of citizens with sight loss in Manchester.

The Board recognised that sight loss was set to double by 2050 due to factors such as older population and obesity. It was important to ensure that sight loss was tackled through early intervention enabling people to get the appropriate information and support at the right time. The Sight Loss JSNA document identified links with other work areas and set realistic targets which could be achieved through working together with key partners.

### **Decision**

To note the report

#### **HWB/14/43 Early Years Update**

The Board considered a report of the Director of Education and Skills which provided an update on the implementation of the Early Years New Delivery Model (EYNDM)

and the position and progress that has been made in relation to recruiting health visitors to Manchester. In addition it provides an overview of the planned roll out of the EYNDM from April 2015.

The Director of Education and Skills explained that the Council decided to transform early years services in the city to support children in Manchester to achieve a good level of development by the age of 5. The report highlighted the importance of early years services to help children to get a good start in life and the long term benefits of this. Part of delivering this, is the EYNDM which is a partnership of different stakeholders (such as health and social care providers and schools) working together to deliver the services required to meet this aim.

The Board supported the principle of the EYNDM and recognised the need for children to get the right start in life and how this linked with health and social care in the long term. A member queried whether there was sufficient accessible and affordable child care in Manchester. The Director for Education and Skills explained that there were some small areas where capacity was stretched but measures were in place to deal with this. There was nearly universal uptake of the free provision for three year olds and a growing uptake of provision for two year olds.

### **Decision**

To note the report.