

Health and Wellbeing Board

Minutes of the meeting held on 28 January 2015

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,
Vicky Szulist	Healthwatch Representative
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Foundation Trust
Dr Martin Whiting	Chief Clinical Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

Apologies Dr Gillian Fairfield, Gladys Rhodes-White, Margaret O'Dwyer

HWB/15/01 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 5 November 2014.

HWB/15/02 Living Longer Living Better Update

The Board considered a report of the Citywide Leadership Group (CWLG) that provided an update on the progress of the Living Longer Living Better Programme. The second section of the report also contained a detailed update on the implementation of the "One Team: place based care model".

The Strategic Director for Families Health and Wellbeing provided members with an update on the One Team approach which brings together teams across different geographical areas across Manchester to deliver integrated care. Some of the achievements so far include an application for funding to divert people away from hospital care and concentrate on care at home and the development of a new model of integrated care and reablement in North Manchester, which would be rolled out across the city.

The Board was concerned that the focus of the implementation measures appeared to be addressing short term issues when there was a need to balance both the short term and long term aims of the Programme, and to also engage all partners. The Strategic Director agreed and advised that external partners such as housing providers had recently participated in a workshop to engage more fully in the

programme. Communication of how services users would be affected by changes was also highlighted as a key issue.

In discussion of the One Team approach, the Board noted that earlier implementation of integrated community based mental health services into the One Team model had been agreed. Members highlighted the importance of outcomes for individuals and developing a small number of performance indicators so that these outcomes could be measured and monitored.

The Strategic Director outlined the ambition of the Programme and explained that Manchester was leading the way in developing a model of integrated care, and engaging with partners across the city. The effectiveness of the leadership of the Living Longer Living Better Programme had been recognised by the Kings Fund and the Royal College of General Practitioners.

Decision

To note the progress in implementing the One Team – Place Based Care model, including strengthened leadership and governance arrangements.

HWB/15/03 Health Funding for Adult Social Care 2014/15

A report of the Strategic Director of Families Health and Wellbeing was submitted, which sought the agreement of the Board to allocate £12.219m of health funding to support adult social care services in 2014/15. The funding would be transferred from NHS England to Manchester City Council under a Section 256 agreement of the NHS Act 2006.

The Strategic Director of Families Health and Wellbeing informed the Board that NHS England should enter into an agreement with each local authority under section 256 of the NHS Act 2006. The agreement should set out the payments to be made and any conditions which apply. Funding may be used to support existing services or transformation programmes, where such services or programmes are of benefit to the wider health and care system, provide good outcomes for service users, and would be reduced due to budget pressures in local authorities without this investment.

To receive the funding, the Board must make it a condition of the transfer there is:

- Regard to the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care, in how the funding is used.
- Demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users.

The funding transfer had previously been agreed as part of the Better Care Fund in September 2014. However, specific approval is required to make the transfer under a section 256 agreement in order to obtain the funding from NHS England. Funding for the next financial year would be transferred under a section 75 agreement, which would be presented to the Board in March 2015 for approval. Appended to the report was the agreed use of the health transfer funding.

Decision

To agree the planned use of health funding for adult social care as set out in the report.

HWB/15/04 Public Health Annual Report

The Board considered a report of the Director of Public Health which presented the draft Public Health Annual Report for comment. Under the provisions of the Health Service Act 2006, the Director of Public Health must produce an annual report on the health of the population for their area. The draft report was presented to the Health Scrutiny Committee in December. The final report will be published on the Council's website in February 2015.

The Director of Public Health introduced the report, outlining some of the key trends since the previous year. The report provided details on Manchester's health profile, the delivery of public health services in Manchester and the approach to co-ordinating public health across the north west. Key successes in Manchester included a reduction in the under 18s conception rate, an increase in child immunisation rates and improved life expectancy. A number of other long standing and complex health challenges still remained including premature deaths from heart disease.

The Board welcomed the report and acknowledged the challenges facing public health in Manchester. Manchester has played a key role leading the way in public health throughout history and would continue to do so in the future. The Board agreed that individual board members should also look at ways that they could push the public health agenda within their respective organisations.

Members recognised the links between deprivation and health inequalities and acknowledged the need to tackle the wider determinants of health. A member referred to the intention to implement tougher regulation of pay day loan companies and the links between financial exclusion and health and wellbeing. Specific concerns about child poverty and the health and work agenda were raised. Although the percentage of children living in poverty has decreased, the actual numbers remained high due to population growth. The Board agreed the importance of ensuring that the public health measures were used to inform the budget setting process.

Decision

To note the report.

HWB/15/05 Manchester Health and Wellbeing Board Strategic Review of Progress

The Board considered a report of the Strategic Director of Families, Health and Wellbeing, which described the method and process for the strategic review of the Board and the resulting recommendations, which the Board were asked to approve.

At its March meeting, the Board agreed to undertake further work to review and strengthen partnership arrangements for health and wellbeing during the year ahead. During October and November 2014, a full review was carried out. The strategic review was carried out through one-to-one discussions with board members and key stakeholders, analysis of the work programme and key strategies, and a half-day development session with the board.

The Board received a short presentation from Wendy Thomas from Birch Thomas Consulting, who was commissioned to carry out the review. The review identified the strengths and successes of the Board to date, areas for development and future challenges and priorities. Specific examples of future challenges facing the Board included the task of implementing the integration agenda across Greater Manchester and in turn, the Boards interaction with other Health and Wellbeing Boards.

The report provided a number of recommendations for the Board to approve including strengthening the arrangements with the structures that sit beneath the board and allocating them specific tasks such as the refresh of the Health and Wellbeing Strategy; communication with the public and enabling the Board specific time to discuss key strategic issues. The Strategic Director for Families Health and Wellbeing explained that the purpose of these recommendations was to improve the board's ability to meet its objectives in the future by enabling the Executive Group and the Strategy Group to deal with the operation and implementation of programmes and enable the Board to focus on the more strategic issues.

The Board discussed the findings from the review in detail. A member commented on the rapidly changing environment that the Board is operating in particularly around the devolution agenda. They expressed the importance of ensuring that the Board was prepared to face the challenges ahead, and took the opportunity to ensure that the challenges were met across Greater Manchester. The Board recognised the importance of enabling sufficient time for debating key issues and agreed that this would be considered as part of the agenda planning process.

Members recognised the importance of focussing on all eight of the Board's priorities, noting that this may have not been the case in the past, as it has concentrated on the Living Longer Living Better Programme. In this context, they also agreed that the Health and Wellbeing Strategy needed to be updated, with a set of simple indicators to measure progress and outcomes.

The Board discussed how it could communicate the details of its work to the public and agreed that future meetings would be webcast on the Council's website.

Decision

1. To refresh the Health and Wellbeing Strategy and to establish clearer arrangements for lead board members, supporting officers and delivery structures.
2. To task the Executive Health and Wellbeing Group to oversee the Health and Wellbeing Strategy delivery structures.
3. To re-establish the Health and Wellbeing Strategy Group.

4. To webcast future Health and Wellbeing board meetings.

HWB/15/06 Presentation on the Manchester Strategy

The Board received a presentation from the Head of Policy Partnerships and Research which described the current position with the Manchester Strategy, the proposed refresh and how this related to health and social care in Manchester.

The Manchester Strategy was first published in 2006, and set out key objectives for the city including more working families, population growth and greater economic productivity. Substantial successes regarding population and economic growth have been achieved but the city still faced a number of challenges such as the gap between residents and work place wages, and the gap between public income and expenditure.

The Strategy is currently being revised, led by the Manchester Leaders Forum and in partnership with other organisations across the city. It will take account of the drivers for change over the next 10 years and set new objectives for the city. The revised draft Strategy would be completed in March 2015. Specific health related issues that will be incorporated into the revised strategy include health inequalities; links with cross cutting themes of social inclusion, mental health and the role of the voluntary and community sector. There were also wider opportunities surrounding the devolution agenda.

The Board recognised the scale of the problems facing the city, specifically the level of deprivation across Manchester and the need to address the specific issue of resident wages. They recognised the value of the voluntary and community sector in the work and skills agenda but some concerns were raised about the lack of consistency across different areas for supporting people back into work.

The Board discussed the Strategy, and its links with the health and wellbeing agenda. Members commended the Leaders Forum for taking account of a wide range of issues in the development of the Strategy. They noted the importance of ensuring that the economic and health issues were closely linked to ensure that the economic benefits led to health improvement across the city. Members referred to the revision of the Health and Wellbeing Strategy and agreed that it should be consistent with the objectives set in the Manchester Strategy.

Decision

To note the report.

HWB/15/07 Presentation on the Care Act

The Board received a presentation from the Strategic Director for Families Health and Wellbeing on the Care Act and its implications for Manchester. The Act aimed to make provision to reform the law relating to care and support for adults and the law relating to support for carers.

The presentation outlined the implications of the Act including financial assessments, eligibility criteria and continuity of care. Of specific relevance to the Health and Wellbeing Board were measures around safeguarding adults, the duty of local authorities to implement preventative measures and to integrate with the NHS. The Strategic Director confirmed that NHS providers also had the duty to co-operate with local authorities under these duties.

The Strategic Director informed the Board that an individual was in post to lead the implementation of the Care Act across the Council and it was proposed that the social care service would undergo a peer review before the end of March.

The Board discussed the Act which was due to be implemented on 1 April 2015. Members noted the difficulties for individuals of navigating their way around the health and social care system and recognised the need for changes to the system to be communicated effectively. The Board agreed that a further report should be brought back to a future meeting, after the peer review on the detail of how the Council and NHS organisations were prepared for the implementation of the Act. The timing should be agreed at the agenda setting process.

Decision

To add an item to the work programme to outline the detail of how the Council and NHS organisations were prepared for the implementation of the Act. The timing should be agreed at the agenda setting process.

HWB/15/08 Primary Care Co-commissioning

The Board considered a report of the Clinical Commissioning Groups which described the options for primary care co-commissioning. Since the NHS reorganisation in April 2013, the commissioning of primary care services (GP practices, dentistry, pharmacy and optometry) has been carried out by NHS England. Clinical Commissioning Groups (CCGs) carry out the commissioning of hospital and community health services. NHS England has recognised that the separation in commissioning responsibilities is unhelpful for local health economies. As a result, they have asked CCGs to consider to what extent they would like to take on co-commissioning responsibilities with regard to primary care services. At present, this co-commissioning offer is with regard to General Practice only, but it is likely that discussions about the other primary care service areas will follow.

The report described the three options open to the CCGs. The Chair of Central Manchester CCG advised the Board that consultation was still underway with local GPs about the options. The three Manchester CCGs recommended option 2 which was joint commissioning of primary care. This option provided the right balance by enabling CCGs to influence local services without the risk of full responsibility of commissioning.

Statutory guidance around conflicts of interests has been produced by NHS England and would be incorporated into the new joint committee leadership arrangements for commissioning. The Board requested that further information about this is circulated.

Decision

1. To note the report
2. To request that further information about how the guidance around the conflict of interests would be reflected in the joint committee leadership arrangements is circulated to board members.

(Dr Tamkin, Dr Eecklaers, and Dr Whiting declared an interest in this item as GPs)