

## Health and Wellbeing Board

### Minutes of the meeting held on 10 June 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
Hugh Mullen	Pennine Acute Hospital Trust (attending for Dr Gillian Fairfield)
Hazel Summers	Interim 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,
Gladys Rhodes-White	Strategic Director of Childrens Services
Vicky Szulist	Healthwatch Representative
Caroline Kurzeja	South Manchester Clinical Commissioning Group (attending for Dr Bill Tamkin)
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Foundation Trust
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

**Apologies** Dr Gillian Fairfield, Dr Bill Tamkin, Michelle Moran.

#### HWB/15/19 Minutes

To agree the minutes of the Health and Wellbeing Board meeting on 25 March 2015.

#### HWB/15/20 Strategic Partnership

The Board welcomed the strategic partnership that had been established between central Manchester and South Manchester hospital trusts to share general surgery for cardio and vascular services.

#### HWB/15/21 Health and Social Care Devolution - Manchester Locality Plan

The Board received a presentation from Geoff Little, Deputy Chief Executive of Manchester City Council and Joanne Newton, Acting Accountable Officer of Central Manchester Clinical Commissioning Group on the process of the Manchester Locality Plan.

The twelve clinical commissioning groups and ten local authorities in Greater Manchester signed a Memorandum of Understanding with the Treasury to devolve the £6bn health and social care budget to Greater Manchester. A Greater Manchester locality plan is being developed as part of the development of the health and social care devolution agreement. The aim of this plan will set out the vision for improvement in health and wellbeing and the long term financial sustainability of health and social care over the next 5 years.

The Greater Manchester Plan will be available in draft form by the end of the summer to feed into the government's spending review before the autumn statement. The final version of the Plan will be finalised by December 2015. Each of the ten local authorities must create their own locality plan to feed into the Greater Manchester Plan.

In Manchester, all three CCGs were contributing to one locality plan for the city and this would be available in draft form by the end of June. The Plan would be in the same format as the Greater Manchester Plan to ensure that all of the local authority area plans could be easily amalgamated. Content will be taken from existing documents from a number of different work areas (such as Healthier Together, Primary Care Transformation and Early Years) agreed by key partners. The Plan will be aligned with key documents such as the Health and Wellbeing Strategy and set out the strategy and a plan of action for health and social care devolution over the next 5 years.

Manchester's health and care system will have a financial gap of approximately £197m over the next five years so finance officers are working to quantify that gap and set out how it will be addressed across NHS, social care and public health budgets. The Acting Accountable Officer explained that the financial gap was disproportionate across different services but it was important to identify how it would be resolved rather than specific areas in the healthcare system where there was a gap. This would include the delivery of integrated care within community settings and the promotion of self care where appropriate.

The presentation highlighted the economic and health and social care context in Manchester, areas where there was a funding shortfall and the next steps to deliver the plan. Production of the plan will use existing partnership governance reporting to the Health and Wellbeing Board and would be co-ordinated by Joanne Newton from Central Manchester CCG. The Executive Health and Wellbeing Group will receive a draft of the Manchester Locality Plan for consideration on 24 June. The Board were invited to consider whether they wished to consider the full draft plan at its next meeting in July or whether to receive an update on its progress.

The Board welcomed the aims of the Plan in the context of bringing different strands of health and social care reform together. It was important to recognise that the reform agenda was not starting from scratch with a number of plans already in place to outline the way health and social care services are delivered. The Board welcomed the single plan approach, and the alignment of the locality plan with the health and wellbeing strategy. Members described the specific role of the Board as driving forward the whole strategy forward and ensuring that Manchester was able to influence the development of services over the next five years.

The Board discussed the timescale for the delivery of the changes that would be set out in the Manchester Locality Plan. They noted that the scale of the changes required would be particularly challenging for all organisations to deliver and it was clear that health and social care services would look very different at the end of the five year period. It was particularly crucial to recognise the importance of the voluntary sector in achieving the actions set out in the plan.

A member referred to the intention for Manchester City Council and the three acute hospital trusts to form a collaborative venture for delivering integrated services at scale across the whole city. While this was welcomed, the Board noted that there would be other partners across the city that would also be providing services such as the mental health trust. The structure of this venture should include these organisations at the initial stage, as there would be only one opportunity to get this right.

The Board discussed the intention highlighted in the presentation to address the financial gaps by reducing social care spending and keeping public health spending at current levels, and whether this could realistically contribute to improved health outcomes. The Acting Accountable Officer said that this approach was not yet confirmed and there was still a substantial amount of work to do to identify where funding and services should be targeted to get the balance right between plugging the financial gap and improving health outcomes for the population.

A member asked about the means of encouraging self care and where this sat within the aims of the plan, the budget and the recently announced reduction in public health spending. The Deputy Chief Executive explained that this did not sit within one specific sector and it was the responsibility of all partners to communicate the importance of self care to people over the next five years. The Voluntary Sector representative supported this piece of work, noting that further discussions would be required as to how they do this. The Director of Public Health explained that the public health team were working closely with the Living Longer Living Better programme to ensure an integrated approach to the self care agenda. In terms of budget pressures, he advised that there would be an unexpected 7% in year reduction on public health funding but details of how this would affect Manchester specifically were not yet known. Details would be released in a consultation but it was hoped that the reductions would not be applied differentially as this would disproportionately affect Manchester where there were substantial health inequalities.

Following the discussion, the Board agreed to receive the full draft of the locality plan to its next meeting in July, as this would be the only opportunity to contribute to the strategy before it was incorporated into the Greater Manchester Strategy. They also agreed to include the draft Manchester Community Strategy in the background papers so that the Plan could be reviewed in this context.

## **Decision**

To request that the full draft of the Manchester locality plan to its next meeting in July, and to include the draft Manchester Community Strategy in the background papers.

### **HWB/15/22 One Team – Place Based Care: The Living Longer Living Better Commissioning Specification for 2020**

The Board considered a report of the Assistant Chief Officer, Central Manchester CCG and the Acting Strategic Director of Families, Health and Wellbeing which described the commissioning specification for the Living Longer Living Better One Team Place Based Care Model. LLLB) is the city's strategy for community based care. This programme is led by the Citywide Leadership Group (CWLG). The 'One

Team – Place Based Care’ design is the model for service delivery of the LLLB strategy. It aimed to shift focus from organisational boundaries to geographical place based care, and focus on the provision of care within local communities rather than hospitals. The report sought the Board's approval of the commissioning design for this model.

The Chief Officer, Central Manchester CCG introduced the report and described the rationale for the model. In practice, twelve place based teams will be established within Manchester. All services delivered in the community will be considered as part of this ‘One Team’ approach and all professionals will be part of that team. This will bring together primary care, social care, community health services and community based mental health services. There will be stronger links to non-statutory services and unpaid carers. Some services would continue to be on a city wide basis.

There were a number of challenges to be addressed particularly around how the model would fit in with established programmes and the number of different providers across the city. A specific example was given of the mental health improvement programme which was commissioned around diagnosis and pathways of care. It was recognised that further work was needed to ensure that this existing programme fit in with the new place based model.

Commissioners have worked to engage with providers in the city to plan the implementation of the model. Providers have been asked to make a collective response to the specification and a more detailed paper on this would be presented to the Board in July. A member commented that the provider response would not be a disparate collection of responses from different provider organisations as the Manchester Providers Group was established to co-ordinate a single response.

The Board welcomed the aims of the commissioning model, noting that there were some innovative means of providing care such as the elements of self-care that have been included in the model. The Chief Officer, Central Manchester CCG agreed that further work was required to broaden the scope of the specification of the commissioning model to include district general hospitals.

A member queried the extent to which GP budgets were incorporated into the resource base for model as these were currently not commissioned locally but would be devolved to a Greater Manchester level in the near future. It was important that these resources were accounted for included in planning the specification. The Chief Officer, Central Manchester CCG noted that primary care resources would be brought into the model as CCGs became more active in commissioning GP services. The Board noted the recent announcement that Greater Manchester GPs would provide 7 day access to GP services. CCGs, in partnership with the locality teams were in the process of writing a strategy for primary care, which would fit in with the model.

A member queried the ways in which different communities of interest would fit into a place based model. The Chief Officer, Central Manchester CCG advised that each locality team would have an understanding of needs of different communities of interest within their locality. Where services are targeted at specific groups, they will be delivered at a wider scale either by CCG area or citywide.

The Board discussed the involvement of dentists and opticians in developing the commissioning model. It was noted that these were commissioned nationally so they could not be included in the model, however further work could be done to engage with dentists and opticians.

### **Decision**

1. To approve the attached 'One Team – Place Based Care' design document.
2. To note the invitation made to providers to respond to this design.

### **HWB/15/23 Complex Dependency and Troubled Families**

The Board considered a report of the Strategic Head of Early Help, Head of Reform & Innovation and the Troubled Families Lead on the progress of the Complex Dependency (Confident and Achieving Manchester) and Troubled Families programmes. The report provided an overview of how these programmes have significant roles to play in helping to achieve a number of the Health and Wellbeing Strategy priorities and included recommendations for how the link between health and wellbeing services can be strengthened further in the forthcoming months.

A national statement for troubled families was released in 2014. It is clear that there is a need for a stronger focus within Manchester and Greater Manchester to better integrate with health. The devolution deal for health and social care for Greater Manchester represents a significant opportunity to address some of these issues. The report contained a number of immediate activities that can be undertaken that will bring the level of focus needed.

The Board welcomed the actions described in the report and agreed that the links with health and wellbeing; and the work around complex families needed to be strengthened. A member outlined the need for a greater understanding among all GPs of the definition and referral pathways for troubled families. Officers agreed that this was important and it was timely to raise awareness. The Director of Public Health also highlighted that the redesign of drug and alcohol services would also fit in with the referral pathways and strengthen links to health and wellbeing.

In discussion of the fit for work programme, the Board noted that the employment subgroup had considered a number of issues around the quality of employment that people were placed in and whether this achieved the outcomes around health and wellbeing benefits. A member asked if there was any form of monitoring this on the troubled families programme. The Board noted that getting people into work enabled them to qualify for working tax credits so they would be substantially better off, and also achieving independence.

A member asked for one of the recommendations to be amended to include engagement with Central Manchester Foundation Trust when looking to work more closely with health visitors to deliver early help and prevention. The Board agreed to this.

### **Decision**

To endorse the following recommendations:

- Ensuring that early help and complex dependency are a core part of the Locality Plans being developed for Devolution Agreement on Health and Social Care and that lead officers involved in the development of the plan.
- Prioritise the alignment of mainstream mental health and substance misuse services for those with complex needs through more effective joint commissioning based on the achievement of joint outcomes.
- Expand the Health protocol that was produced for the Working Well programme and which will be revised for the expansion of Working Well, to incorporate Complex Dependency and Early Help.
- Build on best practice for engaging Health professionals, for example GPs referrals into 'Fit for Work' programme.
- Engage with Director of Public Health and Central Manchester Foundation Trust to explore opportunities to work more closely with Health Visitors and school nurses can play in delivering early help and prevention.
- Identify resource to support work to access key data sets and tackle data sharing challenges, linking into wider piece of work across Greater Manchester.

### **HWB/15/24 Impact of Poor Mental Health on Wellbeing**

The Board considered a report of the Director of Public Health and the Chief Executive of Manchester Mental Health and Social Care Trust which outlined the impact of poor mental health on wellbeing. Poor mental health and wellbeing has a significant impact on individuals, families and communities in the city. It is a cross cutting issue which affects self confidence, motivation, social isolation, physical health and employment. This report highlighted the impact that poor mental health has on achieving the priorities of the health and wellbeing strategy and makes the case for continued investment and support for preventative, community based responses to support good mental health and build emotional resilience in individuals as well as our diverse communities.

Manchester is above average in terms of the number of people with mental ill health with 18.7% of patients in north Manchester, 15.4% in central and 15% in south report moderate or extreme anxiety or depression, compared to 12% nationally. A higher than average proportion of people are also prescribed anti depressants. The Manchester Mental Health and Social Care Trust provides prevention and treatment services across the city.

The board discussed the prevalence of mental ill health in north Manchester compared to the rest of the city. Although the direct causes were not know for this, it was in part due to the links with the higher levels of deprivation in the area. There were a number of other contributory factors but this varied according to the area.

A member asked about the means of measuring outcomes for mental health and wellbeing. The interventions listed in the report were variable and different measures were used for individual progress and measuring the bigger picture. The Senior Manager – Manchester Wellbeing Service highlighted that a number of measures of mental wellbeing such as how much people felt in control of their own lives were used to demonstrate outcomes on a larger scale.

**Decision.**

To agree the following recommendations:

1. Agree a strategic approach and system-wide investment over time to ensure that frontline staff are equipped to support people experiencing mental distress and that the public have access to training and information on self care and emotional resilience.
2. Mental health services delivered in the community are incorporated to the first phase of the One Team implementation plan.
3. Commissioners of health and social care services should incorporate work and skills outcomes into all relevant areas within commissioned services, including provision of suitable training and support on acknowledging work as a health outcome.
4. Board Members are asked to ensure that their respective organisations play their role in supporting the mental health of the workforce.

### **HWB/15/25 Quality Premium for Clinical Commissioning Group**

The Board considered a report of the Clinical Commissioning Groups which outlined the proposed quality premium measures for the Manchester CCGs in 2015/16. The purpose of the paper is to briefly outline the Quality Premium scheme, and to describe the national and local measures.

The 'Quality Premium' is a national scheme intended to reward CCGs for improvements in the quality of the services that they commission, for associated improvements in health outcomes and for reductions in inequalities in access and in health outcomes. The measures consist of nationally and locally determined indicators, which should reflect national and local priorities. A set of national indicators around urgent/emergency care and mental health worth 80% of the total funding were set by NHS England. Each CCG can choose two local Quality Premium measures worth 20%. The report set out the measures agreed by each of the 3 CCGs in Manchester, how these aligned with Board priorities and the reasons for choosing these measures. The Board was asked to agree the measures set out for each of the CCGs.

### **Decision**

To note and agree the choices for the quality premium measures outlined in the report.

### **HWB/15/26 Implementation Plan for Public Health Services**

The Board considered a report of the Director of Public Health which provided an overview of the plans to redesign a number of public health services in Manchester. Following the conclusion of the City Council's budget consultation, the Council proposed a redesign of the Wellbeing, and Drugs and Alcohol Services. The report described the proposed redesign and timetable for the changes.

The Board welcomed Caroline Bedale, Unison representative who had asked to address the Committee about this report. She expressed concerns about the assertion in the report that the redesign of public health services would have a positive impact on the eight priorities of the board. She felt that the level of reduction to staff numbers, and the fragmentation of services would only achieve a negative impact on the health and wellbeing of Manchester residents and the morale of existing staff. She also expressed concerns about the proposed further reduction of 7% to public health budgets.

In response, the Chair highlighted that public health budgets had not been reduced but had remained static. The Council had anticipated a growth in the budgets according to the funding formula used by the government but this increase had not materialised. In terms of public health funding, there had been a substantial redistribution of how the budget had been allocated.

The Director of Public Health introduced the report and explained the proposed next steps and the timetable for the proposed changes to the Wellbeing and the Drugs and Alcohol services. A further report for information will be provided to the Board meeting in July to outline the other themes from the budget consultation including children's public health services, sexual health services, physical activity services, community nutrition services, falls prevention services, NHS health checks.

The Board noted the concerns raised earlier, and noted that the new service would be commissioned on evidence based results rather than input which was the current approach inherited by the Council when it took on responsibility for public health. A member commented that change the focus to outcomes was correct and it was not right to invest in service models that have not delivered the right outcomes but to commission different ways of working to achieve the results required. Although there would be a number of substantial changes to the way services would be delivered, it was important to ensure that any issues arising from staff would be dealt with sensitively and effectively.

The Board welcomed the intention to rebalance relative investment in alcohol and drugs treatments to increase alcohol treatment capacity. Board members noted specifically that, it was more common to see people with alcohol related problems rather than drug related problems. One of the key drivers of the redesign is to ensure that there is a greater focus on the priorities of complex dependency, supporting people into work, early help, and health and social care integration.

## **Decision**

To note the report.