

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 9 March 2016

Subject: Health and Wellbeing Board annual report

Report of: David Regan, Director of Public Health

Summary

The Health and Wellbeing Board has a commitment to produce an annual report of progress. A draft of the annual report is attached with this paper for consideration by members. The report will be finalised after the March meeting of the board and published on the Manchester Partnership website in April 2016.

Recommendations

The Board is asked to:

- note the contents of the report; and
- request that the report is finalised following the meeting by Director of Public Health, working with the Executive Member for Adult Health and Wellbeing.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Health and Wellbeing Board annual report outlines the board's progress towards its vision and all key priorities.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

Lead board member: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Health and Social Care Act 2012 (Department of Health 2012)

The Story So Far – a report on the development of the Manchester Health and Wellbeing Board (Public Health Manchester, July 2012)

Report to the Health and Wellbeing Board “Health and Wellbeing Board Annual Report 2013 – 2014), 19 March 2014

Report to the Health and Wellbeing Board “Manchester Health and Wellbeing Board strategic review of progress”, 28 January 2015

Manchester Health and Wellbeing Board Annual report 2015-2016

Section 1: Introduction

The Health and Wellbeing Board has a commitment to openness and transparency in the way that the board carries out its work and is accountable to local people. This includes a commitment to annually review progress towards the board's ambition to reduce health inequalities and improve health outcomes in the city.

Since the Health and Wellbeing Board was formally established in April 2013, board members have provided leadership for major programmes of work to support their ambitions. At the same time, the context in which the board operates has changed substantially, with the advent of devolution bringing a once in a lifetime opportunity for the city to drive forward its ambitions around health and social care integration.

This annual report sets out a review of the Health and Wellbeing Board's progress over the last year, and sets the context for the work of the board during the year ahead.

Section 2: The role of the board

Health and Wellbeing Boards were established as part of the Health and Social Care Act in 2012. Manchester's Health and Wellbeing Board was established in shadow form in September 2011 to allow member organisations to work together to develop their priorities. In April 2013 the Council formally established the board as a statutory committee of the Council.

The Purpose of the Health and Wellbeing Board

The main aim of the Health and Wellbeing Board is to make a real difference to the health and wellbeing of the people of Manchester. The legislation that established the board also gave the board some specific functions, these are:

- to prepare a Joint Strategic Needs Assessment (JSNA) of the health needs of the people of Manchester;
- to lead the development and delivery of a Joint Health and Wellbeing Strategy for the city;
- a responsibility and duty to encourage integrated working between organisations that plan and deliver health and social care services for local people; and
- a power to encourage close working relations between all partners that plan and provide services that can improve the health and wellbeing of local people

The purpose of the Manchester Health and Wellbeing Board is to:

- make a real difference to the health, wellbeing and the life chances of Manchester people by dealing with the really stubborn challenges and closing the inequalities gap;
- develop the Manchester vision and strategy for health and wellbeing that connects health, social care and the wider determinants that affect the health and wellbeing of local people;

- provide leadership and drive delivery to promote the change that is needed across the city to provide better services and better outcomes for communities, families and individuals;
- make the Health and Wellbeing Board work effectively which involves members signing up to the strategy and what we all need to do to make it happen. This will require us to make the best use of the collective money and resources available to the people of Manchester; and
- encourage new thinking and behaviour to challenge traditional thinking and ways of doing things if this will improve outcomes for local people.

Membership of the board

Reflecting the requirements of health and social care legislation and the range of organisations that have the biggest impact on the health and wellbeing of local people, the membership of the Health and Wellbeing Board during 2015/16 was as set out below;

Sir Richard Leese, Leader of the Council
Councillor Paul Andrews, Executive Member for Adult Health and Wellbeing
Lorraine Butcher, Joint Director of Health and Social Care (appointed to the board in November 2015)
Sir Mike Deegan, Chief Executive, CMFT
Dr Mike Eeckelears, Chair, Central Manchester CCG
Gillian Fairfield, Chief Executive, PAT
Michelle Moran, Chief Executive, MMHSCCT
Gladys Rhodes-White, Interim Strategic Director of Children's Services
David Regan, Director of Public Health
Michael Houghton-Evans / Hazel Summers, Strategic Director of Adult Social Services
Vicky Szulist, Chair, Healthwatch
Dr Bill Tamkin, Chair, South Manchester CCG
Attila Vegh / Diane Whittingham, Chief Executive, UHSM
Dr Martin Whiting, Chief Accountable Officer, North Manchester CCG
Mike Wild, Chief Executive, Macc
The attendance of members at board meetings is summarised in Annex 2.

During the last few months there has been a review of the city's governance arrangements in response to the need for more robust structures to support the delivery of the Locality Plan on health and social care integration. This has resulted in proposed changes to the membership of the Health and Wellbeing Board and its supporting structures from April 2016.

Decision-making

The Manchester Health and Wellbeing Board is subject to the same openness and transparency rules as other committees of the Council. All meetings are held in public and all of the agenda, reports and decisions are available to view on the Council's website:

http://www.manchester.gov.uk/meetings/committee/77/health_and_wellbeing_board

Live and recorded webcasts of meetings are now available to view at <http://www.manchester.public-i.tv/core/portal/home>

The Health and Wellbeing Board is subject to scrutiny through the Council's Health Scrutiny Committee. Agendas, papers and minutes of these meetings are available at http://www.manchester.gov.uk/meetings/committee/92/health_scrutiny_committee

As well as being statutory committee of the Council, the Health and Wellbeing Board is also part of the Manchester Partnership, and has nominations to the Manchester Leaders Forum, which provides strategic leadership for the wider partnership. The shared priorities for the city are set out in the new Manchester Strategy 2016 – 2025. Further information is available at <http://www.manchesterpartnership.org.uk>

Value and ways of working

The board's agreed values are built on the following principles;

- Shared leadership of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations
- A commitment to driving real action and change to improve services and outcomes for local people
- Parity between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities
- Shared ownership of the board by all its members (with commitment from nominating organisations) and accountability to the communities it serves
- Openness and transparency in the way that the board carries out its work
- Inclusiveness in the way it engages with patients, services users and the public

Strategic review of progress

During 2014/15 the Health and Wellbeing Board undertook a strategic review of progress, which replaced the annual report. The review set out to consider the progress of the board over its three years in operation, and the steps that the board needed to take in order to be able to respond effectively to the challenging context in which it continues to operate.

The main findings of the strategic review were that;

1. The board should more effectively make decisions on how it effects its leadership role across the city, how it works with and impacts on the broader Greater Manchester agenda, and the governance and regulatory frameworks that need to be put in place to support this.
2. The board should refresh its priorities and the strategies that underpin these, taking into account the evolving context in which the health and social care economy in the city is operating.
3. Linked to the above, the board should review and re-evaluate the delivery framework to ensure that the right structures are in place below the board to enable it to deliver on its priorities.
4. The board should consider taking more planned and structured time to discuss major issues and decisions outside of the formal cycle of meetings.

5. The style and content of board papers should be improved through improved template guidance and criteria.

The annual report sets out how each of these points has been met.

Section 3: Achievements during 2015/16

The work of the Health and Wellbeing Board during 2015/16 has been heavily influenced by the advent of the Greater Manchester health and social care devolution deal, announced in March 2015. This has provided a unique opportunity for the board to drive forward its ambitions around health and social care integration, and has required a new level of strategic leadership from the board.

Within this context, the board's headline achievements during 2015/16 have been;

- **Joint Strategic Needs Assessment (JSNA)**. The JSNA is a key resource for partners in the city to support strategic decision making, inform commissioning decisions, and as a resource for funding applications. Use of the JSNA will ensure that local strategies for addressing poor health and care outcomes in Manchester are underpinned by a strong evidence base in terms of the range and effectiveness of services to support the local population. The JSNA process encapsulates a multi-agency approach to the collation, analysis, presentation and publication of data, research and intelligence. During 2015/16, the JSNA was restructured around the lifecourse areas and a substantial refresh of the Children and Young People section has been undertaken. This was approved at the Children's Board in January 2015. The refreshed version of the JSNA can be accessed through the Manchester City Council website at www.manchester.gov.uk/jsna. To date, 26 separate chapters have been published on the JSNA website covering a wide range of topics relevant to children and young people (and their families) in Manchester from pre-conception and pregnancy through to infancy and early years and adolescence, as well as on specific issues, such as mental health and emotional health and wellbeing, early help, safeguarding and looked after children. The JSNA is a 'living' resource that will be continually expanded and refreshed over time through consultation with key stakeholders and the refresh of the Children and Young People's JSNA will serve as a springboard for the development of JSNAs for other parts of the life course during 2016/17, including adults and older people.
- **Joint Health and Wellbeing Strategy**. In response to the board's Strategic Review, the Health and Wellbeing Strategy has been refreshed. The refresh has enabled the board to align its priorities with the new Manchester Strategy covering the city's priorities as a whole over the next decade, and the wider programme of work around health and social care devolution. It has also been an opportunity to begin to respond to board members' concerns around demonstrating the impact of the board's priorities on people in the city. The refreshed strategy uses a logic chain approach to demonstrate the health issue, the solution proposed, and the outcome, outputs and impact which this will lead to. Further work towards an outcomes framework to support the

strategy will be undertaken over the coming months, linked to work on the Locality Plan. The refreshed Health and Wellbeing Strategy priorities are;

- Getting the youngest people in our communities off to the best start
- Improving people's mental health and wellbeing
- Bringing people into employment and ensuring good work for all
- Enabling people to keep well and live independently as they grow older
- Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme
- One health and care system – right care, right place, right time
- Self-care

Progress towards the board's refreshed strategic priorities is outlined in the next section.

- Health and social care integration. The Health and Wellbeing Board has overseen the development of an ambitious Locality Plan for health and social care integration. This serves as part of the Greater Manchester Strategic Plan "Taking Charge of our Health and Social Care" and sets out the transformational programmes which will underpin the city's ambitions in the next five years. These are shaped around three pillars;
 - A single commissioning system ensuring the efficient commissioning of health and care services on a citywide basis, with a single line of accountability for the delivery of services;
 - 'One Team' delivering integrated and accessible out-of-hospital community-based health, primary and social care services, working through 12 locality hubs across the city;
 - A single Manchester Hospital Service, delivering consistent and complementary arrangements for the delivery of acute services, achieving a fully aligned hospital model for the city.

Over the last twelve months major progress has been made around both the ambition and the steps that need to be taken to deliver the plan from April 2016. These include the appointment of a Joint Director of Health and Social Care in September 2015 to work across partners on the transformation programme and strengthened joint delivery arrangements to support the above priorities.

- Strengthened governance arrangements. To support the work outlined above, a health and social care governance review was undertaken in Autumn 2015. This explored the changes that the Health and Wellbeing Board would need to take to strengthen the governance framework supporting the board, and any proposed changes to the membership of the board itself. The review was underpinned by a need for both leadership and delivery capacity for the Locality Plan and associated transformation programmes. The new governance arrangements will be introduced at the start of the new municipal year.
- Decisions. The Health and Wellbeing Board has taken a number of significant decisions during the last year in addition to those outlined above. These include;

- formally expanding the pooled budget fund (Better Care Fund) in 2016/17 to support transformational change;
 - approval of the One Team place based care model;
 - approval of a new Manchester Provider Group which has the capacity for collective response and drive for service implementation;
 - endorsing Manchester's Older People's Charter;
 - agreeing to develop a working relationship between the Health and Wellbeing Board and Manchester: A Certain Future; and
 - contributing to the development of the new Manchester Strategy.
- Ways of working. In response to the Strategic Review, the board has changed some of its ways of working.
 - The board has held three development sessions. These have focused on work to respond to the Greater Manchester devolution deal and to develop Manchester's Locality Plan, and have provided flexible time for the board away from formal meetings.
 - The board has been supported by the time-limited Transformation Oversight Group. This group has met each month to work through some of the major strategic issues around integration which partners in the city need to address, and has provided additional capacity during to the board during a period of significant change.
 - Since March 2016 board meetings have been webcast and are available through the Council's webcast system for six months from the date of the meeting. This has enhanced transparency and accessibility on the work of the board and is now in line with the Council's other committees. Webcasts can be accessed through the following link: <http://www.manchester.public-i.tv/core/portal/home>
 - The structure of meetings has been changed, to allow more time for those items requiring discussion and decision and shorter time for those items which are for approval and information. Items requiring approval by the board are now considered by the Executive Health and Wellbeing Group in advance, which advises the board on the decision.
 - A new template for board papers provides clearer guidance on the length and content of reports, and the role of board members in presenting their priorities to the meeting.

Section 4: Progress towards strategic priorities during 2015/16

This section provides a summary of progress towards the refreshed strategic priorities over the last year, and identifies key actions for the year ahead.

Getting the youngest people in our communities off to the best start

What are the objectives for this priority?

This priority focuses on improving school readiness outcomes for children 0-5 years. School readiness at the end of the early Years Foundation Stage has been identified as a strong indicator of achievement at age 16 and a key factor in success and wellbeing in adulthood. The number of children in Manchester achieving a Good Level of Development at Early Years Foundation Stage has increased from 46% in 2013 to 60.9% in 2015, but is still below the national average of 66%. The priority

aims to improve children's health and well being in significant areas of child development including reduced levels of obesity in under 5s (12.4%), reducing rates of tooth decay, reducing rates of smoking status at the time of delivery and improving the level of breast feeding initiation. A further objective is to intervene early to tackle problems emerging for children and young people of all ages, and their families. The city's approach to getting our youngest people off to the best start are built around the Early Years Delivery Model and an Early Help offer that ensures all partners work together to support children, young people and their families at the earliest stage possible, providing the right level of support at the right time.

What progress can be reported over the last year?

The Early Years Delivery Model (EYDM) and the Early Help Strategy bring together the work to deliver the Board's strategic priority for getting the youngest people in our communities off to the best start.

Progress over the last year includes:

- Successful roll out of the first 5 assessment stages of the EYDM across the city to all babies born since 1st April 2015.
- Health Visitor recruitment up to 154.8 with a full complement of health visitor staff in place from January 2016.
- Improved rates of take up of all stages of assessment 1-5 with a reporting system in place to monitor reach and improve take up
- Fully integrated health visitor and early years outreach worker teams linked to each group of Sure Start Children's Centres with agreed protocols and case management processes in place
- Roll out of the commissioned interventions for speech and language and for parenting
- Joint working with Public Health and Early Years to establish city wide targets for improvement in key areas of children's health and wellbeing including for example breast feeding and healthy weight.
- Extensive workforce training – of health visitors, outreach workers, early years practitioners in key areas including Social Emotional Behaviour; Parent-Infant Mental Health and Communication and Language including use of the WellComm screening tool.
- Increased take up of places for two years olds of Free early Education Entitlement (72% and in line with national average)
- 38 Sure Start Children's Centres grouped into 14 place based providers. External quality assurance confirms improvement in reach, registration and impact.
- Improved quality outcomes in Early Years settings across the city judged Good or Better.
- Launch of the new Early Help Strategy setting out how all partners will work together to reform, strategically plan, jointly commission and deliver a range of provision to support children, young people and families at the earliest opportunity.
- Launch of the new Levels of Need and Response Framework
- Early Help Hubs launched in three areas of the City. The hubs bring together interventions and support for complex dependency/troubled families interventions and the offer of early help. They provide a multi-agency approach to advice, guidance, triage, allocation and key working.
- New Early Help Assessment launched citywide

- Partners committing staff to be Key Workers
- Strengthened alignment of Early Years and Early Help through the development of locality partnerships to ensure connectivity between managers; the development of a pathway for case management through the Early Help hubs and a targeted approach for under-5s who are ceasing statutory intervention from social work.
- Roll out of Strength Based Conversation training from March 2016 onwards (2,000 practitioners)

Who has been accountable for these actions?

- The Early Years Delivery Model has been overseen by a Steering Group including the Council, Clinical Commissioning Groups and Central Manchester Foundation Trust (CMFT). The Steering Group reports to the Children's Board.
- Early Help actions are overseen by the Early Help Operational Board reporting to the Children's Board and the Ofsted Improvement Board.

What issues have affected progress?

The challenges posed by bringing large organisations, IT systems and professionals from different backgrounds together to establish integrated systems to assess, record and report impact.

What are the key actions to be taken next year?

- Continue roll out of early Years Delivery Model for all new births.
- Extend ASQ3 assessment to Stage 6- 36 months and involve more schools in use of this assessment.
- Implement the Integrated review at 2 years
- Strengthen implementation arrangements by bringing together the governance of Early Years Delivery Model and Early Help within the single Early Help Operational Board reporting to the Children's Board.
- Removing barriers presented by forms/processes
- Continuing to reframe thinking and language
- Targeted interventions and workforce training in relation to domestic violence and abuse
- Identifying cohort overlap with Health and Social Care Teams and Complexity Dependency Cohort
- Review of Early Help to report in April 16

Improving people's mental health and wellbeing

What are the objectives for this priority?

This priority responds to the high levels of poor mental health and wellbeing in the city that impacts on the general health and aspirations of individuals and families as well as the city as a whole. Only a small proportion of mental ill health is dealt with within specialist mental health services, so a range of preventative and alternative responses is vital, and these responses need to adapt to the needs of communities and Manchester's increasingly diverse population. Our approach to improving mental health and wellbeing includes improving access to information, training and support on maintaining good mental health for workers, volunteers and communities; supporting and strengthening community assets to support self care (primary prevention) and ensuring service users are involved in planning their own care. (tertiary prevention).

What progress can be reported over the last year?

- Between April 2015 and January 2016 the Health and Wellbeing Service (part of Manchester Mental Health and Social Care Trust and commissioned by the Public Health Team of Manchester City Council) provided 40 'Connect 5' training courses – either as open courses or at the request of teams and organisations. Connect 5 provides workers and volunteers with the skills to support the mental wellbeing of people they work with. Organisations and teams receiving training included Families First, The Manchester College, The Booth Centre, Riverside Housing and Achieve (Probation). The Service also provided emotional wellbeing and resilience training to 177 individuals including the Boost 6 week resilience course and a series of wellbeing workshops on topics such as Food and Mood, Sleep Well and Dementia Friends.
- 19,871 mental health self help guides were distributed to individuals through frontline workers in Manchester organisations.
- Work has begun this year to develop an overarching local suicide prevention partnership and plan in line with Public Health England recommendations. This builds on a history of partnership working in this area and an existing strategy in place that focuses on suicide prevention within Mental Health Services.

Who has been accountable for these actions?

This priority is overseen by the mental wellbeing group chaired by the Public Health Team in Manchester City Council. The Wellbeing Service is a key provider of mental wellbeing training and community asset building within the city however it is recognised that a number of community voluntary sector organisations are key providers of mental health and wellbeing support within communities. Manchester Mental Health and Social Care Trust is responsible for ensuring that service users are fully involved in their own care planning.

What issues have affected progress?

Pressures on public funding have seen a significant reduction in budget allocation to the Wellbeing Service from April 2016. This has necessitated a transformational service redesign process during 2015/16. The new Service will be in place from April 2016. Mental Wellbeing continues to be a priority area for delivery within the new service.

What are the key actions to be taken next year?

- Delivery of a redesigned Wellbeing Service focussed on building the capacity of communities, training for frontline workers and volunteers and a one-to-one service providing holistic bio psychosocial support for individuals to improve their mental and physical health and wellbeing
- Production and delivery of a local suicide prevention plan
- Better understanding of mental wellbeing provision within communities through community asset mapping via the Wellbeing Service

Bringing people into employment and ensuring good work for all

What are the objectives for this priority?

People who are in work live longer, healthier lives. Better health outcomes will be achieved for the Manchester population if our health and care system plays its part in supporting people to move into and remain in work. Maximum economic growth cannot be achieved without a healthy population, and a strong economy is essential if we are to realise the potential that employment has to improve the health of the

local population. Work as a health outcome cuts across key areas of the Greater Manchester Devolution Agreement, particularly Work and Skills, Integrated Health & Care, and Reform. The work undertaken on this strategic priority over the last year puts Manchester in an excellent position to realise the opportunities that devolution brings, and the objective is to build on the progress which we have made over the past 18 months to inform wider public sector reform both within the city and at a GM level.

What progress can be reported over the last year?

- The biggest local integrated health and work service development in the last two years has been the development of the GM Working Well model which supports ESA claimants who have been through the Work Programme without moving into work. Due to the success of the initial pilot, this programme has recently been expanded to include wider cohorts of benefit claimants, to include a GP / Healthcare referral pathway, and to specifically work with residents with substance misuse issues. The Working Well pilot is delivered in Manchester by Big Life, and the expanded programme will be delivered by The Manchester Growth Company and a supply chain which includes Big Life, Armstrong Works, The Work Company and Pathways CIC.
- Prior to the design and development of Working Well which Manchester stakeholders were closely involved in, Manchester established two local programmes to test the integration of health and employment outcomes for a broader cohort of residents. 'Fit for Work' (out of work) was originally a pilot within North CCG to support patients with health conditions to move towards and into employment which has been rolled out to other areas of the city and is now known as 'Healthy Manchester'. Fit for Work (in work) is a city-wide service which supports patients who are in work but off sick and at risk of losing employment to return to work as quickly as possible. The Healthy Manchester service will be a key component of the expanded Working Well delivery, while Fit for Work In-Work service will continue in 2016/17 through a combination of combined CCG and MCC funding. It is a measure of the progress that has been made in this area that the CCG Joint Executive Committee has agreed to fund 50% of the service for a second year.
- A central outcome for both Working Well and Fit for Work / Healthy Manchester has been a step change in engagement by CCGs and GP practices in the employment agenda. The lack of integration between health and employment services has been a real barrier to the delivery of employment outcomes for people with health conditions previously. Real progress has been made over the past 12 months in this area, with the establishment of a GP referral pathway working group, and the engagement with key clinical leads in a number of health and work programmes. MCC has established excellent links at a strategic level with CCG commissioned secondary healthcare provision, and a series of events have also been held for health professionals – particularly targeting Mental Health and MSK practitioners – in each of the CCG areas, to raise awareness of employment as a health outcome, employment support and training provision.
- A Work and Health Driver Group was established in 2014 and meets quarterly. This group is chaired by Dr Mike Eeckelaers, Central CCG lead and a member of both the Work and Skills Board and the Health and Wellbeing Board. The Group meets regularly to take forward the delivery plan which focuses upon improving employment outcomes for people with health conditions and

delivering Social Value.

- Greater Manchester has been awarded funding through the national Department for Communities and Local Government Transformation Challenge Award (TCA) for local authorities. Both the Health and Wellbeing Board and Work and Skills Board that they should work towards being exemplar organisations and collaborate to set improvement goals and share good practice and to do this it is necessary to look at current practice. TCA funding has been awarded to MCC and the 3 CCGs to appoint an independent research partner to carry out a baseline audit of recruitment and employment support practice within Health and Wellbeing Board partners. This will involve assessing current policy and practice, analysing current management information, and understanding staff perspectives of wellbeing with regards to delivering improved mental health wellbeing and removing barriers for disabled employees. It will provide a set of findings, recommendations and suggested priorities.
- Manchester also organised a visit to the city by the new DWP / Department of Health Joint Unit. The Unit's remit is to develop and fund innovative ways of addressing dependency on services and benefits through appropriate health and employment support interventions. Manchester is now in discussions with the joint unit to build on the work that we have done locally, to look at ways to celebrate our successes, and use our models of good practice and innovative partnership working to shape delivery in other areas.

Who has been accountable for these actions?

This activity has been driven by the Health and Work Strategy Group, which is in turn accountable to the Health and Wellbeing Board. The practical delivery of the Health and Wellbeing strategic priority is led by the Work and Health Driver Board / Health and Work Delivery Plan Task and Finish Group (membership includes representatives from each of the CCGs and Primary Care Trusts, as well as 3rd sector and Healthwatch representation). Progress on this strategic priority is also reported to the Work and Skills Board. Additionally, there is an Integration Board which oversees both Working Well and Fit for Work / Healthy Manchester provision, to ensure that service providers are able to access any additional support provision needed for their clients, and to address any strategic barriers to provision that may arise.

What issues have affected progress?

- One of the practical measures which has been identified by the Health and Work Driver Group as a priority is the routine monitoring of employment status within general practice consultations; however, while this has been agreed by all 3 CCGs, the practical application of this within NHS EMIS system has proved to be a challenge, particularly as this is being driven by MCC workers who have no access to the EMIS system.
- There is also a piece of work that is being actioned through the working group around social practice, influencing partner commissioning and utilising Health and Wellbeing Board partners' procurement practices to ensure that social value measures are being considered within contracts; however, while this has been agreed as a strategic aspiration, again the practical application has proved a challenge due to the sheer size of organisations and sub-contractors, and the conflicting priorities across these organisations

What are the key actions to be taken next year?

- Full integration for Health and Work provision within Locality Plan prevention

strand

- Pilot of fit note triggers (for referral to Fit for Work In-Work provision or expanded Working Well).
- Establishment of a single referral pathway for GPs to both programmes (i.e. a “gatekeeper” which would remove the need for GPs to have to consider which service to refer to)
- Secure funding to mainstream and roll out FFW in the city and potentially across GM level
- Baseline audit of workplace health to be completed and examples of good practice to be shared and implemented by HWBB partner
- Social Value work, currently being led by CMFT, to progress to a point that informs both commissioning and procurement
- Refocus work around monitoring of employment status within primary care

Enabling people to keep well and live independently as they grow older

What are the objectives for this priority?

This priority responds to the high levels of disadvantage and ill health among older people in Manchester, characterised by high numbers of people with one or more long term conditions, who have fallen or are at risk of falling, who are social isolated and/or lonely, and who have unidentified or poorly managed dementia. It aims to improve life expectancy and healthy life expectancy for older people in the city. Life expectancy at the age of 65 in Manchester is below the national average – the city is ranked worst in the country for both male and female life expectancy (2012-2014). At the age of 65, men can expect to live a further 15.9 years (compared to 18.8 in England) and women a further 18.8 years (compared with 21.2 in England). Manchester residents can also expect to live more of their lives with illnesses and disabilities and can expect to experience ill health earlier in their lives compared with residents of other local authorities nationally.

What progress can be reported over the last year?

The Age-friendly Manchester programme brings together much of the work to deliver the board’s strategic priority on older people with a particular focus on supporting healthy and active ageing, and reducing social isolation by supporting age-friendly neighbourhoods. Progress over the last year to supporting older people to enjoy a good quality of life include the following;

- Ongoing support to locality network structures across the city, which develop and coordinate local activity and services for older residents. This included two seasonal campaigns built around local events – Spring into Summer and Winter Warm. A highlight of this work includes the launch of North City Nomads, which is a volunteer-led group with a membership of over 500 people living in and around North Manchester and coordinates low cost outings as a way to connect residents to social groups and activities.
- Launch of the £10million Greater Manchester Ambition for Ageing programme (funded by the Big Lottery), which will focus on reducing social isolation among older people with Manchester pilots in Moston, Burnage and Hulme and Moss Side and an additional neighbourhood in Miles Platting. The pilots will support the development of age-friendly networks in these areas – mapping community assets and investing in projects, activities and events.
- Update to the Age-friendly Manchester website which now serves as a comprehensive source of signposting to older people, carers and agencies

across a wide range of services

- Establishment of the Greater Manchester Ageing Hub. This forms part of the GM Strategic Plan “Taking Charge of our Health and Social Care” and was agreed by the GM Combined Authority and AGMA Executive Board in May 2015. The hub will be launched in April 2016 and will include workstreams on employment; healthy lifestyles; planning, housing and transport; age-friendly neighbourhoods; technology, design and innovation; and culture and leisure.
- Launch of the Older People’s Charter, which sets out the principles of an age-friendly city in a format which service providers and other organisations in the city can now adopt and demonstrate commitment to. This was led by members of the Age-friendly Manchester Older People’s Board and launched at the Older People’s Forum. In November 2015 the Health and Wellbeing Board endorsed the Charter, which was subsequently adopted by the Council.
- Implementation of the Housing for an Age-friendly Manchester strategy, which includes the progress on the construction of the Village 135 Extra Care scheme and a pilot of the Housing Options for Older People (HOOP). The HOOP pilot is delivered through a coordinator in North Manchester, offering local advice to support people to negotiate housing, care and finance.

Wider progress towards this priority in addition to the Age-friendly Manchester programme includes;

- Development of a wellbeing model for Well Older Adults as part of the Living Longer Living Better programme.
- Conclusion of the CCG-funded Reducing Social Isolation and Loneliness programme, delivered by Macc over the past 18 months. In 2014, the three Manchester CCGs’ invested £600,000 in a grants scheme to develop innovative, community-based initiatives to target social isolation and loneliness in older people. There were 28 successful applicants and over the last 18 months, a range of projects have been delivered across the city. Initial evaluation of the projects is positive with 93% of those asked stating that the projects have helped them look after themselves as well, and independently, as possible.
- Ongoing work to improve the city’s falls services with citywide provision including Council funding for a citywide programme of targeted falls prevention classes aimed at promoting improved balance and postural stability which reduce the risk of falling amongst older people. This complemented by a range of activities provided by local partners across the city including: walking groups, walking football, dementia-friendly swimming and ‘come-dancing’ sessions.

Who has been accountable for these actions?

- The Age-friendly Manchester programme is overseen by a Senior Strategy Group (including the Council, Clinical Commissioning Groups, universities, Transport for Greater Manchester, housing providers, cultural partners and the Carers Forum) and advised by the Age-friendly Manchester Older People’s Board.
- The Ambition for Ageing Programme is managed by GMCVO. The Manchester pilots (Manchester Age-friendly Neighbourhoods) will be delivered by Manchester School of Architecture in partnership with Southway Housing.
- The Reducing Social Isolation funding programme is managed by Macc on behalf of Manchester Clinical Commissioning Groups.
- The Well Older Adults project and dementia workstreams form part of Living

<p>Longer Living Better and the Locality Plan.</p> <ul style="list-style-type: none">• A Dementia Delivery Group has been established to develop a dementia service map and dementia strategy.
<p>What issues have affected progress?</p> <ul style="list-style-type: none">• Pressure on public spending is having an impact on the range of opportunities available to support local participation, and the capacity of partners in the city to coordinate and support activity.• Recent national government changes to the Local Housing Allowance rate are likely to have an impact on future extra care housing developments
<p>What are the key actions to be taken next year?</p> <ul style="list-style-type: none">• Development of a more detailed Joint Strategic Needs Assessment for Older People, building on the model for the Children's and Young People's JSNA• Realignment of support to age-friendly locality networks with emerging neighbourhood and health and social care locality structures.• Review of engagement of older people in the Age-friendly Manchester work• Support to implement the Greater Manchester Ageing Hub vision and priorities• Formal launch of a dementia strategy for the city• Inclusion of falls services in integrated commissioning arrangements linked to One Team structures, along with a potential programme of action research on exercise for people in midlife.

Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme

<p>What are the objectives for this priority?</p> <p>The ambition and aim is to improve life outcomes and promote independence for families in Manchester, and to offer Early Help as soon as possible to families who need support. To achieve this, children, young people and their families, our communities and all organisations working with families need to work together. The new early help strategy sets out a systemic, consistent, multi-agency approach to early intervention and prevention to achieve these aims. As a partnership the commitment is to:</p> <ul style="list-style-type: none">• support children, young people and their families to connect to their communities so as to build networks of friendship and support to increase emotional resilience and mental health and wellbeing;• identify the children, young people and their families who need extra help and support at the earliest opportunity;• work together as a strong partnership to deliver an effective local offer of support; and• deliver a whole-family approach to make a difference and to achieve good outcomes. <p>Troubled Families</p> <ul style="list-style-type: none">• improve outcomes for families. This includes targeted work to achieve the following objectives:<ul style="list-style-type: none">○ Supporting more families into employment○ Improve levels of physical and mental health○ Reduce drug and alcohol misuse.○ Reduce levels of reoffending and anti-social behaviour○ Improve school attendance
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- Helping families to support families and reduce safeguarding risks
- Helping families to manage their finances effectively
- Helping families to maintain secure accommodation
- reduce demand and cost in the system. Sustained reduction in the overall demand placed on public services in the city from those families with complex needs. Including, but not limited to, ongoing reductions in child safeguarding costs, a reduction in Looked after Children and demand on Police.
- make the model financially sustainable. Working with partners to transform services including developing family support services that can be sustained beyond the course of the national programme.
- work with 1,363 families per year that meet the national definition for Troubled Families phase 2, in order to meet our commitments to Government.

What progress can be reported over the last year?

- The Early Help Strategy is in place.
- Trust your instinct - The Trust Your Instinct approach is based on recognising signs that something is not right and finding out if the person is already getting help or if they need support to get things going well again. This focuses on the prevention of complex dependency, and is based on the premise that most people cope well most of the time, but occasionally may need help to get things going well again. The Trust Your Instinct approach is focussed on influencing the wider workforce to recognise that it might be a small thing someone can say or do to prevent things from getting worse.
- The Early Help hubs are central to the revitalised and remodelled offer of early help for the city, and have been established in North, South and Central. The early help hubs are providing a new triage and guidance service to partners in relation to early help. A multi agency team is in place with MCC early help staff, GMP staff and Housing Connect conducting daily triage meetings to establish what the right support for a family will be.
- Troubled Families – Manchester is using a range of different family support services to engage with Troubled Families. A number of non-MCC agencies deliver Partner led Family Support. Their work, whilst hosted by the partner organisation, is aligned to Early Help and Troubled Families. A range of partners, including schools, housing providers and the police, work with families who are at risk of becoming more complex and with whom they already have a relationship e.g. child on their school role.
- Manchester has aligned its Troubled Families 2 programme with the offer of Early Help in the City and the launch of a new Early Help Strategy:
 - The services mentioned above are co-located in three Early Help Hubs based in the North, Central and South areas of Manchester;
 - The Early Help Hubs act as a point of referral for Troubled Families provision. Manchester operates an open referral policy meaning any agency with a concern can refer a family, via an Early Help Hub, for support;
 - An Early Help Hub will support agencies and practitioners in their work with families; provide support, advice and guidance; triage and assess families and allocate cases to appropriate support.
- In addition, Manchester is currently using Troubled Families 2 to:
 - support Children's Services to bring down the number of cases known to social work, either through effective step-down pathways or through

<p>prevention;</p> <ul style="list-style-type: none">○ build capacity amongst partners delivering Early Help and prevention services for families, driving further public sector reform○ align family focussed support services across the city. This ensures a family receives co-ordinated support.
<p>Who has been accountable for these actions?</p> <p>The changes to Early Help and Troubled Families delivery have been driven through a combination of MCC and partner delivery agents, including Children's' Services, Troubled Families Programme Team, Reform and Innovation, and the Confident and Achieving Manchester Programme Board and member organisations.</p>
<p>What issues have affected progress?</p> <p>The practicalities of delivering the Early Help Hubs, relocating staff members from our own teams and delivery partners and ensuring that systems and procedures are in place and used consistently by all staff in the Hubs.</p>
<p>What are the key actions to be taken next year?</p> <ul style="list-style-type: none">● Planned expansion of the Early Help Hubs to include more partners and services, to become all age Public Sector Hubs.● Work with 1,363 families through Troubled Families Phase 2, ensuring that all family support services are supported to provide successful family intervention, and further improve the way we help families to find and sustain employment

One health and care system – right care, right place, right time

<p>What are the objectives for this priority?</p> <p>The aim of this priority is to establish an integrated health and care system for Manchester, to achieve four main strategic objectives:</p> <ul style="list-style-type: none">- Improve health outcomes - Contribute to an improvement in key quality of life and life expectancy outcomes in Manchester by driving improvements in the community based care system, ensuring a range of new, innovative place-based services are centred on the individual.- Improve services standards - Ensure that the new community based care system delivers high quality, easily accessible services regardless of where in Manchester an individual lives.- Achieve financial sustainability - Deliver a financially sustainable community based care system for Manchester that enables a safe reduction in the overall spend on health and social care services and a rebalancing of resources from in-hospital to community based care.- Support self-reliance - Increase the volume, range and effectiveness of prevention and early intervention services available, including a wider choice of resident self-care options, to enable people to maintain their independence within a strong community support network. <p>The priority is being delivered through the Living Longer, Living Better (LLL) Programme, which now forms part of Manchester's Health and Social Care Locality Plan. The Locality Plan describes Manchester's transformation programme to support whole system redesign of health and social care to meet the objectives of the Greater Manchester Devolution Deal.</p>
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What progress can be reported over the last year?

- The Health and Wellbeing Board agreed the 2020 Commissioning Specification in June 2015 which set out the model of community based care Manchester's commissioners want providers to work towards to achieve the four strategic outcomes set out above. Providers responded via the Health and Wellbeing Board in July 2015, agreeing this vision and proposing an outline roadmap. This two month period saw the language of 'One Team' adopted that is now recognised throughout the system.
- Since July 2015 commissioners and providers have continued to work together under the LLLB Programme to deliver the roadmap set out in the Provider Response. A number of enabling workstreams are working to integrate existing social care service and community primary and secondary health care services on a neighbourhood 'place' level, working toward shared outcome goals. Place is defined geographically and the intention is to have 12 neighbourhood teams within the City, each covering a population of approximately 40,000-50,000. It may not be practical to deliver some aspects of the model at such a local level, for example where services require highly specialist infrastructure and/or staff. For this reason some services will also be established for the three Clinical Commissioning Group areas, as well as some citywide services. Roll out of these 12 teams is expected to begin in July 2016, with the final teams established in January 2017. In effect this is the delivery infrastructure upon which further was of transformation can be built upon.
- Strategically the delivery of the priority now sits with Locality Plan. The Locality Plan is underpinned by a citywide agreement to collaborate on the development of three 'pillars', namely:
 - A single commissioning system ('One Commissioning Voice') ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services,
 - 'One Team' delivering integrated and accessible out of hospital community based health, primary and social care service,
 - A 'Single Manchester Hospital Service' delivering consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the city.
- Revised governance arrangements were agreed by the Health and Wellbeing Board in January 2016 to align responsibility of the pillars identified above. The Manchester Provider Board will now take ownership of the delivery of One Team services and the establishment of a Locality Care Organisation (LCO) to, in time, deliver these community based services. The Strategic Commissioning Board will work towards achieving integrated commissioning for the City.
- Alongside this work, separate programmes have been established to deliver Primary Care transformation; and better understand the clinical benefits and opportunities in moving towards a single hospital system.

Who has been accountable for these actions?

To date, the majority of One Team achievements have been overseen by the Citywide Leadership Group (CWLG). Actions related to the single commissioning system and a single hospital service have been managed through separate, though

related, forums. In future the governance of this activity will fall within the remit of the Manchester Locality Plan Programme Board, supported by the Manchester Provider Board and the Strategic Commissioning Board. This will help align all of the complex and interdependent work being undertaken in the city to deliver this priority.

What issues have affected progress?

- Issues affecting progress have arisen from the extremely complex operating environment in the City. The delivery of the priority is to a large extent dependant upon the ability and willingness of all partners to collaborate for the benefit of the city, over and above the achievement of organisation-specific objectives. Similarly, the ability of partners to contribute to transformation efforts whilst experiencing almost constant organisational change also presents a challenge.
- As with any transformation programme of this size, issues around the identification and deployment of scarce resources – money, people, infrastructure – affect progress.

What are the key actions to be taken next year?

By April 2017 Manchester's health and social care system will have established the building blocks that will support the delivery of the Manchester Locality Plan over the coming years. The period from April 2016 to April 2017 represents the first phase of health and care integration. This twelve month period will see major changes take place across the system, including:

- Both providers and commissioners will have established new organisational forms, operational relationships and financial arrangements to enable a city wide consistency and shared purpose for out-of hospital services.
- Hospital trust providers will have outlined a roadmap to achieving a single Manchester hospital service, and the contract for the delivery of mental health services in the city will have been recommissioned.
- The delivery of out-of-hospital health and care services will be undertaken by multidisciplinary health & care teams operating out of 12 neighbourhoods. These teams will have a renewed focus on enabling self care, supported by more innovative use of community assets and closer working with the voluntary and community sector.
- The infrastructure supporting these changes, including: the use and deployment of information technology; estates quality and usage; and systems planning and intelligence functions, will all be upgraded and enhanced.

Phase One implementation will establish the building blocks upon which the vision for Manchester's community based health & care system can be realised.

Self-care

What are the objectives for this priority?

The vision of self care for the City is that, " People in Manchester are active partners in the management of their health and wellbeing, to live longer and better lives".

The principles aims are to:

1. Enable people to access, understand and use the information they need to care for and support their own health and wellbeing.
2. Enable people to identify lifestyle changes and goals for themselves, improving their physical and mental wellbeing and preventing ill-health
3. Facilitate collaborative decision making between people with physical and mental long term conditions, their carers and the teams that work with them.

4. Facilitate the changes in the system required for enabling self care
Self care approaches will be integral to the transformation of community based health and social care in Manchester (One Team), and the other transformation programmes within the Manchester Locality Plan.

A self-care approach to health and social care is expected to have three main benefits; empowering patients, improving outcomes and managing demand.

1. Empowering patients – people will be encouraged to participate as equal partners in decisions about their care. This gives people an opportunity to take control of their health and wellbeing rather than health professionals being in control

2. Improving outcomes – the best evidence for improving outcomes is in supporting self management for long term conditions. The most important aspect of this is the effectiveness of consultations between patients and clinicians.

3. Demand management - although not the primary reason for supporting self care, this is an important added benefit. The department of health estimates that 15% of A&E attendances and 40% of GP time could be avoided. Over two-thirds of GP visits result in prescribing drugs that are available over the counter.

What progress can be reported over the last year?

- Development of a citywide self care strategy. The main focus for the Citywide Self Care Group in 2015-16 was to develop a citywide approach to enabling self care. A strategy was co-produced with service providers from across the public, voluntary and community sectors, academic partners, patients and carers. It encompasses actions that will be required to enable self care in the broadest sense, for both the prevention and management of ill health. Events were held that brought stakeholders, expert patients and carers together to identify what needed to be introduced, developed or stopped across the system for a self care approach. Co-production is part of the philosophy of self care, and this approach will continue to be used as detailed plans are developed and implemented. Key outputs included an illustrated One Team vision for self care, and Manchester's model of change for enabling self care.
- Production of training framework and proposed programme of training for One Team. Evidence suggests that the key factor influencing people to self care is the relationship they have with practitioners. Practitioners that have the skills to deliver a self care approach are therefore central to the transformation that is required. A training framework for One Team and the broader workforce has been produced and is currently being used to develop the specification for training for One Team. This will include the development of a modular approach to training
- Training pilots. Two pilots for enabling self care took place, funded by grants from Health Education North West ("Personalised Care Planning" and "Person to Partner Coaching Model"). Both these projects were externally evaluated, and the evaluation included an analysis of training provision for enabling self care across Manchester. The results from the evaluation will inform the programme of training that will be delivered next year.

Who has been accountable for these actions?

The Citywide/LLLB Self Care Group which is accountable to the Citywide Leadership Group for Living Longer, Living Better.

What issues have affected progress?

Ensuring the appropriate alignment with strategies that are being developed and services that are being re commissioned (eg the Wellbeing Service)

What are the key actions to be taken next year

- Workforce development & training
 - Develop modular training and development programme for One Team and broader workforce that incorporates best practice in self care, health literacy, asset based conversations, strength based assessment and health coaching
 - Implementation of training programme) for One Team staff in scope for 2016/17 (including “train the trainer” and supervision elements to ensure new ways of working are embedded and sustained
 - Embed requirements for a self care approach in service specifications and One Team products
- Promoting & enabling system change
 - Continue to identify and secure additional resource required to enable self care strategy aims
 - Review clinical governance and risk management approaches to ensure they enable personalised care planning and self care
 - Identify and develop champions and strategic partnerships to influence system and lead changes
 - Develop and implement communications & engagement plan with appropriate and consistent messaging for workforce and public
 - Continue to develop performance and evaluation measures that measure impact of enabling self care
- Assistive technology
 - Identify or develop mobile technology and digital solutions that allow patient to be truly in control of their condition
 - Explore how to change IT systems to support more person centred data collection
- Community asset building and public education
 - Deliver community asset based approaches that enable self care as part of strategy for One Team, Locality Plan and emerging work on "Our Manchester"
 - Promote citywide pharmacy services that enable self care
 - Develop and deliver approaches to addressing health literacy
 - Ensure appropriate level of provision of public facing courses and peer support e.g. expert patient programme
 - Update "Choose Well Manchester" website as central source of public information on self care

Section 5: Looking ahead

The last year has been very significant for the Health and Wellbeing Board, as members have refocused their priorities, led ambitious plans for health and social care integration to support Greater Manchester devolution, and restructured the board and supporting governance. This sets the scene for the year to come, and for the new membership of the Health and Wellbeing Board. An early priority for the new board will be to develop priorities for the year ahead and agree ways of working. Priorities for the year ahead are likely to include;

- Implementation of the Health and Social Care Locality Plan
- Overseeing the first phase of implementation for One Team
- Producing a refreshed JSNA for Adults and for Older People

- Agreeing a high level outcomes framework which brings allows the board to monitor performance of the Locality Plan and Health and Wellbeing Strategy at a strategic level

Attached at Annex 1 is a draft forward plan for board meetings in 2016/17 for discussion at the meeting. This will be updated each month.

Annex 1: Forward plan 2016/17

<p>Wednesday 8 June</p>	<p>Greater Manchester Strategic Plan update Locality Plan Strategic priority update – Bringing people into employment and ensuring good work for all Strategic priority update – Turning round the lives of troubled families Healthwatch priorities 2016/17 Arts and culture for health and wellbeing Strategic priority update - Self-care Mental Health Improvement Programme Joint Strategic Needs Assessment – Adults CCG Quality Premium Better Care Fund Delivering Differently – Domestic Violence</p>
<p>Wednesday 6 July</p>	<p>Locality Plan implementation update Prevention and population health transformation programme Strategic priority update – Enabling people to keep well and live independently as they grow older Joint Strategic Needs Assessment – Older People Suicide prevention strategy Reducing social isolation and loneliness among older people – CCG programme evaluation report</p>
<p>Wednesday 31 August</p>	<p>Locality Plan implementation update (including transformation programme updates to be confirmed) Housing and health</p>
<p>Wednesday 2 November</p>	<p>Locality Plan implementation update (including transformation programme updates to be confirmed) Strategic priority update – Getting the youngest people in our communities off to the best start Strategic priority update – Improving people’s mental health and wellbeing Joint Strategic Needs Assessment – Adults Manchester Safeguarding Adults and Children Annual Reports</p>
<p>Wednesday 18 January</p>	<p>Locality Plan implementation update (including transformation programme updates to be confirmed) Joint Strategic Needs Assessment – Older People Pharmacy Needs Assessment</p>
<p>Wednesday 15 March 2017</p>	<p>Locality Plan implementation update (including transformation programme updates to be confirmed) Health and Wellbeing Board annual report Public Health annual report Learning Disabilities Self-Assessment Framework Action Plan</p>

Annex 2: Board member attendance 2015/16

This table summarises board member attendance at meetings during 2015/16. Attendance for March 2016 will be included following the meeting. 'Sub' denotes that apologies were sent and a substitute attended the meeting on behalf of the board member.

Member	June 2015	July 2015	Sep 2015	Nov 2015	Jan 2016	Mar 2016
Leader of the Council	Yes	Yes	Yes	Apologies	Yes	
Executive Member for Adult Health and Wellbeing	Yes	Yes	Yes	Yes	Yes	
Joint Director of Health and Social Care (appointed to board Nov 2015)	N/A	N/A	N/A	Yes	Yes	
Chief Executive, CMFT	Yes	Yes	Yes	Yes	Yes	
Chair, Central Manchester CCG	Yes	Yes	Yes	Yes	Yes	
Chief Executive, PAT	Apologies (sub)	Apologies (sub)	Apologies (sub)	Apologies (sub)	Yes	
Chief Executive, MMHSCT	Apologies (sub)	Yes	Yes	Yes	Yes	
Interim Strategic Director of Children's Services	Yes	Apologies	Apologies	Yes	Yes	
Director of Public Health	Yes	Yes	Yes	Yes	Yes	
Strategic Director of Adult Social Services	Yes	Apologies	Yes	Yes	Yes	
Chair, Healthwatch	Yes	Yes	Yes	Yes	Yes	
Chair, South Manchester CCG (sabbatical 18 May – 19 August)	Apologies (sub)	Apologies (sub)	Yes	Yes	Yes	
Chief Executive, UHSM (post vacant in January 2016)	Yes	Apologies (sub)	Yes	Yes	N/A (sub)	
Chief Accountable Officer, North Manchester CCG	Yes	Yes	Yes	Yes	Yes	
Chief Executive, Macc	Yes	Yes	Yes	Yes	Yes	