



Health and Wellbeing Board

Date: Wednesday, 23 March 2022

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

This is a **supplementary agenda** and contains information that was not available at the time that the original agenda was published.

Access to the Council Antechamber

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There is no public access from the Lloyd Street entrances of the Extension

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Meetings of the Health and Wellbeing Board are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Health and Wellbeing Board

Councillor Bev Craig, Leader of the Council (Chair)

Councillor Midgley, Executive Member for Adult, Health and Wellbeing (MCC)

Councillor Bridges, Executive Member for Children and Schools Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Katy Calvin-Thomas - Manchester Local Care Organisation

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust

Mike Wild, Voluntary and Community Sector representative

Vicky Szulist, Chair, Healthwatch

Dr Tracey Vell, Primary Care representative - Local Medical Committee

Paul Marshall, Strategic Director of Children's Services

David Regan, Director of Public Health

Bernadette Enright, Director of Adult Social Services

Dr Murugesan Raja Manchester GP Forum

Dr Geeta Wadhwa Manchester GP Forum

Dr Doug Jeffrey, Manchester GP Forum

Dr Shabbir Ahmad Manchester GP Forum (substitute member)

Dr Denis Colligan, Manchester GP Forum (substitute member)

Supplementary Agenda

8. **Health and Wellbeing Board review** 3 - 8
The report of the Director of Public Health is enclosed.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Monday, 21 March 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

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

Report to: Manchester Health and Wellbeing Board – 23 March 2022

Subject: Review of Health and Wellbeing Board

Report of: Director of Public Health – David Regan

Summary

Following the last review of the Health and Wellbeing Board, completed in the summer of 2018, Carol Brooks, was commissioned to provide an independent assessment and provide an independent perspective, regarding the current and future, purpose, position and function of the Board.

Recommendations

The Board is asked to note and support the next steps and key actions set out in section 4.

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 implementation of next steps and actions will also require a refresh of the Health and Wellbeing Board strategic 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	

Contact Officer:

Name: David Regan
 Position: Director of Public Health
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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.

MANCHESTER HEALTH AND WELLBEING BOARD REPORT

Health and Wellbeing Board Review

Item 6

Health and Wellbeing Board 29th August 2018

1 Introduction

- 1.1 The Manchester Health and Wellbeing Board has been functioning in the city since 2013, carrying out its statutory duty of promoting integration and partnership between the NHS, Local Government and public health. This is for the benefit of the population and communities within the city.
- 1.2 In 2022, the structural landscape is dynamic and changing, with the cessation of Clinical Commissioning Groups, the continuing establishment and development of Locality Boards, and the implementation of Integrated Care Systems and Boards.
- 1.3 This dynamic environment has presented an opportunity to carry out a review of the Manchester Health and Wellbeing Board. This will ensure the Board builds on its successes and strengths, as well as make relevant changes, so that its purpose and functioning are more closely aligned to future requirements.

2 Summary of the themes Identified in this review.

2.1 THEME 1: STYLE

There was an over-riding description of the Board being predominantly a place where documents, reports, outputs from pieces of work and processes and procedures are signed off and approved. This was generally a positive description and within this context, the Board is seen to work well. On the other hand, this style can feel a restricted and transactional, with little space left for relationship building or rich discussion.

The approach also assumes that there has been appropriate engagement between Board members and across organisations outside of the formal Board meetings.

2.2 THEME 2: POTENTIAL AND OPPORTUNITIES

The biggest opportunity was seen to be in ensuring that the potential of Board members was realised through better use of skills and knowledge of individuals involved, and ensuring that there is a balance of input from across all Board members. Having a greater understanding of each other's roles outside of the Board setting was considered to be a helpful way to contribute to enhancing Board potential.

Building on the findings under 2.1, there was a strong desire to create more time and space for Board members to engage in discussion and exploration of issues, with a more developmental emphasis.

The last two years of the pandemic has presented opportunities for learning, and there was a keenness to ensure that the Board took forward the positive from the experiences.

The Board meetings are live streamed and public facing. There was some suggestion that this method of communication could be used more proactively to engage and promote engagement across the city.

2.3 **THEME 3: STRENGTHS**

Mature relationships between Board members and across the city were seen to be a major strength to build upon. There was reference to Board members being “all so driven” and the fact that “We have fantastic people in the City”.

Business processes (linked to 2.1) were considered to work smoothly and supported the committee style and approach of the Board well, and something not to lose as the Board continues to develop.

At times, the Board could be place for networking, problem-solving and learning, (although these opportunities were considered to be limited overall).

The Board had achieved successes in relation to services across the city, including; increasing parity between services, such as between acute services and mental health services, as well as gaining involvement of children’s services and the work completed around early years provision.

2.4 **THEME 4: POSITION**

There were questions raised about the future position of the Board within the new structural landscape in Manchester and across Greater Manchester. In summary, the questions included;

Does the Board take a system leadership role?

What is the relationship of the Board to other bodies across the system (governance, focus, finance)?

What is the proposition and purpose of the Board?

How can the Board ensure that health and well-being contribute to broader system and societal challenges?

2.5 **THEME 5: MEMBERSHIP**

Although there was no desire to change Board membership (bearing in mind statutory requirements) radically or fundamentally, there was a desire to strengthen involvement and input from sectors currently involved. There was specific mention of the need to ensure that the VSCE sector and patient voice have a significant influence. Linked to the latter was the challenge of securing the voice of General Practice/Primary Care and the input of clinical leadership which would be impacted by the cessation of Clinical Commissioning Groups.

The role of members was not always clear, and it was noticeable that on more than one occasion, members referred to not having been inducted into the role, therefore never really having clarity about what was expected of them. Related to this was the tension and lack of clarity between executive and non-executive functions within the Board, and how this delineation would need to be reflected and clarified in the new structural frameworks.

2.6 **THEME 6: PRIORITIES**

Several priorities for the future were referred to (without detailed discussion);

- Need to focus on population health and wellbeing
- Health inequalities
- Achieving integration across service provision, such as, discharge procedures and enabling people to be looked after in their own home
- Taking a life cycle view of integration (as opposed to a siloed view)
- Recovery, in terms of addressing the consequences of the pandemic
- Mental health
- Prevention across the system
- Dentistry

3 **Methodology**

- 3.1 Six individual semi-structured interviews were held with six Health and Well-Being Board members on MS Teams during February. In general terms, the discussions centred on; role of the Board (now and future), strengths, Board position, priorities, and opportunities. Some interviewees were also able to speak on behalf of their colleagues.
- 3.2 In March, a broader group discussion was facilitated, and was opened to all Board members, plus other key stakeholders. The purpose of this session was to;
- reflect themes and findings from the February interviews and open up discussion to add any further content.
 - gain some views and factual input about the Manchester Partnership Board.
 - be brought up to date with ongoing work regarding legal and statutory requirements.
- 3.3 The content and outputs from each of the above were analysed, and the themes are summarised in section two above.

4 **Next steps and key actions (April – June 2022)**

The table below identifies some key actions to be addressed over a three-month period, to support the Board in fulfilling its purpose and potential.

ACTION	WHO
4.1 Define the proposition of the HWBB for the city of Manchester	Sub-Group of Board and Manchester Partnership Board
4.2 Clarify the Terms of Reference of the HWBB, both statutory and Manchester specific	Manchester City Council Legal Team
4.3 Clarify, define, and communicate the role of the HWBB Board member, including how individual roles as a collective connect with other formal	Director of Public Health MCC Governance, Scrutiny and Support Unit (GSSU)

bodies within Manchester and across Greater Manchester	
4.4 Re-energise and re-establish the membership of the HWBB, ensuring that the desired input and involvement is enhanced and secured, particularly where this is likely to be impacted by current structural changes	Director of Public Health and GSSU
4.5 Review and refresh working practices to build on the strengths of the committee approach whilst introducing more discussion and developmental space and time, as well as considering other aspects such as decision-making processes and priority setting	Board supported by GSSU
4.6 Consider and define the legal implications and position of the HWBB and individual members within the new structural landscape within Manchester and Greater Manchester	MCC Legal Team
4.7 Develop an accessible online and in person induction pack and process	GSSU

All of these actions will be completed by the 30th June 2022 in time for the Board meeting on 6th July 2022.