

Health and Wellbeing Board

Minutes of the meeting held on 31 October 2018

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
Councillor Garry Bridges, Executive Member for Children's Services (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform
Jim Potter, Chair, Pennine Acute Hospital Trust
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Murugesan Raja, GP Member Manchester Health and Care Commissioning
Neil Walbram, Healthwatch
David Regan, Director of Public Health
Paul Marshall, Strategic Director of Children's Services
Dr Tracey Vell, Primary Care representative – Local Medical Committee

Also present

Peter Blythin, Director SHS Programme – Manchester University NHS Foundation Trust
Cym D'Souza, Chief Executive - Arawak Walton Housing Association
Robin Lawler, Chief Executive, Northwards Housing
Sean Duffy, Manchester Housing Providers' Partnership
Graham Mellors, Central Manchester GP Federation
Julia Shephens-Row, Independent Chair of the Manchester Safeguarding Boards
Craig Harris – Executive Director Safeguarding

Apologies

Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Vicky Szulist, Chair, Healthwatch
Mike Wild, Voluntary and Community Sector representative

HWB/18/28 Minutes

Decision

To agree the minutes of the meeting of the Health and Wellbeing Board held on 29 August 2018.

HWB/18/29 Our Healthier Manchester Single Hospital Service Update

The Board received a report from the Director of Single Hospital Service (SHS) Programme which provided an update on the progress of the SHS. The report

referred to delivery of the integration plans and Year Two post-merger plans following the creation of Manchester University NHS Foundation Trust (MFT) and the current position regarding the proposal for MFT to acquire North Manchester General Hospital (NMGH). The Board also viewed the MFT “Together Care Matters – Our Values” video to demonstrate the ongoing work to engage staff and develop positive culture, values and leadership across the organisation.

The Chair invited questions.

Members commented that the positive benefits provided by a single trust were noticeable and included the positivity and moral of staff to continue to develop and improve care and an increase in efficiency through dealing with a single citywide organisation rather than of a number of trusts.

A member referred to the involvement of Healthwatch and questioned why the number of Quality Impact Assessments (QIA) had increased from a single QIA, as previously reported, to four hundred QIAs.

It was reported that a review of the Single Hospital Service had revealed a large number of QIAs across the Trust. The Trust is committed to equality and diversity and the Integration Steering Group had received a report on the issue which would be shared with Healthwatch.

In welcoming the report, the Chair referred to the partnership of the MFT, Manchester Primary Care Partnership (MPCP) and Manchester Local Care Organisation (MLCO) and the work to move towards a preventative care approach away from hospital and closer to patient’s homes and asked would this be addressed in the next report.

The Board was informed that the report submitted had focussed primarily on the first year of the MFT, however during this period the MFT has provided a lot of support to the work of the MLCO. It was reported that a partnership of MFT, MLCO, the Council and MPCP is working to move the provision of care out of hospital and into patient’s homes. An example of this joint work included the recent discharge of 57 patients over a period of seven weeks who’s stay within hospital had gone over 100 days.

In noting the good progress made with MFT and the improvements in care provision in Wythenshawe and Central Manchester the Chair commented that the progress of the transformation journey had been delayed and it was necessary to accelerate the work in the development of a different approach to care. The point was also made that patient care at NMGH had suffered as a result of the uncertainty around the acquisition and transformation process of NMGH and it was now vital to finalise and agree a strategic case in order to move forward.

The meeting was informed that MFT is working closely with SRFT to accelerate two strategic cases. Further discussions with National Health Service Improvement (NHSI) had been necessary to resolve questions raised on national funding and NHSI options appraisal. This process would help to avoid a delay in completing the strategic case. It was reported that meetings would take place on 9 November with the Transaction Board and 21 November with the NHSI and it was anticipated

progress could be made. It was acknowledged that the time taken in this process may be having an impact on the moral of staff at NMGH and staff engagement meetings had taken place to provide assurance to staff. As part of its involvement in the transformation process, SRFT was working to ensure patient safety is maintained at NMGH and arrangements were in place to promote NMGH to overseas nursing staff and recruit additional nursing staff in the short term.

Decisions

1. To note the report submitted and the comments received.
2. To note the current position of the Single Hospital Programme.

HWB/18/30 Children and Adults Safeguarding Boards Annual Reports

The Board received a report from the Chair of the Manchester Safeguarding Boards, the Strategic Director of Children's Services and the Executive Director of Adult Social Care. The report provided the Annual reports of the Manchester Safe Guarding Adults Board and the Manchester Safeguarding Children's Board for the period April 2017 to March 2018. A copy of the "Trust Your Instinct" booklet was circulated to members.

The report set out the business priorities for 2017/18 that would be shared across the two boards. These included:

- Engagement and Involvement – listening and learning; hearing the voice of children and adults and Making Safeguarding Personal.
- Complex Safeguarding – Domestic Violence and Abuse; Female Genital Mutilation; Sexual Exploitation; Radicalisation; Missing from Care, Home and Education; Organised Crime; Trafficking & Modern Slavery; So-called Honour Based Violence.
- Transitions – Moving from child to adulthood in a safe and positive way.
- Neglect – Ensuring the basic needs of every child are met.
- Neglect - Safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

The Board welcomed the report and commented on the help the reports provide to GPs and other frontline roles and the work with communities in helping to identify and report on areas of concern.

Decisions

1. To note the Children and Adults Safeguarding Annual Reports 2017/2018.
2. To request that Health and Wellbeing Board members to consider how the Children and Adults Safeguarding Annual Reports are disseminated and hold to account their organisation with regard to delivering the priorities of both Safeguarding Boards.

HWB/18/31 Health and Housing

The Board received a report from the Director of Population Health and Wellbeing which provided an overview of some of the initiatives and programmes currently underway in Manchester related to housing and health for the purpose of contributing to better outcomes for residents. The Board also received a presentation.

The report provided the basis for a thematic discussion on the challenges and opportunities for a stronger collaborative approach between the organisations represented on the Health and Wellbeing Board registered providers and other key stakeholders.

The Chair invited comments and questions from Board members.

A member welcomed the report and referred to the work being done on age friendly initiatives within the city. Reference was also made to the good work being done within the social housing sector however, it was commented that more focus was needed on work with private rental sector landlords. The Board was informed that a growing number of residents in private rented accommodation were contacting local councillors regarding the condition of their homes and the related health conditions suffered as a consequence of this. The private sector provided accommodation for many of the most vulnerable people in the city and this would usually be low quality accommodation. It was requested that private rental sector accommodation be included within the work programme of the Board.

A member commented on the positive work of health providers to provide mini hubs to support health care for homeless people in view of the significant impact homelessness has on the health of the individual. It was noted that the average life expectancy of a person sleeping rough over time reduces significantly due to resulting ill health (female 43 years and male 47 years). The Board was informed that another area of concern is the number of homeless people living within temporary dispersed accommodation across Manchester, which currently stands at 1900. The poor living conditions of short term private sector accommodation being used in these situations was having a negative impact on the health of those people concerned. The Board was requested to include the impact of homelessness on health within the work programme.

It was reported that the work of Wythenshawe Integrated Neighbourhood Service (WINS) had been successful in the way issues such as health and adult and children's safeguarding had been identified and addressed. Also, training materials had been developed for health workers and twelve homeless health champions were available to provide help and support at the Urban Village Medical Practice. It was noted that the service could be further improved through upskilling by primary care staff within their existing skillsets.

In noting the importance of focussing on the health of homeless people, a member highlighted the need to consider work taking place on an inclusion based primary health care model that included support for before and after periods of

homelessness. Reference was made to clusters of poor quality temporary private rented accommodation that is used to home a significant number of vulnerable people and the need to recognise the impact of health on those living in poor accommodation.

The Chair welcomed the comments and added that Manchester had seen the private rented housing sector triple in size to become the largest provider of accommodation in the city. The Manchester Life initiative had provided high quality accommodation with flexible three-year secure tenancy agreements for social housing. Unfortunately, this was not the case across all of the private sector with the quality of some of the accommodation used being poor quality. Landlords were using older properties to convert into cheap multiple occupancy lets. It was noted that the private rented sector had become a major contributor in the rise of homeless people and families who were unable to pay increased rents and were subsequently evicted. The Board noted that the impact of poor housing on health was as significant as other major causes such as smoking, poor diet and lack of exercise.

The attention of the Board was drawn to the number of diverse Black and Minority Ethnic (BAME) communities in the city who were living in low quality accommodation and were unlikely to be registered with a GP or seek medical care. Further research and work was needed to reach out to those communities in order to provide help and support in accessing medical care and better accommodation.

The Chair also referred to the issue of asthma and respiratory disease and as well as the links to poor housing he also stressed the importance of the impact of poor air quality on health. The Chair requested that raising awareness about Clean Air was a key role for health organisations to stimulate discussion and action across a wider audience.

Decisions

1. To note the report submitted.
2. To request the inclusion of the following topics within the Annual Work Programme:
 - Impact on health caused by poor quality accommodation within the private rental sector and support for vulnerable groups;
 - Impact on health as a consequence of homelessness;
 - Research into the health and housing needs of BAME communities living within Manchester.
3. To request that the topic of Clean Air be added to the agenda for the next meeting of the Board.

HWB/18/32 Public Health Approach to Violent Crime

The Board received a report from the Director of Population Health and Wellbeing which highlighted the success of adopting a public health approach to tackling violent

crime. The Board was informed that work in this area, undertaken in Glasgow over the last decade, had achieved positive outcomes based on a significant reduction in the number of homicides involving a knife.

The report stated that partners in Manchester are keen to explore a similar approach for the city and for the work to be taken forward through a Working Group under the guidance of the Health and Wellbeing Board and Manchester Community Safety Partnership, using existing resources. To ensure the work involves the appropriate people with the expertise the input of the following groups and organisations would be required:

- MHCC Population Health and Wellbeing Team
- NHS Hospital Trust Emergency Department Consultants and Senior Nurses
- Greater Manchester Mental Health Trust Leads
- GP Neighbourhood Leads
- Community Safety Partnership Team
- Greater Manchester Police
- Youth Justice Lead
- Probation Service
- MCC Education and Social Work Leads
- CSE Organisations

Decisions

1. To support the development of proposals to adopt a public health approach to violent crime.
2. To request officers to ensure that key personnel from the organisations represented on the Board input to the proposals.

HWB/18/33 Better Care Fund 2018/2019

The Board received a report from the City Treasurer (Manchester City Council) and the Chief Finance Officer (Manchester Health and Care Commissioning) which provided the Board with an overview of the plan submitted for Better Care Fund 2018/2019 and an update on changes from the guidance released in July 2018.

The Better Care Fund was established by the Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds. Payment from the funds may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

Decisions

1. To note the changes to the Delayed Transfers of Care monitoring.
2. To confirm the expenditure plan for 2018/19, as agreed previously at the meeting of the Health and Wellbeing Board held on 30 August 2017.