

## **Health and Wellbeing Board**

### **Minutes of the meeting held on 23 January 2019**

#### **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)  
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)  
Dr Ruth Bromley, Manchester Health and Care Commissioning  
Dr Murugesan Raja, GP Member Manchester Health and Care Commissioning  
David Regan, Director of Public Health  
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust  
Vicky Szulist, Chair, Healthwatch

#### **Also present**

Peter Blythin, Director SHS Programme – Manchester University Foundation Trust  
Michael McCourt, Chief Executive – Manchester Local Care Organisation  
David Houlston - Strategic Lead, Policy and Strategy  
Sarah Doran - Strategic Lead, Population Health and Wellbeing, Manchester Health and Care Commissioning (MHCC)  
Dr Sohail Munshi, Chief Medical Officer, Manchester Local Care Organisation

#### **Apologies**

Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)  
Jim Potter, Chair, Pennine Acute Hospital Trust  
Mike Wild, Voluntary and Community Sector representative  
Paul Marshall, Strategic Director of Children's Services  
Dr Vish Mehra, Central Primary Care, Manchester  
Dr Tracey Vell, Primary Care Representative, Local Medical Committee

#### **HWB/19/1 Minutes**

#### **Decision**

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 31 October 2018.

#### **HWB/19/2 Manchester Local Care Organisation - Update**

The Board received a report from the Chief Executive – Manchester Local Care Organisation (MLCO) which provided an update on the development of the Manchester Local Care Organisation. The report provided an overview on:

- Integrated Neighbourhood Team Development;
- New Models of Care;
- Winter resilience and system escalation;
- Phase 2 development; and

- Clinical Advisory Group.

The Board was informed of the activities that had taken place in the first 10 months of the MLCO which had focussed on four key functions:

- Prevention Services;
- Integrated Neighbourhood Team;
- High Impact Primary Care
- Work with hospitals to access care in the community to prevent hospital admission and quicker discharge from hospital.

The Chair invited questions.

A board member commented that a key principle of the MLCO, when it was established, was the work with citizens on service improvement and on a design model of care and asked how this was working. Reference was also made on issues regarding the forwarding on of patient's paperwork to care homes on their discharge from hospital. It was reported that NHS procedures does not allow email to non NHS email accounts and has made the process difficult and prolonged.

It was reported that co-production was a theme in the design of the key functions and this included the engagement of citizens on access to and the delivery of care and would continue to be a feature of the organisation. A report supporting work on engagement would be submitted to a future meeting of the Board. The matter of the NHS procedure not emailing to non NHS accounts would be taken back and discussed with the MHCC and MLCO in order to address the issue.

The Chair reported that work was ongoing to further develop Neighbourhood Working to harmonise working boundaries for services provided by the Council and health.

## **Decisions**

1. To note the report submitted and specifically, the following points:
  - The significant progress made in the establishment of a Local Care Organisation (LCO) for the City of Manchester initially outlined in the LCO Prospectus and realised from April 2018 through the establishment of the MLCO.
  - The signing of the Partnering Agreement by each of the partner organisations of the MLCO; Manchester University NHS Foundation Trust, Manchester City Council, Manchester Primary Care Partnership, Greater Manchester Mental Health NHS Foundation Trust and Manchester Health and Care Commissioning, enabling the MLCO to establish in April 2018.
  - The continued progress made in implementing and delivering the New Care Models associated with the Greater Manchester Transformation Fund and Adult Social Care Grant and continued development of Integrated Neighbourhood Team hubs.

- The creation of a co-designed and all-encompassing approach to the MLCO key deliverables for 2018/19 to ensure that it is best placed to meet the needs of communities and neighbourhoods of Manchester regarding integrated health and social care.
  - The proposed priority of the Clinical Advisory Group to develop a clinical strategy for Manchester and the resourcing required to enable the Group to deliver a clinical strategy.
2. To approve the proposal to recognise the Manchester Local Care Organisation - Clinical Advisory Group as the clinical and professional leadership group for Manchester reporting to the Manchester Health and Wellbeing Board.
  3. To note the comments raised.

### **HWB/19/3 Clinical Advisory Group – 2018/19 Progress and Priorities for 2019/20**

The Board received a report from the Chair of the Clinical Advisory Group (CAG) which provided an update on the work of the Clinical Advisory Group in 2018/19 and the Group's priorities for 2019/20. The CAG first met in December 2017 and is made up from a wide range of stakeholders from across health related services and interested organisations.

The Chair invited questions.

Board members welcomed the work and activities being undertaken by the Clinical Advisory Group and commented that it was important to ensure that connections were established with other organisations to maintain communication and avoid duplication of work streams. Reference was also made on the broader representation on CAG, in particular the inclusion of patient groups and university student representatives. The point was also made that involving representatives with relevant skills on particular matters would help to use the Group's time efficiently. The Chair of MHCC highlighted the need to ensure that there was a unified approach and that it would be useful to have further discussions about the interface with MHCC Clinical Committee.

#### **Decisions**

1. To note the report submitted and the work of the Clinical Advisory Group in 2018/19.
2. To approve the approach that the Clinical Advisory Group will take in 2019/2020.

### **HWB/19/4 Manchester Child Death Overview Panel – 2017/2018 Annual Report**

The Board received a report from the Consultant in Public Health/ Chair of the Manchester Child Death Overview Panel (CDOP), which provided a summary of the key issues that have been identified by the panel regarding deaths reviewed and closed between 1 April 2017 and 31 March 2018. The review of the deaths related to

children that are normally resident in the area of the City of Manchester and aged between 0 to 17 years (excluding still birth and legal terminations of pregnancy). The CDOP is a subgroup of the Manchester Safeguarding Children's Board and has a statutory requirement to produce a local annual report based on the cases closed and their findings.

The Chair requested that the minutes of the Manchester Children's Board be submitted to future meetings of the Health and Wellbeing Board to raise awareness of the board's work.

### **Decisions**

1. To note the report submitted.
2. To agree that the Manchester Child Death Overview Panel will report to the Health and Wellbeing Board via the Manchester Children's Board from 2019-2020.
3. To request that the minutes of the Manchester Children's Board are circulated to the Health and Wellbeing Board members for information.

### **HWB/19/5 Infant Mortality Strategy**

The Board received a report from the Director of Population Health and Wellbeing which provided information on current trends, patterns and risk factors associated with infant mortality in Manchester. The report also highlighted the increasing level of infant mortality rates since 2011-2013 following a long period of year on year reductions. The report included for approval, the final version of the five year, multi-agency strategy to reduce infant mortality and support those affected by baby loss. The strategy also contributes to the Manchester Population Health Plan "First 1000 days" priority.

The Chair invited questions.

A board member referred to modifiable risk factors listed in the report and asked what work was being done to address other modifiable risk factors such as consanguineous marriage.

It was reported that consanguineous marriage is an issue in areas in Greater Manchester and a genetic counselling referral service is available at hospitals where a family history is identified as a modifiable factor.

A board member referred to the importance of anti-natal care and asked what was the level of non-take up and how this could be delivered as part of an inclusive health programme.

It was reported that an inclusive health programme will include access to good quality anti-natal care on time to reducing the risk of infant mortality. The late booking of anti-natal appointments prevents pregnancy checks taking place to help to detect issues early in pregnancy and allow action to be taken.

A board member referred to the target date for the rollout of the Baby Clear Programme and asked if this was still on track to start in March 2019.

The report was welcomed for the reference made to the importance of housing conditions in particular safe sleeping arrangements and housing conditions provided by private landlords and in temporary accommodation.

It was reported that the rollout of the Baby Clear programme is being negotiated across Greater Manchester and is expected to be introduced in a phased approach. It was anticipated that the north Manchester phase could be adapted and be in place by the end of March 2019 with smoking cessation services in south and central Manchester by the end of July. Services and advice for cessation of smoking in pregnancy will continue to be offered to pregnant mothers through brief interventions and it was anticipated that full city wide coverage will be in place by the end of July 2019.

The board was informed that safe sleeping was crucial for baby health. Many cases of baby death had been attributed to a baby sleeping in the same bed as its parent. Other factors included poverty, poor quality accommodation, overcrowded rooms, fuel poverty and damp properties raise the risk of serious illness in children and increased infant mortality.

### **Decisions**

1. To note the report and the comments raised.
2. To approve the Manchester Reducing Infant Mortality Strategy.

### **HWB/19/6 Operational Local Health Economy Outbreak Plan - Manchester**

The Board received a report from the Director of Population Health and Wellbeing which set out the response arrangements of emergency responders to an outbreak of infectious disease within Greater Manchester requiring multi-agency coordination.

The Outbreak plan is owned by the Greater Manchester Resilience Development Group on behalf of the Greater Manchester Resilience Forum and is authorised by the Greater Manchester Resilience Forum and the Local Health Resilience Partnership.

In addition to the Greater Manchester Multi-Agency Outbreak Plan, each local health and care economy has been asked to produce a local Operational Outbreak Plan to clarify local arrangements in the event of outbreak situations.

The Operational Local Health Economy Outbreak Plan for Manchester has been developed in partnership with all organisations who may be involved in the event of an outbreak and has been tested and validated through real outbreak scenarios that we have dealt with in the past 12 months.

### **Decisions**

1. To note the report submitted.

2. To approve the Operational Local Health Economy Outbreak Plan for Manchester.

### **HWB/19/6 Manchester and Greater Manchester Local Industrial Strategies**

The Board received a report from the Deputy Chief Executive which provided an update on the development of the Manchester and Greater Manchester Local Industrial Strategy and the respective engagement approaches. The Strategies support the delivery of the Our Manchester Strategy and the Greater Manchester Strategy by setting out priorities to deliver a more inclusive city and city region. To support the report, the Board received a presentation “Developing Manchester’s Industrial Strategy”.

The Chair invited questions and comments on the Strategy.

A member referred to the research to be commissioned relating to a Low Productivity Review and made the point that rather than taking the view of this area in a productivity sense could focus be given to developing existing foundational economies and industries as areas of growth and as a benefit in and of themselves. The presenting officer was asked what views they have on this suggestion and where that focus may lead the review.

A member commented that it was important for the strategy to recognise the work within the childcare and young people sector and the importance of enabling those involved to develop their skills and develop the value of their work.

The Chair referred to the Greater Manchester Independent Prosperity Review and the range of experience of the panel members involved. The Chair stated that evidence suggests that much of the employment created over the past decade is insecure, part-time work. This situation presents an area of challenge within the foundation economy in work sectors such as social care to improve wage levels, conditions of service and productivity factors. The Chair stated that the Greater Manchester Local Industrial Strategy is an agreement with the Government, however the delivery of the strategy would be hindered due to a dysfunctional national educational skills system that will require further negotiation with the Government. The Chair suggested that it was likely that other issues would be raised from the evidence produced by the review which will not form part of the agreed local industrial strategy. As a result, the Local Industrial Strategy was unlikely to form the economic development policy at a local level or GM level and further challenges would be presented outside of this.

A member questioned what the strategy will mean for people living within Manchester

In response to the points raised it was reported that there are challenges within the sectors and occupations referred to and it was recognised that there were fewer mechanisms to build upon social value work in those areas. It was reported that the Council is supporting the GM Good Employment Charter and an Ethical Care Charter had helped to take this work forward. Work on social care was currently underway involving external partners which has focussed on the wider benefits as well as productivity. It was reported that the strategy was ongoing and would reflect the responses on productivity sectors and foundation economies and will recognise many areas of work across the city. It was reported that the communications team is

involved in the process to present key messages in a meaningful way to engage with residents to improve access to good quality employment.

In noting the comments made the Chair commented that following a science technology audit it was noted that Greater Manchester is globally competitive in the sector of health innovation. The Chair made reference to a review carried out on the state of the city which had identified low economic activity rates within the over 50s age group, which was broadly representative of Greater Manchester. He reported that work was ongoing to take forward the “Working Well” and the “Employment” Programmes on a wider scale and achieving this through the GM Strategy would provide real value.

### **Decision**

To note the report submitted and the comments and suggestions received.

### **HWB/19/7 Manchester University Hospitals Foundation Trust – One Year Post Merger Report**

The Board received a report from the Single Hospital Service Director which provided the Board with a summary of the key achievements and lessons learned in during the organisation’s first year of operation. A copy of the Manchester University NHS Foundation Trust One Year Post Merger Report was also submitted.

### **Decision**

To note the report submitted and welcome the good progress that has been achieved following the merger.