

Health and Wellbeing Board

Minutes of the meeting held on Wednesday, 20 March 2019

Present:

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Councillor Garry Bridges, Executive Member for Children's Services (MCC)
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Chair, 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
Jim Potter, Chair, Pennine Acute Hospital Trust
Paul Marshall, Strategic Director of Children's Services
Bernadette Enright, Director of Adult Social Services

Also present

Councillor Rahman – Executive Member for Schools Culture and Leisure
Neil Fairlamb -Strategic Lead – Parks, Leisure and Events MCC
Rebeccas Livesey - Chief Operating Officer, Manchester Archive
Professor Craig Harris - Executive Director – Nursing, Safeguarding and
Commissioning, Manchester Health and Care Commissioning
John Walker - Associate Director of Operations, Greater Manchester Mental Health
NHS Foundation Trust
Coral Higgins – Macmillan Cancer Commissioning Manager, MHCC

Apologies

Mike Wild, Voluntary and Community Sector representative
Dr Claire Lake, GP Member Manchester Health and Care Commissioning

HWB/19/8 Minutes

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 23 January 2019.

HWB/19/9 Manchester Mental Health Transformation Programme

The Board received a report from the Executive Director – Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning and the Associate

Director of Operations, Greater Manchester Mental Health NHS Foundation Trust. The report provided a two-year progress report on Manchester Mental Health Services following the acquisition of mental health services on 1 January 2017 by Greater Manchester Mental Health NHS Foundation Trust (GMMH). The Board received an overview of the achievements delivered to date through the clinical transformation programme and the plans and challenges for the coming year. The Board was informed that the transformation had been delivered through a series of Transformation Working Groups with each focussing on five key priorities, these included:

- Improving Access Psychological Therapies (IAPT)
- Acute Care Pathway, including:
 - Access to Services/Single Point of Contact (SPOC)
 - Enhanced Community Mental Health Team(s) (CMHT)
 - Home Based Treatment
- Urgent Care, including:
 - Mental Health Liaison into Acute Trusts
 - Section 136 Facility
- Reduction in Out of Area Placements, including:
 - Adult Acute and PICU Inpatient Out of Area Placements (OAPs)
 - Rehabilitation Pathway
- Community Engagement

The Chair of Greater Manchester Mental Health NHS Foundation Trust reported that the acquisition had presented more challenges than expected in areas such as 'out of area placement'. The Board was informed that good progress had been made during the two-year period and this was due to the team approach and the changes made to the culture of the organisation. Moving forward there was still a significant amount of work to do which would require further financial investment to improve and develop existing infrastructure.

The Chair invited comments from board members.

A board member welcomed the work done so far and commented that closer working was needed with primary care colleagues to improve patient referral to provide the best help and signposting for patients with mental health issues at an early stage. In response it was reported that GPs can seek support through a psychiatrist contact service that has been in operation for 3 months. The service provides a support clinic to advise and direct GPs to locate the right person at the right time.

The Chair commented that Manchester had suffered from inadequate mental health provision since the introduction of 'Care in the Community', however since the transformation programme, the situation had now shown significant progress being made. The board was informed that the Chief Executive of the GM Mental Health NHS Foundation Trust has an active role in the Transformation Accountability Board which regularly discusses the continuity between children's and adult mental services and the relationship between mental health services and the Local Care Organisation. The investment made to improve the environment at Park House was welcomed, although it was noted that further significant investment would be needed for the wider development of the site. The Chair also referred to the challenges

presented through staff recruitment that had resulted in delays to the introduction of services. In view of this the Chair suggested that the Board should consider the issue relating to the recruitment of skilled staff across each area of health service provision to determine how this could be addressed.

Decision

To note the report submitted and the comments received.

HWB/19/10 Care Quality Commission - Local System Review

The Board received a report from the Executive Director of Nursing and Safeguarding and Commissioning, MHCC and the Director of Adult Services MCC. The report and provided progress on the report of the Care Quality Commission (CQC) on the Manchester review held in October 2017. The presentation slides appended to the report provided the analysis of performance against the England average for six performance indicators. The six performance Indicators included the following:

- A&E attendances (65+)
- Emergency admissions (65+)
- Emergency admissions from care homes (65+)
- Length of stay (65+)
- Delayed transfer of care
- Emergency readmissions (65+)

The Board was informed that good progress had been made on the establishment of a system of joined up services that placed people at the heart of the service. This had included work to change and introduce new working relationships and cultures in the new and existing teams. It was noted that the new working arrangements would take time but had already started to develop in the Neighbourhood Community Team based at Withington Community Hospital. It was reported that the timescales initially set at the start of the process had been ambitious and had been changed to more realistic targets. The CQC had acknowledged the commitment of leaders and the strength of the partnerships between health and social care services. The CQC also noted the success of arrangements in place for planning for winter and the investment made in areas of service that would make the most difference to patients.

The Executive Member for Adult Health and Wellbeing welcomed the report and endorsed the progress that has been achieved and the findings of the external review which have provided the confidence to continue to meet the targets set in the locality plan.

The Chair welcomed the positive findings of the CQC reviews of Manchester Foundation Trust (MFT) and the Manchester Local Care Organisation and in particular the outstanding judgment given to CAHMS. It was noted that standards of care and service have been maintained even though the LCO is a newly formed organisation and the major changes the MFT is going through. The Chair congratulated the teams involved at MFT and LCO for this achievement.

The Chair invited questions from the Board

A board member commented that the standstill position of A&E admissions needed to take account of the impact of other factors such as levels of deprivation and health conditions of the 65+ age group presenting at A&E.

A board member referred to the way patients usually access services, by presenting at their GP or A&E and suggested that better communication could signpost patients to the GP Crisis Service as an alternative.

The Chair referred to the graphs used in the presentation slides and comparisons made with the England average, which showed Manchester to be tracking national trends. The chair commented that it was anticipated that over a period of three to four years the current gaps will reduce as a result of the transformation programme of health and social care services in the city.

Decision

To note the report submitted and the CQC presentation, in particular the key findings of the Manchester review.

HWB/19/11 Thematic report on Cancer (Prevention, Treatment and Care) in Manchester

The Board received a report from the Executive Director – Nursing, Safeguarding and Commissioning, Manchester Health and Care Commissioning. The board also received a supporting presentation. The report provided the Board with a comprehensive overview of the programme and the services in Manchester.

The Chair invited questions from the Board.

A board member welcomed the report and explained that cancer prevention work is a key priority of MHCC. It was noted that the rate of GP referrals had increased in Manchester, although this is still relatively low compared to national statistics. The point was made that improvements were needed to develop a system-wide resilience to reduce the time of patient referral, diagnosis and treatment for cancer.

A member referred to the success of recent lung screening initiative and suggested that the communication methods used to invite patients and the creative places chosen to advertise the service should be used more widely for other cancer services.

The Chair referred to the level of cancer diagnoses at stages 1 and 2 (54.7%), that is lower than the level for Greater Manchester (53.2%) and asked for the reason why Manchester is ahead of its neighbouring areas. Officers were also asked if there was an alternative to the process used for bowel cancer screening that could help to increase the take up by the public.

It was reported that the point made regarding communications would be raised with the cancer prevention team. The process for the diagnosis of cancer will be changing

with the introduction of a 2020 Standard which will replace the 14-day referral with a 28-day cancer 'yes or no' outcome standard which will provide a faster diagnosis pathway for patients.

It was reported that the current three sample bowel cancer screening process (faecal occult blood (FOB) test) will be replaced with a new one sample faecal immunochemical test (FIT). The new test had achieved an increase of 10% take up by the public. The rollout of the FIT test in England had started in December 2018.

The Chair welcomed the report and made the point that the evidence presented demonstrates that Government cuts made to public health funding increased rates of preventable illnesses.

Decisions

1. To note the report submitted, in particular the challenges of the cancer system, as well as the collaborative working between providers, commissioners, primary care and population health teams.
2. To note the national requirements for cancer from the NHS Long Term Plan, Operational Planning Guidance 2019/20 and the GM Cancer Plan.
3. To approve and support proposals for service development to meet the national requirements, especially in relation to GP education, lung health checks, multi-diagnostic/ rapid access clinics, best practice timed pathways and new models of aftercare.

HWB/19/12 Establishment of Manchester Active and efforts to address the challenge of physical inactivity in Manchester

The Board received a report from the Strategic Lead – Parks, Leisure and Events Manchester City Council and the Chief Operating Officer, Manchester Archive. The report provided the Board with information and work undertaken to establish Manchester Active and the work currently being undertaken to address the challenge of physical inactivity in Manchester. The Board also received a supporting presentation. The Executive Member for Schools Culture and Leisure also addressed the meeting.

The Chair invited questions from the Board.

A member asked what action was planned to address gender imbalance in the take up of physical activity, in particular by women and girls.

It was reported that the Manchester Active Card was introduced over one year ago and 100,000 Manchester residents have signed up to the card to access physical activity. The card operates on a digital platform that allows data to be taken on the user and this has indicated that there is a gender imbalance with a 10% lower take up by women and girls. Promotion campaigns such as "This girl can" have taken place to promote physical activity to woman and girls with further campaigns are

planned to target other underrepresented groups such as older people, disabled people and those affected by deprivation.

The Chair made the point that recognition and encouragement was needed for the residents of Manchester who choose to exercise alone or in groups and may not be registered under Manchester Active or use a gym.

It was reported that the Manchester Strategy for Sport and Physical Activity reflected the view for the importance of low cost physical activity that allows the participant to take part in as and when required without the commitment to regular exercise sessions or membership of a gym.

The Director of Public Health welcomed Manchester Active as a valuable opportunity to link and align health services to encourage physical activity as a means to prevent ill health.

Decision

To note the contents of the report submitted, in particular the progress made in development of Manchester Active and its key role in the delivery of a sport and physical activity strategy that can deliver a positive impact on health and wellbeing outcomes for Manchester residents.

HWB/19/13 Manchester Climate Change Board

The Board received a report from the Director of Population Health and Wellbeing and Programme Director, Manchester Climate Change. The report provided an outline on the potential role of health organisations in the city in relation to the climate change agenda. The Board was invited to nominate a representative to join the Manchester Climate Change Board to replace the Board's previous representative.

In welcoming the report, the Chair referred to the demonstration to raise awareness of climate change, held in the city centre (15 March 2019) that had been attended by a large number of school age young people. The demonstration gave a positive message that the issue is being taken seriously by young people, although the time could have been arranged outside of the school day. The point was also made that the Council has already taken action on climate change by November 2018 on the basis of the work done by the Tyndall Centre at the University of Manchester, being the first city to adopt a carbon budget in accordance with the Paris accord, and as a consequence aiming to be zero carbon by 2028. The Manchester Zero Carbon 2038 – City Council Commitment Action Plan was subsequently agreed by the Executive on 13 March 2019. The Chair requested that schools across Manchester should be informed of the Council's position on Climate Change accordingly.

The Director of Children's Services informed that Board that all schools had been notified of this and further action would be taken to encourage and invite young people to get involved in the climate change discussion.

Decisions

1. To note the report submitted and the work that will be underway during 2019 to urgently reduce Manchester's CO₂ emissions and develop a Manchester Zero Carbon Framework 2020-38 and Action Plan.
2. To nominate Dr Murugesan Raja to join the Manchester Climate Change Board as a representative of the Health and Wellbeing Board.
3. To request that health partners on the Manchester Health and Wellbeing Board develop appropriate action plans to form part of the Manchester Zero Carbon Framework 2020-38 and action 2020-22.