



Health and Wellbeing Board

Date: Wednesday, 5 June 2019

Time: 10.00 am

Venue: Council Antechamber, Town Hall Extension,
Manchester

Access to the Council Antechamber

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)

Councillor Craig, Executive Member for Adults (MCC)

Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)

Councillor Bridges, Executive Member for Children's Services (MCC)

Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning

Dr Murugesan Raja GP Member (Central) Manchester Health and Care
Commissioning

Dr Claire Lake Member (South) Manchester Health and Care Commissioning

Kathy Cowell, Chair, Manchester University NHS Foundation Trust

Jim Potter, Chair, Pennine Acute Hospital 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 Angus Murray-Browne, South Manchester GP federation

Dr Vish Mehra, Central Primary Care Manchester

Dr Amjad Ahmed, Northern Health GP Provider Organisation

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. Minutes

5 - 12

To approve as a correct record the minutes of the meeting held on 20 March 2019.

5. Manchester Locality Plan - Update

13 - 20

- i) Single Hospital Service and North Manchester General Hospital developments; and
- ii) Manchester Health and Care Commissioning (MHCC) – Phase 2

The report of the Executive Director of Planning and Operational Services (MHCC) is enclosed.

6. Locality Workplace Health and Wellbeing

21 - 30

The report of the Director of Workforce and Organisation Development (MHCC) and the Director of Population Health and Wellbeing is enclosed.

7. Joint Strategic Needs Assessment Evaluation

31 - 40

The report of the Director of Population Health and Wellbeing is enclosed.

8. Health and Wellbeing Board Forward Plan

41 - 48

The report of the Director of Population and Wellbeing is enclosed.

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

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Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
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Further Information

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

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Health and Wellbeing Board

Minutes of the meeting held on 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.

Decisions

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 women 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.

Decisions

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/19/6 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.

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 5 June 2019

Subject: Manchester Locality Plan Update – Single Hospital Service (NMGH) and MHCC Phase 2

Report of: Director of Planning & Operational Services, Manchester Health and Care Commissioning

Summary

This report provides a progress report on the Locality Plan: Our Healthier Manchester, with a focus on the following areas: -

- Single Hospital Service (SHS) – an update on the benefits realised post-merger and the planned acquisition of North Manchester General Hospital; and
- Manchester Health and Care Commissioning (MHCC) – an update on Phase 2, the further development of MHCC as a strategic commissioning organisation and the phased transfer of operational commissioning responsibilities to the LCO.

Recommendation

The Board is asked to note the content of the report, including the progress made toward completing the Single Hospital System (SHS) and Manchester Health and Care Commissioning (MHCC) Phase 2 transformation programmes.

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	A Single Hospital Service Programme will optimise the provision of healthcare services to young people across Manchester and so minimise any adverse effects.
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	The proposed new Single Hospital Service organisation will aim to be an employer of choice, providing access to employment opportunities for local people and excellent training and career paths for a broad range of healthcare professionals.
Enabling people to keep well and live	A Single Hospital Service will ensure

independently as they grow older	effective standardisation of hospital services in Manchester so that residents are able to access the best and most appropriate healthcare, regardless of where they live.
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	MHCC, as a strategic commissioner, and the Single Hospital Service will facilitate the development and implementation of the most appropriate care provision.
Self-care	

Lead board member: Dr Ruth Bromley, Chair Manchester Health and Care Commissioning

Contact Officer:

Name: Ed Dyson
Position: Director of Planning & Operations
E-mail: edward.dyson@nhs.net

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.

- Locality Plan: Our Healthier Manchester

Introduction

1. The purpose of this paper is to provide an update on the Manchester Locality Plan with a specific focus on:
 - i) the Single Hospital System (SHS) - Benefits and the NMGH transaction;
 - ii) Manchester Health & Care Commissioning (MHCC) Phase 2.

Background

2. The Health and Wellbeing Board has received regular updates on the Manchester Locality Plan, since its inception. The first phase of implementation focused on creating the platform for change through the creation of the three pillars listed below. Increasingly focus has been on transforming front line services to deliver the benefits of these organisational changes: -
 - A single commissioning function (SCF) – the merger of 3 CCGs and the creation of the Manchester Health and Care Commissioning (MHCC) partnership between Manchester City Council (MCC) and Manchester CCG;
 - A single hospital service (SHS) – starting with the merger of Central Manchester NHS Foundation Trust with University Hospitals of South Manchester Foundation Trust to form Manchester NHS Foundation Trust (MFT), a major step toward the delivery of a single hospital service for Manchester; and
 - A local care organisation (LCO) – the creation of Manchester Local Care Organisation, a partnership of MFT, MCC, Greater Manchester Mental Health (GMMH), Manchester Primary Care Partnership (MPCP) and MHCC, facilitating the safe transfer of 3 community services under one integrated leadership team.
3. This report provides a progress report on the following areas of development: -
 - SHS – an update on the benefits realised post-merger and the planned transfer of North Manchester General Hospital; and
 - MHCC – an update on Phase 2, the further development of MHCC as a strategic commissioning organisation and the phased transfer of some commissioning responsibilities to the LCO.

Single Hospital Service

4. As described above, the proposal to establish a Single Hospital Service for the City of Manchester forms an integral part of the Manchester Locality Plan. The Single Hospital Service Programme is being delivered through two linked projects: -

- i) The creation of Manchester University NHS Foundation Trust (MFT) through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) the Single Hospital System (SHS) - Benefits and the NMGH transaction;
- ii) The proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

Merger Integration and Delivery of Merger Benefits

- 5. The established Integration Management Office (IMO) within the Single Hospital Service Team has set up robust tracking/monitoring structures and processes to ensure that the organisation effectively delivers the planned merger benefits and is able to clearly evidence their impact. Processes are also in place to identify and track a series of additional emergent benefits enabled by the merger.
- 6. A Benefits Management Standard Operating Procedure has been developed which outlines the benefits management process, starting with identification of a merger benefit, through to active monitoring and tracking of the impact and outputs that the benefit generates. The approach is kept under review to ensure it remains fit for purpose as the organisation, and the delivery of integration benefits, matures.
- 7. In addition to monitoring delivery progress and benefits, the IMO actively identifies and shares dis-benefits and lessons learned to ensure that the organisation is able to mitigate these in future work as far as possible. This learning will be particularly relevant to the planned acquisition of NMGH and its integration into MFT.
- 8. Operational responsibility for ensuring delivery of integration benefits sits with an established Integration Steering Group, chaired by the Group Director of Workforce and Corporate Business. The ISG also maintains oversight of the GM Transformation Fund monies and external accountabilities.
- 9. The delivery of integration activity across MFT continues to be supported by GM Transformation Funds. The Investment Agreement with the Greater Manchester Health and Social Care Partnership (GMH&SCP) required the establishment of a number of high-level indicators to allow the success of the integration activities to be assessed. MFT continues to report on these indicators and ongoing monitoring is undertaken by the Manchester Health and Care Commissioning (MHCC) performance team.
- 10. In addition to reporting on the formal Investment Agreement metrics, MHCC has hosted a series of meetings to enable MFT to demonstrate the delivery of patient benefits to MHCC and the GMH&SCP. To date these meetings have taken place every 3-6 months since the merger. The most recent meeting took place on 17th May 2019. Members of the Single Hospital Service Team, senior managers and clinicians from across MFT met with senior MHCC and

GMH&SCP representatives to discuss the benefits that are already being delivered across the organisation.

11. The meeting focussed on the areas of Stroke care, Cardiac services and Frailty. Lead clinicians from each area explained the work that is currently underway, including the benefits that have already been delivered for patients and the work planned for future years. The clinicians highlighted the opportunity presented by working in collaboration across the Trust, alongside some of the lessons that have been learnt to date.
12. In Stroke services patient benefits are already being delivered. A single point of access to Stroke services has been implemented which enables Stroke patients within a Hyper-Acute Stroke Unit to have timely access to the most appropriate rehabilitation bed across MFT depending on clinical need or capacity. In the future the combined MFT workforce will enable expanded access to TIA services (Transient Ischaemic Attacks, sometimes called 'mini-Stroke' as the symptoms are similar). Initially these services will be provided five days per week and then over seven days per week.
13. Services for patients with clinical Frailty have also improved across MFT since the merger. The teams have worked collaboratively to develop MFT Frailty Standards that harmonise patient pathways across the organisation and a longer term vision and strategy for Frailty services. This is already enabling significant improvements, including the early identification of patients with clinical Frailty and Frailty screening in pre-op assessments and Emergency Departments. The early identification of clinical Frailty is helping to reduce length of stay and reduce the number of on the day cancellations for elective surgery.
14. In cardiac services work is underway to deliver benefits across a range of services, including for Acute Coronary Syndrome, Cardiac Rhythm Management and Acute Aortic Surgery. For example, seven day working for cardiac physiologists has been introduced at the MRI and Wythenshawe. This helps to reduce length of stay for inpatients and enables effective trouble shooting of cardiac devices, including home monitoring.
15. The delivery of the merger benefits is progressing well across the organisation. A robust approach to tracking delivery of and evidencing the impact of both planned and emergent merger benefits has been established by the IMO and is overseen by established governance arrangements.

NMGH Transaction Update

16. NHSI set out a proposal for MFT to acquire NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT. The intention for MFT to acquire NMGH is consistent with the local plan to establish a Single Hospital Service within the City of Manchester and forms part of the Manchester Locality Plan.
17. The transaction process is being managed under the auspices of the national NHSI Transaction Guidance with oversight provided by a Transaction Board

established at the end of November 2017. The Board, of which MFT is a member, is chaired by Jon Rouse, Chief Officer GMH&SCP.

18. The timeline for completion of the two transactions remains at April 2020. The MFT Board of Directors considered the Strategic Case at its meeting on 11th March 2019 and subsequently approved it for submission to NHSI. The final version of the document was submitted to NHSI on 29th March 2019. SRFT also submitted its Strategic Case regarding the acquisition of the remaining PAHT sites on 29th March 2019.
19. Following the submission of the Strategic Cases, NHSI colleagues commenced their review of the documents. They have indicated that the review is complex and may take longer than the six week period originally indicated. As part of their review, NHSI is holding a series of meetings with each of the acquirers and is conducting discussions with other relevant stakeholders, including GMH&SCP, commissioners and the non-conflicted Executive Director and Non-Executive Director of PAHT.
20. NHS I held its first meeting with MFT on 18th April 2019 and the key strategic issues contained within the Strategic Case document were discussed. Feedback from the meeting was positive. It is anticipated that a senior executive level meeting to discuss the Strategic Case further will take place on 21st June 2019.
21. Due diligence activities continue to be progressed to enable MFT to understand the scope and operational function of the facilities and services at NMGH. The due diligence covers a range of areas, including clinical, informatics, estate, contracts, workforce, finance and performance. Significant progress has been made to date working in conjunction with SRFT and the PAHT Data Room.
22. Engagement with PAHT clinical and corporate teams will commence shortly to understand and agree in detail how the services provided by NMGH could be disaggregated from PAHT.
23. MFT continues to engage more widely with NMGH staff through attendance at bi-monthly NMGH 'team talks' and this is well received. The SHS Team meet monthly with the NMGH Care Organisation Management Team and have also been invited to present at a variety of senior leader meetings on the site.
24. MHCC has led development of a future vision for North Manchester General, associated services and the benefits to the wider area. This has involved organisations within the City but also involvement from commissioners in Bury, Oldham, Rochdale as well as Greater Manchester Mental Health, Manchester LCO, Pennine Acute Trust and Salford Royal hospitals.
25. A vision has been developed for a 'vibrant district general hospital' offering emergency, maternity and a wide range of hospital services. Stronger links with existing on-site mental health services will be developed and partnerships

between St Mary's and RMCH with services at NMGH, amongst others, can add value accross the whole group.

26. The strategy takes into account connections to community services. With MLCO as a key partner strengthened pathways between hospital and community can be developed. This builds on previous work between North Manchester's community services and the hospital.

MHCC Phase 2

27. Phase two is the transition of MHCC to become a more strategic commissioner. This is planned to improve the effectiveness of MHCC as a commissioning organisation, to focus upon outcomes for the population, to enable transformation of services to happen better and faster, enhance integrated working between Manchester CCG and Manchester City Council, and to create a greater contribution to wider public sector reform. It will see a greater role and responsibility for provider organisations, and others, to lead the design and implementation of new service models. In this light phase two is inextricably linked to the growth of Manchester Local Care Organisation. As the scope and responsibility of the LCO grows, MHCC will pass responsibilities and resources to the LCO to deliver. This will include the deployment of a number of staff to be managed within the LCO team.
28. A staff consultation has been held, reflected upon and responded to with amendments to plans. There is now a process of agreeing final staffing structures and managing the process of implementation.

Recommendation

29. The Health & Wellbeing Board is asked to note the content of the report, including the progress made toward completing the Single Hospital System (SHS) and Manchester Health & Care Commissioning (MHCC) Phase 2 transformation programmes.

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 5 June 2019

Subject: Locality Workplace Health and Wellbeing

Report of: Director of Workforce & Organisation Development, MHCC
Director of Population Health and Wellbeing

Summary

This report provides an overview of progress in the delivery of a locality based approach to improving workplace health and wellbeing systems and outcomes for the combined health and social care workforce within the city.

Recommendations

The Board is asked to:

1. Note the findings and support the recommendations within the report.
 2. Agree that the Manchester HR Directors Locality Workforce Group continues to take lead responsibility for driving forward an action plan based on the report recommendations.
-

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	
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	This report forms a core part of the delivery of this strategic priority and falls under '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: David Regan - Director of Population Health and Wellbeing

Contact Officers:

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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.

https://secure.manchester.gov.uk/meetings/meeting/3008/health_and_wellbeing_board
http://www.manchester.gov.uk/meetings/meeting/2262/health_and_wellbeing_board
http://www.manchester.gov.uk/meetings/meeting/2641/health_and_wellbeing_board

1. Introduction

- 1.1 This report provides an update on progress on the work undertaken to deliver improvements to the health and wellbeing offer for the combined workforce of Health and Wellbeing Board member organisations.
- 1.2 The Board committed to demonstrate public service leadership under the Strategic Priority 'bringing people into employment and ensuring good work for all' in 2015. This was in recognition of the importance of providing 'good work' to improve health outcomes for residents. The steering group established to lead on this provided a framework for member organisations to learn from good practice, identify gaps and both individual and collective areas for improvement, particularly in terms of recruitment, retention and progression for disabled people and people with long term health conditions. By doing this, the intention was also to provide better working conditions and reduce the costs of sickness absence, presenteeism and turnover across the wider workforce. It also provided the opportunity for Board members to act as exemplar employers to support engagement with other public and private sector employers on this agenda.
- 1.3 A baseline assessment tool was developed collaboratively across Board member organisations and a report on findings and recommendations was presented to the Board in July 2017. The steering group has continued to meet to deliver the recommendations made within the report.

2. Background

- 2.1 As reported to the July 2017 Board meeting, a baseline assessment tool was developed using Transformation Challenge Award funding to identify how each organisation was performing in relation to workplace health against those organisations which were exemplars. Clear protocols were set out to assist member organisations to achieve this.
- 2.2 An independent contractor was appointed to deliver the baseline assessment. PACE and Aspire, a North-West based team of consultants specialising in health and wellbeing, leadership and organisational development were awarded the contract. The work was supervised by a steering group comprising senior managers from key Board members, and with involvement of the HR/OD Leads from each organisation.
- 2.3 The key findings of the report presented in 2017 were as follows;
 - The level of sickness absence across participating organisations represented a significant cost to Manchester Health and Wellbeing Board organisations.
 - The average number of days lost through sickness absence was higher in all participating organisations when compared to national data.
 - The main reason for sickness absence across participating organisations was mental ill health or disability.

- There were pockets of good practice where valuable and beneficial health and wellbeing interventions were taking place. However, there were also significant gaps, which would benefit from a Manchester-wide, collective response, particularly in relation to disability.

2.4 The key recommendations were around how organisations might work together across the locality to build on the baseline assessment through a collaborative approach to health and wellbeing policy and practice. A summary of the recommendations, progress made against them and agreed priorities for 2019/20 is set out in Appendix 1.

3. Progress

- 3.1 The steering group has continued to meet regularly to drive continued collaboration in this work area and it is now chaired by MHCC's Director of Workforce and Organisation Development. It is a priority theme within the Health and Social Care Locality Workforce Development Plan. It should be noted that there has been further organisational change since the baseline report was produced but the framework approach allows for different levels of engagement and has proved effective in establishing gaps in support for staff through times of change. Current membership includes Manchester Health and Care Commissioning (MHCC), Manchester City Council (MCC), Manchester University Hospitals NHS Foundation Trust (MFT), Greater Manchester Mental Health Trust (GMMH), The Christie, Pennine Care and Manchester Local Care Organisation (MLCO).
- 3.2 Whilst MHCC has taken the lead in coordination of the steering group, MCC's Work and Skills Team has supported this work and individual organisations have taken the lead on agreed priorities and actions. This has supported a genuinely collaborative approach which has secured commitment from all organisations.
- 3.3 An assessment tool has been developed which can be used by any employer and is therefore ideal for integrated health and social care working. All Manchester Health and Wellbeing Board organisations committed to completion of domain four of the assessment tool which focuses on sickness absence, disability and long term sickness in 2018/19. Some organisations have completed all domains within the tool which supports a wider assessment of workforce health and wellbeing. All have committed to completion of the full tool this year. In 2019/20 and priorities have been agreed for the year based on where we can make the greatest impact through collaboration.
- 3.4 There has been good engagement and participation in this work across organisations which is evidence of the value placed on this collaborative approach. Some of the original recommendations have been overtaken by other developments but there have been other quick wins and new initiatives developed. For example, members supported a recent disabled people's jobs fair coordinated by MCC and Breakthrough UK.

- 3.5 As originally intended, the development of this approach has generated interest from other public and private employers. The chair of the steering group is now leading on a similar piece of work within the GM Health and Social Care Partnership and there have been discussions with and presentations to the following organisations; the GMCA Workforce Collaborative group for HROD leads, the NHS Clinical Commissioners membership organisation, NHS Employers and Greater Manchester Police.
- 3.6 In 2019/20 we will build on initial discussions around how the tool could be used by other employers through both Manchester based business networks, the Mayor's Good Employment Charter and within MHCC and MCC's Social Value requirements.

4. Recommendations

- 4.1 The Board is asked to note and comment upon the progress made.
- 4.2 A further progress report will be brought to the Board in 2020.

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Appendix 1 Workplace Health report to the June 2019 Health and Wellbeing Board

2017 Baseline Assessment report recommendation		Update on progress	19/20 Next steps
Recommendation 1: Common health and wellbeing improvement objectives should be set that bring about positive engagement and action with staff across Manchester organisations.	This included identification of a lead Board member to champion this work and bring back reports on an annual basis to hold all Board member organisations to account for development and implementation of individual employee health and wellbeing plans.	The Director of Population Health and Wellbeing is the lead Board member for this work which is also embedded within the Population Health plan, MHCC Operational Plan and Locality Workforce Development Plan. All member organisations have plans and strategies in place.	All to continue to collaborate on long-term plans such as increasing the number of disabled people recruited. Secure funding to repeat the 2016/17 baseline assessment.
Recommendation 2: Resources and learning should be pooled across the city to support the delivery of common, evidence-based health and wellbeing interventions. Maximisation of simple and cost-effective behaviour change interventions.	This included consideration of the opportunity to jointly procure Occupational Health and an Employee Assistance Service across organisations to reduce costs and share resources. It also included the opportunity to work in partnership to offer health and wellbeing and other staff benefits to staff across member organisations.	Initial scoping has taken place but due to Board member organisations being at different stages of their existing contracts for Employee Assistance Services, this has not progressed in 18/19. Health, wellbeing and staff benefits have been compared across organisation with some quick wins e.g. around reduced public transport costs.	MFT to lead on further work to establish whether there could be savings made through joint procurement of an Employee Assistance Service across organisations. We will continue to compare offers and work collaboratively on emerging opportunities such as low cost loans and access to sports and leisure facilities.

<p>Recommendation 3: All organisations were encouraged to use the health and wellbeing baseline assessment and to agree common data sets to measure outcomes.</p>	<p>This involved holding health and wellbeing executives to account for development and evaluation of health and wellbeing plans within their organisations. Where relevant, this was built into CQUIN standards.</p>	<p>This has progressed well through the collaborative approach to design of the workplace health and wellbeing tool and through completion of Domain 4 as a minimum commitment by all organisations. Whilst CQUIN standards were built into contracts with major providers by MHCC, the collaborative work of the group around a shared assessment tool has been valued by member organisations for the CQUIN not to be necessary.</p>	<p>All organisations have committed to completion of the full assessment tool in 2019/20.</p>
<p>Recommendation 4: All to develop a culture that encourages healthy work life balance through senior level role modelling.</p>	<p>This included the adoption of one performance target by the Board to improve an aspect of health and wellbeing and the adoption of a preventative approach to health and wellbeing.</p>	<p>All organisations were encouraged to sign up to the This is Me campaign.</p>	<p>We will deliver a mental health awareness campaign in Q4.</p>
<p>Recommendation 5: All to develop the focus on mental health and disability as part of a wider health and wellbeing approach.</p>	<p>This involved engagement with the All Age Disability Strategy (which is now known as the Our Manchester Disability Plan) and monitoring of improvements to recruit, retain and support the</p>	<p>All NHS organisations continue to report on this through the WDES. Some members are key delivery organisations within the Our Manchester Disability Plan Board and sub groups for</p>	<p>All to work towards Disability Confident level 3 accreditation and to develop a leadership approach for disabled staff. MCC to lead on the development of an autism</p>

	<p>progression of disabled staff through the Workforce Disability Equality Standard (WDES) for NHS organisations and equivalent approach for other organisations.</p>	<p>work and skills and health and social care. All have achieved Disability Confident Level 2 and some are on track to achieve Level 3 leader accreditation.</p> <p>Members have collaborated on the disabled people's jobs fair in March 2019 and on specific recruitment campaigns and supported internships.</p> <p>50 managers of disabled staff across organisations were trained in the social model of disability and received individual coaching to embed their knowledge.</p>	<p>employment approach which can be shared.</p> <p>MHCC to lead on the development of the employment strand within the city's Learning Disability and Difficulty strategy/plan.</p> <p>Training for managers of disabled staff to be rolled out to at least 100 more managers and a network of managers will be created.</p>
<p>Recommendation 6: Creation of common health and wellbeing branding and logos for all health and wellbeing provision across Manchester.</p>	<p>This suggested consideration of the creation of a common brand for the partnership work and sign up to the call to action around mental health and disability.</p>	<p>This has not progressed as a separate piece of work as members agreed that it sat within the Our Healthier Manchester Locality Plan and that creation of a separate brand or logo would not make sense.</p>	<p>To be reviewed. We will continue to promote the work of the Board to other employers and networks.</p>

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board - 5 June 2019

Subject: Joint Strategic Needs Assessment Evaluation

Report of: Director of Population Health and Wellbeing

Summary

The Health and Wellbeing Board continues to have statutory responsibility and oversight of the delivery and use of the JSNA as set out in the Health and Social Care Act 2012.

This paper describes the interim findings from an internal evaluation of the Manchester JSNA and outlines the next steps for further evaluation and action.

Recommendation

The Board is asked to note the report.

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 evidence contained in the JSNA contributes to the development of activities in respect of each of the Health and Wellbeing Board strategic priority areas.
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: David Regan - Director of Population Health and Wellbeing

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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.

The Children and Young People JSNA and the Adults and Older People JSNA can both be accessed via the Manchester City Council website at:
<http://www.manchester.gov.uk/jsna>

1 Introduction

- 1.1 The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) makes it clear that each local authority, together with its partner Clinical Commissioning Groups (CCGs), must prepare and publish a Joint Strategic Needs Assessment (JSNA) for its area and that both sets of organisations should have due regard to this JSNA when exercising their functions as commissioners of health and care services for their populations.
- 1.2 The first Manchester JSNA was published in November 2008 but there is still very little evidence of the JSNA genuinely influencing and informing commissioning decisions in the city as envisaged by the legislation. The establishment of Manchester Health and Care Commissioning (MHCC) and the creation of a more joined-up governance structures for operational planning and commissioning across the health and care system provide an opportunity to redress this situation and move the JSNA back towards the forefront of the commissioning and policy making process in the future.
- 1.3 This paper provides an interim report on the progress of work on the evaluation of the JSNA.

2 Background and Scope

- 2.1 Manchester has made good progress in developing a high quality JSNA resource. To date, a total of 45 separate topic papers have been published on the JSNA website. There is also increasing recognition of the importance of the JSNA as an essential commissioning tool across the health and care system in Manchester. The JSNA features heavily in the revised MHCC Commissioning Policy and the Inclusion and Social Value Strategy. The new MHCC Inequalities Impact Assessment process emphasises the value of the JSNA as a 'first point of call' when considering the impact of a policy, strategy or service model on inclusion and social value.
- 2.2 Recent organisational developments and the move towards greater integration of health and social care through the establishment of MHCC and the MLCO, together with an increasing focus on place-based neighbourhood working, present a timely opportunity to reflect on the effectiveness and impact of the existing approaches to the JSNA approach and to reconsider the governance structures, processes and resources that required to deliver a fit for purpose JSNA in Manchester in the futures.
- 2.3 The evaluation commenced in March and is being led by the Programme Lead (Health Intelligence) within the Population Health and Wellbeing Directorate of MHCC. The evaluation is aiming to identify the strengths and challenges of the current approach to the JSNA as well as reflect on the extent to which our approach can be a mechanism to support MHCC priorities and values.

2.4 The evaluation has been gathering evidence from a range of different sources including:

- Interviews with key stakeholders (e.g. topic co-production partners/senior managers)
- Documentary analysis (e.g. programme management guidance / topic report content etc.)
- Case studies (in development).
- On-line survey (in development)

2.5 This paper details the evaluation findings that relate primarily to three key elements of the JSNA:

- The quality of the content and the design, accessibility and usefulness of individual topic papers
- The organisational fit of the JSNA to achieve maximum impact on decision making
- The extent of co-production within the JSNA

The evaluation is ongoing and other key aspects will be completed by the end of July. The final findings of the evaluation will inform the JSNA developments from September 2019 in time for the annual planning cycle.

3 Progress and key findings to date

3.1 To date, a number of interviews have been conducted with senior managers, programme leads, commissioning leads and topic report authors. Direct quotes from these interviews are displayed in italics in the sections below. Further interviews are planned over the coming months which will extend the breadth of feedback by incorporating a wider range of stakeholders.

Quality, design, accessibility and usefulness of topic papers

3.2 Whilst there was high regard for the depth of data and analysis contained within the JSNA topic papers, there was also a view that the amount of data contained within JSNA topic papers can potentially make them unwieldy and difficult to navigate. Simple changes, such as adding page numbers and a contents page, would assist navigation of the document. There was a recognition among those interviewed that JSNA topic papers are written for a wide range of audiences and therefore it is a challenge to fit the design to be best for all:

“..... Definitely adds value...”

“...Need to be robust / quasi academic but at the same time easily understandable... they are published on a public website...”

3.3 Some interviewees felt that in addition to more lengthy JSNA topic papers, shorter summary papers would be of help.

“If we want to highlight a Public Health issue this should be through short briefing paper rather than full JSNA.”

- 3.4 The online format was seen as a good way of making sure that the JSNA continues to be an evolving resource that is accessible, current and reliable. However, while laudable, this aspiration was challenged by some of those interviewed who noted many topic papers have not been refreshed and are therefore potentially out of date. As the number of topic papers on the JSNA website increases, it will be an even greater challenge to keep them up to date. This main challenge stems from competing priorities on the time of individual authors and leads. However, Manchester is not alone in this challenge and at a recent North West JSNA Leads meeting several local authorities shared similar concerns about the difficulties they are facing in terms of keeping their JSNA up to date.
- 3.5 Interviewees made a number of suggestions that might help to address this challenge, including the installation of live links within JSNA topic reports so that the data is automatically refreshed as it becomes available (although it was acknowledged that this wouldn't cover all data). It was also suggested that a 'twin track' approach could be adopted whereby older papers could remain on the website but relabelled as a 'stand-alone topic at a particular point in time' and more recent JSNA topic papers are regularly refreshed to remain a reliable resource. An additional suggestion was that having a dedicated JSNA programme lead (as in some other local authorities) would result in a more dynamic fostering of both co-production and use of the JSNA across all partners.
- 3.6 A greater use of graphics would also potentially make key data more impactful and accessible to a wide audience. This could be incorporated within the existing format of the topic papers or included within an 'add on' summary paper (*“Dashboard of key metrics in addition to the full paper/JSNA plan on a page in addition to the full paper”*). There is also the potential for incorporating more interactive data into the JSNA in order to allow user to access and manipulate the source data more easily and, in doing so, make the data more easily searchable. In addition, the use of 'pop ups' could help engage with the reader more and would provide a useful quality improvement mechanism (e.g. 'was this data useful to you?'). However, this focus on the data aspects of the JSNA raises the question of the extent to which people understand the distinctiveness of the JSNA and its 'unique selling point' compared with performance dashboards and other data visualisation tools.
- 3.7 Although some interviewees felt that the JSNA topic papers were easily accessible and navigable via the Manchester City Council website, others said that they had challenges accessing them. The best platform and layout for the JSNA is something that could be explored through the proposed online JSNA evaluation survey. However and wherever the JSNA is placed, a clearly named contact for any queries was thought to be helpful.
- 3.8 Reconsideration of the name 'JSNA' was suggested and titles or subtitles that are easier to understand were proposed. Whilst it is a statutory requirement for

a Health and Wellbeing Board to ensure delivery of a JSNA, how this resource is labelled and promoted is open for discussion. It was suggested that developing a local branding for the JSNA and “*presenting it in a more interesting way*” might encourage greater ownership and use.

- 3.9 It was also suggested that the process for agreeing topics for inclusion in the JSNA could align better with commissioning cycles and that the process should take account of new and emerging issues as well as existing priorities.

Co-production

- 3.10 Involving partners from within MHCC and beyond is seen as the best way of ensuring that the information contained in JSNA topic papers is current and relevant. It also maximises the likelihood of the JSNA being used. However, implementing this co-production approach has proven to be challenging. In particular, it has been hard to get individuals to commit to taking on the role of lead author for JSNA topic papers within their specific area of responsibility. Reasons put forward for this included a lack of capacity and a perceived lack of expertise/capability as well as a lack of senior level endorsement. There was a belief that leading/writing a JSNA was not considered part of their role and therefore was potentially perceived as not being a legitimate use of their time.
- 3.11 The JSNA has received positive feedback from individual users who recognised it as a useful and comprehensive resource for their roles and areas of responsibility. However, there is a continuing perception by some that the JSNA is still primarily a ‘health’ product, owned by the Population Health and Wellbeing Directorate. This generates uncertainties around the process for creating, developing, refreshing and, ultimately, using and owning the JSNA. This goes against the fact that the JSNA is intended to be a shared resource that is co-produced amongst its partners. The recognition of this is critical to its long term sustainability.

The organisational ‘fit’ of the JSNA

- 3.12 The evaluation explored the degree of ‘fit’ between the JSNA and the current structures, policies and priorities of MHCC and its partners. Interviewees discussed a number of local organisational changes that present an opportunity to embed the JSNA into local systems. There was clear sense that, as MHCC refocuses its work on strategic commissioning, the JSNA should occupy a more central place within the commissioning framework and associated commissioning cycle. Staff at all levels of the organisation will need to have a clear sense of their own roles and responsibilities in respect of contributing to, using and promoting the value of the JSNA.
- 3.13 The evaluation also considered the current and potential future role of the JSNA in terms of the operational planning and decision making processes of MHCC. In order to align the JSNA process better with strategy and commissioning, it was suggested that the CCG / LCO annual quality assurance process should be used to provide evidence of how the JSNA has

been using and that the new MHCC Strategy Committee should conduct a formal review of the JSNA on an annual basis.

- 3.14 The enhanced role of the LCO as an 'operational' commissioner of out of hospital services implies that they also have a responsibility to support, and have due regard to, the JSNA in the exercise of their functions as outlined in the Health and Social Care Act.

JSNAs and Equality Impact Assessments (EIA)

- 3.15 The new MHCC Inequalities Impact Assessment process emphasises the value of the JSNA as a 'first point of call' when considering the impact of a policy, strategy or service model on inclusion and social value. Interviewees highlighted the potential for the JSNA to be better aligned with the existing EIA process. This should raise awareness of the value of the JSNA and foster more interest in co-production with partners. Additionally, a review of individual JSNA topic reports against inclusion health criteria is proposed.

Drivers and influencers

- 3.16 The topic papers produced as part of the Children and Young People's JSNA were seen as a critical resource for the most recent OFSTED inspection for Children's Services in Manchester and played a critical part (alongside other improvement measures) in helping the service to reach an improved standard. Interviewees suggested that the engagement of lead authors was facilitated by the gravitas of the OFSTED inspection. The production of JSNA topic papers following the OFSTED inspection provided an strategic imperative for people to work on the JSNA such that it was given sufficient priority in terms of resources (time) and senior manager 'buy in'. However, this is not something that is easy to maintain in the longer term.
- 3.17 The separate life course focus of these children and young people-specific papers was something that was investigated with some interviewees in the evaluation. Although maintaining a separate resource of a JSNA for children and young people was considered to be potentially resource intensive, the particular challenges for children and young people services and the part that the JSNAs played in addressing these means that maintaining the JSNA as a separate resource for children and young people would be best practice in the short term, given that service improvements are still developing and a further OFSTED inspection is anticipated.
- 3.18 Whilst it makes sense at this point to maintain the separate life-course papers, unifying the style and format across all the life-course papers will ensure that the resource is presented in a consistent format which can be immediately recognised as part of Manchester's whole JSNA resource.

Manchester LCO and the place-based neighbourhood approach

- 3.19 The establishment of the Manchester Local Care Organisation (LCO), alongside the appointment of Integrated Neighbourhood Teams, Health

Development Coordinators and the establishment of a Memorandum of Understanding between the voluntary and community sector and the LCO, was seen by interviewees as providing a good opportunity to ensure that the JSNA is both influenced by, and contributes to, a better understanding of the needs and assets of local communities. How the JSNA can best serve this is something that needs further exploration and the next stage of the evaluation will link in with LCO and voluntary and community sector partners.

- 3.20 Manchester's focus on communities is not just about identifying data and needs at local levels, it's also about asset-based approach. In order to reflect this, there is a need to re-balance 'needs' versus 'strengths' based indicators and to more routinely include community voices in the JSNA by actively involving more partners in co-production. This could be done by, for example, changing the way in which indicators are presented so that they are focused on emotional wellbeing rather than mental illness. This changes the starting point for strategy and policy development from focusing on need to starting with building with existing strengths.
- 3.21 There is potential to translate this approach into the existing JSNA topic papers. The process of mapping local assets was considered a positive development that could enhance JSNA topics. This opens a more fundamental debate about the types and range of data that are included in the JSNA.

4 Future areas of focus of JSNA evaluation

- 4.1 The evaluation is ongoing and other key aspects will be explored during June and July 2019. Some of the key areas of focus for the next phase of the JSNA evaluation are:
- Exploring the impact of the JSNA via case studies and on-line survey
 - Auditing processes around the JSNA, for example, mapping of JSNA topics against existing organisational strategies and plans e.g. the Manchester Population Health Plan
 - Revisiting the 'opportunities for action' highlighted in the published JSNA topic papers to identify whether these have been acted upon and what has facilitated or prevented this.
 - Exploring how best JSNA can work with LCO and the Voluntary and Community Sector in Manchester.

5 Conclusions

- 5.1 The JSNA has evolved over many years to become a detailed and insightful resource to inform decision making for MHCC and our partners. However, there continues to be some practical challenges in terms of updating the material in a timely way as well as realising our ambition for the JSNA to be a shared resource utilised and developed by all partners. Such challenges are

not unique to Manchester and discussions with other North West JSNA leads demonstrates that other areas are wrestling with very similar issues.

- 5.2 Current organisational changes present a timely opportunity for MHCC, MLCO and voluntary and community sector colleagues to consider how to foster understanding and ownership of the JSNA across all partner organisations in Manchester so that it can support individual and collective priorities. A greater focus on population need and outcomes-based commissioning provides a vehicle for developing and promoting ownership of the JSNA beyond the immediate remit of the Population Health and Wellbeing Directorate.
- 5.3 More generally the recognition of the need for all decision making to be based on reliable national and local intelligence provides a presents a strong incentive to embed the JSNA as a resource to be both generated and used by all health and care partners.

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 5 June 2019

Subject: Health and Wellbeing Board Forward Plan

Report of: Director of Population Health and Wellbeing

Summary

The next cycle of Board meetings for the 2019/20 Municipal Year will commence on 5 June. It is proposed to use part of the meeting to populate the Forward Plan for the six meetings scheduled.

Recommendations

The Board is asked to:

1. Comment on the draft Forward Plan; and
 2. Suggest additional items for the Forward Plan.
-

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	All
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	

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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.

Report presented to Health and Wellbeing Board Review, 29 August 2018.

Introduction

- 1.1 Following the review of the Health and Wellbeing Board last year, the Board agreed that the forward plan would be informed by the key city strategies namely:
 - Our Manchester
 - Our Healthier Manchester (the Manchester Locality Plan)
 - Manchester Population Health Plan
- 1.2 The Board also expressed a preference to have fewer papers and opportunities for more in-depth discussions around key themes that not only related to health and social integration but also the wider determinants of health.
- 1.3 There is an opportunity for the Board to have some time at the first meeting of the new Municipal Year to consider the attached draft work programme and propose themes for discussion or any other agenda items.

Manchester Health and Wellbeing Board Forward Plan 2019/20

Health and Wellbeing Board Strategic Priorities

1. Getting the youngest people in our communities off to the best start
2. Improving people's mental health and wellbeing
3. Bringing people into employment and ensuring good work for all
4. Enabling people to keep well and live independently as they grow older
5. Turning round the lives of troubled families
6. One health and care system – right care, right place, right time
7. Self-care

Meeting : Wednesday 5th June 2019		Report Deadline : Friday 24th May 2019		
No.	Item	Presented by	Key contact(s)	Comments
1.	JSNA Evaluation	David Regan	Neil Bendel (MHCC) Barbara Drummond (MHCC)	
2.	Health and Work – Work place health and wellbeing	David Regan Sharmila Kar (MHCC)	Karin Connell (MCC)	
3.	Manchester Locality Plan Update i) Single Hospital Service (NMGH) ii) MHCC Phase 2	Ed Dyson (MHCC)		
4.	Health and Wellbeing Board Forward Plan	David Regan		

Meeting : Wednesday 3rd July 2019		Report Deadline : Friday 21st June 2019		
No.	Item	Presented by	Key contact(s)	Comments
1.	Early Help Strategy	Paul Marshall (MCC)		
2.	Promoting Inclusion and Preventing Exclusion Strategy - A Manchester Approach	Paul Marshall / Amanda Corcoran (MCC)		
3.	Manchester Locality Plan Update i) MLCO Phase 2	Michael McCourt	Tim Griffiths (MLCO)	
4.	Adult Social Care Improvement Plan	Bernie Enright		

Meeting : Wednesday 28th August 2019		Report Deadline : Friday 16th August		
No.	Item	Presented by	Key contact(s)	Comments
	Manchester Locality Plan Update - TBC	TBC	Ed Dyson (MHCC)	
	Pharmacy Needs Assessment	David Regan	Barry Gillespie (MHCC)	
	Health and Housing	Bernie Enright	Zoe Robertson (MLCO)	
	2019 Public Health Annual Report	David Regan	Sarah Doran (MHCC)	

Meeting : Wednesday 30th October 2019		Report Deadline : Friday 18th October		
No.	Item	Presented by	Key contact(s)	Comments
	Manchester Locality Plan Update - MLCO Procurement	Michael McCourt	Tim Griffiths (MLCO)	
	Update on: i) Climate Change Action Plan	Raja Murugesan	i) Jonny Sadler (Climate Change Agency)	
	ii) Air Quality	David Regan	ii) Claire Igoe (MFT)	
	Thematic focus on respiratory disease	Dr Raja Murugesan	Dr Manisha Kumar (MHCC)	
	Suicide prevention local plan refresh	David Regan	Christine Raiswell (MHCC)	

	Meeting : Wednesday 22 nd January 2020		Report Deadline : Friday 10 th January 2020	
No.	Item	Presented by	Key contact(s)	Comments
	Manchester Locality Plan Update - TBC			
	Outcome of the Comprehensive Spending Review	Carol Culley (MCC) Claire Yarwood (MHCC)		

	Meeting : Wednesday 18 th March 2020		Report Deadline : Friday 6 th March 2020	
No.	Item	Presented by	Key contact(s)	Comments
	Manchester Locality Plan Update - TBC			

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