

## **Health and Wellbeing Board**

### **Minutes of the meeting held on Wednesday, 28 August 2019**

**Present:** Councillor – in the Chair

**Councillors:**

**Apologies:** Councillor

**Also present:** Councillors:

#### **HWB/19/ Appointment of a Chair**

In the absence of Councillor Leese, a nomination was sought for the chair of the meeting.

#### **Decision**

That Councillor Craig is appointed as chair of the meeting.

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

The minutes of the meeting held of 3 July 2019 were submitted for approval.

Councillor Craig and Councillor Bridges advised that their apologies for the meeting had not been recorded and asked that the minutes be amended to reflect this.

Dr Ruth Bromley advised that Dr Claire Lake represented MHCC Board and not South Manchester Board as recorded in the minutes and asked that this too be amended

#### **Decision**

The minutes of the meeting were approved as a correct record subject to the above amendments.

#### **HWB/19/ Transformation Accountability Board – Priority Themes**

The Board considered a report from the Executive Director of Strategy, MHCC. The report was introduced by the Director of Strategy (MHCC), Julie Taylor, who provided an overview of the review undertaken by the Transformation Accountability Board (TAB) on the progress in the delivery of the Manchester Locality Plan (MLP).

It was reported that the TAB had concluded that more senior leadership focus was required on a number of key priorities and to address this, the format of TAB meetings had been refreshed to enable a clear focus on key priorities, actions and risks associated with the seven priority themes of the MLP. It was explained that each Priority Theme would now be sponsored by a Chief Executive/Accountable

Officer and led by an Executive Director Lead. In addition, work had also been undertaken to identify a set of high level performance indicators that would provide a more quantitative view of the impact of the transformation programme

The Chair invited comments and questions from Board Members.

Board Members were in support of this new approach and the only query raised was to seek reassurance that in determining the seven priority themes, the TAB had not overlooked or omitted anything.

The Director of Strategy (MHCC) reassured the Board that there had been nothing overlooked or omitted from the seven priority themes identified and there had been a great deal of consensus on what these themes should be. What the review had helped with was identifying other programmes that would benefit from a higher level of focus and leadership, with reference around the population health agenda and prevention and health inequalities.

The Chair advised the Board that subject to the Board supporting the new arrangements, it would change some of the reporting to future meetings, resulting in thematic reporting around the system rather than just organisations presenting reports on their progress.

## **Decisions**

The Board

- (1) notes the report;
- (2) supports the new approach to be taken in the delivery of the Manchester Locality Plan (MLP)

## **HWB/19/ Primary Care Networks – Implications for Manchester**

The Board considered a report from the Medical Director, Manchester Health and Care Commissioning and Chief Medical Officer, Manchester Local Care Organisation and a presentation which was introduced by the Medical Director (MHCC), Dr Manisha Kumar and the Chief Medical Officer (MLCO), Dr Sohail Munshi, who informed the Board of the introduction of Primary Care Networks (PCNs), and outlined progress on their establishment in Manchester, as well as wider implications for the City.

In particular, the report focused on how PCNs would fit into the development of integrated place-based care in neighbourhoods, and the Manchester Local Care Organisation (MLCO). It was reported that Manchester's focus in terms of the integration of health and social care at a local place-based level had been through the neighbourhood arrangements. In the context of Bringing Services Together, MLCO was working with a range of partners in neighbourhoods to enhance the approach to integrating health and social care and addressing the wider determinants of health. In this context, it was recognised that PCNs and neighbourhoods were not identical, but had very similar aims and in most cases, similar geographies.

It was noted that PCN's had been established with challenging timescales. The national guidance had only come out in January 2019, but they had been assisted locally by the fact that Manchester had a number of the building blocks in place to ensure the relatively smooth and effective implementation. Whilst there was general agreement in Manchester that the 12 Neighbourhoods should act where possible as the basis of Manchester's PCNs, it should be noted that the guidance reinforced the view that PCNs should develop 'bottom up' from the Practices themselves. It was also explained that broadly, neighbourhoods were focusing on the integration of health and social care, whilst PCNs were focusing on Primary Care service delivery, and how they deliver their requirements under the PCN Directed Enhanced Service (DES). It was explained that there were and would be growing links between PCNs and neighbourhoods, and the ambition was to align where possible. It was also recognised that not all PCNs would move forward at the same pace, and some may wish to approach delivery of their PCN DES requirements in different ways.

The Chair invited questions from Board Members.

A Board Member queried how would MHCC overcome the challenge of the different contractual obligations of the PCN and the priorities of the neighbourhood marrying together whilst achieving the asks of the neighbourhood.

Dr Kumar advised that as the guidance and proposed framework was national and not tailored towards Manchester, there was some scope within the system whereby if Manchester was fulfilling the vision of Networks integrated into communities and place based care, the delivery of this would be, to some degree, down to Manchester. It was also reported that with strong supporting leadership to the 14 Networks, it was hoped that there would be appropriate system support available. Dr Munshi advised that it was envisaged that by ensuring that the Clinical Director and Neighbourhood Lead worked together with Population Health colleagues, this would ensure plans were co-produced.

A Board Member acknowledged the hard work that had been undertaken and its pace of progress in establishing 14 PCN's across the city, which covered 88 practices. The Board Member also emphasised the power of having Primary Care in the position it was in in terms of longevity with patients and the ability to offer care in relation to the impact of social inequality and having a trauma informed approach. The Board Member asked if there were any bespoke examples of how a PCN was working at a neighbourhood level.

Dr Munshi provided an example of how his own neighbourhood Network had responded to developing an greater understanding of population health and JSNA data and the resulting work that had been developed.

The Executive Director of Adult Services welcomed the development of additional roles other than just GP's that patients would have access to but added that it would be important to fully consult with patients on these proposals to ensure that they were supportive of the direction of travel

A Board Member asked whether the national guidance for establishing PCN's was the way MHCC would have wanted to deliver these and commented on the need to

acknowledge the need to ensure the flow through of investment to the voluntary sector as both the social prescribing model and commissioning of services from the voluntary and community sector grew, pushing demand onto the sector as a way of reducing need.

Dr Kumar advised that in terms of Manchester the guidance built on what was already being done but put it within a contractual framework. She reported that years 2 to 5 were not yet set in any detail so there was an opportunity to influence the contract through joint working between Clinical and Primary Care leadership. Dr Kumar advised that there had been heavy investment into pharmacy and social prescribing over the last five years. In order to support the offer, MHCC had tried to build on what already existed and give sustainability for funding over and above in year return on investment. The Chair added that there had been many discussions around the understanding of what social prescribing actually meant and that this was something that still needed development and how it linked into the Our Manchester voluntary and community sector grant funding.

A Board Member enquired about access to counselling services. Dr Munshi advised that all PCN's had identified the need to access suitable mental health services.

A Board Member asked how MHCC intended to capture and measure additional success above the contract requirements. Dr Kumar advised that this would depend on the capacity of the PCN's to embrace the momentum of change. There was also the opportunity to do many things differently in conjunction with the LCO as there had to be out of hospital based care, this included the delivery of standards in a collaborative neighbourhood based approach, primary care access and urgent primary care non-core access and nursing home care.

## **Decision**

The Board thanks the work of Dr Kumar, Dr Munshi and other GP's to date in establishing the 14 Primary Care Networks.

### **HWB/19/      Draft Manchester Pharmacy Needs Assessment 2020-2023**

The Board received a report from the Director of Population Health/Public Health and Consultant in Public Health. The report was introduced by the Consultant in Public Health, Barry Gillespie, who provided an overview of the work undertaken by the Pharmaceutical Needs Assessment (PNA) Steering Group on the development of the next PNA for 2020/23 on behalf of the Board.

It was reported that regulations stated that the Board must undertake a minimum 60 day consultation on the content of the PNA. It was therefore proposed that the consultation period for the Manchester PNA ran from Monday 2 September until Friday 1 November 2019.

The Chair invited comments and questions from Board Members.

Councillor S Murphy proposed that in terms of the consultation, it needed to invite people to make responses to the proposals rather than assume that there would not

be any responses that changed the content of the document as currently drafted. The Consultant in Public Health acknowledged this point and agreed to take this on board before issuing the document for consultation.

A Board Member asked that as part of the consultation, consideration be given to the challenge of delivering prescriptions to patients who were often house bound late in the day. The Consultant in Public Health acknowledged this point and agreed to take this on board as part of the consultation.

## **Decisions**

The Board:-

- (1) Agrees to the consultation starting on 2 September 2019; and
- (2) Agrees to receive the final version of the PNA at its meeting in January 2020.

## **HWB/19/ Draft Manchester Public Health Annual Report 2019**

The Board received a report from the Director of Public Health/Population Health and Consultant in Public Health. The report was introduced by the Consultant in Public Health, Sarah Doran, who provided an overview of Manchester's Public Health Annual Report 2019. It was explained that the report could either be a broad overview of a wide range of public health programmes and activities or have a focus on a particular theme. The 2019 report had a focus on the first 1,000 days of a child's life, from conception through to the age of 2 years old.

It was explained that evidence had identified how the first 1000 days were critical to child development and that if a child's development fell behind the norm during the first years of life, it was more likely to fall even further behind in subsequent years than to catch up with those who had had a better start. The report went on to outline five recommendations that were intended to improve the health outcomes in the first 1000 days and throughout a child's life.

Board Members were advised that progress was already being made against some of the recommendations.

The Chair invited comments and questions from Board Members

Councillor Bridges commented that the report was well written and presented in a good style. He suggested that there was a need to be conscious of the challenges within the system and that these could be more made clearer within the report. He also commented on the challenges of integration across multiple systems and governance structures.

## **Decisions**

The Board

- (1) Notes the final draft of the report; and

- (2) Supports the recommendations listed in the final section of the report.

### **HWB/19/ Prevention Green Paper Consultation**

The Board received a report from the Director of Public Health/Population Health and Consultant in Public Health. The report was introduced by ???, who provided a brief overview of the Prevention Green Paper, issued for consultation on 23 July 2019.

The Association of Directors of Public Health (ADPH) had given a cautious welcome to the publication of the Green Paper. The ADPH had acknowledged that there was a small window of opportunity to influence the prevention policy of the current Government and were encouraging every Local Authority area to provide a detailed response to the consultation

Board Members were encouraged to discuss the Green Paper in their respective meetings, forums and networks and send any responses to the Director of Public Health/Director of Population Health (DPH) who would then collate all of the responses and the Manchester submission to the Government would be signed off by the Chair of the Health and Wellbeing Board in advance of 14 October consultation.

The Chair recommended that a response should be sent from the Director of Public Health on behalf of the Board and also from individual organisations represented on the Health and Wellbeing Board

### **Decision**

The Board agrees that a response should be sent from the Director of Public Health on behalf of the Board and also from individual organisations represented on the Health and Wellbeing Board.

**HWB/19/**