



Health and Wellbeing Board

Date: Wednesday, 28 August 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension,
Manchester, M60 2LA

Access to the Council Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

Meetings of the Health and Wellbeing Board are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

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

To approve as a correct record the minutes of the meeting held on 3 July 2019.

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5. Transformation Accountability Board – Priority Themes

Report of Executive Director of Strategy, Manchester Health and Care Commissioning is to follow.

6. Primary Care Networks – Implications for Manchester

Report of Medical Director, Manchester Health and Care Commissioning and Chief Medical Officer, Manchester Local Care Organisation is to follow.

7. Draft Manchester Pharmacy Needs Assessment 2020-2023

Report of Director of Public Health/Population Health and the Consultant in Public Health is to follow.

8. Draft Manchester Public Health Annual Report 2019

Report of Director of Public Health/Population Health and the Consultant in Public Health is to follow.

9. Prevention Green Paper Consultation

Report of Director of Public Health/Population Health and Consultants in Public Health is to follow.

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.

The Board wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the committee officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all council committees can be found on the Council's website www.manchester.gov.uk

Smoking is not allowed in Council buildings.

Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
Manchester, M60 2LA

Further Information

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

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This agenda was issued on **Monday, 19 August 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension (Lloyd Street Elevation), Manchester M60 2LA

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Health and Wellbeing Board

Minutes of the meeting held on 3 July 2019

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Sue Murphy, Executive Member for Public Reform (MCC)
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Ruth Bromley, Chair, Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) 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
Paul Marshall, Strategic Director of Children's Services
Bernadette Enright, Director of Adult Social Services
Dr Vish Mehra, Central Primary Care Manchester

Also present

Karen Dyson, Voluntary and Community Sector representative
Peter Blythin, Director SHS Programme – Manchester University Foundation Trust
Michael McCourt, Manchester Local Care Organisation
Ian Williamson, Chief Accountable Officer, MHCC
Ed Haygarth, Troubled Families Coordinator
Jane Johnson, Virtual School Head

Apologies

Jim Potter, Chair, Pennine Acute Hospital Trust
Claire Lake, South Manchester Health and Care Commissioning

HWB/19/19 Minutes

Decision

To agree as a correct record, the minutes of the meeting of the Health and Wellbeing Board held on 5 June 2019.

HWB/19/20 Manchester Early Help Approach

The Board received a presentation submitted by the Strategic Director of Children and Education Services that described progress made in refreshing Manchester's Early Help approach. It described the positive impact an offer of Early Help could have and articulated future funding arrangements.

The Strategic Director of Children and Education Services referred to the main points and themes within the presentation which included: -

- A description of the Early Help Approach and the Our 10 Principles and Behaviours;
- A description of how this approach aligned with the Health and Wellbeing Board priorities and other strategic priorities;
- Who contributed to the Early Help Approach;
- Evaluation of the approach accompanied with a cost benefit analysis;
- Information on future funding and considerations; and
- The ask of the Health and Wellbeing Board.

Members also received an example from the Early Help Hub Manager (South) of early help and the positive outcomes achieved through the presentation of a case study and how the different agencies involved supported the person concerned and their wider family members.

The Chair invited comments from Board members.

In welcoming the presentation and Early Help Approach, a member commented and referred to the Primary Care offer and how this could be consolidated with the Early Help. The point was made that GPs already provide support for mental health, encouraging people back into work and have knowledge of families. Further information would be useful to help enhance information available to GPs. Reference to other work streams including criminal exploitation work and the connection with school absence, homelessness and family poverty with the point made that the work needed to be brought together.

The Chair referred to the work of Early Help moving into integrated neighbourhood teams and the need to simplify the co-ordination of services to make the process easier.

Officers reported that the relationship between Early Years and Early Help would be followed through a risk strategy model approach that would examine the background of the individual as they presented themselves. This approach would pick up what information had been recorded from past involvement to provide a way forward to work and support the individual and their family. With reference to criminal exploitation it was reported that a targeted approach would help to identify issues earlier in the school system through safeguarding links rather than at the presenting stage. Officers referred to Primary Care and reported that work is ongoing with GPs to help with early help assessments to identify and encourage Early Help. Other examples were given on Family Poverty strategy for poverty proofing families.

Decision

1. To note the report submitted.
2. To thank officers for the presentation given.
3. To note the comments and suggestions made.

HWB/19/21 Manchester – Promoting Inclusion and Preventing Exclusion Strategy

The Board received a report from the Strategic Director of Children and Education Services. The report was introduced by the Virtual School Head, who provided an overview on the progress with the development and planned implementation of a multi-agency Promoting Inclusion and Preventing Exclusion Strategy for Manchester. Noting that the objective of the strategy was to promote inclusion for all Manchester children and young people at every age and stage. It was reported that permanent exclusions had reduced from 153 to 83 demonstrating that the work undertaken had made a difference. The strategy would be launched formally in September 2019.

The Chair invited questions from the Board.

In welcoming the report, it was reported that there is a heavy link between rates of exclusions and levels of crime and reductions of exclusions clearly shows an impact on levels in crime. The Public Health Approach to Violent Crime Group had considered the evidence on exclusion and it was noted that early intervention was key.

Councillor Murphy referred to Adverse Childhood Experiences and the evidence gathered from work undertaken in Harpurhey. In recognising the value of the work, it was reported that funding had been agreed from partners to help develop a pilot scheme as part of the next phase of the scheme.

Members referred to the importance of data sharing protocols to help circulate information between partners to support a more holistic approach and prevent data barriers. In addition, officers were asked to ensure that young carers are included in the strategy.

The Chair welcomed the strategies (Early Help and Promoting Inclusion and Preventing Exclusion), and the approach being taken to properly identify and address the needs of young people. It was noted that the process will be difficult and will take time to become engrained but would ultimately make a significant difference to the lives of young people.

Decisions

1. To note and welcome the report submitted and the comments received.
2. To note that the national Timpson Review of Exclusions Report, the recommendations contained therein are welcomed and are reflected in Manchester's Promoting Inclusion and Preventing Exclusion Strategy.
3. To note the comments made on the final draft of Manchester's Promoting Inclusion and Preventing Exclusion Strategy.
4. To acknowledge that the provisional school exclusions data for 2018-19 shows a reduction in the use of permanent exclusion compared to the 2017-18.

5. To request a progress and impact report on the strategy in 6 to 12 months.

HWB/19/22 Manchester Locality Plan Update - MLCO Phase 2 and Strengthening Governance and Accountability

The Board received a report from the Chief Executive, Manchester Local Care Organisation and Chief Accountable Officer, Manchester Health and Care Commissioning that provided the Board with an update on the development of the Manchester Local Care Organisation (MLCO) and Phase 2.

The Chief Executive, Manchester Local Care Organisation and Chief Accountable Officer, Manchester Health and Care Commissioning referred to the main points and themes within the presentation which included: -

- Providing a description and context of the work of the MLCO in 2018/19, referencing the annual report; 'Our first year' that had been circulated to the Board;
- Noting that in the latter part of 2018 it had been agreed by commissioners that the commissioning and procurement of MLCO would be achieved through the production of a comprehensive joint business case and describing the progress to date to deliver this;
- Information on the Governance arrangements that would support MLCO to deliver phase 2; and
- Information on the MLCO business plan that would set out the MLCO response to the five overarching priority objectives to deliver against the 10 outcomes set by MHCC.

The Chair invited questions from the Board.

A member asked what impact primary care networks will have on the work of the MLCO and how this will be different from the integrated neighbourhood teams.

It was reported that Manchester is in a good position with the fourteen Primary Care Networks being well aligned to the integrated neighbourhood teams.

The Chair noted that in bringing services together it would not be possible to have co-terminosity and partners would need to work around to connect any mismatches within services. The Chair commented that the NHS had for a long time been stifled by hard purchaser /provider splits, however it appeared that co-operation and collaboration was now moving forward.

Decision

To note the report submitted, including the work delivered by MLCO in 2018/19 and the work that is underway to deliver MLCO Phase 2.

HWB/19/23 Adult Social Care Improvement Programme

The Board received a report from the Executive Director Adult Social Services that provided an overview of the Adult Social Care Improvement Programme, including progress to date and upcoming priorities.

The Executive Director Adult Social Services referred to the main points of the report which were: -

- Providing a background and context for the design of the Adult Social Care Improvement Programme, noting that the plan set out the complex, ambitious set of reforms that were needed to integrate services for residents;
- Detailed information on the various workstreams developed in response to the outcomes of diagnostic work;
- Information on the governance and monitoring arrangements;
- Resourcing and budget arrangements; and
- Progress to date and upcoming priorities.

The Chair welcomed the report and commented that the on the journey to service outcomes and financial sustainability the current position is behind that originally targeted in what had been a demanding programme of change. The point was made that in view of the creation of the LCO and the investment made in adult care, there was an importance to see the changes implemented taking effect on the ground between community and hospital settings within the next twelve months.

Decision

To note the report submitted and comments received.

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