

Health and Wellbeing Board

Minutes of the meeting held on 29 August 2018

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
Councillor Garry Bridges, Executive Member for Children's Services (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform
Jim Potter, Chair, Pennine Acute Hospital Trust
Vicky Szulist, Chair, Healthwatch
Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
Dr Manisha Kumar Clinical Director, Manchester Health and Care Commissioning
Mike Wild, Voluntary and Community Sector representative
David Regan, Director of Public Health

Also present

Dr Murugesan Raja, GP Board Member Manchester Health and Care Commissioning

Apologies

Paul Marshall, Strategic Director of Children's Services
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Dr Tracey Vell, Primary Care representative – Local Medical Committee

HWB/18/21 Minutes

Decision

To agree the minutes of the meeting of the Health and Wellbeing Board held on 4 July 2018.

HWB/18/22 Manchester Family Poverty Strategy 2017-2022 Implementation Update

The Board received a report from the Head of Work and Skills, Strategic Development Directorate and the Strategic Lead – Policy and Strategy, People, Policy and Reform. The report provided an update on the progress that has been made towards the implementing the Manchester Family Poverty Strategy 2017-2022. The report summarised the rationale for the development of the Strategy and outlined the governance structure established to support the implementation of the strategy.

The Executive Member for Public Service Reform introduced the report and made reference to the purpose of the Strategy in addressing the negative impact of government welfare reforms on families, high levels of financial exclusion and rising levels of debt. Members were reminded of the importance of organisations working

together to help the people affected to move into sustainable work as a route out of poverty. The Board was also informed of the establishment of a Poverty Trust Commission which will consist of thirty representatives. Fifteen representatives will be people with lived experience and fifteen will be representatives from anchor institutions in the public and private sector. Board members were asked to seek support and involvement in the Commission from their organisations to promote this work.

The Chair invited members of the Board to ask questions.

A member referred to homelessness and the impact of fuel poverty on families and asked what work was being done with housing providers in the public and private sectors to help families build resilience and address the issue.

It was reported that fuel and food poverty would be included in the work programme of the Working Group 2 to focus on raising and protecting family incomes to help mitigate the impact on families living in poverty. Discussions had taken place with the National Energy Authority with the outcome that a Horizon 2020 bid for EU non-structural funds could be made.

The Chair referred to the accuracy of data used to indicate levels of poverty, in particular the figure that stated 28% of children (29,600) in Manchester were living in a low income family. The point was made that the figure may be higher due to the age of the data and changes in the population of the city and it was important to have a more accurate figure on the number of families living in poverty.

It was reported that the figures used were about three years old and the figures would probably be higher in view of changes in population and reductions to benefit payments to families. The Core Group had discussed the issue of measuring levels of family poverty and work was ongoing to determine a reasonable level of income.

Decisions

1. To note the report and the comments raised.
2. To endorse the comments of the Executive Member for Public Service Reform regarding the importance of anchor organisations working together to help the people affected to move into sustainable work as a route out of poverty.
3. To note the request made to Board members to seek support and involvement in the work of the Poverty Trust Commission from their organisations.

HWB/18/23 Health and Wellbeing Board Review

The Board received a report from the Director of Population Health and Wellbeing presenting the outcome of a review of the role of the Health and Wellbeing Board to reflect the changes in health and social care since 2016.

The review consisted of a number of interviews with all Board members and officers from related external organisations to seek views on how the Health and Wellbeing Board was functioning based on four themes. In addition to this a review session was held on 4 July 2018 where the feedback from the interviews to help inform the following themes:

- Theme 1: Purpose of the Health and Wellbeing Board
- Theme 2: Priorities, expectations and measuring success
- Theme 3: Composition of the Health and Wellbeing Board
- Theme 4: Governance, meetings and supporting structure
- Theme 5: Board reporting, associated papers and presentations

In response to the response to the review the following outcomes were attached to the report for consideration:

- A revised Work Programme and Forward Plan;
- A report from the Transformation Accountability Board on Locality plan Governance Arrangements used to inform the Review Session held on 4 July 2018;
- A refresh of the roles and responsibilities incorporating the requirement to inform and receive reports relating to Care Quality Commission inspections;
- Proposals to review the membership of the Health and Wellbeing Board.

Members commented on the review with reference to the importance of considering work and skills and social value within procurement processes to increase sustainable employment within groups, in particular the long term unemployed. Councillor Craig offered to bring forward to an earlier meeting of the Board, the consideration of the thematic focus on the wider determinants (Work and Skills) topic.

The Chair invited members to contact Councillor Craig or David Regan if there were any areas of interest they wanted to have included within the Work Programme for the Board.

Decisions

1. To note the report submitted and thank Board members for their contributions to the review process.
2. To receive the proposed Work Programme and Forward Plan 2018/2019 for the Health and Wellbeing Board.
3. To agree the proposed changes to the membership of the Health and Wellbeing Board as detailed in paragraph 3.4, of the report submitted and to forward this to the Constitution and Nomination Committee for consideration.
4. To thank those members of the Health and Wellbeing Board who will be standing down as members as a result of the review of membership and to gratefully acknowledge the valuable contributions they have provided to the work of the Board.

HWB/18/24 Locality Plan Communications and Engagement

The Board received a report from the Director of Corporate Affairs, Manchester Health and Care Commissioning which provided a summary of the communication and engagement activity planned to raise the awareness and implementation of the Locality Plan. The Board also watched a video relating to the work of the NHS and the Our Healthier Manchester in supporting and promoting the health and wellbeing of the city's population.

The Board received a copy of the Our Healthier Manchester "How we can all create a healthier city" booklet and it was reported that 700 copies had been circulated throughout the city. It was reported that thirty three events had taken place across the city to help start conversations and provided feedback from residents, in particular how services and support were notified and accessed.

The "Our Healthier Manchester" sets out the overall plans for health and social care across the city for the next five years and provides details of service integration for better outcomes and approaches to help people lead healthier lives.

The Executive Member for Adult Health and Wellbeing referred to the ongoing and future work from the Locality Plan and invited Board members and their organisations to sign up to use the Our Manchester format and branding in their own approaches. It was reported that an Our Healthier Manchester communications and engagement toolkit is available to provide partners with materials to help promote and stimulate discussion about the vision and changes needed to promote a healthier future.

In commenting on the report the point was made that with regard to the 6 month period of communication and engagement there needed to be a long-term mechanism to include the input of interested user groups and individuals in the co-design of services. The accessibility and availability of the locality plan for hard to reach groups was also raised with emphasis on the need to consider the quality of the systems used by organisations that may not be open to other organisations. It was also noted that the passing of information through non-system means such as word of mouth should also be recognised. The comment was made that the targeting of particular age groups for screening and campaigns could be reconsidered to ensure that all age groups are targeted and made aware of the importance of healthy lifestyles, health checks and health screening. The point was also made that the engagement of targeted groups could be increased where individuals receive an invitation to attend a screening rather than being notified.

Decisions

1. To welcome and endorse the approach as outlined in the report submitted.
2. To welcome the use of the new communications materials within Board Member's organisations.
3. To agree to proactively support the engagement work proposed.

4. To agree to promote the outputs of the engagement work within Board Member's organisations so that services continue to develop to reflect the needs of local people.

HWB/18/25 Manchester Health Profile

The Board received a report from the Director of Population Health and Wellbeing which provided a summary of the headline messages from the Manchester Health Profile 2018 published by Public Health England on 3 July 2018. The report also provided detailed analysis of how Manchester is performing relative to other parts of England, as well as trends based on data received. The Profile report has confirmed that the health of the people of Manchester remains generally lower than the England average. The indicators used in the Health Profile are grouped into 7 domains, these are:

- Life expectancy and causes of death
- Injuries and ill health
- Behavioural risk factors
- Child Health
- Inequalities
- Wider determinants of health
- Health protection

The Chair noted the report and commented that there was some good progress made on the indicator relating to GCSE attainment within Manchester which has improved significantly and is now close to the national average.

Decision

To note the report submitted.

HWB/18/26 Smoke Free Manchester: Our Plan for Tobacco Control (2018-2021)

The Board received a report from the Director of Population Health and Wellbeing which provided an outline of how the new Tobacco Control Plan for Manchester which will help reduce smoking prevalence and in doing so reduce the huge burden of disease and health inequality caused through tobacco addiction and tobacco related harm. The Plan has been produced with the Manchester Tobacco Alliance which is a partnership of clinicians, cancer charities, voluntary and community sector organisations and City Council and NHS teams.

The report stated that there are estimated to be 91,500 smokers in Manchester with an adult prevalence rate of 21.7% with a target to reduce this to 15% by 2021. Manchester also has the highest premature mortality rate in England for the three major smoking related diseases (lung cancer heart disease and stroke).

The Smoke Free Manchester Plan is aligned with the Greater Manchester “Making Smoking History” programme under the GMPOWER acronym for the approach partners are taking across Greater Manchester and will be adopted for Manchester.

The Chair invited questions from the members of the Board.

In welcoming the report and the Plan, a member referred to the delivery plan and suggested that more detail was required, in particular a more proactive approach to the use of e-cigarettes as an alternative to smoking cigarettes and where other nicotine replacement approaches had not worked.

A member commented on the support to help smokers stop when they are a patient in hospital and the need to provide additional capacity and resources in the community to continue the support after discharge. The point was made that a change of culture was required to include smoking cessation as part of a consultation with a clinician rather than considering the support as a specialist service. The member also stated that the use of e-cigarettes should be considered as an alternative to smoking after other approaches to nicotine replacement had been tried.

The Chair referred to the implementation of the CURE pilot and asked if the shortfall in capacity and resources related to smoking cessation or in other services.

The Board were informed that as part of the CURE Pilot starting on 1 October 2018, all new patients admitted to Wythenshawe Hospital will be asked if they smoke and offered smoking cessation help accordingly as an inpatient and after discharge. The Pilot would include a zero smoking policy in and around the hospital. The implementation of community based pathway for outpatient support was ongoing and would use contact with local GPs as part of phase 1 of the pilot. Funding for the Greater Manchester “Making Smoking History” programme had been secured and this would enable the rollout of the plan across the rest of Manchester.

The Chair referred to zero smoking at all health premises and asked for an update on the proposal.

It was reported that no legislation currently existed for smoke free open spaces and implementation would require culture change for voluntary smoke free areas to be created. The Greater Manchester Tobacco Programme is initiating a piece of work to introduce local legislation for smoke free public spaces, however it is anticipated that the process will be difficult and will take time to complete.

The Board had a lengthy discussion on the issues surrounding the use of e-cigarettes, in particular, as a means of helping with smoking cessation as well as other issues such as an alternative for people who were likely to start smoking or as an alternative for smokers that did not want to stop smoking. Consideration was given to the health impact of e-cigarettes on users and through inhalation by non-smokers.

It was reported that the current guidance provided by Public Health England indicated that e-cigarettes are 95% safer than smoking cigarettes and provided an aid to help stop smoking. Issues arising from their use included the risk from use indoors

to non-smokers and the targeting of vaping products at those underage and the health implications of vaping on pregnant women.

Decisions

1. To approve the Smoke Free Manchester: Our Plan for Tobacco Control (2018-2021).
2. To request that further information is submitted to the Board to provide insight on the current evidence available on the safety of e-cigarettes and vaping
3. To request that further information is submitted to the Board on the effectiveness of vaping as an aid to smoking cessation.
4. To request that further information is submitted to the Board regarding the impact on the health of non-smokers from the passive inhalation of e-cigarette vapor.

HWB/18/27 Joint Strategic Needs Assessment Work Programme – 29 August 2018

The Board received a report from the Director of Public Health for Manchester which described the process of developing the Joint Strategic Needs Assessment (JSNA) Work Programme for the second half of 2018/19. The report provided an outline of proposed future topics and the new governance arrangements being introduced and the arrangements for evaluating the JSNA process and its impact on commissioning and decision making.

Decisions

1. To note the proposed list of topics for delivery by the end of December 2018 and the revised arrangements through the Health and Social Care Commissioning Group.
2. To agree to continue the use and promote the value of the Joint Strategic Needs Assessment and support the collection of evidence to demonstrate the use of the JSNA in commissioning decisions.
3. To agree to a formal evaluation of the JSNA to help maximise the opportunities provided by the integration of health and social care partners in order to optimise the JSNA process.