

## **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.