

## **Minutes of the Meeting of the Adults Health and Wellbeing Partnership Board held on 24 July 2009**

**Present:** Laura Roberts (Chief Executive, NHS Manchester), (Chair), Councillor Naeem ul Hassan (MCC), O Najim (NHS North West), David Williams (Manchester Carers Forum), Fionnuala Stringer (Assistant Director Adult Social Care, MCC) Mike Wild (MACC/CN4M), Dave Regan (Director, JHU), Debbie Nixon (NHS Manchester), Salle Dare (LINK)

**Apologies:** Councillor Glynn Evans (MCC), Geoff Little (MCC Deputy Chief Executive (Performance)), Jan Didrichsen (Interim Director at Adult Social Care, MCC), Sara Todd (Head of Regeneration, MCC) Colin Cox (JHU) and Sally Bradley (NHS Manchester).

**In attendance:** Peter Jones (MPSL) Jill Meredith (Principal Manager, Adult Social Care, MCC) Jenny Osborne (JHU), Neil Bendel (JHU), Anna Wasielewska (JHU).

### **1. Minutes of the meeting held on 8 May 2009**

The minutes of the meeting held on 8 May 2009 were **agreed** as a correct record.

### **2. Matters arising**

#### (a) Comprehensive Area Assessment (minute 2(c))

Dave Regan informed the meeting that discussions were continuing with the joint inspectorate carrying out the Comprehensive Area Assessment on the “red tags” identified in the Audit Commission’s interim report, *Emerging Findings*. The “red tags” included childhood obesity, teenage pregnancy, alcohol abuse, cardiovascular disease and mental health. A meeting was scheduled for 29 July 2009 between the leads for those areas and the joint inspectorate which would inform the joint inspectorate of what was currently being done in each area and what was planned that would deliver improvement.

It was **agreed** to note the report and have a further progress report at the next meeting of the Board.

#### (b) World Class Commissioning (minute 3)

Dave Regan informed the meeting that a workshop was scheduled for 6 August 2009 that would discuss progress on competencies and prospects for improvement.

(c) Seasonal Excess Deaths - National Support Team Visit (minute 4)

Neil Bendel introduced a report on Seasonal Excess Deaths, following the recommendations of the Health Inequalities National Support Team made earlier in the year and discussed at the meeting of the Board held in May 2009. JHU carried out an analysis of local mortality data. This showed that due to a number of factors, including the relatively young age structure of the population and a strong commitment to tackling fuel poverty, the level of seasonal excess deaths in Manchester was below the national average and was on a downward trend. It was now proposed to set up a Seasonal Excess Deaths Steering Group, which would consider protective measures, raising awareness and further support, particularly for older people, in planned service provision.

A number of issues arose in discussion, including

(a) the analysis had used the MOSAIC system, a segmentation tool commonly used in marketing, which allowed a more focused approach to public health issues such as alcohol abuse campaigns; this was especially helpful in Manchester, which was home to a wide range of communities;

(b) the underlying causes of seasonal excess deaths were complex and a broader analysis would be needed to gather more information on wider social issues such as seasonal suicide rates and referrals to social care to establish what would be appropriate future action, for example, improvements to housing stock; a meeting was scheduled for 29 July 2009 to discuss improvements in multi-agency communication to ensure appropriate actions would be taken;

(c) poor people already suffered from high mortality rates; poverty, therefore, needed to be tackled from a number of perspectives, not just seasonal excess deaths.

It was **agreed** that

(i) the report be noted.

(ii) the setting up of a Seasonal Excess Deaths Steering Group be endorsed.

### **3. Support and Challenge - Service Improvement and System Reform**

The Chair introduced a report on the programme mandate agreed by the NHS Manchester Board at their meeting of 1 July 2009. The programme mandate set out a number of actions to develop a strategic, system-wide response to the national recession and NHS Manchester's current financial position, whilst continuing to implement the PCT's goal of improving health in the city. A key issue that all public sector partners faced was the likely future reduction on budget allocations: even a "flat cash" scenario was in effect a reduction in real terms for health, when demographic changes were taken into account.

Over the next two years, the NHS in Manchester needed to reduce the current and projected deficits.

The Chair added that there were a number of important issues to consider, including productivity and efficiency and an over reliance in Manchester on secondary care. There were also some opportunities, however: engagement with other providers, joint working with partners and the chance to change people's behaviour.

The programme proposed setting up a number of boards and groups:

- a Programme Board, comprising the Chief Executives of the PCT, the three acute Trusts, the Care Trust and MCC;
- a Clinical Reference Group, comprising medical, nursing or allied health profession directors of the acute and care trusts and the MCC Directors of Adult Social Care and Children's Services; and
- a non-executive Directors' Reference Group to engage in the oversight of the programme.

The Programme Board would oversee six project work streams, which were in turn aligned to the NHS North West's Quality, Innovation, Productivity and Prevention Initiative:

- Workforce, including planning redeployment, retraining etc;
- Estates, including aggregating capacity gains, site rationalisation and maximising community facilities;
- Demand management, including fixing reduced capacity, prevention and third sector and non-statutory services;
- Improved efficiency, including better procurement, reduced bureaucracy and shared clinical services;
- Health and local government, including shared structures and integrated provision of health and social care; and
- Communications, including use of resources and identifying how the Programme could contribute to changing patient behaviour towards health improvement.

In discussion, a number of issues arose, including

(a) it was important for the six work streams to include measures that would provide sustainable support for the voluntary sector, including carers;

(b) developing co-ordinated prevention services was a key issue and linked to support to the voluntary sector; Adult Social Care had begun to work with NHSM in this area and in due course it was likely that a Prevention Board would be set up to oversee the services;

(c) it was important to engage the public and obtain clinicians' support to any future public health campaigns.

It was **agreed** that

(i) the report be noted.

(ii) the points made in discussion be taken up as appropriate within NHSM.

#### **4. Partnership Delivery Plan**

Dave Regan introduced a report setting out a draft Partnership Delivery Plan for Increasing Life Expectancy and Reducing Health Inequalities, following recommendations from the National Support Team (NST) earlier in the year.

Jenny Osborne added that there would be a consultation with partners on the Plan during August with a view to a Plan being approved by October 2009, when the NST would pay a return visit. A strategic risk assessment would build on the work already done by the Manchester Partnership.

It was **agreed** that

(i) the report be noted.

(ii) the revised draft Adults Health and Well-being Delivery Plan be considered at the next meeting of the Board.

#### **5. Mental Health**

##### **(a) Commissioning Strategy**

Debbie Nixon introduced a report setting out a draft Commissioning Strategy for Manchester for the next five years. The aim was to have an overarching strategy that would cover six priority areas: children and young people, people new to mental health services, people with short term mental health needs, people with continuing mental healthy needs, people with dementia and people with complex needs.

There would be a consultation on the draft Strategy over the summer and it would then be submitted to the relevant Boards for approval in October 2009. In reply to a question, Debbie confirmed that the Strategy would be needs-led and would reconfigure services where necessary to meet needs.

It was **agreed** to note the report.

(b) Dementia Strategy

Fionnuala Stringer introduced a progress report on the delivery of the Dementia Strategy, already submitted to the May meeting of the Health and Well Being Scrutiny Committee.

The Strategy for Manchester followed from the National Dementia Strategy, which focused on three key areas: improved awareness of the disease, earlier diagnosis of the disease and intervention and a higher level of care. Amongst future proposed actions to continue to delivery the Strategy were collecting service user data across health and social care, developing dementia awareness for all people working with older people, all acute hospital trusts to nominate dementia leads and establishing clear links to the Carers' Strategy and work on palliative and end life care.

The Board broadly welcomed the progress report and emphasised the importance of informing people that dementia was not necessarily age-related. Also, whilst early diagnosis was important, it also had to be accurate.

It was **agreed** to note the report.

## **6. Stroke Strategy**

Fionnuala Stringer introduced a report setting out a proposal to set up a city-wide Stroke Strategy Group. This Group would comprise a core membership, with additional representation as required by the work programme, and would co-ordinate the application of the National Stroke Strategy quality markers. An action plan will be drawn up and progress reports will be made every six months to the Board.

It was **agreed** that the proposal to set up the Board with the membership, remit and reporting arrangements set out in detail in the report be approved.

## **7. Safeguarding**

Fionnuala Stringer gave a verbal progress to the Board. There had been a recent increase in referrals, particularly in older people. There was now a wider representation on the Safeguarding Board, including General Practitioners and the NW Ambulance Service. The Annual Report would be submitted to the next meeting of this Board.

It was **agreed** to note the report.

## **8. Investment Strategy Sub-Group**

Dave Regan introduced a report setting out proposals to integrate the functions of the Investment Strategy Sub-Group and performance management to form a single sub-group reporting to AHWBPB, following the

Manchester Partnership's agreement to a new process for reporting performance on the LAA indicators. Neil Bendell, JHU, and Sue Jackson, NHSM, would be members of the new sub-group.

Mike Wild suggested that AHWBPB consider setting up their own commissioning sub-group, which could link to the other groups involved in performance management.

It was **agreed** to approve the setting up of a commissioning sub-group.

## **9. Items for information**

### (a) Information Prescriptions

Jill Meredith introduced a progress report on Information Prescriptions. These were collections of information relating to specific long-term health conditions, including medical information about conditions and treatments and details of national and local support services and help lines. The Board welcomed the report and added to try to co-ordinate sources of information and data wherever possible.

It was **agreed** to note the report.

### (b) Change for Life

Dave Regan informed the Board that work was being carried out at a Greater Manchester level on this project. He would circulate up-to-date information when it was available.

### (c) Healthy Living Network - governance structure

Dave Regan introduced a report setting out the proposed governance structure for the Manchester Healthy Living Network (HLN), due to commence once the procurement process had been completed. The structure set out a number of groups that would report to the HLN Programme Board, which in turn would report to AHWBPB.

It was **agreed** to note the governance structure set out in the report.

## **10. Any Other Business**

There was no other business.

## **11. Date of next meeting**

The next meeting was scheduled for Monday 28 September 2009 in Committee Room 5 at the revised time of 4.00-5.30pm.