

## **Minutes of the Meeting of the Adults Health and Wellbeing Partnership Board held on 28 September 2009**

**Present:** Jan Didrichsen (Interim Director, Adult Social Care, MCC), (Chair), Fionnuala Stringer (Assistant Director, Adult Social Care, MCC), Councillor Glynn Evans (MCC), Geoff Little, (Deputy Chief Executive (Performance)), MCC, Mike Wild (MACC/CN4M), David Regan (Director, JHU, and Acting Director of Public Health)

**Apologies:** David Williams (Manchester Carers Forum), Laura Roberts (Chief Executive, NHS Manchester), Sarah Todd (MCC), Salle Dare (LINK), and Debbie Nixon (NHS Manchester),

**In attendance:** Terry Bowers (MPSL), Colin Cox (Assistant Director, JHU), Jill Meredith (Principal Manager, Adult Social Care, MCC) Jenny Osborne (JHU), Elaine Marks (DoT, MCC)

### **1. NHS Representation**

It was noted that David Regan was representing NHS Manchester at the meeting, in his role as Acting Director of Public Health. Cllr Evans requested that disappointment be noted at the absence of any NHS employee representing NHS Manchester at the meeting.

### **2. Minutes of the meeting held on 24 July 2009**

The Minutes of the meeting held on 24 July 2009 were **agreed** as a correct record.

### **3. Matters arising**

(a) Mental Health Commissioning Strategy (Minute 5(a))

The Chair said he assumed the Board would be part of the consultation process. Geoff Little responded in the affirmative and said a paper would be submitted to the November meeting.

(b) Comprehensive Area Assessment (Minute 2(a))

David Regan reported that the 'red tags' identified in the Audit Commission's interim report had been reduced to one. A series of discussions were taking place around the potential 'red tag' for mental health. As of the previous Friday the final batch of evidence had been submitted plus a position note. While the position was not perfect against Audit Commission criteria, David Regan said he believed the corner had been turned. He thanked all those involved for their efforts.

Geoff Little reported that he had received the draft wording for the Area Assessment. The final wording and flags from the Audit commission would be available by 19 October 2009. The conclusions would not be made public until December 2009. Representations were being made to Steve Brundrett, Chief Executive of the Audit Commission regarding the process which had led to the current position.

#### **4. Prosperity for all: The Greater Manchester Strategy**

As part of the 'support and challenge' approach recently adopted by the Board, Members were invited to comment on a paper ' Prosperity for all: The Greater Manchester Strategy, focusing in particular on the first two strategic priorities:

- Early years
- Better Life Chances

It was hoped the government would grant some freedoms and flexibilities. There was currently no universal offer for children under 5 and the question of what services could be made available to that age group needed to be addressed. The strategic objectives were to:

- Ensure delivery of a 'universal entitlement' for each child of pre-school age
- Ensure that under fives are placed at the centre of a family-orientated approach, with a particular focus on improving the take-up of services by those most in need, including through the 'one family, one liaison' designation of a lead professional
- Establish and 'encouragement and interventionist' approach for parents and carers
- Improve key health outcomes for mothers and children in the most deprived areas

It was noted that there was a significant number of people on incapacity benefit with mental health problems. The Chair commented that the strategy needed to complement the work already being done and not repeat what was being done elsewhere. He added that universal entitlement raised other issues, including how to knit together the various strands to achieve better outcomes.

In terms of mental health, Fionnuala Stringer said that support for adults with mental health problems was refocusing primary mental health care services in order to keep/return people to work. The Adult Social Care contribution was to make sure all strategies for recruitment are targeting areas of the city of high deprivation and ensure people develop skills to ensure they can move up and onwards.

Geoff Little said that, in order to deliver the objectives, there was a need to identify and track children from birth and ensure universality of entitlement and then look at which children were not receiving that universal entitlement.

The Children's Board would say there was a need to carry out an assessment and identify parents and their families. The AHWBP Board needed to deliver strategies to enable public services to deliver to individual families.

The Chair said there was a need to be clear about what the AHWBP Board was doing and the links to mental health, drugs etc. Geoff Little said the Board would have to provide leadership to ensure partner agencies are agreeable to commissioning services jointly where there was not a direct service demand. There was a need for flexibility and preparedness to shift resources. The Chair said that there might be a need to be interventionist as well.

Glynn Evans said there was a need to ensure there was a clear strategy about child entitlement and to break down barriers and get very early intervention. David Regan said that as it was a Greater Manchester Strategy each area was committed to produce a delivery plan by November. The process was being overseen by 7 commissions. The infrastructure was in place but there must be local ownership and understanding of it.

Geoff Little referred to the Total Place Initiative which was running in parallel with the 7 initiatives of the city Region Pilots. He said that the Board could make a real contribution. A view was needed on the pilots as well as the strategy. There were strong links between the initiatives for the most deprived areas. A personalisation agenda was needed for the most chaotic families. In addition some of the economic partnerships needed to work closely with the Partnership on getting people into jobs and keeping them there.

David Regan said there was still a need to raise awareness of the strategy. It was a crucial role of the Board to ensure delivery to the pilots.

In response to a question from the Chair about activity in other parts of Greater Manchester, Fionnuala Stringer undertook to make some enquiries.

**It was agreed:**

- a) that the report be noted and that the issue be revisited on a regular basis; and**
- b) that further comments on the strategy be forwarded to David Regan as soon as possible.**

**5. Briefing paper – Putting people First: Progress Measures for the Delivery of Transforming Adult Social Care Services**

The Board was informed that the briefing note before them represented the first attempt at self assessment of what was going to be monitored and what had to be delivered. The paper flagged up key areas and people were being sought to assist and support the delivery of the programme. To support the process of change transformation, a set of milestones covering five themes had been established against which progress could be assessed:

- Developing effective partnerships with service users

- Self-directed support and personal budgets
- Prevention and cost effective services
- Information and advice
- Local commissioning

The key milestones set out across the five themes would make it possible to measure progress on delivering the vision. It was noted that good progress had been made with the Adult Social Care Programme for Change in delivering the milestones. There was clear leadership and governance with the Adults Health and Well Being Board and the Manchester Improvement Programme, ensuring that health and social work jointly with other partners to achieve the personalisation agenda.

Attention was drawn to the amber strategies set out in the report identifying shift and efficiency savings to be delivered. This was one of the major challenges. A start would be made in liaison with health colleagues on a health prevention strategy.

The first phase had been delivered. Helpful information had been received from PCT colleagues. Consultants would examine how prevention was meeting targets and at mismatches where funding services were not meeting targets. An update on progress would be given at the next meeting.

A Project Manager had been recruited to help develop and deliver the strategy. There was a clear challenge, not just in writing the strategy but demonstrating how much progress had been made towards delivering the strategy and showing tangible benefits.

The next step was to set up a joint board, comprising the City Council, the PCT and the third sector to take the work forward and review the audited information. An interim report would be brought back to the AHWBP Board to clarify direction.

**It was agreed:**

**That the briefing paper be received and that any comments on the various points made within it be forwarded to Jill Meredith as soon as possible.**

## **6. Dementia Strategy**

Fionnuala Stringer introduced a report setting out progress over the past six months and outlining proposals for taking the Manchester Dementia Strategy forward.

The Board was informed that over the summer the Joint Commissioning Executive for Mental Health had adopted a new structure. It had been agreed that the work to take forward the Manchester Dementia Strategy would form a working group within that structure. This would ensure that the work had firm governance and reporting arrangements. It would also ensure that the work

was co-ordinated with other developments around joint mental health services.

Progress to date included the taking forward of a number of key recommendations from the Strategy:

- A Joint Health and Adult Social Care Strategy Implementation group for the implementation of the Dementia Strategy under the Priority Setting and Service Development work stream of the Mental Health Joint Commissioning Executive Strategy and delivery Group.
- The Unified Dementia Service based in Wythenshawe was now fully operational. Early signs were that the service was effective with positive outcomes.
- Clear links had been established with the work being undertaken with reference to palliative and end of life care, the Dignity Campaign and the Carers' Strategy.
- Dementia awareness training had been extended to all staff, internal and external, working with older people, and training had been further developed on how to work successfully with people with dementia for care home staff and others.
- A bid was currently being developed to the Homes and Community Agency for a specialist dementia extra care scheme in Central Manchester.

It was reported that a Dementia Café had been opened in Platt Fields on 27 September 2009. Discussions were taking place on reconfiguring existing schemes in North Manchester in an attempt to get a better geographic spread.

The Chair commented that links to carers was clearly crucial. Fionnuala Stringer said early diagnosis was raised as a key element by carers. Glynn Evans said he had asked for more information as there was still an issue that early intervention was not working. He said he would be interested to learn what was being put in place to improve early intervention.

In response Fionnuala Stringer said that early diagnosis was important but more training was needed for staff to be able to understand it and identify early dementia. There was too much concentration on the physical.

Glynn Evans said it was important to get the message across to the public. It was reported that discussions had previously taken place about a big publicity campaign. It was suggested that dignity in the community needed to be approached corporately across the council.

Mike Wild commented there was low expectation not just stigma attached to the issue. People assumed that mental frailty was part of the aging process. Dementia was a mental health issue.

Glynn Evans highlighted the need to help housing associations with training.

It was reported that MMHSCT would be establishing psychiatric liaison services across all acute trusts by the end of the year. In addition the Learning Disability Service was in the early stages of developing specialist accommodation for people with learning disabilities who also have dementia. New Care Home contracts would include a requirement for a named dementia lead. It would be an important part of the lead role to ensure that staff receive appropriate training.

**It was agreed that the report be received and the progress on the Dementia Strategy be noted.**

## **7. Partnership Delivery Plan**

A report was submitted for the purpose of presenting the final draft of the Partnership Delivery Plan developed in response to the recommendations of the National Support Team (NST) for Health Inequalities and in accordance with the guidance issued by the Manchester Partnership. It was noted the Plan would be discussed with the NST on their return visit to Manchester in November.

David Regan reported that there had been a good response to the consultation. The paper before the Board set out proposals for performance management of the delivery plan and management of associated risks. Attention was drawn to the Appendix to the report that contained the Forward Plan for the Partnership.

The Chair commented that it would be useful to have sight of the overall performance framework at some stage.

The Board was reminded that at its meeting on 24 July 2009 it was agreed that the functions of the performance management and investment strategy sub group should be integrated. It was now proposed that a Commissioning Sub-group be established to bring together the analysis of performance and prioritisation of resource investment into one forum.

Membership of the group would include all Partnership Delivery Plan Programme Leads, the Head of Health Intelligence and the Associate Director of Performance at NHS Manchester, the Principal Manager, Quality and Performance from Adult Social Care, and representation from the Voluntary and Community Sector.

Mike Wild said he could not see how the costs of maintaining and supporting the Partnership were reflected. In response, Jenny Osborne said that the costs of maintaining the Partnership had not been quantified.

Mike Wild suggested that it looked bad from the Partnership view that there were no figures in and around safeguarding and resources in terms of funding. Fionnuala Stringer said this was purely because discussions were in train with the Safeguarding Board on how the process could be taken forward and what contribution could be made. The Chair suggested that this should be

explained in the paper. Fionnuala Stringer said the information was not yet available because of the difficulties of extracting data from budgets.

The Board discussed various issues surrounding performance and commissioning. Mike Wild suggested that the terms of reference of the proposed group should be determined and then the name of the group could be considered.

**It was agreed that the final version of the report and the proposed approach for the management of partnership risk be approved.**

## **8. Physical activity programme – performance report**

Colin Cox introduced a report on performance with implementing the core physical activity programme for the city, and on plans for the future. He said it was worth noting that achieving the commissioning intentions for physical activity services, that had guided the last two years of work, had taken longer than anticipated. However, very good progress had been made and it was likely that the new single system would be fully in place by March 2010.

The Chair asked whether information about milestones was captured in the full delivery plan. In response Colin Cox said that key milestones were included, but that collection of detailed performance data was at an early stage. An outcomes framework had been developed but as data collection had only just begun it was not yet possible to set baseline levels; once this had been done, detailed performance monitoring could begin.

The Chair referred to JNSA and said when this was looked at he thought it would be useful if activities could be linked with some of the deprived areas and families. Jenny Osborne said that the linkages would be made explicit.

**It was agreed that the report be noted and that the broad future development plans as outlined be supported.**

## **9. Safeguarding**

The full Annual Report of the Manchester Safeguarding Adults Board for 2008/09 was tabled. During discussion of the report it was noted that there had been a surprising reduction in the number of referrals of mental health issues. It was possibly due to a reporting issue so a lot of work was being undertaken to check. There was an increase in people living alone or living in the family home. It was somewhat easier to pick up referrals in institutions. Progress in getting all agencies involved to report outcomes was slow and this was a point of focus.

The Chair commented that the key message was a good job was being done.

**It was suggested and agreed that a report from the Safeguarding Board should be submitted to each meeting of the AHWBP Board.**

## **10. Transforming community services – commissioning strategy**

David Regan invited anyone who had not received a copy of the strategy to contact him and he would let them have a copy. The Chair said there were some fundamental issues involved and the opportunity should not be missed to comment on these.

## **11. Bakers Dozen**

David Regan reported an approach from the Department for Health offering additional assistance to tackle health inequalities to 13 areas, including Manchester. It was agreed that the offer of help should be accepted, in principle, pending clarification of what form that assistance would take and whether there were any associated costs.

## **12. Next meeting**

The next meeting was scheduled to be held on Thursday, 19 November 2009