

Health and Wellbeing Board Notes 16th of September 2015

Urgent point of business: delivered by Cllr Andrews. Lorraine Butter, the first joint director of Health and Social Care, was welcomed onto the Health and Wellbeing Board.

Item 5: **The Manchester Strategy.** Jessica Hines presented a report. It was noted that the strategy is a Council-led report but not a Council report. The report is currently out to consultation, and a formal response from the board was requested. The report was then briefly outlined. In terms of health it was noted that big challenges remain; poverty and ill health being two of them. Intense areas of deprivation impact on health outcomes. Tackling this was said to be a priority for the City. It was suggested that the next few years were a pivotal period as investment and devolution are happening. (MS: The language the presenter used again suggested that the strategy was already in place and that it would be responsive to consultation. The balance between the two in my opinion is towards the former. Please read the strategy and take part in the consultation, which runs until the end of October.)

Richard Leese: Health and Social care perspective – increasingly need to think of the things that impact on this. (MS: True, but little progress has been made over the years.)

A member asked what was being done in terms of publicity. Jessica said that a lot was being done in terms of social media. (MS: It will be interesting to see how many people actually respond to the consultation.)

Jessica Hines was also asked if the Council had a particular approach to engage with young people. Jessica responded by saying that the Youth Council had been consulted. A poll in schools had been held by the Youth Council and this had been presented. (MS: As usual, the Council's approach is to place too much emphasis on 'representative bodies' and not enough on contacting the people themselves. To be fair, social media had also been mentioned.)

Item 6: **Refreshed draft joint health and wellbeing strategy.**

It was noted that, in light of the devolution agreement and The Manchester Strategy, the joint health and wellbeing strategy was being refreshed. The strategy was noted as being essentially same as the 2011 plan. The plan contains a strong focus on employment, young people and troubled families.

Mr Leese: Joint strategic need assessment will be coming to the next meeting as the current one has been judged as not being fit for purpose. We need a baseline to measure against. Mr Leese thought that more work needed to be done in clarifying what the goals of the strategy are.

The financial gap in the system was noted. It was stated that the extent of this problem would be clearer after the joint spending review. **Item 7** ran into Item 6.

Item 8: **City-wide practitioner team.**

It was noted that this scheme only started a few months ago. They are focusing on adult social care community health integration. Develop new models of care. The aim is to shift cases from acute trusts into the community. Early implementer site went live in North Manchester recently. The risk for the team is capacity. Working with the voluntary sector. This work is with commissioners as well as providers. The April 2016 deadline was noted as being a significant pressure on the scheme. Some frustrations have been raised about releasing people from jobs to work on the project.

Mr Leese raised the point that the group needed to decide what it will be called.

Item 9: Integrated Community Health and Care Services Budgets.

The reporting officer noted that the aim of the pooling of budgets was to improve services. Mr Leese asked if the programme was progressing fast enough. Eventually, the officer said it wasn't but that it wasn't entirely clear as many factors were still not apparent. (MS: It is again worrying to hear so much ambiguity over this.)

The Board was in agreement that pooling was a good idea, but members also noted various concerns such as the need to involve more voluntary bodies in the project.

Item 10: Greater Manchester Memorandum of Understanding.

The Officer suggested that there was a risk for Manchester taking our eye off the ball, as in Greater Manchester we have the greatest health issues. The grant level may differ in future and we need to take this into account. The response from the Government will be out in October – this means it is harder to plan without all the data.

Mike Wild: Risk that when we talk of scale we only think big. Small stuff works (small-scale interventions). Grass roots community stuff needed. The officer agreed with Mr Wild's point.

Item 11: HealthWatch priorities 2015/2016.

There was a discussion of the challenges facing HealthWatch in the face of budget cuts and their moving away from being connected to the Citizen's Advice Bureau. It was noted that this had increased administrative costs.

Item 12: Domestic Violence and Abuse – delivering differently.

Council officer Hazel Summers informed the board that the Council spends £24 million per year on domestic violence related services. She said that currently not a lot of this went on prevention. It was said that there was a need to increase prevention work and to integrate it with other health work. The Iris project was spoken of, which teaches GPs how to spot signs of abuse and how to respond. The service is paid for with Women's Aid and CCG funding. By end of the year 50 GPs surgeries will be signed up.

Item 13: Healthier Together.

Officer: An update was given by the officer outlining the recent decision for Stepping Hill Hospital to be the final site of specialist surgery. It was noted that the decision could go to judicial review if the concerns of Wythenshawe Hospital are not met.

Mr Leese noted that Healthier Together was subject to lengthy consultations. The consultants' real issue is that they don't like the outcome, not the process. He said that he was concerned about the Pennine Acute Trust stating that, "major changes happening without discussions".

The above is an abridged impression of the meeting. For more detail please contact me at:
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