

**GREATER MANCHESTER  
HEALTH AND WELLBEING INTERIM BOARD**

**MINUTES OF A MEETING OF THE GREATER MANCHESTER HEALTH AND  
WELLBEING INTERIM BOARD HELD ON 15 FEBRUARY 2013 AT THE  
ETIHAD STADIUM, EAST MANCHESTER**

**PRESENT:**

Councillor Cliff Morris (in the Chair)	Bolton MBC
Steven Pleasant	Tameside MBC
Mike Burrows	NHS GM
Councillor Rishi Shori	Bury MBC
Dr Chris Duffy	HMR CCG
Alan Moran	Pennine Care NHS Trust
Alex Whinnam	GMCVO
Mary Whyham	NW Ambulance Service
Dr Tim Dalton	Wigan Borough CCG
Councillor John Pantall	Stockport MBC
Dr Kiran Patel	Bury CCG

**ALSO PRESENT:**

Deborah Brownlee	Trafford MBC
Wendy Meredith	Bolton MBC
Finnuala Stringer	Manchester CC
Mel Sirotkin	Salford CC
Will Blandamer	NHS GM/AGMA
Rob Bellingham	NHS GM
Sue Lightup	Salford CC
Stuart Cowley	Wigan MBC
Andrew BurrIDGE	GM Integrated Support Team
Allan Sparrow	GM Integrated Support Team

**APOLOGIES:**

Councillor Keith Cunliffe	Wigan MBC
Councillor Dr Karen Barclay	Trafford MBC
Councillor Glynn Evans	Manchester CC
Eileen Fairhurst	NHS GM
Mike Greenwood	NHS GM
David Radcliffe	NW Ambulance Service
Pat Jones-Greenhalgh	Bury MBC

**GMHWP/13/01      DECLARATIONS OF INTEREST**

None were declared.

**GMHWP/13/02      MINUTES**

**RESOLVED/-**

That the Minutes of the meeting of the GM Health and Wellbeing Interim Board held on 30 November 2012 be approved as a correct record.

**GMHWP/13/03      MATTERS ARISING**

PCT Members

The Chair informed the Interim Board that this would be the last meeting attended by PCT members.

**RESOLVED/-**

That all the PCT members of the Interim Board be thanked for their hard work and commitment to both the Interim Board and the former Health Commission.

**GMHWP/13/04      WORK PROGRAMME OVERVIEW**

The Board received a short introduction from Steven Pleasant that set out the framework of the GM Health and Wellbeing Interim Board's work programme.

**RESOLVED/-**

That the proposed framework for a GMH&WB Interim Board work programme be adopted.

**GMHWP/13/05      PUBLIC SERVICE REFORM UPDATE**

The Board received an update report of the Community Budgets Programme. The report set out significant work required on developing models of integrated care to reduce avoidable admissions which were inherently linked to discussions about the reconfiguration of some hospital services across GM. The report proposed a simple public/patient based perspective on the key elements of reform of the health and social care system in GM, and that council leadership was needed to support on both aspects. Local authority representatives made clear their desire to support and co-operate with the NHS on these reforms.

It was reported that a paper on PSR was to go to a meeting of AGMA Leaders the following week for discussion. Councillor Pantall felt that it would be helpful if

the pilot developed was shared widely to enable the development of a common approach to issues.

Steven Pleasant added that there was recognition on the need to move forward on integrated plans which was a challenge. There was a need to think about how information could be shared re local integrated care plans then challenge and tease out issues.

#### **RESOLVED/-**

1. That the work undertaken with AGMA Leaders be noted.
2. That the work to understand, challenge and support models of integrated care currently operating in districts continue, and an overview of the progress in each district be shared with AGMA Leaders.
3. That the overview of progress in each district be shared with the GM Health and Wellbeing Interim Board in the spirit of “practice exchange”.

#### **GMHWB/13/06 PRIMARY CARE IN GREATER MANCHESTER**

The Interim Board received a presentation on commissioning of primary care in GM which would now become the responsibility of the NHS Commissioning Board. The Board then split into three working groups to discuss key themes of the new commissioning arrangements and key issues identified:

- The need for a clarification of the definition of primary care and where did community services fit in
- How can capacity be developed in primary care and what were the opportunities for self-care
- The need to create additional capacity in primary care means different models of working with partners, and yet anecdotal evidence suggests that primary care must improve how it engages with local workers from other agencies
- The opportunity for GPs of social prescribing, the work required to make this a more viable option. GPs could do with more certainty about the range, quality and accessibility and reliability of services available for social rather than medical prescribing. However, within an 8 minute consultation how do you get to a understanding of the social problem behind the apparent immediate medical issue with sufficient certainty that a GP knows what to tackle. Furthermore, patients may not want to receive such interventions - they expect some medicine or other clinical intervention
- The need to create capacity for self help, build on roles currently operated by GPs, schools etc
- The possibility of developing primary care services around a place. What is the relationship to place based priorities that would make a significant impact on local health - e.g. worklessness. A sense that primary care rarely assume a role in place, and yet they (and schools) are one of the few services that nearly everyone touches in terms of universal services. If its not primary care

holding a whole place perspective in communities, and neighbourhoods, who is it?

- Acknowledgement that the levels of variation in practice in primary care are wide. A view that peer review and challenge was increasingly the norm through CCGs creating improvement
- The development of links to wider social care and support
- The need to develop collective leadership, set out a clear picture
- Opportunities for CCGs to define clinical pathways
- Build ways to engage with patients – patients voice (GMCVO)
- Noted further work would take place on commissioning arrangements. Future work would also be need to take account of patient expectations and public confidence in the primary care service.

#### **RESOLVED/-**

That the report be noted and account be taken of the sub group work in developing commissioning arrangements.

#### **GMHWP/13/07 HEALTHIER TOGETHER UPDATE**

The Interim Board received an update on Healthier Together. Members were informed that work had progressed well on a model for hospital care and would be reported to the next meeting. Councillor Pantall commented on wider public engagement aspects in order to cover healthcare as a whole and not just focus on hospital models

#### **RESOLVED/-**

1. That the verbal update on Healthier Together be noted.
2. That it be noted that work had progressed on a model for hospital care and this would be reported to the next meeting of the Interim Board.

#### **GMHWP/13/08 GM HEALTH AND WELLBEING INTERIM BOARD PERFORMANCE DASHBOARD**

A paper was submitted that summarised the Interim Board's strategic priorities in order to give shape to the developing dashboard of performance indicators. The aim of the paper was to support the Interim Board in designing the dashboard. The papers sought views on which outcomes and indicators the Interim Board wished to receive information upon.

In considering the range of indicators Deborah Brownlee felt that two adult health issues were missing – adult mental health and drug misuse. Dr Duffy Added that the indicators chiefly focussed on health but not wellbeing. Sue Lightup added that the 'admission to residential care indicator' was a step too late in the process

for intervention and felt that an indicator on intermediate care stage would be better.

**RESOLVED/-**

1. That the strategic priorities contained in the report be approved.
2. That the following indicators also be considered: Adult mental health and drug misuse.
3. That the 'admission to residential care' indicator was too late a step in the process to intervene, effectively a lost opportunity. An indicator at the intermediate care stage would be more beneficial.
4. That it be noted that the local spider diagrams had been widely discussed with CCG colleagues and the ten Health and Wellbeing Boards.

**GMHWP/13/09 ANY OTHER BUSINESS**

Public Sector Reform Event

The Interim Board was informed that the Public Sector Reform event had seen a lot of discussion regarding the early years strand.

**GMHWP/13/10 DATES OF FUTURE MEETINGS**

Friday 17 May 2013

Friday 16 August 2013

Friday 22 November 2013