Health and Wellbeing Board

Minutes of the meeting held on 3 July 2013

Present

Councillor Leese	Leader of the Council – in the Chair for items HWB/13/08 - HWB/13/12
Councillor Andrews	Executive Member for Adult Services (in the Chair for items HWB/13/06 - HWB/13/07)
Liz Bruce	Strategic Director for Families, Health and Wellbeing
Mike Deegan	Central Manchester Foundation Trust
Dr Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
Karen James	University Hospital South Manchester
Warren Heppolette	NHS Commissioning Board Local Area Team
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health
Ian Rush	Chair of the Manchester Safeguarding Adults Board and the Manchester Safeguarding Children Board
Vicky Szulist	Healthwatch Manchester
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Martin Whiting	Chair, North Manchester Clinical Commissioning Group
Mike Wild	Director of Macc (Manchester Alliance for Community Care)

Apologies: Mike Livingstone and John Saxby

HWB/13/06 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 8 May 2013 as a correct record.

HWB/13/07 Living Longer, Living Better Strategic Outline Case

A report of the Strategic Director of Families Health and Wellbeing was submitted which provided the Board with a detailed strategic outline case for the Living Longer Living Better Programme. This set out key elements of future arrangements for integrated and better co-ordinated care for all Manchester residents.

The strategic outline case provides details of significant progress in areas which are critical to the future development of integrated care, specifically the target population, the models of care, and the contracting and funding arrangements. These were detailed in part A of the report. Part B summarised further work undertaken in a range of other important areas of work of the integrated care programme.

The Programme Director for Integrating Care gave a presentation on the detail to update the Board on progress since March. Integrated care services will target the small percentage Manchester's population with the most need, namely, those most at risk from hospital admissions who would benefit from receiving a co-ordinated community based care package for all their treatment needs. There are three key areas of focus: people, outcomes and a whole system approach. Since March, ten

key priority groups have been identified. Some of these have been identified as high risk of hospital admission (including end of life care and long term condition), some as medium risk (chronic long term conditions) and some as lower risk (adults and children who are carers). The next steps will identify clear care models for each of these groups, review funding and contracts to ensure the care models are implemented. The timescales for achieving this were detailed in part A of the report.

The Board commended the work that had been completed in such a short space of time and they noted the long term commitment and resources that were required to ensure that the programme was a success. Successful application for pioneer status for integrated care would provide some certainty about the future of the resources and direction of the programme.

Members queried whether the commissioning structure of the NHS was a risk if further changes were implemented on a national scale but they were reassured that the current set up was unlikely to change in the short term. The Strategic Director also assured the Board that the programme would have clearly defined leadership from phase 2 of the programme.

Decision

For part A of the report:

1. To approve the contents of the document.

2. Approve the next steps and timetables set out at A3.1.11, A3.2.7, and A3.3.18.

For part B of the report:

3. To note the contents of this document

4. To commit to supporting further work in all the domains included in part B, as set out in the individual chapters.

5. To receive a further detailed report on progress in September 2013.

HWB/13/08 End of Life and Palliative Care Framework for Manchester

The Director of Public Health presented a report about the work of the End of Life and Palliative Care Working Group for adults in Manchester, and the strategy for improving the consistency of the end of life care received by residents across the city. End of life and palliative care is one of the ten priority groups that were highlighted in the Living Longer Living Better presentation.

The Board welcomed Dr Petula Chatterjee, South Manchester Clinical Commissioning Group, and Jayne Bessant and Hilary Compston from St Anns Hospice in Stockport who were all members of the working group. They informed the Board that there were some areas of best practice but that there was still a need to address gaps in provision to ensure that the quality of care given was equal across all areas of the city.

The Board supported the findings of the working group and recognised the need to look at how end of life care provision could be improved in the north of the city. They acknowledged the importance of providing quality of end of life care to both the patient and their families. They noted that further work was needed in all health care sectors to identify the point which a patient requires palliative care rather than standard treatment, particularly in the cases of long term conditions.

Recommendations

1. To note local, regional and national guidelines for provision of high quality end of life care.

2. To note and consider the discussions and findings of the Manchester End of Life and Palliative Care Working Group.

3. To note the plans within the context of the wider Living Longer Living Better programme

4. To support the development of an options appraisal for increased provision in the north of the city in particular.

5. To provide leadership and support for a strategy to enable Manchester to become a social, clinical and academic centre of excellence for palliative and end of life care.

HWB/13/09 Francis Report

The Chief Clinical Officer, North Manchester Clinical Commissioning Group submitted a report which summarised the outcomes of the Francis report and how Manchester's health scrutiny committee will monitor the responses from NHS organisations in Manchester.

The Francis report was a result of a public inquiry into the failings of Mid Staffordshire NHS Trust. 290 recommendations were made following the inquiry. The recommendations included improvements to leadership, the openness and transparency of the NHS, better monitoring of service quality, patient experience and the ability of staff to raise concerns without fear. The Francis report also strengthened the role of scrutiny committees in ensuring NHS organisations put effective measures in place to implement these recommendations. In Manchester, the health scrutiny committee considered an initial report in May, and NHS organisations will bring a further report back to a future meeting to outline progress.

The Board acknowledged the importance of the Francis report recommendations and emphasised that the implementation of the recommendations needed to be part of a culture change of NHS organisations and not just a tick box exercise. A significant part of making these improvements to the NHS was about willingness to openly admit mistakes that are made, handle them appropriately and learn lessons from these mistakes.
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The Board was reassured by the determination of Manchester's NHS organisations to make these changes effectively but acknowledged that it was still at a very early stage of implementation.

Decision

1. To note the report.

2. To note that external scrutiny of NHS organisations' responses to the Francis Report will occur at Manchester's Health Scrutiny Committee.

HWB/13/10 Health and Wellbeing Board Membership

The Board considered a report from the Executive Member for Adult Services which outlined a request from the Local Medical Committee's (LMC) request to have representation on the Manchester Health and Wellbeing Board. The letter from the LMC was appended to the report.

Clinical Commissioning Group (CCG) representatives explained that the LMC was a representative body for local GPs. Membership of the LMC is voluntary and many, but not all GPs in Manchester are members. The LMC plays a significant role in negotiating the terms of the GP contract at a national level but it is not an accountable body in terms of commissioning local services.

The Board noted that all GPs were required to be members of a CCG which are responsible for commissioning services. As each CCG was represented on the Board already, the Board felt that GPs were adequately represented at the moment.

While the Board did not support the request for the LMC to have representation on the Board, they recognised that the LMC would play a significant role in implementing the strategies and programmes of the Board and its member organisations. They agreed that it was important to ensure that the Board engaged with the LMC and other equivalent organisations (representing other professions) during the decision making process and at the earliest stages of implementation.

Following the discussion, members agreed that the Health and Wellbeing Board needed to develop a systematic approach to engaging with representative groups of professional bodies. Specific examples such as sharing the work programme were given. This would be agreed at a future meeting of the Board.

Decision

1. To develop a protocol to govern the Health and Wellbeing Board's engagement with representative groups and committees of professional bodies.

2. To ask the Director of Public Health to respond to the Local Medical Committee's letter.

HWB/13/11 Pharmacy Needs Assessment

The Board considered a report of the Director of Public Health on the Pharmacy Needs Assessment. As part of its statutory role the Board is required to take responsibility for the current Manchester Primary Care Trust Pharmaceutical Needs Assessment (PNA) and to take responsibility for the production of future PNAs. The PNA provides details of pharmacy services that would be required in a local area dependent on local health needs and future population trends.

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs. They will inform commissioning decisions by local authorities that relate to provision of public health services from community pharmacies and clinical commissioning groups.

Decision

1. The Board agreed to:

i. Recognise the former Primary Care Trust Pharmaceutical Needs Assessment (PNA) and use it as a commissioning reference source until such a time as a revised PNA is produced.

ii. Ensure that NHS England has access to-
- the Health and Wellbeing Board's PNA (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
- any supplementary statement that the HWB publishes, in accordance with regulation 6(3),in relation to the PCT's PNA
- any PCT PNA that it holds, which is sufficient to enable the NHS England to carry out its functions under these Regulations.

iii. Ensure that, as necessary, other Health and Wellbeing Boards have access to any PCT PNA that it holds, which is sufficient to enable the other Health and Wellbeing Boards to carry out their functions under these Regulations

iv. Note that the Board is required by the regulations to publish a revised assessment where it identifies changes to the need for pharmaceutical services "which are of a significant extent". The only exception is where the Board is satisfied that making a revised assessment would be a disproportionate response. The Board will therefore need to put systems in place that allow them to:
- Identify changes to the need for pharmaceutical services within their area;
- Assess whether the changes are significant; and
- Decide whether producing a new PNA is a disproportionate response.

v. Plan to publish a new PNA every 3rd year; unless a significant change to the need for pharmaceutical services are identified. (see iv).

vi. Ensure that when draft versions are submitted to the Board that comments are received by the author in a timely fashion.

vii. To publish a revised PNA by 31st March 2015

2. To delegate responsibility for the actions detailed in decision 1, to the Dorector of Public Health.

HWB/13/12 Public Service Reform Local Implementation Plan

A report of the Deputy Chief Executive (Performance) was submitted. The report introduced the Manchester's Public Service Reform (PSR) Local Implementation Plan (LIP). This document is the implementation plan for the first phase of the PSR programme in Manchester. It sets out which agencies, partnerships and individuals will undertake tasks as part of the programme, and what this is designed to achieve. This will support local agencies to align activity set out in the plan with their organisational transformation and savings programmes. A performance framework is being developed to monitor progress towards achieving PSR objectives in a number of work areas.

Each local authority in Greater Manchester is producing a Local Implementation Plan. This will support strategic planning to achieve the objectives for public service reform across Greater Manchester. The Board was asked to endorse the plan before it was presented to the Manchester Board for approval. Once approved, it would be adopted as the formal plan for Manchester.

The Board supported the Plan and requested a further report at a future meeting to outline how the theme of health and wellbeing fits in with the other service areas in the LIP that are undergoing public sector reform, and to outline the contribution that health organisations make in these areas. Specific examples of areas to be included in the report were transforming justice and work and skills.

The Board also agreed to look at the work around troubled families at a future meeting.

Decision

1. To endorse the Local Implementation Plan

2. To agree to receive a report to a future meeting to outline how the theme of health and wellbeing fits in with the other service areas in the LIP that are undergoing public sector reform, and to outline the contribution that health organisations make in these areas.

3. To agree to receive a report to a future meeting on troubled families.