

Health and Wellbeing Board

Minutes of the meeting held on 22 January 2014

Present

Councillor Leese	Leader of the Council (Chair)
Councillor Andrews	Executive Member for Adult Health and Wellbeing
Mike Deegan	Central Manchester Foundation Trust
Dr Mike Eeckelaers	Chair, Central Manchester Clinical Commissioning Group
Mike Livingstone	Strategic Director for Children and Commissioning
Michelle Moran	Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health
Ian Rush	Chair, Manchester Safeguarding Board, Adults and Children
Vicky Szulist	Healthwatch Manchester
Ilan Lieberman	University Hospital South Manchester Foundation Trust (attending for Dr Attila Vegh)
Dr Martin Whiting	Chief Operating Officer, North Manchester Clinical Commissioning Group
Mike Wild	Director of Macc (Manchester Alliance for Community Care)

Apologies Michael Houghton-Evans, Dr Bill Tamkin, Dr Attila Vegh and John Saxby

HWB/14/01 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 6 November 2013 as a correct record.

HWB/14/02 Developing Living Longer, Living Better Programme Progress Update

The Board considered a report of the City Wide Leadership Group which provided an update on the progress of the Living Longer Living Better Programme (LLLb). The report was accompanied by a presentation which provided details of progress in delivering co-ordinated health and social care in each of the three clinical commissioning group (CCG) areas; developing the goals and measures that will determine the impact and success of the programme; and details of the stakeholder engagement plan.

The Board welcomed:

David Fillingham, Programme Lead for Living Longer Living Better Programme
Deborah Lyon, North Manchester Clinical Commissioning Group
Sara Radcliffe, Central Manchester Clinical Commissioning Group
Joanne Royle, South Manchester Clinical Commissioning Group
Nick Gomm, Head of Corporate Services, North, Central and South Clinical Commissioning Groups

The presentation outlined that considerable progress has been made in rolling out the delivery of integrated care across Manchester. The changes included improving the use of digital information across services, enhancing locally based out of hospital care services, and promoting self care where appropriate. In all three CCG areas, a number of specialist and locality based teams were already operating and delivering co-ordinated care. Evidence of the impact of these changes could be seen in individual case studies and in the way services are delivered.

CCG representatives outlined progress in each of their areas. In Central Manchester, services are being delivered at ward level and co-ordinated centrally. Specialist teams for some care delivery models are already in place, for example for chronic obstructive pulmonary disease. In South Manchester, service delivery changes are focused on frail older people. They have also introduced shared health and social care records to support better co-ordinated care. In North Manchester, the focus is also on frail older people and dementia and building stronger partnerships with a broad range of providers.

The Head of Corporate Services outlined the stakeholder engagement plan that would take place over the next few months with consultation taking place with the public starting in June. This would be an ongoing part of the consultation and communication process.

All CCGs are committed to delivering the programme and they have dedicated substantial resources to it. Overall, good progress is being made but further investment will be needed to strengthen governance arrangements and programme capacity to support the delivery of LLLB in the long term. It is important to recognise the complexity of Manchester's health needs in the design and delivery of the programme, and ensure that services delivered are consistent across the city. The biggest challenges were now to build on progress and to implement more new care delivery models to a consistent high standard within existing budgets.

A member queried the strength of partnership working with private sector providers such as nursing homes. Officers acknowledged that this was a critical issue as it was often the case that individuals from nursing homes ended up in hospital unnecessarily due to weak partnership arrangements with the private sector providers. They acknowledged the need to strengthen engagement with leaders of private sector providers to address this issue.

The Board noted that involvement of the North West Ambulance Service (NWAS) was crucial to achieving the aim of avoiding unnecessary hospital admissions, as an ambulance would be the first to respond to a reported incident. Officers recognised that ensuring that NWAS was proactively engaged in the changes was challenging due to their service being delivered across the whole north west area while integrated care was being delivered at a local level. They assured the Board that NWAS was part of the discussions at the earliest stage and on board with the implementation of the new ways of delivering services.

The Board discussed the capacity within health and social care services to deliver the new delivery models at the current pace and scale of change. As the LLLB programme moved away from small pilot projects to wider scale rollout across Manchester, the implementation of it has become part of the day to day operation of

each of the CCGs and hospital trusts. Members noted the importance of using the available financial resources such as the Better Care Fund wisely and ensuring that the impact of the new care delivery models was measured through a series of key performance indicators. A small number of key targets were attached to the Better Care Funding which would contribute to these indicators.

In terms of the consultation with the public, the Board emphasised the importance of communicating a clear message about what services would be provided and how this would improve the care an individual would receive, rather than focusing on communicating what the changes were. Emphasising too much on how services will change creates uncertainty and the message about what services will get will be lost.

Decision

1. To note the positive progress made over the last three months by health and social care partners in the city, particularly the collaborative approach to developing new delivery models
2. To note the implications of the Better Care Fund and the financial analysis undertaken to date, and the important next steps in developing the financial case
3. To approve the proposed stakeholder engagement plan

HWB/14/03 Better Care Fund

A report was submitted which described the Better Care Fund (BCF) and the approach being taken by Manchester's clinical commissioning groups and Manchester City Council to use the BCF to support the integration of NHS and social care delivery in line with the Living Longer Living Better Strategy.

The BCF was previously referred to as the Integration Transformation Fund. It was announced in June 2013. The BCF identified £3.8 billion in 2015/16 for the whole of the UK to be spent locally to support integrated care and improve outcomes for patients and service users and carers. Half of this funding comes from existing sources of funding and half is identified as new money but actually consists of the entire CCG growth allocation fund for the year. Attached to the funding are expectations that it will fund the protection of social care services and additional responsibilities set out in the Social Care Bill.

In 2015/16, the fund will be allocated to local areas where it will be put into pooled budgets under the Section 75 governance arrangements between CCGs and local authorities. In Manchester, the funding will be used to support the rollout of integrated care in the Living Longer Living Better programme. As there is no increase in specific funding to pay for increased demand for acute hospital services, it is important that the BCF is directed at integrated care works to ensure that services can keep up with demand. The Assistant Chief Executive (Finance), Manchester City Council and the Chief Financial Officer for South Manchester CCG highlighted that different partners will have some expectations about how the fund will be spent so it would need to be distributed equitably.

A condition of accessing the money is that CCGs and local authorities must jointly agree plans for how this money will be spent through their own governance structures. The CCGs and Council can extend the scope of any pooled budget to support better integration in line with their Joint Health and Wellbeing Strategy. It has previously been proposed to the Health and Wellbeing Board's Executive Group to establish a Local Development Fund to support:

- The first phase implementation of LLLB which creates the evidence for decommissioning (particularly, but not solely in the acute sector)
- The continuation of the three pilots
- Capacity costs needed for the implementation of LLLB
- Form part of the funding for the alliance linked to achievement of agreed performance metrics.

The Department for Health requires the Board to approve the template for the Better Care Fund by 14 February 2014. This was appended to the report for approval. The template has been populated by the LLLB City Wide Leader Group and informed by the development of the new care delivery models for the LLLB programme. Proposals for the use of funding will also be subject to sign off through the Council's and CCGs budget process and will be considered by the Executive and the Council.

The Board requested that a further report is brought back at a later date detailing the governance arrangements and the performance measures that will be used to monitor the effectiveness of the Better Care Fund.

Decision

1. To support the use of the average historic performance trend for the most deprived decile (10%) of local authorities in England as a starting point from which to set out the performance measure for Manchester for 2015/16 and delegate agreement of the metrics of the performance measures to the City Wide Leadership Group. Success on achievement will affect the payments by results payment in the BCF for 2015/16.
2. To support the contribution to the Local Development Fund by CCGs and Council in the final BCF submission once agreed.
3. To support the recommendation to the Council and the clinical commissioning groups to establish the pooled budget for 2015/16 under Section 75 agreement to be hosted by the Council.

HWB/14/04 Health Funding for Adult Social Care 2013/14

The Board considered a report of the Interim Strategic Director of Families Health and Wellbeing, which outlined proposals for the planned use of £9.542m from health funding which has been allocated to support adult social care services.

This funding is part of the £3.8bn Integration Transformation Fund (ITF) and is included in the Council's base budget for 2013/14. The funding is an increase of £2.478m from 2012/13, and is expected to increase again to £9.990m in 2014/15.

The purpose of the report was to seek the Board's endorsement of the planned use of the funding.

The funding is being transferred from clinical commissioning groups to local authorities by NHS England. The amount each local authority receives is determined by the adult social care relative needs formula. NHS England must agree with each local authority the payments that will be made and any conditions that will apply. The funding must be used to support adult social care services in each local authority area but there is some flexibility for local areas to determine how this investment in social care services is best used. The allocation of funding must take account of the joint strategic needs assessment and be able to demonstrate how the funding will make a positive difference to services and improve outcomes for service users.

The Board agreed with the proposals set out in the report which set out how this funding will be allocated, taking into account the context of the overall budget savings to the adult health and social care budget that are required

Decision

To support the proposed use of the health funding for adult social care as set out in this report .

HWB/14/05 Health and Wellbeing Board and Children's Board – Building Partnerships

The Board considered a report of the Strategic Director for Children's Services and Commissioning on the relationship between the Children's Board and the Health and Wellbeing Board. The report also outlined some of the findings of a recent review of the Children's Board.

The Children's Board leads the Children's Partnership and is responsible for improving outcomes for children, young people and their families in Manchester. The Board is chaired by the Director of Children's Services and Commissioning and has representation from health, Greater Manchester Police, the voluntary and community sector and schools. It is also closely linked to the Manchester Safeguarding Children Valuing Young Peoples Board.

The relationship between the Children's Board and the Health and Wellbeing Board has not yet been formally agreed but is recognised as being important due to close links between Living Longer, Living Better and early years work. To strengthen the relationship, the report proposed that the Children's Board led on the early years and 'better start' elements of the Health and Wellbeing Board's priorities and for a more formal governance arrangement to be in place.

Decision

1. To note the report.
2. To approve the proposals under section 5 of the report particularly Children's Board leading on '*best start*' on its behalf.

3. To recognise a more formal governance arrangement with Children's Board.

HWB/14/06 Progress report on the Valuing Young People Strategy

The Board considered a report of the Strategic Director of Children's Services and Commissioning which provided details of the Valuing Young People Strategy (VYPS). The second part of the report provided an update on engaging with young people with a specific focus on the progress of the first year of the Manchester Youth Council.

The Head of Commissioning 10- 19 introduced the report. She informed members about the links between the VYP team and the Valuing Older People Team, how the Board's priorities are promoted to young people and the work undertaken to promote independence in young people. Examples included healthier living information being provided in schools, and promotion of sexual health. Key priorities within the VYP included providing staff training around troubled families, improving links between Child and Adolescent Mental Health Service (CAMHS) and adult mental health services and reducing the number of young people not in education training or employment.

The Board welcomed the strategy and recognised the need for involving them in the design of services. The Director of Public Health acknowledged that the improvement in some health inequality indicators such as reduction of under 16 conception rates was a result of involving young people in the design of services. The Board noted that young people were hard to reach in some campaigns such as the Choose Well campaign and that that better engagement with the VYP team would be useful in this respect.

Decision

To note the report.

HWB/14/07 Healthwatch Manchester Engagement with Local People

The Board considered a report from Healthwatch which outlined how Manchester Healthwatch would engage with local people on health services.

Healthwatch Manchester was formed on 1 April 2013 as part of the legal requirements for each local authority in England that were set out in the Health and Social Care Act 2012. Each Healthwatch is required to be an independent corporate body and is responsible for providing information and signposting people to local services and researching and communicating people's experience of health and social care services.

Manchester has a complex health structure with a large number of organisations and health inequalities within it. The report set out the structure of Healthwatch and its plans for engaging with local people. The Healthwatch representative outlined the role of the chief officer and the volunteer co-ordinator. She also added that capacity for Healthwatch was limited due to restricted funding and mostly reliant on volunteers. The proposals in the report are subject to formal approval by the Healthwatch governance structures and the Board was asked to endorse them.

Advocacy around raising issues or complaints is an optional function which is currently commissioned at Greater Manchester level and is not provided by Healthwatch. A member of the Board suggested that this way of commissioning advocacy services at a Greater Manchester level should be reviewed by the Health and Wellbeing Board Executive Group in the future.

Decision

1. To note and approve the proposed engagement structures and arrangements as described in the report and to note how these arrangements might work with the board
2. To task the Chief Officer of Healthwatch Manchester with implementing the strategy for this kind of engagement through Healthwatch Manchester

HWB/14/08 Pharmacy Needs Assessment

A report of the Director of Public Health was submitted, which updated the board on the Pharmacy Needs Assessment. As part of its statutory role the Board is responsible for developing and updating the Pharmaceutical Needs Assessment (PNA). This must be published by 1 April 2015. The PNA provides details of pharmacy services that will be required in a local area dependent on local health needs and future population trends. PNAs will inform commissioning decisions by local authorities (for public health services from community pharmacies) and clinical commissioning groups.

Following the production of the draft 2014 PNA in collaboration with the Greater Manchester Commissioning Support Unit local health partners have been invited to comment on the document. A final draft is now available for approval by the Manchester to be signed off by the Health and Wellbeing Board.

In Manchester, the draft PNA reviews the current provision of pharmacy services across the city, assesses whether this meets the needs of the population and identifies any gap in provision. It concluded that there was sufficient provision and provided specific evidence to demonstrate this. The Board was specifically asked comment on the draft PNAs and to delegate the final approval process to the Director of Public Health.

Members of the Board queried the extent to which pharmacies were integrated into the delivery of the Living Longer Living Better Programme. With the promotion of both self care and community based care, the role of pharmacies would become even more important and needed to be clearly set out within the Living Longer Living Better Strategy. The Board emphasised the importance of ensuring that any additional services provided by pharmacies were adequately promoted Manchester's population to improve uptake.

Decision

To delegate authority for sign-off of the Pharmacy Needs Assessment to the Director of Public Health