

Health and Wellbeing Board

Minutes of the meeting held on 5 November 2014

Present

Councillor Leese	Leader of the Council (Chair)
Councillor Andrews	Executive Member for Adults, Health and Wellbeing
Mike Deegan	Chief Executive, Central Manchester Foundation Trust
Dr Mike Eecklaers	Chair, Central Manchester Clinical Commissioning Group
Mike Houghton-Evans	Strategic Director of Families, Health and Wellbeing
Michelle Moran	Chief Executive, Manchester Mental Health and Social Care Trust
David Regan	Director of Public Health,
Dr Gillian Fairfield	Chief Executive, Pennine Acute Hospital Trust
Vicky Szulist	Healthwatch Representative
Dr Bill Tamkin	Chair, South Manchester Clinical Commissioning Group
Dr Attila Vegh	Chief Executive, University Hospital South Manchester Foundation Trust
Dr Martin Whiting	Chief Clinical Officer, North Manchester Clinical Commissioning Group
Mike Wild	Chief Executive, MACC

Apologies Dr Gillian Fairfield, Gladys Rhodes-White, Margaret O'Dwyer

HWB/14/44 Minutes

Decision

To agree the minutes of the Health and Wellbeing Board meeting on 10 September 2014.

HWB/14/45 Living Longer Living Better Update

The Board considered a report of the City Wide Leadership Group which provided an update on the Living Longer Living Better Programme (LLLb). The report was separated into two sections which were the approach to risk sharing arrangements for the Section 75 agreement for the Better Care Fund pooled budget and an overview of the impact of the Care Act 2014.

The first section of the report set out the details of the risk sharing arrangements for the financial arrangements for the Better Care Fund (BCF). The three Manchester clinical commissioning groups and the Council are required to set up a Section 75 agreement for a pooled budget for the BCF in 2015/16. This is a year in which the financial positions of all partners in the city are challenged. The key objective of the agreement is to give greater transparency and control over use of funding to support local integration of health and care services and to realise the benefits from integration.

A draft Section 75 Partnership Agreement has been drafted, although at present does not take into account potential risk sharing approaches. The report proposed

three detailed options for risk sharing, and the Board was asked to comment on the options for management of risk over the next few years.

The Board discussed the options detailed in the report and agreed that a pragmatic approach was needed. This was important as the financial and operational challenges would change over time, specifically within the context of the Greater Manchester devolution agreement which would focus on the integration of health and social care across the region. The Board supported option 1 in the short term and recognised that the arrangements may need to change as integrated care became more effective.

A member asked for clarification on the breakdown of the figures for the Care Act, specifically around the associated costs, which were estimated to be £2m for Manchester and whether the BCF would meet these costs, as the funding was approximately £1.479m. The report indicated that the total costs included an estimate of £500k for ICT costs that would be funded through a separate grant. The Strategic Director for Adults Health and Wellbeing agreed to review this and provide clarification to the Board members.

The second section of the report provided details of the Care Act 2014 and its implications for Manchester. The Care Act will come into effect over two years starting in April 2015. There are three main parts to the legislation:

- Part one is reform of adult social care and support legislation and the journey through the reformed system,
- Part two seeks to improve care standards by putting people and carers in control of their care and support/
- Part three establishes Health Education England and the Health Research Authority

The Board noted that the guidance associated with the Act was not yet available, and this made it difficult to plan for implementation. The Director confirmed that the Council would appoint an individual to lead the operational delivery of the Act in Manchester. The Director for Adults Health and Wellbeing advised that some guidance was starting to become available around the national eligibility criteria but there were still some challenges about how the criteria would be interpreted and applied at a local level.

Decision

1. To note the risk sharing arrangements agreed for 2015/16, and to support option 1 in the short term, while also acknowledging that arrangements may need to change in future.
2. Given the limited funds available to support new investments, the Board supported the recommendation that each locality, through local governance arrangements, undertakes a review of the effectiveness of current investments, with the outcome reported to City Wide Leadership Group and Executive Health and Wellbeing Group by December 2014.
3. To approve that funding of £1.479m is identified from the £2m set aside in the BCF for the Care Act to meet indicative costs of the Care Act in 2015/16.

4. To approve that from the increase in funding transfer from health to local authorities of £2.221m which has been transferred into the Local Development Fund in 2014/15, funding of £829k is identified to meet costs of preparation for Care Act in 2014/15.

HWB/14/46 Care Act Advocacy Requirements – Development of a Manchester Advocacy Hub

The board considered a report of the Strategic Director of Families Health and Wellbeing which set out the next stages in the procurement process for the Manchester Advocacy Hub following consultations and discussions with stakeholders.

At the July 2014 meeting, the Board received a report which outlined new independent advocacy requirements that would be introduced under the Care 2014, with effect from April 2015. The report described the interaction between these new duties and existing statutory advocacy duties and set out proposals to establish a central Manchester Advocacy Hub.

The Advocacy Hub will provide a single coherent customer experience of statutory advocacy services that support involvement, control and best interest decision-making for 'qualifying' citizens (as defined in the Care Act). Statutory advocacy services must be commissioned from an independent provider with no direct role in care or health provision. In July, the Board approved the process for consulting with stakeholders about the proposal. The report described the results of the consultation and the next steps in the procurement process.

The Board discussed the specific concerns raised in the consultation. A member referred to the intention to utilise the Public Service (Social Value) Act 2012 to ensure that value other than the financial costs were considered in the procurement decision, and sought clarification on whether the Council could encourage the employment of people currently out of work.

Other members queried whether contracts could specify that providers must have a quality standard. Officers clarified that none of this could not be explicitly specified legally within a contract, only that they would have to commit to achieving a standard. The Director agreed to review and clarify what could be specified under the Council's procurement policy.

Decision

To note the arrangements outlined for the commissioning of the Manchester Advocacy Hub.